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An Autoethnography of a Bilingual Therapist Working with Haitian Clients: Reconnecting to Home

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An Autoethnography of a Bilingual Therapist Working with Haitian Clients:
Reconnecting to Home

by

Marie Philomise Joseph

A Dissertation Submitted to the
College of Arts, Humanities, and Social Sciences of Nova Southeastern University
In Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

Nova Southeastern University

2019

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By

Marie Philomise Joseph

April 2019

Nova Southeastern University
College of Arts, Humanities, and Social Sciences

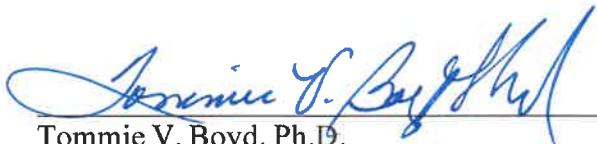
This dissertation was submitted by Marie Philomise Joseph under the direction of the chair of the dissertation committee below. It was submitted to the College of Arts, Humanities, and Social Sciences and approved in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Family Therapy at Nova Southeastern University.

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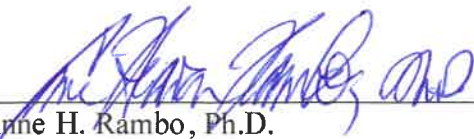
April 18, 2019
Date of Defense



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Date of Final Approval



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Chair

Dedication

I dedicate this dissertation first to God who has been faithfully present, providing for me all that was necessary for me to persevere through life including the accomplishment of writing this dissertation.

I also dedicate this dissertation to my father, Gessin Joseph, who has been a source of inspiration and motivation for me in my pursuit of my academic journey. He was a Haitian immigrant with a big dream that his children and grandchildren would have the opportunity to be well-educated, and his dream continues to live on.

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Throughout my life journey, I have trusted in God to help me persevere and never give up. Accomplishing the task of writing this dissertation is a testimony in itself of my dependence and belief in God. I want to thank God for blessing me with so many wonderful people in my life. I have people who pray for me when I am down and need encouragement.

I have been blessed to have my three daughters, Dannielle, Marlynne, and Pascale who have been my saving grace. They came into my life when I needed someone to give me a purpose to live. Having you ladies in my life has been truly an inspiration. I thank God each and every day for you.

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Abstract

This evocative autoethnographic study is a very personalized account of my life as a Haitian American and a bilingual family therapist working with Haitian refugee earthquake survivors. The study focused on the lived experiences and challenges encountered as a family therapist trained in systemic techniques, linguistic terminology, and the Westernized psychotherapy approach to engaging Creole-speaking clients in therapy. Other challenges that existed were uncovered during the integration of the use of Haitian Creole language and Solution-Focused Brief Therapy (SFBT) tenets as the preferred model. It explored this therapist's narrative in the process of providing psychotherapy to these clients, emerged a relinking to childhood traumatic experiences, explored these experiences, and in the process found healing as well as achieved personal and professional growth. "The findings in an autoethnography are typically the stories themselves along with cultural themes and coding elements" (McIntyre, 2016, p. xiii). Their stories spanned a reconnection to the Haitian culture as a researcher familiar with the culture (an insider) as well as one assimilated into the American culture and dynamic (an outsider). My reflection on the cultural expressions in the therapeutic relationship was instrumental in my development and expanded my therapeutic lens as a bilingual family therapist in the practice of psychotherapy (Skulic, 2007). The research findings are an apparent example in an evocative autoethnographic narrative account when the reader's emotions are evoked (McIntyre, 2016). It is a conduit to foster dialogue among psychotherapists working with clients from their culture and other cultures.

CHAPTER ONE: INTRODUCTION

*The journey is a process and a discovery . . . it shows us, not only the world but our purpose in it.
Painted by our passions, our struggles, our beliefs, the journey bring us face to face with ourselves, our relationships, and our God.
-Reflections: www.Daystar.com*

This evocative autoethnographic study is a very personalized account of my life as a Haitian American and a bilingual family therapist. It is an exploration of my journey utilizing Solution-Focused Brief Therapy (SFBT) with Haitian Creole-speaking clients as a Marriage and Family Therapy (MFT) doctoral intern student working with the 2010 Haitian refugee earthquake survivors at a resettlement agency. It unveiled the challenges for me a family therapist who is trained in systemic techniques, linguistic terminology and Westernized psychotherapy approaches to engage Creole-speaking clients in therapy. Also, the challenges as I began to integrate the use of Haitian-Creole language and SFBT tenets as my preferred model paved the way for clients to share their stories and in turn hollowed out my childhood life experiences that I had suppressed. In this chapter, my personal lived experiences as a young Haitian woman growing up in America play a role in my research working with Haitian refugee clients through therapeutic engagement.

Marx, Pennington, and Chang (2017) defined autoethnography as a “qualitative social science research methodology” (p. 1). “Its purpose is to translate the personal into the social science research realm with unique first-person representations that are accessible to readers both within and outside various communities in the global context” (Marx, Pennington, & Chang, 2017, p. 2). This autoethnography is written in the “first-person voice” (Bochner & Ellis, 2016) to provide an in-vivo feel of lived experiences as a Haitian American clinician and my work and development of becoming a bilingual

therapist with my community of origin. As I reflect on my transformation in the writing of this autoethnography, I see myself as the prodigal daughter returning and reconnecting with a sense of home after years of absence from the motherland, my country of birth.

Utilizing the research method of autoethnographic personal narrative, I reflect on how I was able to find healing from childhood traumatic experiences and reconnect with my culture of origin during the process of providing therapy to Creole-speaking Haitian refugee clients in crisis. Demjanenko (2011) concurring with Jones (2008) states that autoethnography is a deeply reflexive art that creates connections to lived experiences through a narrative created to inspire reflection and associations in the reader, and performance text that respects and values the difference between experience and the experience of witnessing to affect the world (as cited in Demjanenko, 2011).

Also, Bochner and Ellis (2016) state that “one of the main goals of autoethnography is to put meanings into motion, and the best way to do that is to tell stories” (p. 76). “The stories shared by autoethnographers are meant to resonate with others through their personal, emotional nature” (Marx, Pennington, & Chang, 2017, p. 2).

My Humble Influential Beginning

If there was one word that I would use to describe my youth, it would be *shattered*. Before embarking on this journey, I would describe my life as ordinary. My immigration story correlates with many of my friends and colleagues who were brought to the United States to rejoin absentee parents. I often joked with my daughters and told them that wolves raised me. That is how I felt all of my youth growing up in different homes with strangers at times.

In terms that someone could understand, my life is like a patched quilt with fragmented pieces of memories—some good and others bad. This manner of feeling is one of the main reasons why it has been so difficult for me to write this autoethnography. I find it extremely challenging to approach my lived traumatic experiences in a theoretical framework that would adhere to the academic world. However, I am learning from Tilley-Lubbs (2017) that there is a way with critical autoethnography that you are allowed to “question your experiences and your reactions to those experiences and to theorize about their meanings” (p. 8). Based on Tilley-Lubbs’s (2017) description of critical autoethnography, let us trek into my life story.

I was born in Haiti from a single woman who gave me away to her childless married sister to raise in order to hide her indiscretion. However, my aunt’s marriage ended abruptly, and when I was three years old, we moved in with my maternal grandparents who lived on a farm on the outskirts of Jacmel, Haiti. It was on this farm that I learned about caring for plants and animals and most of all I learned about Haitian hospitality, culture, and tradition.

The Haitian tradition of hospitality is evident in how they treat guests or go out of their way to help strangers find an address or something else they need (Brice Foundation, n.d.). “Haitians are very proud of their culture and history,” (Brice Foundation, n.d., “General Attitudes”) and historical events are often shared through storytelling folklores, music, and arts—paintings and theatre (Brice Foundation, n.d.).

Life on the farm was good because I had plenty to eat and space to discover and learn about my world. Besides, I loved being with my extended family who were living in nearby homes. What I consider Haitian hospitality entails caring for people, receiving

people into your home whether known or unknown, and offering them coffee, food, and drinks with love similar to helping animals on the farm. In therapy, we would refer to this practice as *joining*, which is when the therapist connects with the client in a warm, engaging atmosphere. Such a practice has allowed me the opportunity to reconnect with Haitian hospitality, an element from my past upbringing.

At the age of 11, my world came to an abrupt change because my mother, who still made decisions about my life, sent me to live with my father's family in the capital of Haiti, Port-Au-Prince. Now I was in the care of my father except he was living in the United States. My father had been living in the United States since I was two-years-old; therefore, I did not know him. For some reason or another, my father had me stay with his in-laws in Port-Au-Prince while my immigration paperwork was being processed. I surmise that because these papers were unavailable to be processed in the mountains of Jacmel, I stayed with his in-laws for three years.

Later on, I learned from my father that my mother's decision to send me to live with his family was the result of an agreement between them. This agreement would allow my father to reunite with me shortly and provide me residency in the United States. My moving with my paternal family was indeed a culture shock because life in the city was a lot different from the life I was used to in the countryside. I was stuck in a foreign place with strangers, and the richness of my surroundings on the farm was no longer at my disposal. As a child, I was restricted to both food and social ambiance for the city was too congested and dangerous for me to be allowed to venture there.

Being separated from my first family was a painful moment that marked my life. Adam and Chase-Lansdale (2002), drawing on the work of earlier researchers, admit that

“the home or family environment is a central influence on emotional as well as cognitive and behavioral development, and it remains an important influence into adolescence” (p. 1). As I was embarking on my adolescence, I was stripped of that family connection of bonding, love, and my natural environment.

When I went to live with my father's family, I no longer maintained any communication with my mother's side of the family. I was disengaged from them even though I resided no more than a three to four-hour car ride away. Reflecting upon that moment in time, I recognized it as a traumatic event for my 11-year-old self. The separation from my biological parents troubled me throughout my childhood and into my adolescence.

As an adult, I did not reflect upon it until I started providing therapy to the 2010 Haiti earthquake survivors. During the therapy sessions, these survivors' stories awakened my early childhood memories and with it the traumatic experiences. At times during sessions, I became isomorphic to the client in the room due to the childhood memories that flooded my head.

The word isomorphic means that two complex structures can be mapped onto each other in such a way that for each part of one structure there is a corresponding part in the other structure, where corresponding means that the two parts play similar roles in their respective structures. (Franklin, Trepper, Gingerich, & McCollum, 2012, p. 10).

The word is often used in a therapeutic context to describe a state of being where the therapist's and the client's view is the same.

As a child, I had neither means nor opportunity to express this trauma. I did what was expected and remained silent and seen and not heard (Chumley, 2018). Researcher Chumley states “children are meant to be seen and not heard,” (p.1) a rule I adhered to because my culture ingrained it in me. However, I was fueled with the anticipation of reuniting with my father and his family in New York City. After a three-year absence, it was this hopeful mindset that accompanied me to the United States at age 14 to join my father and his blended family.

My Humble Beginnings in the United States

When I arrived at John F. Kennedy airport, I met one of my older brothers and younger sister for the first time. They came along with my dad as my welcoming reception to the United States. We traveled by car to meet the rest of my siblings and stepmom. I felt isolated and recognized my inability to communicate with them as they spoke in English throughout the car ride, clearly defining a language barrier.

When I think of my acculturation process as a Haitian immigrant child, I have to admit that it was difficult growing up in the United States. In my family, I was the last of seven children to settle in the United States. When I came, my dad and siblings were already assimilated into the American culture. They spoke mostly English and were already adapted to the American way of life. For me, the phrase “just come” which was a familiar saying for someone who is new in the United States, I felt as if I stood out like a sore thumb.

Once I came to the United States, I became a member of a marginalized ethnic group. According to Merriam-Webster’s definition, marginalizing is “to relegate to an unimportant or powerless position within a society or group” (“Marginalize,” n.d.). A

start of a new life in America came with fear and racial discrimination even for me who came at a very young age. I found myself being isolated from my country, my close family, and others due to the language barrier. At the time, I felt lonely and alienated. According to Costa (2010), “not to be able to speak your language and only partially to be able to speak another language may bring with it a sense of loss and inadequacy at one’s ability to converse with eloquence” (p. 16). I felt that I could not stay in that frame of mind and therefore, I made a choice to study and learn the English language to help me communicate better with others. I decided to adjust and adapt to the American way of life.

My decision came with a cost; I had to forgo my culture of origin and allow myself to be fully assimilated into the American culture. Although by definition I could not be called a second-generation Haitian American because I was born abroad, I relate as if I am because of the number of years I have lived in the United States. The American culture became the only culture I knew.

After completing my secondary school studies, I enrolled at Baruch College of Business in Manhattan, New York.

The Joseph Dream Continues

Getting a good education has always been the Joseph dream because it is a dream that my father Gessin Joseph always had. As a young child growing up in the Joseph household, my family instilled in me a love for learning. To me, obtaining a good education means success and pride in one’s culture. After raising three intelligent daughters who graduated with college degrees, I graduated with my bachelor’s degree in Business Management and Human Resources Management from Florida International

University. After earning that degree, I knew that I could carry out higher goals and achieve a better education because I had patience and persistence. Learning for me has always been a journey to venture into the unknown.

I enrolled in the MFT Program because I believed it would sharpen my skills and provide me with a platform for my desired career goal, which is to be able to obtain future work with families in a variety of contexts. While a student in the MFT program, I had the privilege of working with experts in the field who became my mentors and helped me to integrate what I was being taught in the classroom into practice with clients in therapy. I studied under Dr. Arlene Gordon and her teaching assistant, Dr. Vardine Siméus. I also had the opportunity to be the protégé of Dr. Fanya Jabouin-Monnay, my onsite supervisor at Church World Service (CWS). Under Dr. Jabouin-Monnay's close supervision, I learned to be curious in the therapy room and to develop an integrative, collaborative approach in my therapeutic work with clients. After completing the master's program, I wanted to continue my studies into the doctoral program.

When I started the MFT Doctoral Program at Nova Southeastern University, having completed the master's program, I expected more training in areas that would enhance my professional development as a clinician. However, I was not fully aware of the intellectual journey that would become a poignant intersection to amplify my ethnicity as a Haitian American therapist. The discovery elevated my curiosity into a journey of cultural identity as a Haitian woman and as a Haitian American clinician.

According to Chen (2014)

Cultural identity refers to identification with, or sense of belonging to, a particular group based on various cultural categories, including nationality, ethnicity, race,

gender, and religion. Cultural identity is constructed and maintained through the process of sharing collective knowledge such as traditions, heritage, language, aesthetics, norms and customs. (p. 1)

Substance Abuse and Mental Health Services Administration (2014), their guidelines for mental health professionals stated that it is important that we honor cultural identity in counseling interventions.

Life and a devastating earthquake have rerouted me full-circle to reconnect with Haiti and the community through providing therapy to a group of Haitian refugees. Now that I found myself at this juncture, I was compelled to connect myself to my country and culture of origin in a shared experience with Haitian clients to enhance the therapeutic relationship.

After the 2010 earthquake disaster, I was motivated to find a way to support my country and my people like most of my friends and family. I had the opportunity to work at our University clinic with one Haitian family in crisis and was equally stimulated by that encounter. Therefore, this tragedy fueled my passion and overwhelmed me all at the same time.

I can recall the day that the earthquake happened. I was sitting in my Language System class, and one of my classmates gasped aloud, "Something happened in Haiti." It was an unusual happening not because of the statement but because for the first time in my studies I was so privileged to have more than one Haitian compatriot in class at the same time. We were a total of five, so of course, we all wanted to know what happened and proceeded to search on our cell phones. As the information began to upload and pictures were being revealed and shared on the Internet, we were shocked into complete

silence to learn that the magnitude of the earthquake was 7.0 Mw on the Richter Magnitude Scale (Chang & Tasker, 2010).

I recognized this was a devastating event because Haiti's lack of infrastructure from past climate problems left her bare and defenseless. Through my haze, I heard my professor dismiss the class, and I and some of my colleagues—Haitian and non-Haitians in the class, sat holding hands as someone began to pray out loud followed by spontaneous responses from all of us. I realized now I had begun my mourning ritual (Hunnicuttt Hollenbaugh, 2015). It was at this moment that my mind and heart coalesced into a burning desire to contribute to whatever means possible to support the recovery of my ancestral home.

The desire to provide support to the Haitian community was reinforced with the University's invitation to the Haitian student body and provision of a *safe space* for them to process their grief over this devastation. It emerged as a community for all students to participate and support peers, friends, families, and community. I joined several healing gatherings, and as a result, I began to look beyond myself at the mental health needs of those living in our immediate surroundings and those living in Haiti. Soon, our campus-based MFT Brief Therapy Institute Director, Dr. Arlene Gordon, invited some of the Creole-speaking students to work with identified Creole-speaking clients now being referred for grief counseling.

That was the actual start of my work with Haitian Creole-speaking clients, a period that I often remarked was a baptism by fire and the unveiling of the prodigal daughter's return. Using autoethnography as a method allowed me to give voice to my

experiences and derive meaning to advance my understanding of my evolution into a bilingual clinician (Wall, 2008).

The Start of the Internship Project at CWS

Once again, Haiti suffers a disastrous climate crisis increasingly with its citizenry becoming climate refugees (Hartmann, 2010). As the days after the earthquake turned into months and the months into years, it was not until 2013 that Dr. Gordon, my Clinical Director, approached me about the CWS internship project. In February 2013, I remembered receiving a call from Dr. Gordon. I was ecstatic about the request and the capacity that I could be involved in providing therapeutic services to earthquake survivors.

Since the earthquake, I had always wanted to do more therapeutic work with the survivors, but they were not coming for services at the university. I was wowed at this fantastic opportunity for me to provide therapeutic services to Haitian Creole-speaking clients and help Haitian families who were affected by the 2010 earthquake. I envisioned it as an opportunity to serve my Haitian community. There was also potential in working and supporting the agency workers to provide mental health services to refugee families. I thought that it would help hone my skills, expand my therapeutic lens, and reconnect me with the Haitian culture.

In the month that followed, we met with NSU and CWS stakeholders to discuss the establishment of the internship site. In March 2013, after considering much with the lack of transportation and language barrier of Haitian immigrant clients, there appeared to be a consensus among the supervisors and administrators at both Nova Southeastern and CWS to provide therapy on-site at the agency's Broward Office. I would be the only

intern therapist seeing clients. I expected that it was going to be challenging if not overwhelming with the average Creole that I speak.

Statement of the Problem

The devastating 2010 earthquake and the manner in which it influenced my thoughts and actions as a Haitian American family therapist formulated the context of this autoethnography. I spent the days that followed the earthquake in disbelief, trying to make sense of the world and my role both on a personal and professional level.

One reality that I as a practitioner faced working with Haitian populations is the negative cultural stigma surrounding mental health. In my culture, any form of psychological service means that you are labeled as *fou* [crazy], which can damage and exacerbate the marginalization of individuals and their families (World Health Organization [WHO] & Pan American Health Organization [PAHO], 2010). In the wake of this traumatic earthquake event, as a mental health practitioner, I am contemplating the greater needs for psychological interventions and yet having foreknowledge of the fear surrounding being labeled as *fou* will keep those in need of services from seeking help.

The Significance of the Study

The significance of the study is grounded in my lived experiences as a Haitian American bilingual therapist providing mental health services to refugee clients in crisis. It is to communicate to the reader the challenges and difficulties facing Haitians living in the United States and the traumatic affect of the 2010 earthquake on the Haitian population at large. The negative stigmas surrounding Haitians coupled with psychological issues have left the Haitian refugees in an impasse. According to some of my clients, the ambivalence to seek psychological support lies in the notion that if

someone is in the process of obtaining legality or residency and applies for needed services, then the individual risks jeopardizing his or her permanent legal status in the United States. Furthermore, the lack of economic resources places the Haitian refugee at higher risk for destabilization, especially when the individual may have been exposed to premigration trauma (Segal & Mayadas, 2005).

This research study looked at my lived experiences as a Haitian American therapist providing mental health services to refugees with traumatic experiences through a resettlement process (Bemak, Chung, & Pederson, 2003; Jabouin-Monnay, 2016; Kirmayer et al., 2011; Murray, Davidson, & Schweitzer, 2010). There is a dearth of research conducted with refugees addressing the lived experiences of bilingual therapists working with their communities of origin. In particular, this autoethnography served to fill the gap in the literature about Haitian Creole-speaking therapists and how they navigate their therapeutic skillset within a cultural and linguistic framework.

Finally, this study serves to illuminate how a Creole-speaking therapist can build therapeutic alliances using metaphorical language that moves the therapeutic process along. It as well helps the therapist in her healing process and in reconnecting to her own culture of origin. This autoethnographic study aims to highlight my process and my capacity to make meaning of my role and my professional development as I work with Haitian clients in crisis.

Research Questions

The following research questions guided this study:

1. What impact on a personal and professional level did the Haiti 2010 earthquake have on me as a Haitian American therapist?

2. What is the meaningful-making reflection that helped guide me in my adaptation and training linguistically in the process of providing therapy to Haitian earthquake survivors?
3. What facilitated my growth both personally and professionally as a bilingual therapist working with Haitian clients that enabled me to reconnect with my cultural identity?

The Rationale of This Study

The rationale of this autoethnographic research study was to look and reflect on my in vivo experiences and the process of becoming a bilingual family therapist with clients from my country of origin. I aimed and took an introspective stance to explore the journey toward my clinical development. Also, reflecting on observations regarding how I negotiated my cultural self in engaging relationally with my clients experiencing traumatic grief enabled me to coconstruct new realities/narratives. The tenets of SFBT, a strength-based systemic model, inform the guiding modality of my clinical work (de Shazer, Berg, & O'Hanlon, n.d.; Trepper et al., 2010). The lens of SFBT allows me to approach my work with expectancy, hope (Reiter, 2010), and derive meaning and understanding of my collaborations with traumatized Haitian clients amid resettlement.

Purpose of the Study

The purpose of the study is an in-depth account of my lived experiences as a Haitian American marriage and family therapist working with Haitian refugee survivors of the 2010 earthquake. This autoethnographic study contributes to the gap in the literature as to how someone indigenous to the culture who is trained outside of the culture then returns to the culture to provide mental health services. What are the

experiences of a therapist like me? How has it affected my work and me? Therefore, as my focus, I used an autoethnographic method to help in telling my story in a broader social context that encompassed my development and my therapeutic work with Haitian refugee clients.

My journey as a marriage and family therapist began as a means to find peace and to understand my childhood, resulting in a method of inspiration to give hope to others. I am thankful for my lived experiences with all of their challenges that shaped my view as a systemic thinker. Working with a group of Haitian refugee earthquake survivors was to render service to my Haitian community in their grief process and in turn helped me to reconnect with my culture of origin. My work with these individuals enhanced my development and inspired growth, which is the basis for this autoethnography.

Demjanenko (2011) believes that autoethnography becomes a style of art that may be practiced by anyone and asks autoethnographers to give of themselves and believe that this giving has academic worth, relevancy, and value.

During the writing of this autoethnography, I embarked on a journey of discovering myself as a Haitian woman through the process of reflection, personal lived experiences, and learning the history and culture of who we are as Haitian people. I learned about the country and people who birthed me whose support I value. I recognized that their struggles and mine are not so different and that our lived experiences connect us. Providing therapy to Haitian refugees in the Creole language is the road that took me there. As I continued my research into the history of my beloved country Haiti, I saw myself as developing a passion for wanting to know who I am as a Haitian and of course, the discovery that reconnected me to the country, people, and culture.

Previous studies have not explored the lived experiences of a Haitian American bilingual therapist providing therapy to refugee clients, and the challenges that present themselves of the western view to what is considered mental health and mental illness. There have been studies that have talked about the client's perspective and the therapist's perspective. However, no known study connects them both.

Overview of the Chapters

In chapter one, I offered an introduction to my autoethnographic study about my lived experiences and my work with Haitian refugee clients. I briefly illustrated my story of growing up in the countryside before migrating to the United States, and explained the design of the study, thereby the purpose and rationale.

In chapter two, I reviewed relevant literature from various authors, research studies, including autoethnographic studies that are relevant and provided a guide to this study. I provided a brief history of Haiti, Haitian culture, and the mental health aspects of Haitians before and after the 2010 earthquake. I also included personal experience as a member of a marginalized group, Haitians.

In chapter three, I present the chosen methodology of autoethnography as a method.

In chapter four, I recaptured my story of the day of the 2010 earthquake.

In chapter five, I shared clients' stories that helped me to reconnect to country, culture, and personal stories. These stories helped my professional growth as a bilingual therapist.

In chapter six, I offered my data analysis. I shared some of the excerpts from journal entries and clients' session transcripts.

In chapter seven, I concluded with my summary, implications, and limitations.

CHAPTER TWO: LITERATURE REVIEW

While composing this dissertation, the United States is changing its immigration laws under President Trump's administration to assure that Haitians and other immigrants feel unwelcome and thereby decrease the number of entrants in this country. The ones more significantly at risk are the 2010 earthquake refugees who are with Temporary Protected Status (TPS), living in fear of deportation to Haiti where they have no known place to live and have no means of supporting themselves and their children. Haitians with TPS will be expected to leave the United States by July 2019 or face deportation (Jordan, 2017). The Department of Homeland Security in its efforts to adhere to the new immigration law will be increasing deportation of Haitian families who were granted TPS.

The ability of refugees to rebuild their lives successfully depends in part on the nature and quality of government and social policies, resettlement and support programs, and mental health care services (Bemak et al., 2003; Murray et al., 2010; Pernice, 1994). Overall, refugees and immigrants need to know and feel that they are welcome for them to succeed in the host country.

Migration and Acculturation in the United States

Since the 1950s, Haitians have been migrating to the United States in greater proportion. According to Brutus (2008), the "first wave of Haitian immigrants to the U.S. was when Duvalier assumed the presidency" (p. 5). Francois Duvalier was a "dictator whose focus was to rid Haiti of mulattos and dismantle institutions that could potentially support political opposition such as schools, churches and the media" (p. 5). My father was among the first wave of Haitians who left Haiti for the Americas in 1957. Although

my father did not have the education of some of the professionals who were leaving Haiti at the time, he was a visionary. He entered the United States in search of jobs to help support his family abroad. He said that at the time, he was able to find low paying janitorial jobs at factories. When I came, my father was working as a super in a building where we lived in Brooklyn, New York.

My father often shared that his reason for leaving was so that his children would have the freedom of having an education and becoming successful. I came to the United States in the late 1960s, and by then my father was an American citizen and a registered voter who voted in every presidential election. Although as a youth I did not understand about all the political nuances, I learned one thing from my dad's mantra: "this is a great country where you can vote, and your vote has power." His words resonated with me, being a constant motivation for me to get involved and become a world changer.

According to Brutus (2008), the "history of the country of Haiti began in 1804 when the self-liberated slaves declared their independence from France and became the world's first Black republic and the Western hemisphere's second republic" (p. 1). This victory from the French occupation came after many years of a bloody civil war that started in 1791 on the island of Saint-Domingue. Since its independence over 200 years ago, Haiti has had many challenges and political struggles as a young country.

Political Turmoil/Social Unrest

As I reviewed the body of literature, it seems that from its inception as an independent nation, Haiti faced obstacles and mainly discrimination from the rest of the civilized world as being a black republic. This view was supported by Gaffield (2015) who claimed that "Haiti's public denunciation of colonialism and slavery made it a target

not only for the defeated French government but also for other groups because slave-owning powers were desperate to prevent the spread of the revolution” (p. 2). As a result, Haiti was

isolated from the rest of the Atlantic world and the identity as a “black republic” overshadows all its other characteristics and attributes such as being an agricultural gold mine, and a victor at defeating Napoleon and its army among other things. (Gaffield, 2015, p. 2)

Gaffield (2015) further stipulated that the “evolution of racism throughout the nineteenth and twentieth centuries and the specific racism directed toward Haiti in recent history has shaped the way that scholars characterize the first decades after 1804” (p. 2).

Although the people of Haiti were free from their slave masters, they were not accepted. Haitians were kept away and secluded by those who were in power in the foreign countries that housed slavery. According to Dunkel (2015), the United States did not recognize Haiti as an independent country for 60 years. After Haiti’s Declaration of Independence, because they could not gain recognition and were not allowed to assume their status among other foreign countries, they did not thrive and secure their place in foreign markets, in negotiation of treaties, and forming allies in the free world (Gaffield, 2015).

Over the years, research has shown that since its Declaration of Independence, Haiti has suffered political turmoil and social unrest (Brutus, 2008). Factors such as the changing hands of several political heads of states, the occupation of the United States for almost 20 years, underfunded institutions, and several natural disasters such as the 2010 earthquake, have left Haiti in dire need for necessary economic survival. When I think of

Haiti's state of poverty, I think of what Royce (2009) referred to as "poverty being an outgrowth of capitalism . . . and the culture of the poor as something resulting from problems of economic deprivation, social segregation, and political exclusion" (p. 48). Historically, the United States and other foreign countries' beliefs about Haiti and its people caused them to exclude it from taking part in foreign affairs and trade, which played a role in its economic development and its ability for growth (Royce, 2009).

Although it appears that the United States and other countries embraced Haiti for commerce and foreign affairs, Haiti in actuality has been ostracized. Recent policies adopted by the United States government have deepened the state of the Haitian economy. For example, the Haitian tourism industry was shut down completely and until today has not been revived since the 1980s when the FDA and the Centers for Disease Control (CDC) "reported AIDS cases among Haitians" and included them as one of the high-risk groups for the disease (Farmer, 2006, 1992; Pape, 2000, p. 226, as cited in Howe & Cobley, 2000).

Haiti and the United States Historical Relationship

As I delved into the research readings of Haiti's and the United States' relationship, Haitians felt connected to the United States because of their historical past and considered them an ally during their revolt in 1791. According to researchers, about "750 Haitians freemen volunteered to fight on the side of the Americans against the British in the Siege of Savannah in 1779" (Frazer, 2003, p. 131; Rhodes, 2001; Wong, 2002). Instead, it was quite the opposite, "the United States sent its first foreign aid, \$750,000 worth of food and arms to the slave owners in Haiti to put down the revolt" (Dunkel, 2015, p. 1). Nevertheless, Haitians did gain their independence. According to

Rhodes (2001), some of the Haitians who fought in Savannah gained experience and continued their military careers by fighting successfully to gain Haiti's independence from France. In 2007, a monument was erected in Savannah, Georgia to pay tribute and memorialize the "Haitian soldiers for heroism in the American Revolution" (Velez, 2010, p. 1).

In 1915, the United States military began its occupation of Haiti, and they seized \$500,000 in gold reserve and turned it over to First National City Bank in New York (Dunkel, 2015). According to Dunkel (2015), "President Woodrow Wilson openly declared" that the occupation's purpose was "to 'establish peace and good order' and it had nothing to do with any diplomatic negotiations" (p. 2).

Since the ending of United States' occupation of 1934, there have been many officials that have been elected to the office of the presidency. Some Haiti presidents such as Francois Duvalier "Papa Doc" and his son Jean-Claude Duvalier "Baby Doc" who instituted changes in political policies that supported their dictatorship ideologies, were not for the good of the people (Brutus, 2008). Francois Duvalier was suspiciously elected the 39th president in 1957 and once elected, he declared himself "*prezidan pou lavi*" [president for life] (Johnson, 2006). He lived lavishly in his palace while the people searched around for bread to eat each day. During his twenty-nine year reign of terror, he brutalized the Haitian people and ruled them with an iron fist. He instilled fear in the people and hired young black soldiers, and "created a civil militia infamously known as the *tonton makouts* whose members formed the arm of state repression"(Chochotte, 2017, p. vi).

Haitian Culture

The nation of Haiti is multi-ethnic with African and European descent and Taino, a subgroup of Arawak natives that were occupying the island before Christopher Columbus's arrival in 1492 (Taino Museum, n.d.). I remember as a youth being told by my family that Arawak was my ancestral lineage. My father, Gessin, often spoke about his great grandmother, Elaina of Africa, who was from Guinea, and his grandmother, Saintamese Celico, from the Dominican Republic of European descent. Ninety-five percent of Haitians are of African descent. The remaining 5% of the population is composed primarily of mulattoes, Europeans, Asians, and Middle Easterners/Persians. Hispanic residents in Haiti are mostly Cuban and Dominican (Jacobson, 2005). Most of the people live within the city limits, with a large concentration in the main capital of Port-Au-Prince.

Haiti has two official languages—French and Kreyòl [Creole] with Creole being the predominant language. Because many of the schools in Haiti are privately owned and require tuition, many families are not able to afford to send their children to school (Luzincourt & Gulbrandson (2010). There is a trade-off between starvation and education. I can recall that while living with my boarders in Haiti, my father would send money, and my caretakers would pay for my school, books, school supplies, uniforms, and shoes, and we would have a limited choice of food to eat for some time. I was considered fortunate even to be able to eat because many others did not have anything to eat. Therefore, this barrier to education produces a high illiteracy rate, which makes it difficult for people to gain employment in a very limited job market. Although most Haitian families grow crops, it is not enough to support their needs, and as a result, many

of the families live in poverty. However, most Haitians consider themselves to be self-employed and entrepreneurs in sales.

As I immersed myself into learning more about my Haitian roots, I realized that the Haitian culture has many layers that I hold dear in connecting me to other people in my life. Cultural emphasis is cradled in family and family connections, which go beyond country borders. It is the stamp of identity that family connections can transmit biopsychospiritual phenomenon. Désir (2011) underscored that Haitians are prideful, respectful, and hopeful, and are guided by their spirituality and faith in God. She sees this connection of identity as a resource and “as a collective weapon to fight for their (*Haitians*) security” (p. 279) in the world.

Another aspect of Haitian life is the concept of the “*Lakou*” which translated as a [Yard or Courtyard.] This *Lakou* is the close togetherness of immediate and neighboring families, something that they often find helpful in the education and rearing of children (Désir, 2011). Historically, the *Lakou* refers to clusters of homes in which Haitian families reside, as well as to the extended and multiple-generation family form that is prominent in Haitian culture (Edmond, Randolph, & Richard, 2007). One group of individuals within the *Lakou* is the older women who are respected and regarded as advisors in family relationships that provide support to the families within the *Lakou*.

I reminisced growing up in a community where I had many “uncles” and “aunts” who were neighbors not related by blood but who lived in my surrounding area. As a child growing up in the *Lakou*, it is ingrained in you to refer to these adults as “aunts” and “uncles” as a form of respect, familiar connection, and expectation of adult nurturers in our lives. They were those individuals that when and if I had disobeyed the rules set by

my family as a member of the *Lakou*, my “aunt” or “uncle” would enforce physical punishment appropriately. Having to be physically disciplined by a neighbor who was an “uncle” or “aunt” was considered the norm. Haitian families practice and live by the principle of the African proverb that “it takes a village to raise a child” (Clinton, 2006, p. xii).

Historically and culturally, Haitian women are regarded as a pillar of strength within the family system. Overtly, Haitian culture is traditionally seen as a patriarchal society. However, covertly the role of women is significant in daily life. According to Edmond et al. (2007), “*Fam se poto mitan*” [Women are the center post] is a well-known Haitian proverb that highlights the vital role women play not only in Haitian commerce but also in Haitian families.

Within the *Lakou*, there is always a matriarch, usually an older woman, from whom everyone seeks advice and guidance for health issues, marital problems, family relational issues, spiritual guidance, and other various form of needs. This individual is a person of great importance and is referred to as a *poto mitan* or a center post. It is the *poto mitan* “that brings strength to all parts of the surroundings, including all aspects of family and community life” (Désir, 2011, p. 282). According to Désir (2011), the *Lakou* is more than a community; it is a theoretical, social framework and an integral part of the social fabric of Haitian people. These cultural norms are some of the early life training that inspired and helped me to connect with people both on a personal as well as on a professional level.

Cultural and Political Conflicts in the United States

According to Stepick, Stepick, Eugene, Teed, and Labissiere (2001), “Haitian immigrants face difficulties adjusting to the United States because they are viewed as ‘triple minorities’—black, foreign, and speak an unknown language, Haitian Creole” (p. 236). Today, unfortunately, the struggle for Haitian immigrants to be included in the high rank of society is still uncertain when looking at the shared views of some in the political realm is to continue to discriminate and marginalize this group of people. In the United States, Haitian immigrants are typically looked down upon as a minority group in a negative way. They were never welcomed in the United States and the negative feelings that Haitians are AIDS carriers, ‘boat people’ and voodoo magic practitioners have not been helpful (Douyon, Marcelin, Jean-Giles, & Page, 2005; Zephir, 2004).

Haitians were falsely accused and grossly marginalized by the United States’ medical department/CDC that they were the AIDS/ HIV carriers during the 1980s and 1990s (Fouron, 2013). The CDC in 1983 announced that there were four major risk groups for AIDS in the United States—homosexuals, hemophiliacs, heroin users, and Haitians; and they were widely known as the “Four-H Club” (Scott, 2011, p. 1). In my personal experience, I distinctly remember volunteering to donate blood at a local hospital that I was employed by and in which I had given birth to my three children as well. I completed the donor profile and waited for the technician to direct me. Instead, I was handed a three-page document from the Food and Drug Administration (FDA) on why Haitians and those of Haitian descent could not give blood. This document did not contain any scientific proof that Haitians were HIV carriers and yet the restriction was being forced on all Haitians living in the United States.

I thought that my painful experience ended in victory for the Haitian people when on April 20, 1990, Haitians from near and far made their way to New York City to attend the march to protest the FDA's false claims. Haitians young and old joined hands singing "We Shall Overcome," some with tears in their eyes as they marched from the Cadman Plaza in Brooklyn across the Brooklyn Bridge to the Jacob Javitz Center in Manhattan (Joseph, 2012). Today, nearly 30 years later, this false accusation was echoed by the president of the United States, Donald Trump, in a formal setting addressing immigration policies that impact Haitian refugees and TPS recipients (Ainsley & Silva, 2017). Imagine my disbelief and anguish at the insensitivity in his sayings. I saw these racially motivated vicious accusations then as I am seeing them now as an attack on the good people of Haiti. Foth (2011) citing Foucault, Bertani, Fontana, Ewald, & Fontata describe this as the "historico-political discourse of war as putting forward a reality that functions as a weapon" to alienate an entire race of people (p. 51).

Haiti 2010 Earthquake "*Tranbleman tè*"

On January 12, 2010, a devastating earthquake of 7.0 magnitude struck Haiti "west of Port-Au-Prince, causing untold deaths, collapsing thousands of buildings, severing roads, putting the city's main seaport out of operation, crippling the city" (Chang & Tasker, 2010, p. 1). Shultz, Marcelin, Madanes, Espinel, and Neria (2011) classified the 2010 earthquake as a "catastrophe and rank it among those rare events that expose a human population to the most extreme stressors . . . and the psychological impact of the 2010 earthquake . . . likely to generate pervasive mental health problems" (p. 354).

Researcher Felima (2009) referred to Haiti as in a “fragile, developing state . . . and that it is most vulnerable to environmental disasters due to its inadequate mitigation efforts, lack of disaster preparedness strategies, and low level of resiliency and livelihood” (p. 6). According to Gelting, Bliss, Patrick, Lockhart, and Handzel (2013), damage to infrastructure from the . . . 2010 earthquake contributed to already decrease in water and sanitation services contributed to the severity and rapid spread of the ongoing cholera epidemic that resulted in 8,111 deaths as of June 2013. (p. 665)

The 2010 earthquake extensively damaged an already crippled economy in a climactic proportion. Haiti’s economical demise stems from factors such as political crisis and governmental ideologies but also from the many climactic disasters in the form of catastrophic hurricanes, floods, and deforestations that occurred before the earthquake (Borenstein, 2010).

According to Myers (2001), there is a “new phenomenon in the global arena in the realm of environmental or climate refugees as people who can no longer gain a secure livelihood in their homeland because of drought, soil erosion, desertification, deforestation, and other environmental problems” (p. 609). Myers citing de Sherbinin (1996), Preeg (1996), and Ridgeway (1994) noted that “Haiti is one of the countries that people are not only fleeing political oppression, they have been driven by the grand-scale rundown of the environmental resources- soil, water, and trees—that underpin their agricultural economy” (p. 610). The 2010 earthquake left Haiti and its citizenry in dire need of the necessities for survival. The earthquake also connected Haiti to the rest of the

world's humanity, consisting of compassionate countries that supported and gave aid to the Haitian people.

When the earthquake happened, I was both a staff member and part of the student body at Nova Southeastern University. At the university, we have a moderate number of Haitian students and staff who had lost loved ones and friends. I saw many grief-stricken individuals among the Haitian Diaspora. I remember that my colleague and I as MFT students under the direction of the Clinical Director of the Nova Southeastern Brief Therapy Institute Dr. Gordon, facilitated group sessions with students and university staff. The group sessions were a way for students and staff to be able to share and process their grief. In attendance were Haitians and non-Haitians alike who had lost a family member or a friend or knew someone who had lost someone.

I was the assigned therapist for a case with a couple who had lost their daughter who was visiting Haiti at the time the earthquake happened. I remember that they were grieving for her death for two months and they had not found the body to give her a proper burial. Ceremonial burial is something that is very important in the Haitian culture to show proper respect to the deceased.

In a shared traumatic way, the 2010 earthquake interconnected specifically those of Haitian and Haitian descents living in Florida. According to Messiah, Acuna, Castro, Rodríguez de la Vega, Vaiva, Shultz, Neria, & De La Rosa (2014),

Haitian Diaspora living outside of Haiti . . . some were directly exposed to the earthquake as they were visiting their homeland at the time; many others were indirectly exposed through death or physical harm to family members or close friends. (p. 130)

Messiah et al. (2014) claimed that “some households . . . provided lodging for displaced persons, experienced depletion of financial resources and material assets as they helped stricken family and friends, or lost assets due to cascading effects throughout the Haitian economy” (p. 130). Also, Messiah et al. (2014) claimed that a “majority of Miami Haitians . . .experienced mental health distress among them remains considerably two to three years post-earthquake” (p. 130).

Reflecting on the writing of this qualitative autoethnographic research, I began to process as a Haitian American immigrant before my MFT studies. I grew up with certain cultural beliefs and assumptions about mental health that were incongruent with the Western view of what is considered mental health and mental illness. In my family, they referred to those that experienced mental or psychological problems “as individuals who are *fou* [crazy],” which I learned is typical with Haitians (Siméus, 2016, p. 7). Being considered *fou* is taboo (WHO & PAHO, 2010), and it creates a barrier for those individuals who need help to receive mental health services. These early influences were shaped by cultural characteristics within the family structure as well as the societal influences that are common to other immigrants in their process of acculturation.

Haitians and Mental Health

Culturally, Haitians appear to underutilize existing mental health services because of the belief that psychotherapy/therapy is for those who suffer psychosis or for those who are literally crazy. There may be many reasons for not accessing the services, but WHO and PAHO (2010) have suggested that religious practice “plays a crucial role in all spheres of Haitian life” (p. 6), which may be the avenue from which Haitians reach for support. One such practice according to Augustin (1999) is “Vodou which is not only a

religion but constitutes a health care system that includes healing practices, health promotion, and prevention of illness and promotion of personal well-being” (p. 7).

Vonarx (2008) contends that “Vodou provides information on how to promote, prevent and treat health problems, with theories of illness, treatment interventions, and a prescription for behavior that are congruent with widely held explanatory models” (p. 182).

Additionally, “Protestant and Catholic Churches and other religious practices in Haiti help people cope with mental and emotional problems and provide parallel systems of healing” (WHO & PAHO, 2010, p. 8). In addition, Ross (2010) reported that Haitians often relate the majority of illnesses, including mental health problems, to supernatural forces that may be in the form of cast spells or hexes. These hexes are believed to be the result of some form of jealousy or envy by one individual to another within a community (WHO & PAHO, 2010). These beliefs and practices serve as a barrier to the Haitian individual who needs services from professional providers including mental health clinicians to assist them when they are in crisis.

Haitians and Trauma

The 2010 earthquake left the Haitian people traumatized. Days after the earthquake “thousands of traumatized Haitians remain without food and shelter—following Tuesday’s earthquake; mental health experts say the psychological effects of the disaster could take months to fully emerge” (McVeigh, 2010, para. 1). The fear of an already worn-down country and its citizenry paradigm a “distinctive combination of earthquake hazards and vulnerabilities, extreme loss of life, and paralyzing damage to

infrastructure, predicts population-wide psychological distress, debilitating psychopathology, and pervasive traumatic grief” (Shultz et al., 2011).

“After the Haiti earthquake, World Vision International (WVI) undertook a pilot orientation to test the draft Psychological First Aid (PFA) guide and to provide some basic information on PFA for those assisting in an acute emergency” (Schafer, Snider, & van Ommeren, 2010, p. 245). According to Schafer et al. (2010, p. 245),

PFA is an approach for providing basic psychological support to people in acute distress. It was developed by World Vision International, War Trauma Foundation and the World Health Organization as a guide for low and middle-income countries (LAMIC) following acute emergencies.

This model offers a less intrusive way of attending to individuals and families who are experiencing acute distress and are in need of psychological help. It is not counseling or psychological debriefing (Singaravelu, n.d.) and it “operates only within the framework of an authorized disaster response system” (National Child Traumatic Stress Network, 2006, p. 7). According to Singaravelu (n.d.), PFA “is not something that only professionals can do” (p. 4) such as psychologist, psychiatrist, family therapist, and others in the field of social sciences.

Schafer et al. (2010) claimed that the staff who participated in the Haiti PFA program pilot found it “to be a useful, empowering approach to providing psychosocial support to people affected by the earthquake” (p. 245). PFA is an approach that was culturally appealing to Haitians, as typically they tend to look at accessing mental health as part of an immediate response or concern as opposed to a continuation process. It is very “basic, non-intrusive pragmatic care with a focus on listening but not forcing talk;

assessing needs and ensuring that basic needs are met” (Sphere Project, 2004, p. 335).

The cultural piece is one of the reasons why our approach to the clients at CWS’s resettlement office took on a similar approach in setting up to that of the setting of PFA. I see this as a plus with Haitian clients. Presenting PFA as a short-term First Aid, made it appealing to the Haitian community which is familiar with being provided services that are an immediate response to crises. It is no wonder that “the draft PFA materials designed for LAMIC show promise as a resource for Haiti, and potentially other humanitarian contexts in the future” (Schafer et al., 2010, p. 245).

According to Behrman and Reid (2002), the “trauma occurs when an experience overwhelms a person’s normal coping skills” (p. 39). Researchers have noted the prevalence of psychosocial trauma among immigrants. According to Rousseau and Drapeau (2004), the “physical health, mental health, and public health consequences of political violence for immigrants do not necessarily end upon crossing the U.S. border but may be further exacerbated by immigration and the acculturation experience” (p. 852). Moreover, Rousseau and Drapeau informed us that “it is important to consider the added effects of immigration exit circumstances and their potential mental health consequences via the added stressors of lost social supports and status, acculturative stress, and displacement out of their homes” as part of mental health assessment (p. 436).

Furthermore, the 2010 earthquake survivors were at “risks that lead to suffering post-traumatic shock syndrome (PTSD), having learned lessons during previous disasters such as the 2004 Asian tsunami and the Chinese earthquake of 2008” (McVeigh, 2010, para. 2). Researchers Lacroix and Sabbah (2011) have found that “posttraumatic stress disorder (PTSD) and its psychosocial consequences are apparent among refugees” (p.

44). PTSD, as defined in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, American Psychiatric Association, 2000) corresponds to a situation in which a person has been exposed to a traumatic event and bears the marks of that experience but has been removed from the actual event (Schuff et al., 2001). PTSD is something that appears prevalent among many Haitian refugees after the 2010 earthquake.

Since the aftermath of the 2010 earthquake, trauma, depression, and PTSD are all mental health concerns among Haitian immigrants that have been on the rise beyond the borders of Haiti. The lives of “Haitians living abroad were also affected, through vicarious relationships” (Messiah et al., 2014, p. 3). PTSD is a psychiatric disorder that can occur following the experience or witnessing of a life-threatening event such as military combat, natural disasters, terrorist incidents, serious accidents, or physical or sexual assault in adult or childhood (American Psychiatric Association, 2019). “PTSD is believed to be prevalent among Haitian immigrants; many have come to the United States under desperate circumstances” (Messiah, Vaiva, Gokalsing, Tempier, Jean, & Acuna, 2015, p. 1).

Additionally, Rousseau, Mekki-Berrada, and Moreau (2001) reported “a vast majority of refugees have suffered trauma and extended separation from their families in exile” (p. 40). Frecker (1995) confirmed, “the resettlement process can often drag on for a long time owing to the host country's legal and administrative policies and bureaucratic red tape” (p. 4). Also, Marusiak (2012) said that “significant challenges continue after resettlement as refugees experience the added stressors of adapting to an alien culture; learning a new language; and simultaneously losing family and community support, employment, and financial resources” (p. 2). This plight and flight of refugees are

common barriers/challenges that Haitian refugees face in the United States. Additionally, families face a lack of transportation, childcare, housing, and healthcare, specifically mental health services and access to information about available services. Thao (2009) emphasized, “Immigrants and refugees face other barriers that include language and stigma, which limit their access to mental health services” (p. 1). Moreover, Thao underscored how there are:

Insufficient services that are made accessible for immigrants and refugees in their native languages, and mental health beliefs also vary from culture to culture, making the translation of mental health concepts and terms in their native languages complex and challenging. (2009, p. 1)

James (2004) exclaimed that despite the United States’ and United Nations’ military intervention in Haiti to bring security, political and criminal violence continues to plague the nation. Many Haitian families have experienced the death of loved ones through public violence and are living in “a pervasive climate of fear and nervousness” (James, 2004, p. 128) in their immediate community. Many flee to other regions and cut communication with families and friends, while many more escape to other countries because some individual or group of individuals is threatening their lives. Also, “the earthquake exposed massive segments of the Haitian population to trauma and loss; while many people lost loved ones, houses, businesses, and their livelihoods” (WHO & PAHO, 2010, p.15). Those who have seen the devastation of the earthquake of 2010 claimed that they are still afraid to “sleep indoors and chose to sleep outside in the yard” in case “Goudougoudou” [earthquake sound] happens again (Ulysse, 2011, p. 1).

Besides, the political turmoil and violence facing Haitians, the country was hit by several natural disasters such as the four consecutive storms—tropical storm Fay and hurricanes Gustav, Hanna, and Ike—that killed 793 people with another 300 people reported missing (Belles, 2016). Also, hurricane Gustav in 2010, the 2010 major earthquake with an estimated 230,000 deaths, and the recent hurricane Matthew has left the country devastated and the people in extreme need for basic life necessities. The results of these disastrous climate crises have thrust Haitian migration with its citizenry becoming climate refugees (Hartmann, 2010). According to National Geographic, climate refugees are people who must leave their homes and communities because of the effects of climate change and global warming.

As Haitian refugees continue to arrive in United States' cities, particularly within the South Florida area, their means of obtaining support services is through community-based organizations. As is typical, services for refugees are given through federally-funded resettlement agencies to aid clients in integrating into the mainstream of society. The resettlement agency, CWS, is where I interned as the onsite therapist providing therapy to Haitian refugee clients. Much of my focus for this autoethnographic research was on this aspect. CWS operates offices in various locations throughout the states, including three locations in South Florida: Miami-Dade County, Broward County, and the city of West Palm Beach. Although the agency services all nationalities, the services at the Broward location are more geared toward servicing Haitian clientele in the community. It is an effort to address more appropriately Haitian clienteles' overall adaptation/acclimation process on United States soil.

CWS was established after World War II in 1946 by a coalition of United States churches as a means to end hunger and poverty and to promote peace and justice in the world. Created by a group of 17 denominations of churches as a means to end hunger through their Christian Rural Overseas Program, they provide helpful services to refugees (Church World Service, n.d.) Today, CWS in partnership with other agencies continues to provide services to mainly refugee families in the areas of not only food and shelter but also in legal services with immigration, resettlement/acclimation, and counseling services at local offices throughout the United States. Supported by 37 United States-based member communities, CWS provides programs to feed the hungry, provide clean water, reduce vulnerability, and help those forced from home. With more than 1,000 employees across five global regions, CWS operates programs in more than 30 countries (Church World Service, n.d.).

Researchers Belizaire and Fuertes (2011) claimed that “acculturation stress which is the psychological process of adapting to the specifics of living in a new cultural situation” (p. 89) could be a negative factor in the overall well-being of the Haitian refugee in the host country. Additionally, individual experiences and cultural conditions may cause Haitian refugees to be apprehensive of seeking the mental health services that are available. Some refugees may be afraid and may feel discomfort due to their temporary legal status; and they may fear if they receive treatment for mental health concerns, it will affect their residency status.

There is a lack of research regarding the mental health needs of Haitian refugees who may not be educated enough to possess a level of understanding of what mental health entails. Also, many Haitian refugees coming into the country do not have the depth

of social contacts other immigrant groups have to attain information that could assist them in locating the proper resources for their mental health needs. The inability to access pertinent information concerning their health places the Haitian refugee at considerable risk for destabilization especially when the individual may have been exposed to premigration trauma (Segal & Mayadas, 2005). Therefore, the existence of resettlement agencies add significance to the successful acculturation of a newly arrived Haitian refugee.

As a mental health practitioner who has been working with this population, providing mental health services can be challenging and yet for me rewarding. Having the foreknowledge of the stigma surrounding mental health and mental illness, I am careful in my approach to providing care as to be culturally sensitive. For Haitians, being labeled as *fou* [crazy] can damage an individual or family reputation in close communities, especially the Haitian communities (WHO & PAHO, 2010). Also, there is a language barrier. I can recall the challenges that I had to face as a Haitian American therapist who practices in English and now, had to provide therapy to Haitian Creole-speaking clients. I had to relearn my native Creole language to communicate and provide service to this group of refugees. According to Costa (2010), in providing “therapeutic work, it is often considered that it is best to work in a client's mother tongue if possible” (p. 16).

Bilingualism

The uniqueness of this study is that I am both a therapist and a Haitian immigrant who has experienced providing therapy in English and the challenge of my study is that I will be providing therapy by speaking only Haitian Creole to my clients. I have

experienced conducting therapy with clients, but this will be my first-time practicing therapy with clients speaking only Haitian Creole.

I consider myself bilingual as it relates to my professional work as the onsite therapist at a resettlement agency, which is the motivation for this research topic. According to Gamsie (2008), “bilinguals, are those individuals who can communicate in two distinct languages” (p. 2). I speak English fluently, and it is my preferred language used to communicate with those in my social milieu and in practicing therapy. I speak and understand Creole. Although, I think that one of my clients might disagree. I remember being the facilitator of a group orientation for the new refugee arrivals and at the end of the presentation, one of the participants approached me. His question was “*Konbyen tan ou tap viv nan peyi Etazini?*” [How long have you been living in the United States?]. I thought he was just curious. I responded “*plis pase karantan.*” [Over 40 years.]. His next response was “*Mwen remake ke kreyòl ou a lou.*” [I notice that your Creole is heavy.] I thought that his saying was funny, so I laughed, and he laughed. Of course, besides being raised in the United States, when I was in school in Haiti, Creole was not the official written language until 1987. Therefore, I learned how to read and write French, which was the official language in Haiti. Since then, I have tried to learn how to read and pronounce words in Creole.

Gamsie (2008) conducted a study exploring “bilingual therapists’ unique experiences conducting therapy in their native tongue and second language and exploring the potential impact the language spoken in therapy has on the therapeutic relationship” (p. 4). In the study, Gamsie (2008) claimed that there are notable differences in the emotional part inherent when speaking a native tongue versus a second language and that

the native tongue is favored in expressing positive emotions and issues that are highly personal. The researcher went on to say that when “bilingual patients can engage in therapy with bilingual clinicians, it opens the doors to exploring the patient’s reality and unconsciousness through both their native language and their second language” (Gamsie, 2008, p. 24). This understanding about language led me to believe that in my therapeutic work with Haitian refugee clients who can only express themselves in Creole, it was vital for me to be able to communicate with them in their native tongue. I also wondered how learning to communicate in my original, native tongue Creole helped me to tap into my positive emotions.

Bilingualism and multiculturalism have been neglected, if not completely ignored, in psychotherapy according to Burck (2004). Nevertheless, research conducted over the past decade has proven further the importance of English-Spanish bilingual psychotherapy (Eamranond, Davis, Phillips, & Wee, 2009; Ivers, Ivers, & Duffey, 2013; Santiago-Rivera, Altarriba, Poll, Gozalez-Miller, & Cragun, 2009). Collectively, these studies have suggested a need for counselors to receive better training in order to provide culturally competent psychotherapy to their Spanish-speaking clients, even for clients who are multilingual, because “the Spanish language expresses their heritage, it is a source of identity and pride, and is the means through which emotions are articulated” (Santiago-Rivera & Altarriba, 2002, p. 30).

In this qualitative autoethnographic research, I reflected more on my Creole language-learning process, which was my first language, and now became my second language. Also, I reflected on my experience as the therapist learning how to offer

therapy in Haitian Creole as well as for my clients understanding the psychotherapeutic language in sessions.

How has providing therapy to a group of refugee earthquake survivors helped me to find healing from childhood traumatic experiences? How have my clients' storytelling metaphors and common language helped me in therapy to reconnect with my culture and country of origin?

Metaphors and Haitian Creole Language

In my work with Haitian Creole speakers, I found it equally important to be able to integrate the clients' language of metaphors in sessions. Merriam-Webster defines metaphor as

a word or phrase for one thing that is used to refer to another thing; as a result to show or suggest that they are similar; an object, activity, or idea that is used as a symbol of something else. ("Metaphor," n.d.)

Haitian Creole is a metaphorical language. Creole is defined as a language that comes from two or more languages. Creole is distinct from the French language. Spears and Joseph (2010) claimed that both Creole and French are two different languages, and each one often expresses the same or a related grammatical notion through distinguishing means. This knowledge allows me to remain cognizant that the Creole language my clients will be speaking may not be at the same level of Creole that I speak.

Thus, in the therapy room, I am always attentive to the context in which my Haitian clients are speaking. Zephir declared that Haitian Creole is believed to be a contact language that emerged from the blending of French with the West African languages spoken by the slaves (as cited in Bonenfant, 2011). Cameron (2008) confirmed

that “during the process of therapy clients may use metaphors to go back through their unique views of their world and experiences, assisting them in expanding their conversations” (p. 205). I can recall that attending to my clients’ use of metaphors in the therapy session would help with the communication as well as help me, the therapist, to engage the client in a therapeutic conversation. I found this form of engaging them in therapeutic conversation to be culturally sensitive in working with a population where using parables/anecdotes works best for those who may be illiterate and to show how focusing on each client’s strength will help reach successful goals.

I recognized that the use of metaphor presents both therapists and clients with the possibility of offering diverse methods of handling problems. Metaphors have helped me, the therapist, in understanding and communicating with the client in the room. Metaphors can also reinforce clients in changing their thinking, obtaining a map to find current directions, increasing awareness, generating solutions to problems (Atwood & Levine, 1991), and reaching goals in sessions. Morgan and Wampler (2003) have encouraged therapists to view metaphor in therapy as one of many creative skills they can use in their work with clients. As a Haitian American therapist, I have learned from my client a few of the more culturally familiar metaphors that I can utilize with Haitian clients to help in the conversational engagement in therapy. In this qualitative autoethnographic research, I will reflect on my clients’ metaphors and how their use promoted dialogue in therapy and helped me to reconnect with my culture of origin.

SFBT Model and Constructionism

My epistemological is rooted in social constructionism. Social Constructionism is the view that all knowledge is constructed through the interactions of human beings as

they engage in their social context (Crotty, 2003). According to Gergen (1985), “Social Constructionist inquiry is principally concerned with explicating the processes by which people come to describe, explain, or otherwise account for the world (including themselves) in which they live” (p. 266). In the United States, I belong to a group of people that some believe to be a burden upon society because of their life circumstances. Although I was born in Haiti, I was raised in the United States, and I was educated in their system of belief of segregating groups of people by means, attributes, and possessions. However, my approach to life on a personal and professional level is fused with social constructionist ideas and beliefs.

When I worked with clients, my preferred model in brief therapy models was SFBT. Influenced by social constructionist thought, SFBT is an ecologically, social constructed based model anchored in the work of Bateson (1972), Erickson (1983), Watzlawick (1993), and the Mental Research Institute (MRI, 1959) group. SFBT was formed in the late 1970s, by a group of clinicians in Milwaukee, Wisconsin . . . formed the Brief Family Therapy Center (BFTC), which was influenced by the treatment model at MRI in Palo Alto where de Shazer had worked (Family Solutions Institute, 2009, p. 145). Lipchik (2002) claimed that the core members who established the Brief Family Therapy Center in Milwaukee consisted of herself, de Shazer, Berg, Derks, Nunnally, and LaCourt (p. xiii). As stipulated before by de Shazer (1991), SFBT owes its beginning to Bateson and has its roots in Batesonian ideologies. Bateson (1972) in his work *Steps to an Ecology of Mind* covers several ideas within human communication that are now foundational to postmodern family therapy (Joseph, 2012).

Solution-Focused is a problem-solving brief therapy that focuses on helping clients to find solutions and focus on the future when the problem is no longer present. (de Shazer, 1988). It creates an environment for the client to focus on what is working and on the solution, rather than to remain and continuously talk about the problem. This model creates a sense of hope and possibility for the client through the use of collaborative language and settings of goals. In helping the client to move from problem talk to solution talk, the Solution-Focused model utilizes some technical questions that may be asked to the client such as the Miracle Question to define goals and the Scaling Question to clarify specific goals (de Shazer, 1988).

Regarding the current autoethnographic research study, I believe that a constructionist perspective blends well as its practitioners value the multiple perspectives that I, the therapist as well as the clients, may have of the counseling process and esteem each perspective as a legitimate form of knowledge.

The constructionist . . . recognizes that the way things are, is a byproduct of social engagement; meaning and reality (values and beliefs) which appear within communities where people coordinate their activities together; . . . and therapist and client work together to construct generative and transformative possibilities.

(McNamee, 2006, p. 4)

Therefore, by me interweaving my narrative with a collection of culturally rich documents, literature, (Ellis, 1999; Carbone, 2012) and clients' stories, I created meanings that reflect multiple possibilities within a social-cultural context (Ellis, 2004).

I want to think of myself as a passionate, very positive individual whose heart's desire is to encourage clients to investigate resources that they already have to help them;

as a result, find the solution to whatever problem they are facing in their lives. I often see the glass half-full, and that is the reason I find solution-focused to be a good fit for me, both personally and professionally. I feel that the positive characteristic that is embedded in this model can help guide clients in their goals in life. It is a model that offers positive feedback and encourages therapists and clients to engage in collaborative dialogues that foster hope and possibilities. It helps in verifying a positive relationship that encompasses respect and encouragement and allows the flexibility of exploring and sharing of cultural expressions. For me, it was the sharing of cultural metaphors with the clients that enhanced the therapeutic process and reconnected me to my culture of origin.

As a therapist, my Haitian clients often shared with me in therapy the Haitian proverb that “Piti Piti Zwazo Fe Nich Li” [Little by Little the Bird Builds His Nest (Rahill, Jean-Gilles, Thomlison, & Pinto-Lopez, 2011)]. This proverb also helps me to look and reflect on my journey as a Haitian immigrant, who had to endure challenges and setbacks and yet continue to gather as many little branches as possible to build my nest or life. This cultural understanding about incremental change seems to resonate with many of the Haitian clientele from the refugee resettlement center. Through my interactions with many of the Haitian refugees, I surmised that the idea of a small amount of change today is the hope for a more significant increase tomorrow and in the future. This is a driving force for many who endure incredible difficulties, perpetually driven by hope with great anticipation for a better tomorrow and new possibilities.

Self as the Researcher

Ellis and Bochner (2000) believe that it is necessary to provide a brief explanation of the researcher’s life as it relates to the research so that the reader may fully appreciate

the context with which the researcher presents the data. Because this is an autoethnographic research, everything is about my personal life. Hence, Merton (1988) has characterized the researcher as “the ultimate participant in a dual participant-observer role” (p. 18). However, the examination of self as a method has been criticized by some as self-indulgent (Coffey 1999; Denzin & Lincoln 1994).

When I think about myself in the therapeutic role and as a researcher, I think of knitting.



Picture 1. “Knitting Metaphor”

Two things that I love to do: Drink coffee and knit. There is nothing like pouring myself that first cup of coffee in the morning and with each sip, the aroma of the coffee in my cup tingles my nose’s senses and perfumes the air in the room.

In like manner when I think about knitting, how do I knit? I use two knitting needles, a ball of yarn and Knit 1, Purl 1. There is a lot more that goes on into knitting especially if you are planning to knit a sweater, hat, or scarf. This representation of knitting depicts my life journey and is the way I view my work with clients. It starts with casting on the left needle the stitches. Then bring on the right needle through the single

stitch to Knit 1 and Purl 1. You continue in this way until you create a beautiful pattern that you can display.

For this qualitative autoethnographic research, my reflective journal was instrumental in helping me to look at my challenges, and the healing and growth process as a Haitian clinician providing therapy in Haitian Creole as opposed to English. Although I am Haitian and speak Creole, I had to say that it was easier for me to give therapy in English than Creole. I left Haiti and moved to New York when I was 14 years old. Thus, I saw language as both an advantage and a disadvantage in being a bilingual therapist.

The advantages were that I looked to understand the different proverbs and metaphors each of my clients would bring into the therapy room and use them in my sessions that helped us to relate to each other and bridge a new construction of narratives. The disadvantages or part of my struggle was the complexity of providing therapy as a bilingual therapist who learned to provide therapy in English and not Creole.

I had difficulty in interpreting some of the SFBT concepts in Creole. Thus, therapists and clients are involved in a parallel process of communication through language and the use of metaphors become the language that connects the client and therapist. For the scaling questions, I used échel (F. Jabouin-Monnay, personal communication, September 18, 2014) to illustrate my point vividly. Although my approach was to learn to not only translate and interpret SFBT and use a collaborative approach each client, it was to follow my client's lead to discover how to be a right systemic family therapist.

The client cases referred to in this qualitative autoethnography research are to help describe my struggle and challenges with being raised in the United States as a young Haitian immigrant. Having to acculturate, adapt, and be educated in the American culture and its Westernized system alienated me from my Haitian culture. How does the process of providing therapeutic services to a group of Haitian refugees at a resettlement agency during my internship as a doctoral student help me to find healing and reconnect with my culture of origin?

Previous research conducted has never addressed the lived experiences of a Haitian American bilingual therapist providing therapy to Haitian refugee earthquake survivors and reconnecting to her culture of origin.

Summary

This chapter presented relevant research studies on the history of the nation of Haiti and its people, culture, turmoil and unrest, migration, and Haitian refugee 2010 earthquake survivors' impasse in the United States. It provided an overview of Haitians' struggles and challenges as a nation and displayed the resilience of its people in general. In addition, the internship project and the start of my therapeutic involvement with Haitian clients is the groundwork for this study.

CHAPTER THREE: METHODOLOGY

Qualitative Research

I chose autoethnography as a research method to recount my experience after the 2010 Haiti earthquake to convey vivid memories that can only be explored through an autoethnographic lens. Unlike any other research methods, a qualitative autoethnography provides the possibility to bring lived experiences to life and offers readers an inside glimpse of the researcher's lived experiences in a social-cultural context (Ellis, 2004; Esping, 2011).

In choosing to do an autoethnography for my dissertation, Forber-Pratt (2015) stipulated that I am “faced with three challenges (a) finding the author's voice, (b) negotiating university policies and procedures, and (c) addressing validity concerns for autoethnography” (p. 1). In writing this dissertation, it was difficult for me to be open and share my personal life, making myself vulnerable to the readers. I remember when I started writing, I was fearful of being hurt by critics who would read this research. Similarly to what Carbone (2012) shared that she “was often asked what relevance her study had to do with the field” of family therapy “because they believed that most family therapists would never encounter cult-involved clients” (p. 234).

Flemons and Green in Bochner and Ellis (2002) stipulated that when you “write a story of yourself, you accept an assumption about yourself that then determines in part how you understand yourself, and if you publish this account, then you are defining yourself not only personally but also professionally” (p. 90). These types of assumptions hinder my writing of the self as the researcher, the autoethnographer from the beginning. However, on a positive note, Flemons and Green agree with Bochner and Ellis (2002)

that “writing can help students to have insights about themselves and help them work through problems themselves” (p. 116). I must admit, writing this dissertation has helped me to reflect on my lived experiences and assisted me in rectifying some traumatic happenings in my life. Secondly, like all other universities, Nova Southeastern has its policies and procedures that guide research work. I had to go through the Institutional Review Board (IRB) for approval before I could proceed with the study, which took some time to process. Thirdly, I struggled with my methodology. During my proposal defense, my dissertation committee raised questions about my methodology in ensuring validity. As stated by Forber-Pratt (2015):

Some believe that an autoethnographic story is valid in its own right and that we need not be concerned with defending its validity. However, in the academic world progressive qualitative research is persistently like a square peg trying to fit in a round hole. (p. 11)

Moving forward into writing this autoethnography, “I relied on existing documents” (Forber-Pratt, 2015, p. 11) to assist and guide me with the process. This chapter of the research proposal will review autoethnography as a research method and the rationale for conducting this research.

Autoethnography

An “autoethnography is an approach to research and writing that seeks to describe and systematically analyze (*graphy*) personal experience (*auto*) to understand cultural experience (*ethno*)” (Ellis, 2004, p. 26; Ellis et al., 2011, p. 273). It is an emerging qualitative research method that displays multiple layers of consciousness and

connects the personal to the cultural through autobiography (Ellis & Bochner, 2000).

According to Reed-Danahay (2009), autoethnography provokes questions about the nature of ethnographic knowledge by troubling the persistent dichotomies of insider versus outsider, distance versus familiarity, objective observer versus participant, and individual versus culture. In addition, Reed-Danahay (2009) “argued that it is more productive to see autoethnography as lying at the intersection of insider and outsider perspectives, rather than setting up a dualism that privileges the insider account” (p. 145). Furthermore, an “autoethnography reflects a view of ethnography as both a reflexive and a collaborative enterprise, which the life experiences of the anthropologist and their relationships with others ‘in the field’ should be interrogated and explored” (Reed-Danahay, 2009, p. 145).

In this study, my interlocutors included the research participants I encountered during ethnographic fieldwork, who may have narrated stories to me that I perceived as autoethnographic, and published writers of texts that I considered autoethnographic. Autoethnography is an umbrella term that can refer to autobiographical narratives about the doing of ethnography or being an ethnographer, to the work of an anthropologist doing ethnography in their society (the so-called *native anthropologist*), and to genres of fiction and memoir that incorporate an ethnographic (or *counter-ethnographic*—see Watson, 2013) sensibility about the author’s own cultural milieu.

An autoethnography is often written in the first-person and uses a variety of written forms that include journaling, poetry, photography, and personal narrative (Hein, 2009). This autoethnography is written in the form of a personal narrative, which involves “taking on the dual identities of academic and personal selves to tell

autobiographical stories about some aspect of . . . experience in daily life” (Ellis & Bochner, 2000, p. 740). An autoethnography differs from other research methodologies, such as studies that employ scientific methods, because “we cannot know what to explore until we have explored it” (Zuroff & Blatt, 2006, p. 133). According to Hein (2009), “this method unpacks the field to readers, providing those with a deeper comprehension of not only the people being studied but the researcher as well” (p. 14).

When writing an autoethnography, a researcher moves “first through an ethnographic wide-angle lens, focusing outward on social and cultural aspects of their personal experience; then they look inward, exposing a vulnerable self that is moved by and may move through, refract, and resist cultural interpretations” (Ellis, 1999, p. 672). Ellis (2004) stated

Ethnography is first and foremost a perspective, a ‘framework for thinking about the world’ as Stuart Sigman writes. This perspective reflects a way of viewing the world—holistically and naturalistically—and a way of being in the world as an involved participant. (p. 26)

My view of my lived experiences as a Haitian American family therapist working with Haitian refugee earthquake survivors is the motivation for this autoethnography. According to van Maanen (1995), ethnography is a storytelling institution that involves the researcher drawing close to people and events and then writing about what was learned onsite. The understanding is that it is “the ethnographer’s direct personal contact with others that are honored by readers” (p. 428). Ethnography is an emergent approach to research (White, Drew, & Hay, 2009) that “draws attention to ethnography as a ‘genre’ of research” (Britzman, 2003, p. 243).

I view autoethnography as a genre of writing that places the self of the researcher and narrator within a social context (Reed-Danahay, 2017). This autoethnography is written in an evocative, interpretive, and critical tone. Evocative because I am writing “from the closeness of my experience” (Bochner & Ellis, 2016, p. 166); critical because I am writing about a marginalized group and it “helped me to write about them in ways that I could bring the personal and public together and to question power structures and privilege in society” (Tilley-Lubbs, 2017, p. 5).

When looking at the Haitian refugees’ flight and plight in the United States, Tilley-Lubbs (2017) made a powerful statement concerning power and privilege in that United States Immigration and Customs Enforcement “ICE would be called, and we would all end up being deported because we don’t have a legal presence in the United States” (p. 22). It is interpretive because I see myself like “most evocative autoethnographers view themselves primarily as interpretive ethnographers who work between art and science” (Bochner & Ellis, 2016, p. 166) and attempting to express the interpretation of what that art represents.

Evocative Autoethnography

Evocative autoethnography is defined as “an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural” (Ellis & Bochner, 2000, p. 739). According to Bochner and Ellis (2016), it is depicted as a genre of writing designed to put meanings in motion so that readers of social science texts could not only receive but also feel the truths of first-person accounts of lived-through experiences (p. 218).

Autoethnography is the method that I used to examine and reflect on my lived experiences as a Haitian American bilingual family therapist working with Haitian refugee clients. Bochner and Ellis (2016) further explained that “Evocative Autoethnography as a method provides a straightforward and systematic treatment of the origins, goals, concepts, genres, methods, aesthetics, ethics and truth conditions of evocative autoethnography and narrative inquiry” (p. 10). In addition, Tilley-Lubbs (2017) citing Bochner and Ellis (2016), notes that autoethnography is used “to connect evocative personal narrative to cultural criticism” (p. 25). According to Bochner and Ellis (2016), “evocative autoethnography falls into the areas of interpretive/humanist and creative/artistic, both with critical elements” (p. 212).

The rationale for using evocative and interpretive autoethnography as a qualitative research method is that, as the researcher, the approach allowed me the opportunity to make myself the central focus along with my lived experiences that is the inspiration for this study (Ellis & Bochner, 2000).

Interpretive Autoethnography

Denzin (2014) believes that all biographies are interpretive. Ellis (2004) defines autoethnography as “research, writing, story, and method that connect the autobiographical and personal to the cultural, social, and political” (p. xix).

Autoethnography is an ethnographic inquiry that applies the autobiographic materials of the researcher as the primary data (Chang, 2008). Autoethnography has “evolved from the social science research method of ethnography and it is an autobiographical type of writing and research that reveals multiple layers of consciousness” (Ellis, 2004, p. 37).

As cited in Ellingson and Ellis 2008, borrowing from Berger and Luckmann (1966), they

believed that the “practice of autoethnography claims reality as socially constructed and that meaning is constructed through symbolic language interactions” (p. 449).

Denzin (2014) proposed that a researcher should attempt to communicate how each subject copes with the problems of coherence, illusion, consubstantiality, presence, deep inner selves, others, gender, class, starting and ending points, epiphanies, fictions, truths, and final causes. Chang (2008) believes that autoethnography presents benefits in three areas: (1) it offers a research method friendly to researchers and readers; (2) it enhances cultural understanding of self and others; and (3) it has potential to transform self and others to motivate them to work toward cross-cultural coalition building. Thus, the second benefit autoethnography provides, according to Chang (2008), is that it is an excellent vehicle through which researchers come to understand both themselves and others. My goal was to apply this interpretive autoethnographic method as my guide as the researcher toward the outcome of this study.

As stated by Ellis (2004), the author incorporates the “I” into research and writing yet analyzes self as if studying an “other.” Goodall (2000) called autoethnography the “new ethnography,” involving “creative narratives shaped out of the writer's personal experience within a culture and addressed to academic and public audiences” (p. 9). Goodall (2000) believed that “if we are willing to study others, we ought to be equally willing to place ourselves, our lives, our families, under the same critical scrutiny” (p. 110). Therefore, I incorporated the data analysis elements of my autoethnographic account as a Haitian American family therapist trained in Westernized psychotherapy providing therapy to Haitian refugee earthquake survivors and the therapeutic engaging

that helped my development and growth personally and professionally as I reunited with my culture of origin.

Autoethnographies and biographies are conventionalized, narrative expressions of life experiences (Denzin, 2014). Denzin (2014) further elaborated:

These conventions, which structure how life experiences are performed, told, and written about, involve the following problematic presuppositions and taken-for-granted assumptions: (1) the existence of others; (2) the influence and importance of race, gender, and class; (3) family beginnings; (4) turning points; (5) known and knowing researchers and observers; (6) objective life makers; (7) real persons with real lives; (8) turning-point experiences; and (9) truthful statement distinguish from fictions. (p. 7)

Conducting interpretive autoethnographic research is the subject matter of the life experiences and performances of a person (Denzin, 2014). Thus, as a Haitian American family therapist who is writing about my experience and my performance working with Haitian refugees in crisis, this methodology is used in this study to bring out the uniqueness of my reunion to my culture of origin as I sensitively attended to refugee clients' narratives. It is highly recommended that interpretive autoethnographic studies be sympathetic because any individual can tell multiple stories about his or her life; it must be understood that life will consist of multiple narratives (Denzin, 2014).

Writing about my lived experiences and my therapeutic work with clients is to present the narratives in traditional ethnographic writing that is structured by a logic that separates writer, text, and subject matter (Denzin, 2014). Denzin has explained that the "text is analyzed in four paired terms: (a) the 'real' and its representations; (b) the text

and its author and presumed reader; (c) lived experience and its textual representations; and (d) the subject and his or her intentional meanings” (p. 36). In the study, I “ethnographically examined and analyzed context, culture, and self-other interactions in reflexive and introspective stories as I described my thoughts, feelings, bodies, motives, and experiences” (Bochner & Ellis, 2016, p. 164).

An ethnographic inquiry utilizes the autobiographic materials of the researcher as the primary data (Chang, 2008, p. 1). Therefore, an autoethnography “is a reflexive means by which the researcher-practitioner consciously embeds himself or herself amidst theory and practice, and by way of intimate autobiographic account, explicates a phenomenon under investigation or intervention” (McIlveen, 2008, p. 13). McIlveen (2008) underlined that autoethnography offers a means to revisit the notion of empathy and revise methods of psychological science to be genuine of the narrative which constitutes “personal reality” (p. 19). This very understanding of autoethnography drew me into writing this research. It provided a platform to communicate a deep emotional sense and understanding of my Haitian-born culture. My goal in writing this autoethnography was to extend personal discovered truths and meanings to the reader and invite them to the field of psychotherapy (Hein, 2009).

Subject Selection and Background

As previously described, an autoethnography is an autobiography of one’s self and life experiences. Therefore, the participant in this study was me. At the time of this study’s beginning, I was in my 50s and a third-year graduate student in the MFT program at Nova Southeastern University. I had lived in Miami, Florida for over 20 years. I was born in Port-Au-Prince, Haiti and immigrated to Brooklyn, New York to live with my

father, a man I barely knew, and my half-brothers and sisters while in my early teens. My father was a self-made man with an eighth-grade education. He came to the United States illegally in the 1950s and worked in the factories doing anything that they would ask him to do for little money. My father was able to financially support his family abroad and sponsor his wife to come legally to the United States.

Data Collection

The data collection procedures for this autoethnographic research study include my narrative of lived experiences as a Haitian American bilingual therapist working with refugee clients in crisis, a reflection journal, personal communications and data in the form of field notes, audiotapes, and interviews from the CWS clients' archive. I was the primary tool for data collection and analysis. All data are mediated through the researcher instead of an inanimate inventory, questionnaire, or data analysis program (Merriam, 1998).

Qualitative interviews are considered one of the most powerful tools for understanding human experiences and individuals' perceptions of those experiences (Fontana & Frey, 1994). Corbin and Strauss (2008 as cited in Packer-Muti, 2009) "provided a framework by which data can be broken down into manageable pieces, and then the researcher can begin to conceptualize . . . brainstorm, further question the data, make comparisons, and reflectively consider the next steps in the process" (p.141). This process provides a platform for "the researcher to begin to develop themes and categories" (Packer-Muti, 2009, p. 141).

Researcher Data Gathering

Denzin and Lincoln (1994) asserted that finding some stories and experiences as significant and others as insignificant are how qualitative researchers incorporate their voices and values in their research. Hence, Wolcott (1994) underlined that “in the very act of constructing data out of the experience, the researcher singles out some things as worthy of note and relegates others to the background” (p. 13). Data for this study included my autoethnographic narrative, recollection, therapy session audiotapes, reflection journal, and archival documents from CWS.

I began with gathering my photographs, notes, and Post-its and browsed through my journal from the years that I was a doctoral intern at CWS. In the process of looking at the notes and journal, I recalled some of the stories from my therapeutic relationships. I began writing down the stories that correlated with my story. According to Chang (2008), “autoethnographic data comes from your present as well as your past” (p. 89). I called the CWS office and spoke to the case manager (CM). I scheduled a date and time to review the clients’ files. As I was reviewing each file and listening to the session tapes, I found myself in the position of observer, insider, and outsider. According to Chang (2008): Although self-awareness of your research purpose and “self-consciousness can affect your data collection, raw data from the present are still useful to the autoethnographic study because, unlike personal memory data, they enable you to preserve vivid details and fresh perspectives” (Chang, 2008, p. 89). It is noted “the research methodology of autoethnography specifies that the study is to be conducted in a manner that strives to better understand the self” (Hein, 2009). Therefore, my primary focus with observing,

reflecting, and journaling was centered on myself and my process as opposed to the clients in sessions.

Data Analysis

The drive of this autoethnographic research method was not to find some specific answer or findings. It was aimed at creating significant meaning for me, and for readers that will prove valuable to the field of psychotherapy. The way I looked at and analyzed the data was through an autoethnographer's lens that is culturally specific. According to Chang (2008), "cultural data analysis and interpretation are quintessential to autoethnography because this process transforms bits of autobiographical data into a culturally meaningful and sensible text" (p. 126). The notes, journal entries, memorable stories, and archival documents collected were used as data during analysis (Ellis, 2004). I looked over archival documents and journal entries and reflected on how working with Haitian refugee earthquake survivors in therapy helped me, a Haitian American, to reconnect with my culture of origin.

I draw from some culturally specific aspect of Haitian social practices such as their metaphoric language, folklore, and storytelling. I had lost some cultural aspects as a Haitian American and desperately needed to recapture them to help me in therapy with this population.

Also, because I am from two diverse cultures, Haitian and American, and my understanding is that both on a personal and professional level, it is essential for me to know the unique historical, cultural, social, and political realities of Haitian people (Sue, Zane, Nagayama Hall, & Berger 2009). Merriam (1998) believes that in qualitative studies, data collection and data analysis are not mutually exclusive processes. Thus, it

has been said that the “core of qualitative analysis lies in [the] related processes of describing phenomena, classifying it, and seeing how our concepts interconnect” (Dey, 1993, p. 30).

In understanding the unique perspective of refugees, it is essential to know their cultural and ethnic heritage (Sue & Sue, 2008), as well as their status as political refugees, the conditions that resulted in their forced migration, their conditions of exodus, and their resettlement experiences (Bemak & Chung, 2008; Bemak et al., 1996; Hernandez, 1996). I was able to channel the fragments of memories of Haiti before the earthquake and pieced them together to explain my “cultural tenets and relationship with the Haitian refugee clients” (Chang, 2008, p. 126). I have learned and experienced in the therapeutic context with these clients how helpful it was for me to connect with the people from my country of birth.

There are many ways of analyzing data just as there are myriad methods of gathering data in qualitative research (Creswell, 2007). According to Ellis (2004), there are “three ways to analyze autoethnographic data: narrative analysis, thematic analysis of narrative, and structural analysis” (p. 195). For my study, I used a thematic analysis of narrative to tell my lived experiences and others’ stories. Once I wrote my narrative, I incorporated literature, others’ stories, and cultural nuances to give my story depth (Ellis, 2004).

The procedures for this study incorporate techniques that organize and compare vital information about phenomena that allows the researcher to find emergent themes, or present narratives (Corbin & Strauss, 2008; Dey, 1993; Guba & Lincoln, 1989). Looking for patterns and themes requires thoughtful analysis and a heightened awareness of the

data (Siméus, 2016). Chang (2008) suggested that researchers look for recurrent themes. In addition, I needed to remain open to subtle, unspoken nuances of social life (Rossman & Rallis, 2012).

Thematic Analysis/Inquiry

Qualitative researchers can take different approaches to analyze data (Glesne, 2006, p. 147). I employed a thematic analysis to derive at themes from my data collected for the autoethnography. “Thematic analysis is a process that involves coding and then segregating the data by codes into data clumps for further analysis and description” (Glesne, 2006, p. 147). The process I utilized in coding and segregating my data was to review all my journal notes and field notes, read my transcriptions of my tape sessions and any other archival data that I have collected during the process of interning at CWS, and cross reference my reflections through my journals.

Emerging Themes

First, I reviewed my session notes of the cases and looked at my journal entries. I looked for what stood out for me in the session that day. Then I listened to the audio recording of the client’s interview and began transcribing. Because of time constraints, I had a chance to transcribe only one session of the clients’ interview. As a result, entries from follow-up sessions were extracted from session notes, journal, and memory. They were used to support and clarify the themes in the study.

As I immersed myself in reviewing my session notes, listening to therapy session audiotapes, looking over my journal, and recollecting memorable stories of clients, I employed a thematic analysis/inquiry into the process. Carbone (2012) stated that “when researchers engage in thematic analysis, they use the story as data to arrive at themes” (p.

96) experiencing the connection. I began to separate the emerged patterns and themes that connected me to their story, culture, and country of origin. It was my “first balancing act between fracturing and connecting” to the “analysis and interpretation” of the available data (Chang, 2008, p. 128). The themes emerged as I engaged in the process of sifting through the data collected—detailing and connecting with my memory. Chang (2008) referred to this process in the analysis of data as *zooming*. According to Chang (2008),

the zoom-in approach refers to the “microscopic” analysis of data through which you pay attention to details, probe into small segments at a time, and keep a focus on one data set while keeping blinders on with respect to the big picture and the broader context. (p. 129)

I began compiling together groups into categories such as faith, love, and strengths and relating them to a client story and my story.

According to Chang (2008), citing Maxwell (2005), fracturing is part of the data analysis called “categorizing” that refers to two main activities—“coding” and “organizing” data (p. 128). The themes revealed from the data showed an emotional bond between the clients and me. The themes were repetitive with the particular clients chosen for the study; thus, unveiling my biases towards those who shared commonality with me. During analysis, I discovered that themes were prominent among the clients in the study. The words were repeated in the course of therapy in the documents reviewed. As I reflect on the themes that connected me to these clients’ stories and made them part of my storyline, it all began to make sense for me as a Haitian therapist.

In reflecting and interpreting these clients’ stories, Chang (2008) advised that “ethnographers look for cultural themes and that cultural data analysis and interpretation

are also quintessential to autoethnography” (p. 126). The cultural themes that seemed in consensus among the clients and me were that of faith, hope, optimism, strength, love, and resilience. I bring these attributes with me in the therapy room. As I am reviewing these clients’ documents, I also realize that they too possess these attributes.

Boyatzis (1998) presented thematic analysis as a process of “encoding qualitative information” (p. vii), in which he explained that the researcher creates words or phrases that work as labels for sections of data. Researchers often use the story as data in a thematic analysis to generate themes by shifting their views from one story to a more theoretical analysis. Because the thematic analysis is not bound to any epistemology or discipline, researchers often engage in a thematic analysis to connect to their data and get a deeper comprehension of the content. Ellis (2004) believed that researchers using this approach “work inductively and present their findings in the form of traditional categories and theory” (p. 196).

I used thematic analysis to name the most exciting and representative patterns (Grbich, 2007) across my personal lived experience narratives as a Haitian American bilingual therapist working with Haiti earthquake survivors at a resettlement agency. Thematic analysis seeks to find the most common and salient themes within the data, which can represent the whole dataset in the form of a thematic map of some phenomenon or process (Braun & Clarke, 2006). A thematic analysis shows common ideas and phrases individuals articulate in their narratives that can reveal some degree of meaning assigned to a specific thought or occurrence (Overcash, 2003).

I looked for relevant, recurrent themes that I believed pertinent to connect me with my Haitian culture, such as a specific cultural metaphor or a proverbial saying that is

typically associated with Haitian people. For example, one of my clients, a father of three, used the saying, “*Mwen vòlè de jou toujou.*” This means *I am stealing two days still*. That was his way of explaining his life in the United States as a refugee. As I was writing this father’s expression, I thought of my father, and his life as a refugee in the United States and how he might have felt to know that any day he could be arrested, put in prison, and sent back to Haiti.

As the autoethnographer, my judgment is necessary to figure out what a theme is. It is important to hold some flexibility because unyielding rules do not work (Braun & Clarke, 2006). Thematic analysis is appealing for this study because it allows flexibility with the themes that will aid in capturing the essence of relating to the overall research question (Braun & Clarke, 2006) as well as to the sensitivity to how I code my vulnerable story.

Additionally, I think it is essential for me to mention that while reviewing and analyzing the data, new data emerged. It was that as I was reflect on and “write about my past from a present-day perspective,” (Carbone, 2012, p. 247) the meaning I placed on my lived experiences provided me with a new revelation in my process. The new emerged data are of the intense emotions that changed my perspective about my childhood’s traumatic events and my connection to my culture and my country.

As such I started by writing out what I think the themes were upon reading and rereading my material. I used multiple colorful sticky notes on which I wrote the themes that I drew from each reading and the subtheme or category that I keep on the reading of the archival data, journals, reflection, and case sample. I then started to look at clients and my narratives and how they flowed under each thematic category.

Trustworthiness

“How trustworthiness is established from the insights developed from the autoethnography is not always explicit within the literature review” (Struthers, 2012, p. 78). Trustworthiness refers to preserving the integrity of the research findings (Lincoln & Guba, 1985). I understood that to mean I must be responsible for the quality and be held accountable for the decisions made throughout the research process (Fetterman, 2010). Presenting trustworthy research findings reinforces qualitative research studies. Thus, the trustworthiness of the researcher adds to the trustworthiness of the overall study.

Merriam (2002) believes that for the findings of research to be trusted, a study must demonstrate that it was performed in a systematically thorough and methodical manner. Guba (1981 as cited in Krefting, 1991) described four general criteria for the evaluation of research: credibility, transferability, dependability, and confirmability. When conducting a qualitative study, trustworthiness can be evaluated by two unified philosophies: (a) the researcher must guarantee that the study conforms to standards of acceptable and competent practice, and (b) the study has been conducted ethically with sensitivity towards the local culture (Rossman & Rallis, 2012).

Therefore, I consulted with a team of experts in the field who advised me on how to uphold the ethical representation of the population being studied. I consulted with Dr. Charlene Désir, a published writer in the topic of Haitian culture. She helped me to better understand and relate to the Haitian community, cultural nuances, and to remain true to the representation of Haitian culture in my writing. Also, Dr. Arlene Gordon, a published writer in SFBT Model, was instrumental in the writing representation of the use of the SFBT approach with Haitian Creole-speaking clients and under her guidance that it was

culturally sensitive. In addition, Dr. Fanya Jabouin-Monnay and Dr. Vardine Siméus, clinicians who have worked with Haitians, provided their knowledge and understanding of Haitian culture and helped me to stay in the frame of the depiction of the people, culture, and country in the study. Their consultation gave me insight and clarification on my assumptions of the subject and helped me to attain a reasonable understanding of the culture that I am researching. Acting in such a manner allows me, the researcher, to reduce any chance for the investigation or account to be biased, deceitful, or inadequate.

Validity

Validity poses the question as to whether a research study indeed measures what it intended to measure (Hein, 2009). The qualitative research methodology of autoethnography differs in that validity cannot be obtained by objective analysis of data (Hein, 2009). According to Ellis and Bochner (2000),

validity means that our work seeks verisimilitude; it evokes in readers a feeling that the experience described is lifelike, believable, and possible . . . also, whether it helps readers communicate with others different from themselves, or offers a way to improve the lives of participants and readers or even your own. (p. 751)

In this study, the validity of the findings is augmented by showing my reflections, biases, and challenges as a Haitian American trained in Westernized psychotherapy providing therapeutic services to a group of individuals who do not share in the Western approach to mental health. I reflected on my process as a bilingual Haitian American therapist in the practice of doing therapy with Creole-speaking clients. This study follows the autoethnographic ideology that “we cannot know what to explore until we have explored it” (Zuroff & Blatt, 2006, p. 133). The data and prominent themes that arose

along the way led to other investigations, topics, and ideas about me and the therapeutic relationship, which expanded and deepened the study (Hein, 2009).

This study has a tremendous impact on my life, both on a personal and professional level. It affected the way I view myself as a Haitian American, family therapist, and a human being. I feel that there is a part of me that is yet to be discovered and understood in the context of my Haitian culture and how I establish therapeutic relationships.

Credibility

Lincoln and Guba (1985) have defined credibility as the extent to which the data collection, data analysis, and conclusions are believable and trustworthy. Thus, they agreed that credibility entails displaying assurance in the truth of the findings to the readers. To ensure credibility, a researcher can follow these five basic principles: prolonged engagement, persistent observation, triangulation, peer debriefing, and negative case analysis (Lincoln & Guba, 1985).

Lincoln and Guba (1985) proposed that the researcher must incorporate three methods to increase the “probability that credible findings will be produced” (Lincoln & Guba, 1985, p. 301). Prolonged engagement forces researchers to take enough time to familiarize themselves with the culture they are studying. Persistent observation gives researchers the capacity to “identify those characteristics and elements in the situation that are most relevant to the problem or issue being pursued” (Lincoln & Guba, 1985, p. 304). Triangulation requires researchers to use “multiple and different sources, methods, investigators, and theories” (Lincoln & Guba, 1985, p. 305).

In writing this study, I collected data from a team of experts on Haitian culture, clinical supervisors, agency CMs, and photographs from past events that can be considered multiple and different sources. Additionally, I consulted with a team of experts who advised me on the cultural inquiry and theories. Thus, their expertise helped to give this study credibility to the field of the qualitative research study.

To facilitate the credibility of the current study, I employed member checks, where my reflections and conclusions were reviewed and assessed by both of my supervisors for my internship and from the resettlement agency. They helped me to navigate through my personal and professional struggles and challenges in writing and interpreting feelings and moments of vulnerability for myself and on writing about the people. I further engaged in conversations by reflecting on the sessions that I held with clients, which is considered as the most crucial technique for establishing credibility (Lincoln & Guba, 1985).

Because I had transcribed the audiotape sessions, notes, and reflections journal of my conducting therapy in Haitian Creole, I compiled the data for analysis by setting to find out what is thematic about my reflections and the reflections of my clients' narratives. Because the data on this research are archival, I did not carry on to casually conduct member checks (Merriam, 2002). However, I intended to conduct member checks (Merriam, 2002) at the end of the course of the study as part of the constant research conversations. In doing so, I sought to identify any biases and misinterpretations that might have been present in my research and hoped to determine if they were supported by the research data and the reflection processes logged in the therapeutic journal (Lincoln & Guba, 1985).

Transferability

Transferability, according to Lincoln and Guba (1985), refers to the extent to which the results of research can be duplicated or transferred to other contexts or settings. Guba and Lincoln (1989) suggested, “the major technique for establishing the degree of transferability is thick description” (p. 241). A researcher can accomplish this efficiently by providing “extensive and careful description of the time, the place, the context, the culture in which hypotheses were found to be salient” (Guba & Lincoln, 1989, pp. 241-242). From a qualitative perspective, transferability is primarily the responsibility of the one doing the generalizing (Trochim, 2006). Because I cannot guarantee the transferability of the findings of my study, I provided ample information that can be used by readers to determine whether the findings would apply to a new situation, and then they can draw their own conclusions (Guba & Lincoln, 1989).

In this autoethnography study where my narrative is engaged in a process that Ellis (2004) referred to as “emotional-recall” (p. 113), it is difficult to transfer those emotions. I gathered those emotional recalls and wrote them down in vivid descriptions depicting my lived experiences as a Haitian American family therapist. According to Coffey (1999), our emotional connectedness to the processes and practices of fieldwork, to analysis and writing, is normal and appropriate. It should be acknowledged, reflected upon, and seen as a fundamental feature of well-executed research. Coffey (1999) further stipulated that “the narrative is therapeutic not only for the teller but also for the audiences” (p. 117).

Dependability and Confirmability

Dependability refers to the stability of the findings over time, and confirmability to the internal coherence of the data in relation to the findings, interpretations, and recommendations (Denzin & Lincoln, 1994). Dependability is closely related to the theory of replicability or repeatability found in the natural sciences (Lincoln & Guba, 1985). A study is found to be dependable and confirmable when the “data (constructions, assertions, facts, and so on) can be tracked to their sources, and that the logic used to assemble the analyses into structurally coherent and verifying wholes is both explicit and implicit” (Lincoln & Guba, 1985, p. 243).

In this study, I kept a reflection journal, notes, Post-Its, audiotapes of my meetings with the team of experts, clinical supervision recommendations on clients’ cases, and all audio recordings of the sessions held with individual and family for therapeutic visits as means of auditing for dependability and confirmability concurrently. My notes, archival data, and the transcription of each therapy session with each client are a form of review or audit that can be used to validate the results of this study.

Confirmability refers to the degree to which the results can be established (Shenton, 2004). As the researcher, I showed confirmability by maintaining careful written notes from the participating client sessions, keeping track of the recorded therapeutic tapes, and continually checking and rechecking the data (archival notes/reflection journal/supervision notes). It is based and grounded on the principles of constructivism that the present study presumes that the researcher brings a unique perspective to the study. Throughout the study, the researcher’s theoretical orientation, assumptions, values, beliefs, and preconceptions are made specific (Marusiak, 2012).

Reliability and Generalizability

A study is said to be reliable to the extent that its results can be consistently replicated (Hein, 2009). Ellis and Bochner (2000) stated that because we always create our narrative from a situated location, trying to make our present, imagined future, and remembered past coherent, there is no such thing as orthodox reliability in autoethnographic research. However, Ellis and Bochner also comment that it is within the researcher's ability to do "reliability checks."

Therefore, I consulted with a team of experts who have reviewed and have been my interpretive community. These experts are Dr. Charlene Désir, who studies Haitian culture, and is a qualitative professor; Dr. Fanya Jabouin-Monnay, a licensed clinician and my clinical supervisor who has mentored many interns in the field; Dr. Siméus, a dancer, clinician, professor, and editor; and Dr. Arlene Brett Gordon, professor, MFT Brief Therapy Institute Director and my clinical supervisor who has been my mentor.

According to Ellis and Bochner (2000), a story's generalizability is continually being tested by readers as they decide if it speaks to them about their experience or about the lives of others they know. In this autoethnographic study, I hope that my discovery of myself as a Haitian American bilingual therapist reconnecting to my culture of origin while working with Haiti earthquake survivors in therapy will expand the lens of professionals and non-professionals in the nuances about Haitian culture.

Why autoethnography? It is because an autoethnographic method is best suited to capture the researcher's lived experiences in a social-cultural context of study (Ellis, 2004). It is the only method in research that will enable the researcher to use and capture

the vivid imagination and personal experiences and process what otherwise would have been unable to do in typical qualitative research.

Summary

This chapter presented relevant research methods in conducting the study. It provides procedural methods on collecting, processing, and validating obtainable data from my therapeutic relationship with Haitian refugee clients in crisis. The research data was collected primarily from self-recollection of events, reflexive journal, and archival documents—session notes and audiotapes—and analyzed by me. The invitation to the reader is to partake in this journey with this autoethnographer, not as “spectators . . . however, as readers who feel and care and desire” (Ellis & Bochner, 1996, p. 24).

CHAPTER FOUR: RECOLLECTION OF THE DAY OF THE 2010 HAITI EARTHQUAKE

**I have faith that God loves me, and with that conviction, I have hope and find
the strength to live life day to day**

My most pleasant childhood memories and favorite place in Haiti was on the farm with my maternal grandparents.

My mother was not married when she conceived me. Being a single mother in Haiti around the time I was born was frowned upon as a stigma similar to being diagnosed with a mental health disorder. In wanting to salvage her dignity, my mother made a choice to make what she felt was the best decision—to entrust me to the care of her childless married sister. My aunt, who I thought was my mother, raised me to the age of 11 until my father sent for me to live with his family in the city of Port-Au-Prince.

My life on the farm with my mother's family was a learning experience where I had to learn to attend to animals and plants. My life on the farm was very different from my life in the city, and I had to learn how to adjust. I also learned the importance of relationships and maintaining a connection with people that are in my life. Both learning experiences influenced and shaped my thinking and views as a young Haitian woman. However, the most influential part of my life is living in the United States. In the United States, I had to learn what it means to wrestle with being discriminated against, for being a member of a marginalized group, Haitians. As a means to alleviate my traumatic experiences and loss of connections to both family and country, I quickly assimilated into the American culture. It meant that in order to survive and acculturate myself within the

American culture, I quickly understood that I had to shut off and disassociate any relational access I had with people from my birthplace. Nevertheless, life proceeded while a devastating earthquake took me full-circle and placed me back on the path of Haiti head on. This chapter is a recollection of my life on the day of the 2010 Haiti earthquake.

*Ayiti Cheri pi bon peyi pase ou nanpwen
 Fòk mwen te kite w pou mwen te kapab konprann valè w
 Fòk mwen te lese w pou m te kap apresye w
 Pou m santi vrèman tout sa ou te ye pou mwen
 Gen bon solèy bon rivyè e bon brevaj
 Anba pyebwa ou toujou jwenn bon lonbraj
 Gen bon ti van ki bannou bon ti frechè
 Ayiti Toma se yon peyi ki mè chè.*

Haiti, my beloved, no other land is more beautiful than you.
 I had to leave you, in order to better understand how valuable, you are
 I had to leave you, for me to appreciate you
 So, I could truly feel all that you were for me
 There are sunshine, nice rivers, and great drinks
 Underneath the trees, you will always find a great shade
 Where you will find a gentle breeze to keep you cool
 Haiti is a country dear to me

(Dr. Louis Achille Othello Bayard de Cayes as cited in Savain, 2009, p. 110).

Days after the massive earthquake that destroyed Haiti in January 2010, it was amazing how the first few verses of this poetic song flooded my memory, my spirit, and soul and kept on playing in my head with a burst of string of mixed emotions of painful loss and yet a sense of hope to rise out of the ashes. It is how I started to connect the principle of using SFBT with my working Haitian culture. It does not matter how dreadful things could be for the Haitian people; I observed that even with myself, there is always a sense of hope in acknowledging that we will rise again. This reflection came by pondering about a song that is well-known by every Haitian child born in Haiti. However, it is a common song that I recalled hearing people sing as a young child. The song makes

you feel hopeful that Haiti will get better despite the political turmoil that was taking place in the Island at the time.

As a child, I used to hear and listen to the song “*Ayiti Cheri*” [Haiti Darling], but I never paid full attention to the lyrics nor made any connection of how those words would relate to me and what they would mean until the 2010 earthquake, which left me to see the country in rubble. It was then those words echoed what I would like to say to my country as the prodigal daughter.

On January 12, 2010, Haiti suffered a devastating earthquake hit at 4:53 PM some 15 miles (25 km) southwest of the Haitian capital of Port-au-Prince at 7.0 magnitude. This massive earthquake left me wanting to help my people in the aspect of providing mental health services and help my country. It also granted me the desire to learn how to provide therapy in Haitian Creole while positioning myself as a Haitian therapist.

January 12, 2010, started as a typical day in my life. I remembered waking up at 3:00 a.m. like I normally do every morning. As usual that morning, I followed my routine of using the bathroom and brushed my teeth. I put the coffee pot on while I knelt in prayer to thank God for yet another day. I asked Him to protect my loved ones and me and then I prayed for healing for those who are sick. I poured myself a cup of coffee with cream and no sugar and sat down to read my Bible. I do not remember the exact Bible scripture that I read that day, but I know that I like to read the Psalms. Some of my favorite Psalms are Psalm 8, Psalm 23, and Psalm 91 to name a few. I usually spend about an hour meditating and talking to God, reading, and sipping my coffee. After I finished my Morning Prayer and devotion to God and having my one cup of coffee, I

went to the bedroom to change into my exercise clothes and sneakers. I pulled out one of my exercise CDs and placed it in the DVD player.

I then pulled out my exercise mat, stepper, and weights to begin my routine. After I finished my one-hour exercise routine, I went out to the screened patio to water my plants that were in pots alongside the house. After I was finished with the plants, I proceeded to enter in the house. I washed and cleaned my coffee cup and coffee pot. I fixed my lunch and placed it in a bag by my purse. As I rushed to start the day, I went to the bedroom closet and picked out the clothes that I was going to wear to work and ironed the pieces that needed to be ironed and picked out my dazzling shoes. I then proceeded to go to the bathroom and took a quick bath. Once I got out of the tub, I toweled dry and lotion my entire body except for my face. I used a different type of facial product to moisturize my skin to give it a smooth, unblemished appearance. After doing all that prepping, I sprayed on perfume and put on my clothes while I carefully contemplated seeing how it fits and feels. I then put on matching earrings and a necklace. I combed and brushed my hair, to style my usually updo in a ponytail tied with a ponytail holder which gives me the instant appearance of a facelift. When I am done, I gaze into the full-length mirror several times tucking and looking from head to toe until I am satisfied with how I look. It is now 7:45 a.m. I picked up my purse, my lunch and book bags, car and house keys, put on the alarm, and I ran out to lock the door behind me.

I remembered that I opened the car door and placed my lunch bag and book bag in the backseat. I opened the driver side door and placed my purse on the front passenger seat, put on my seatbelt and turned on the car. I had my gospel radio station on, WMBM 1490 AM in Miami. I prayed and asked God to protect me. I shifted the car into reverse,

and I backed out of the driveway into the road heading west, leaving the house behind me. Down the block, at the stop sign, I made a right turn to head to I-95 North, which was about four blocks down from my house. The traffic was a bit heavy that morning, so I said to myself, "I should have left earlier to beat it, but I realized that I say that every morning." While driving on the highway, I began to think that this is going to be a long day for me because I had class after work tonight.

The class was Language Systems. It met from 6:00-9:00 p.m., and this was the second week of class. I did not get to do all the assigned readings for the week because it seemed that it was just too much. My goal throughout the day was to try to read a couple of articles and do a class posting online before we met for class if I was not too busy in the office. I arrived to work safely and parked in the second-floor faculty and staff garage. I walked up to the building and I took the elevator to the fifth floor of the administration building in the chancellor's office where I work as an executive assistant.

January 12, 2010, was a typical day in the office of answering the telephone, filing documents, making copies, faxing, checking my boss's appointment calendar, and getting lunch for the office bosses. I do not recall anything out of the ordinary that happened at the office on that day.

Because my class was on the same campus where I work, I left the office around 5:15 pm and drove to the Maltz Psychology building where the class was meeting on the second floor. I arrived at the building and parked in the faculty and staff parking lot. I entered the building, and I walked up to the second-floor classroom where I greeted some of my colleagues who were already sitting and chatting about the reading assignment. Some of us expressed our struggles understanding Humberto Maturana and Varela's

concept of living system and Trepper's autopoietic system. Maturana (1975) explained that an autopoietic system, which exists in physical space, is a living system where the physical space is the space where the components of living systems specify in which they exist. A few minutes later, my professor walked in and greeted us.

Besides the reading about Maturana, I vaguely recollected which topic the class discussion focused on that day. I remembered sitting there listening to my professor's lecture. As typical with me whenever I am sitting in a classroom, I think about my dad. He had a passion for education although he only had an eighth-grade education. He often shared that his reason for leaving Haiti was for his children to have the opportunity of a good education and become successful; something which was not afforded to him as a child. At times, I could hear the regret in his voice but then I snapped out of my daydream and began to focus on the lecture to how I could make him proud of me even when I am fully aware that he has passed away.

It seemed that everything was moving slowly that day and then within seconds the world came to an abrupt stop. I do not recall the exact time, but within an hour through my professor's lecture, a colleague clamored that something horrible just happened in Haiti. My colleagues in fear started to ask what happened while searching for answers or news through our cell phones and laptops. As one colleague looked at the news on his phone and another colleague searched through her laptop, they both called out that there was a major earthquake in Haiti. As I leaned forward to look over my colleague's laptop, I saw Haiti, the country of my birth, broken in bits and pieces like a dry cracker. I experienced a fear of death where numerous lives were taken in a moment—where the total number of lives lost no one could enumerate.

At that moment, yes, my immediate families were all residing in the United States and in other countries. However, I thought about the distant cousins, friends and their families; what happened to them? As I am barely able to see through the tears in my eyes while looking at the pictures of the devastation, I felt as broken as the image of Haiti that was illustrated through the news in the laptop. I felt now like a shattered pottery jar. Haiti was like a shattered clay vessel. Although I had distanced myself from her over the years, I was feeling her pain, and sorrow like it was mentioned in the Bible with a woman travailing (John 16:21, King James Version). As I tried to grasp the visual pictures, my thoughts kept racing. I quickly reconnected to Haiti as my country that needs my help. I thought about my dad who had passed away two years prior and how he used to tell me about his love for Haiti by singing “*Ayiti Cheri*” [Haïti Chérie.] (Bayard, 1920 as cited in Savain, 2009). My thought was that my dad was gone with all the beautiful memories of Haiti and now, Haiti is gone. I cannot help but wonder about all the beautiful places in Haiti that my dad had spoken of very highly and proudly. They are no longer in existence. I felt like a part of my dad’s memories were slipping from me, replaced with the pictures of the massive devastation of Haiti.

It must have appeared obvious to the professor that we could not engage in her class lecture; so, she dismissed us. Even after she dismissed us, we did not venture out of our seats. All six Haitian students and our American colleagues remained still as we did not know how to communicate nor explain the myriads of human emotions we saw displayed by those who were in Haiti. Together six Haitian colleagues and some American colleagues held hands and bowed heads in prayer.

After the prayer, the Haitian student colleagues agreed to meet to see in what way we could help the survivors in Haiti. To me, that was a good start, but I wanted to get involved right away. We have a lot of Haitian students and families at the university. In my mind, I began to wonder how I could be helpful to my country and compatriots. I walked away from the classroom in despair. I was walking with my head down, and for the first time, no one was conversing along that long hallway. I walked for some time in silence, and for some apparent reason, the walk was a lot longer than usual that day.

Except for a couple of hellos to other classmates on the bottom of the stairs and out the door, I guess they did not know what happened, and I did not have the strength to tell them. I walked towards the parking lot and headed straight to my car. I opened the back door on the driver side; dropped my book bag, purse, and sweater on the seat; and closed the door. I opened the driver side door and got in. It took me a few minutes before I could close the door, put on my seatbelt, start the car and turn off the radio. I drove home in prayer and supplication, and I could not recall any specific details about the highway and the other drivers. When I reached home, I pulled into the driveway, put the car in park in front of the garage door, and turned off the engine. I reached for my purse from the back seat and took out my house keys, opened the car door, and got out. I walked towards the front door of the house, put my key in the lock and turned the doorknob to open it. I walked in and placed my purse on the table with my keys.

My eldest daughter came out of her room and asked me if I had heard what happened in Haiti. She taught at a high school, and half of the student body is Haitian. She said that they had been sending her pictures and text messages about the earthquake. My second daughter turned on the TV to the news. I sat there on the couch for about an

hour and watched, with each picture of the destruction delivering a devastating blow to my soul. I felt at one moment that I was in denial, and the next moment I felt angry due to feeling helpless. I was angry because of the historical, political system in Haiti that held its people captive in a condition of poor infrastructures—housing, roads, water, and basic needs. I knew that many lives were lost. I wondered if my anger is part of the second stages of grief that Kubler-Ross (1969) mentioned (p. 50). Kubler-Ross (1969) talks about the first stage of grief Denial and Isolation (p. 38). However, the emotions I was feeling were real although consciously I knew that I was in denial. There was also a hidden thought ruminating through my mind that it may not be as bad as it seemed. I also felt isolated from my father and my country.

In a study by Shultz et al. (2012) they reported that Haitian Americans living in Miami experienced a broad spectrum of indirect exposures to the 2010 earthquake in Haiti. To connect with Shultz et al.'s (2012) study, I would agree that I, along with my children, friends, and families were highly impacted and experienced different emotional effects after the earthquake. After about an hour, I was able to get up from the couch and went into my bedroom to get ready for bed. I removed my work clothes and placed them on a hanger and put my shoes back in their spot. I went inside the tub and ran the water over me for a quick shower and wash. I got out of the tub, toweled dry, and put on my pajamas. I removed my contact (I wear only one for reading), rinsed it with a solution, and placed it in its case. I picked up the toothbrush and toothpaste and leaned over the bathroom sink to brush my teeth with the typical motion of up and down and back and forth. As I was going through the motion with brushing my teeth, tears were streaming down my face uncontrollably. I wept. When I finally was able to stop the tears a little, I

rinsed my mouth, and I picked up my towel and wiped my face. I turned off the light in the bathroom, got into bed, and placed the pillow higher than normal. I set the alarm clock for 3:00 a.m., and I turned off the bedside lamp. Everything I was doing was robotic. I lay there with my eyes closed but not sleep with thousands of worries rolling through my head. The traumatic look of the country prevented my eyes from fully closing. Amid talking to God and worrying about the survivors in Haiti, I dozed off.

January 13, 2010, early in the morning, I was awakened by the 3:00 a.m. alarm, and I wondered if it was all a dream or a nightmare. While lying there in bed, I thanked God for the day. I got up, went to the bathroom, and brushed my teeth. I went to the kitchen and put on the coffee pot. I got down on my knees in prayer to God. It was a short prayer for help from His sanctuary and His protection. I read a Psalm and although I do not recall the exact one; it probably was one for protection like Psalm 91, one of my favorites. After reading the Bible, I turned on the TV news, something that is not typical for me to do. There it was, Haiti in rubble with not a building standing and its people among ashes. After watching for about half an hour in disbelief, I turned off the TV. I went to the kitchen and poured myself a cup of coffee. I took a few sips and placed the cup on the kitchen counter. I went into the bedroom to change into my exercise clothes. No, I changed my mind. I will not do my exercise routine today; instead, I will go to the office early. I went back to the kitchen, and I threw out the rest of the coffee in the cup. I washed the cup and cleaned the coffee pot. I did not pack any lunch. I will pick something up from the cafeteria. I went into the bedroom and picked out something to wear. I picked up a pair of black pants and a black blouse. I am in mourning clothes. Culturally, it is typical for Haitians to wear all black when they mourn the passing of

loved ones. “Mourning dress codes in Haiti, if you are immediate family, you wear black. Young children can wear white, or black and white, or even grey” (Ulysse, 2017, p. 1). Just 17 months ago, I was in all black attending my father’s funeral. This time, I am wearing all black honoring all the dead of my people—families and friends. I ironed my pants. I went to pick up the shoes to wear, but I cannot seem to decide on which pair of shoes to wear. I am walking around without inspiration. I do not know, is this part of grieving? I got in the tub and washed. I got out of the tub and towed dry my body. I lotion my body and used Oil of Olay on my face. I put on my one contact for the left eye. I put on my clothes—my blouse, then my pants, and then my shoes. I put on a black pair of earrings. I combed my hair back, brushed it into a ponytail and tied it with a ponytail holder. I sprayed on some perfume, and I am ready to leave the house.

I picked up my purse, my car, and house keys and I left the house around 6:00 a.m. that morning. My daughters were still home getting ready for work. I walked out the door and locked it behind me. I unlocked the driver side door to get in the seat. I closed the door and started the car. Instead of listening to the gospel radio, I put on a Fred Hammond and Radical for Christ CD (Hammond, 1996). I put on my seatbelt, shifted the car into reverse gear, and backed out of the driveway heading west. I drove down to the stop sign and made a right turn heading towards I-95 North. While waiting at the light, I searched on the CD for the song “Breathe Into Me Oh Lord” (Hammond, 1996). The driving was light this time in the morning. I prayed to God to keep me safe. During the drive, I listened to the same song on the CD repeatedly until I reached work. This song served two purposes: confirmation and affirmation. My confirmation is that God will not leave Haitian people or me in the time now during our grieving process when we needed

Him the most. It was an affirmation that we will survive and thrive and rise out of the ashes. I entered the parking garage and parked the car on the second floor as I did days before.

As I walked towards the building to my office, I began to think about what I would need to do to help the Haitian student body at the university. I entered the building and took the elevator to the fifth floor. I took out my office key, opened the door, and turned on the light in my area. I placed my purse on the desk and turned on my computer. I walked into the kitchen in the back. I opened the door, turned on the coffee machine and started brewing a fresh pot of regular coffee. I went back to my desk and checked my email. I remember about 8:00 a.m. I continued opening up the rest of the offices in the suite. After opening the individual offices, I went to the kitchen again and put on a pot of decaf coffee. All my movements in performing my daily tasks were robotic. The other administrative staff started to come in. My coworker stopped by at my desk to share her heartfelt sympathy for Haiti. I thanked her. Throughout the day, I could not be at peace as I kept thinking about Haiti and what I needed to do for my country and fellow citizens.

The day after at the office, many stopped at my desk to express their sympathy. That day, it became clear to me that I was the only Haitian working in my department, if not my entire floor. Both my cellphone and my work phone were lit with calls and messages from coworkers, colleagues, and the clinical supervisor calling to see if we could get together and offer grief counseling to the student body, staff, and the university community at large. We have several auditorium classrooms and conference rooms located in the building. Therefore, I began locating and reserving any of the rooms that were available for MFT faculty and students to talk to whoever was in need of grief

counseling. I was able to reserve more than one room on different days and times for at least two weeks. I informed my clinical supervisor of the reservations, and she went ahead and made a general announcement to the university community.

On Thursday, January 14, 2010, at lunchtime, the Nova Southeastern University Brief Therapy Institute Clinical Director, Dr. Gordon, Dr. Fanya Jabouin-Monnay, and I met with a group of students. We sat there and conveyed to them that we were here to support them, help them, and would like anyone who felt compelled to share her story (as they were all female students in the room). One student after another started to tell her story and I watched as they comforted each other. The students were from distinct parts of Haiti, and we asked each of them to share with us the Haiti that they knew and remembered. Through the shed tears, I listened to their stories. I remembered the Haiti of my childhood as an 11-year-old preteen living in my grandparent's farm in the mountains before my displacement. I saw the Haiti of lustrous green mountains full of vegetation and all types of exotic fruits, a farm with animals and horses, my favorite animal. I hoped that it would be prosperous again and this time I will be there to create new memories of beauty, poise, and grace. It appeared that was the shared view of the Haitian students as well. After two and a half hours, the students expressed that they were feeling in a better place. However, they expressed that they would be interested in continuing to share with us in later times.

After our first meeting, I started to think about how grateful I was to be here and be able to connect with my fellow country persons in such a way. I was now bonding with them and sharing in their memories just like I shared in my father's memories of Haiti. In the days that followed, we had four additional group meetings with Haitian and

non-Haitian students, staff, and faculty members who wanted to share their heartfelt sympathy. All who came shared that they knew or were related to someone who was impacted by this devastating disaster, the 2010 earthquake. A collective body of individuals from the university, and faculty members wanted to offer help to the Haitian community and to gather together support for those families in need. As a Haitian, I was very pleased to see how people gathered around to demonstrate their love and care by wanting to help my compatriots. Their presence and show of support spoke volumes to me and overwhelmed me with gratitude.

I was fully committed to helping my Haitian families both in a personal and professional stance. I was no longer the outsider looking in, but I am a Haitian woman, a prodigal daughter returning home to country, people of origin. This segment led me to answer my first research question, which was to explore what impact on a personal and professional level that the Haiti 2010 earthquake had on me as a Haitian American therapist? My reply to this question is that on a personal level, the Haiti January 12, 2010, earthquake affected my thinking and my narrative as a diaspora. If such environmental trauma were to reoccur, how would we as Haitians who are living abroad see to best prepare to respond to our nation and its citizens' needs? It also made me sad to see the buildings collapsing on top of people—children, adults, doctors, or anyone that was under the rubble waiting to be helped. Cries of the disabled persons went unheard by anyone. On a professional level, my therapeutic lens opened as a clinician/therapist as I begin to consider my narrative as a bilingual therapist. I contemplated on how I could serve someone who experienced trauma from the Haiti Earthquake and other environmental crises.

In the days after the 2010 earthquake, I continued to look for ways to stay connected and be helpful to the student body, friends, and my community. I often stopped to ask the students that were in the meetings with us how they were managing, and how I could help them in their grief process with moving forward. Additionally, in the NSU Brief Therapy Institute where I was a practicum doctoral student, I expressed to the Clinical Director Dr. Gordon that I would be willing to work with Haitian families.

CHAPTER FIVE: CLIENTS' STORIES THAT CONNECT ME TO COMMUNITY AND COUNTRY

The 2010 earthquake brought me face to face with the country and culture that was once distanced from me. Now that I found myself at this juncture, I am bound and motivated to link and connect myself to my country and culture of origin in a shared experience with Haitian clients to enhance the therapeutic relationship.

The study is my story in becoming a Haitian bilingual therapist working with Haitian Creole-speaking clients after the Haiti 2010 earthquake. It will comprise of individual stories of my lived experiences as a Haitian American bilingual therapist.

My clinical experience has been through a practicum in the school setting providing therapy to English-speaking clients. Although I am familiar with all the systemic therapy models, I prefer using SFBT when I conduct therapy. I am comfortable linguistically with the techniques and terminologies in SFBT to help me navigate and to engage clients in the process of therapy. I saw my future as a clinician to continue to provide clinical services to English-speaking clientele. However, my journey to this bright future took a path that I did not foresee when I embarked in the process of providing therapy to a group of Haitian refugee clients.

This chapter conveyed how providing therapy to Haitian Creole-speaking clients aided me in reconnecting to my culture of origin. This segment would also answer my second research question, which posed to find out what is the meaningful making reflection that helped guide me in my adaptation and training linguistically in the process of providing therapy to Haitian earthquake survivors. The meaningful reflection that helped guide me to adapt in the process of providing therapy to Haitian earthquake

survivors was to connect to each one of my client's narratives and the nuances of the languages which they used as proverbs, metaphors, or storytelling. It was an impressionable experience, becoming "Of One Mind" with my clients (Flemons, 2002). Connecting with my clients removed me from being a spectator. I was able to see myself through their stories, through the pain in their eyes, and make meaningful therapeutic sessions that were life-changing. As for me, I realized that connecting to the clients by providing therapy in Haitian Creole connected me not only to my roots but also to my training as a Marriage and Family Therapist. I had to be flexible in my learning process and creativity, which enabled me to merge diverse techniques to join with my clients.

About two months after the 2010 earthquake, a Haitian couple came to the clinic and I was assigned as the therapist for the case. I was given the case because the client requested a Creole-speaking therapist.

This couple lost their 19-year-old daughter in the earthquake, and they had not been able to locate her body. It was one of the continuous painful stories after the earthquake discussed in therapy; the trauma that the bodies of loved ones could not be located or identified. Muir and Romo (2010) reported that The Red Cross and Doctors Without Borders are protesting the mass graves, saying that families cannot claim their loved ones' bodies. Therefore, families could not bury their dead and bring closure to their loss. According to Muir and Romo (2010), Haiti is a nation where funeral rites are extremely sacred but with priests gone and many people unable to identify and bury their family members, earthquake survivors worry about the spirits of the dead. The inability to practice cultural specifics around death and burial is something that I believe even

today inhibits the healing process of many grieving families, especially those who never found the remains of their loved ones.

I remembered when I was first given this case, I read the reason for the referral and I was heartbroken. I am also a mother of three daughters, and I cannot imagine what it would be like to lose a child. I pondered on the thought of my child missing in all this rubble and chaos and I am unable to get to her. I thought of how much more grief was this couple feeling—isolated and helpless in their inability to be there for their loved ones. Personally, I was grieving over the many lives lost from the news I heard. I thanked God that each day that passed we were able to hear from family members who survived. I wondered if this is what Boelen and Lancee (2013) referred to as “residual symptoms of . . . grief” (p. 1). I knew that I was grieving over the loss of my father less than two years before and coupling that with the 2010 earthquake deaths brought me a lot of pain and sorrow. I wondered how I was going to proceed in this case. I thought of do I need to look at and attend to signs of stress, PTSD, and depression? I do not know. According to Boelen and Lancee (2013),

a growing body of empirical studies has shown that an estimated 5 to 10% of people confronted with the death of a loved one develop psychological problems that include generalized anxiety, posttraumatic stress disorder (PTSD), depression, and prolonged grief disorder (PGD). (p. 1)

I remembered feeling that I cannot approach this case in a typical manner because there was nothing usual about this case and connecting that with the cultural piece, made this case very different.

I saw the couple for the first time at the Nova Southeastern University (NSU) Brief Therapy Institute clinic. I remember making sure to be early on that day, so they would not have to wait. After the preliminary filling out of the paperwork, I walked to the waiting area, greeted them and brought them back into the therapy room. I sat on the single chair, and they took a seat on the sofa facing me. I introduced myself and gave a brief description of the therapeutic process. Once the formalities were out of the way, I asked them what brought them to therapy.

I remembered the husband spoke. It was a tragic turn of fate. The daughter was living in the United States and studying at the local college. She went to Haiti to visit with her older siblings who were already married and had children. Her father was in Haiti but needed to come to the United States to make some purchase for his business; he came that Monday, January 11, 2010. His wife was already living in the United States with the daughter. I remembered in the intake form that the husband was the identified client who called and scheduled the appointment. He wanted to address his grief, but his main concern was that his wife did not want to leave the house.

Because the daughter was reported missing in the earthquake, his wife refused to leave the house, talk, or see anyone. He was grieving over the loss of his daughter, but more so he felt alone without the love of his wife, who was also his friend. In that first session, I allowed him to talk through the tears. There was a lot of self-blame and guilt while his wife sat in silence, holding on to her purse and not making eye contact. She listened but no effect or feedback except for an occasional movement of her arms and legs. At the end of the session, I complimented them for coming and for sharing their

private, most intimate lives. I thanked them for pardoning my broken Creole spoken language. To this, they both politely smiled.

I assigned a first session task. Because change is constant and most change occurs outside of the therapy room, one of the techniques in the SFBT Model is to assign a homework task at the end of a session. It was for them to think about what they do not want to change about their current lives. Tasks are assigned to assist clients in making a small step toward their goals (de Shazer, 1988). I then recalled asking them if I can call during the week to check on them and if they would like to come back. The husband said yes and that he thought it would be helpful to him. His wife remained silent.

I followed up with the telephone call, and I spoke to the wife. I remembered asking her about her day. She responded that she spoke to her close friend who prayed with her and that she felt better afterward. I asked her if she wanted to schedule an appointment. She said that she needed to ask her husband. I told her to have him call me. Later that day, the husband called, and he scheduled. In the follow-up sessions we worked on grieving and getting the wife to begin to venture outdoors, returning to her routine.

I endearingly remembered this case because it was very moving, and it had helped me to sharpen my therapeutic skills to the potential of becoming a Haitian therapist. It also helped me to answer my third research question. My third research question was to determine what facilitated my growth both personally and professionally as a bilingual therapist working with Haitian Clients, that enabled me to reconnect with my cultural identity. I must add that seeking healing from this tragic experience of viewing my country destroyed in the rubble, also helped me to heal as I saw my clients being healed.

This healing experience helped me to reconnect to my culture. I reconnected to my cultural identity by taking time to learn from my clients when they used any proverbs, idioms, or metaphors. I opened the cultural conversational lines to both learn from them and used them to connect with them. I started to infuse who I am as a Haitian-born therapist, culturally adapted to the American culture in learning how to be a bilingual therapist.

After my clinical work with the Haitian couple, I continued to focus on my schoolwork and helping those affected within my community. Simultaneously, I focused on my healing process. One way that I did that was through prayer and meditation to God and listening to inspirational songs. Another way was knitting. I love to knit. I learned it from my dad's cousin, Yvica Cajou, who I was living with when I came to New York because my step-mom did not want me living with her. Yvica was a divorcee with no children, and she practically adopted me. She loved cooking, sewing, needlecrafts, knitting, crochet, embroidery, and needlepoint. I remember she and I taking the bus on Sundays to Delancey Street, New York to this Jewish-owned yarn store to buy yarn, needles, and other arts and crafts stuff. I was her protégé, and she taught me what she knew about cooking, sewing, crafts, and how to budget and balance a checkbook. I liked knitting the most because of its simplicity, although there is a lot of thought that goes into it. I find knitting a scarf very relaxing, and it takes my mind off my stressful situation.



Picture 2. "Knitting Needles"

In some ways, I also find the thought process of knitting helpful when I conduct therapy sessions with clients. It helps me to remain curious, attentive to the client's stories, and to capture and find moments in the session that can serve as a means to generate goals and solutions. When a client comes in the therapy room, I join with them; in my head, it is like casting stitches on my knitting needle. Then as we progress in the session with the storytelling, my two needles are working together stitching Knit 1 and Purl 1 to create this beautiful pattern that you can highlight at the end.

My Internship at Church World Service and Client Stories

While I was interning at CWS, I was able to connect with some of the clients in therapy in both a therapeutic and personal level. As I reflect on the cases that stood out from all the clients at CWS, I thought of some of the stories that helped me in my traumatic healing process. My work with clients at CWS rekindled my pain and at the same time provided me a means to heal from past hurt. In working with the Haitian earthquake survivors, I find healing from my life traumatic events and reconnection to a community of people and country of origin. It is with understanding that my faith, hope, love, optimism, strength, and resilience were augmented and amplified.

The following case speaks of the continuation of my healing process and me becoming a Haitian therapist. I found a shared connection that brought emotional healing in working with a mother and daughter, and their relationship connected me to their story.

In this mother and daughter story, I will call the mother Claire and the daughter Janette. I realized the connection of my desire to have a relationship with my biological mother, to have closeness with the woman who gave birth to me. It made me wonder what my relationship would have been like had it not been cut-off by circumstances from my birth. The faith that connected Claire and Janette in their relationship also connected me to their story. They were able to share with me their faith and belief in God that bonded them in their relationship regardless of the adversities that they had encountered in life. I also can recall the adversities over the years that propelled my faith and spiritual growth and how my faith had helped in my healing process of lost relationships.

Claire and Janette

I remember Claire was in her late 60s and newly arrived in the United States under the TPS. A TPS allows a qualified individual to remain legally in the United States while seeking lawful eligibility for permanent residency. It also allows the individual to obtain employment and acquire available benefits under immigration status (USCIS, 2015). Claire is a mother of three adult children; however, only her daughter, Janette, is alive and residing in South Florida. Residual traumatic events after the earthquake left Claire in fear for her safety. While Claire was living in Haiti, within the space of one year she witnessed two of her adult sons viciously murdered. Although her sons survived the earthquake, they died in the violence that escalated among the survivors in the aftermath. Claire's story is one example of the tragic situations among many Haitians in Haiti who

survived the 2010 earthquake. Claire reached out to her daughter, Janette, who encouraged her to join her in the United States. Thus, Claire was able to secure TPS and is now registered with the resettlement agency for integration services.

I recall that Janette was in her late 30s, unemployed with two children, a five-year-old son and a two-year-old daughter, and pregnant with her third child. She was also separated from her husband at the time and was left with no financial support for their children. Due to a lack of finances, the family had to live with a friend.

Claire and Janette were referred by Claire's CM for a consultation with me. In our first session after the formal introductions, I recalled a metaphor that Claire used to respond to me when I asked what brought them into my office that day. She responded, "*Pwoblem yo fe'm paka leve tet mwen. Dlo a pa klè mem.*" [Oh, the problems prevent me from lifting my head. I cannot see clear at all.] This metaphor was used more than once and became a benchmark within the therapeutic context to check her level of functioning, look at past solutions, resources, coping strategies and help set future goals. I remember asking her, "*Ki lè dlo-a te klè pou you? Pa le mwen sou sa?*" [Was there a time that the water was clear? What was it like?] She responded, "*Oke, de pitit gason m yo te toujou ap viv ak mwen. e mwen te gen pwòp kay mwen nan peyi mwen.*" [Well, my two sons were always living with me, and I had my own little place in Haiti.] Claire expressed that her migration to the United States and finding things are not that much better for her and her daughter added to her grief and distress. She shared that before her two sons were murdered, she had a good life in Haiti. She had her own little *komerce/boutique* [store] that she operated within the community, where she was well-known and had the support

of her family and friends. Unfortunately, because of the untimely death of her sons, she had to leave everything behind and escape with her life.

I remember Claire sharing with me that when she was living in Haiti, she perceived that people in her community were jealous of her and her family, which she presumed was the contributing factor for her sons' deaths. She was under the impression that her daughter had a "good life," a well-to-do life in the United States with her husband, but she is now finding out that is not the case. Claire shared the current living situation and financial situation of her daughter.

Janette shared her love for her children and the difficulties of being a single parent. She also shared that her passion was to continue with her studies in the medical field. Her main concern was that she was looking for employment. Also, she was concerned about her mother's health and disposition in her grieving process. Janette felt that her mother's grief process was taking too long and that it had been two years. She specified that "my mom does not like to go out, she cries a lot, and she does not talk to me about her feelings."

During our collaborative engagement, Janette did most of the talking and would often stop her mom as if she could express her mother's sentiments more fluently. To encapsulate her point, Janette ended by letting me know that she and Claire were having communication problems. Both Claire and Janette seemed comfortable talking with me in the room. During the session, both Claire and Janette were allowed a safe space to share their feelings and explored ways to improve their communication. Claire claimed that the unexpected tragic events saddened her and caused her to grieve. However, she felt that

her daughter did not like to see her crying and looking depressed. She expressed that their differences have made it hard for her to share her sorrows and concerns with Janette.

Utilizing the SFBT model, I engage clients in ways to elucidate exceptions to times when the problem is not occurring. My curiosity is to explore my client's reality by tapping into their language/culture to punctuate meaning. In my therapeutic engagement, I continue my curiosity with Claire in exploring her current frame of reference by asking her "E kounnye-a?" [And now?]. She responded "*Konnye-a, pitit gason yo pa sou tè-a; map viva k pit fi mwen nan Florida kay mounn.*" [Now, my sons are gone, and I am in Florida with my daughter living with her friend.] My next question to her was, "*Pale mwen de jan wap menaje jou an jou?*" [Tell me about how you have been managing to keep going?]

After clarifying Claire's reality, I continued tapping to punctuate meaning to provide reframe, and explore possibilities of the "miracles" (outcomes) occurring or needing to occur. Therefore, I asked her, "*Ki sa ki li ta pran pou dlo a yo dwe klè ankò.*" [What it would take for the water to be clear again?] She responded "*Mwen panse ke yon fwa mwen ka jwenn kèk lajan nan achte ak vann nan ti mache; tankou mwen te kon fè nan Ayiti. Janette delivre ti bebe a san danje; Mwen pral kòmanse wè bagay sa yo nan yon limyè pi byen. Mwen vrèman enkyete w sou Janette ak tibebe sa a.*" [I think once I can get some money to buy and sell at the flea market liked I used to do in Haiti. Janette delivers the baby safely; I will start to see things in a better light. I am really worried about Janette and this baby.]

As Claire continued to share her story with me, she expressed that she thinks about returning to Haiti sometimes, but she knows that there is nothing there for her

anymore. However, when asked about how she manages and copes with her current situation, Claire shared that she finds it helpful to be here with her daughter and her grandchildren, implying that her family has been a support system for her. Claire claimed that although she has no work permit, she is hopeful that once her legal status changes, she will be able to help support her daughter and her grandchildren. She feels that things are getting better because she is now receiving services from the resettlement agency.

I wanted to know if Claire perceived that she was on the “right road” to receiving her miracle and getting the outcome that she desired. Claire’s response was more of gratitude and acceptance than anticipating a brighter future. However, in the Haitian culture, Claire’s response of “being thankful to be alive” and having her remaining family members for support can also be understood as expectancy of a better future or outcome. It helped Claire focus more on the future than on her present situation. I posed this scenario and questions: “Sipoze lè ou ale nan dòmi aswè a, ou gen yon rèv, epi, nan rèv la, ou te wè ke tout pwoblèm yo ki te fè ou isit la jodi a yo ale. Sepandan, paske ou te ap dòmi, ou pa konnen ke rèv la te yon mirak ki te rive e ke pwoblèm nan se ale. Ki sa ou sipoze ou pral wè yon fason diferan nan denmen maten ki pral di ou dwe te gen yon mirak? Rèv ou te rive vre.” [Suppose when you go to sleep tonight, you have a dream, and, in the dream, you saw that all the problems that brought you here today are gone. However, because you were asleep, you do not know that the dream was a miracle that has happened and that the problem is gone. What do you suppose you will see differently the next morning that will tell you there must have been a miracle? Your dream came true.]

Because the objective of posing the miracle question is to get the client to (a) reduce the lens of the focus of the problem and (b) increase the client's inner ability to change or solve it, the miracle question can be asked in several ways. It does not have to be asked in a "cookie cutter" way (Joseph, 2014). Claire's miracle was for her daughter to deliver the child without complications and for her to have some money to buy and sell trivial things at the flea market. As Lethem (2002) reported, "miracles are not always the well-formed, realistic and concrete goals that the therapist is aiming to identify, rather they point the way" (p. 190). Claire certainly pointed me to a roadway that I may help her navigate. As I acknowledged and complimented Claire's positive attributes and achievements in life, her responses seemed to indicate that she, too, recognized some of those inner strengths and resources. The positive reinforcement I gave Claire seemed to empower her and change her perception about the present challenges she faced.

My next step was to engage the client's readiness to change, set goals, and implement strategies. Asking the scaling question helps to motivate and encourage clients in establishing measurable goals in therapy. It fosters "hopefulness that leads to an expectancy of change through the illumination of clients' range of experiences" (Reiter, 2010, p. 140). What I have learned with Haitian clients is that they come to therapy with hope and expectancy towards desired solutions. However, the challenge is illuminating their hopefulness into measurable goals and to where they want to go. Measurable goals are not common with Claire and Janette because of their cultural perceptions of life's progress as being "immeasurable." It is understood within Haitian culture that goals are abstract and indefinite in contrast to an analytical approach where solutions are black and white. Additionally, there are linguistic challenges with understanding goals and

measures. Therefore, in my experience, I had to adjust the “scaling questions” from 0 to 10 to 1 to 5, and I used the term “ladder/step-ladder” instead of “scale” to help the client visualize and understand what it is that I am asking (F. Jabouin-Monnay, personal communication, September 18, 2014).

The session ended with me complimenting mother and daughter on their strengths and their support of each other through tough times. I also reflected how they presented as brave women being so receptive to engage in a process that surely will change their lives. As a personal choice, I overtly expressed my humbleness to their incredible gift to join their family in such a personal and intense journey. This last part is important for me because I wanted to punctuate my work as a collaborative process between family and me; however, the family leads and determines how I will support their engagement toward difference. Both mother and daughter were asked to observe “*Lè dlo pi klè;*” [Times when the water of their lives was clearer;] “*lè li ka leve tèt li;*” [When she can lift up her head] “*Sa kap pase nan moman sa yo?*” [What’s happening in those moments?] “*Koman fè leve tet ou wo dwat?*” [How has she managed to lift up her head?] I approach this from a circular process to help mother/daughter to learn from their interconnection with one another. When mom would share her feelings of sadness; what happened then? What does mom notice about herself when she talks about her grief?

At the end of the first session with Claire and Janette, I recalled being left with the impression that a gap in mother-daughter communication had caused a strain in their relationship. One assumption is that Claire is not being heard and I want to inquire what she offers when she is being heard. In addition, the other assumption seems to be that Janette expected some form of resolution (“fix my mother stance”), which may require a

need for more counseling sessions with the mother-daughter system. One clear observation, however, was that this mother and daughter team was not going to allow life circumstances to shake their faith in God. I remember admiring their faith and recognizing it as a strength to build on and help this family in establishing future goals. SFBT utilized whatever clients bring to therapy and looked at the client's strengths.

As a systemic therapist, my goal was to deconstruct their ideas in terms of harmonies of opposites and multifaceted synthesis of nuances. My approach to this case was through a postmodern systemic lens, and an SFBT framework. Keeping in mind that truth can be fragmented, it became clear to assist them to coconstruct a more preferred reality (Trepper et al., 2010).

In the follow-up session, we continued our engagement in the storytelling of Claire and Janette's life but reframing and punctuating what has changed between them since the last session. Shilts, Rambo, and Huntley (2003) state that to listen carefully to clients' stories is part of the collaborative process that helps clients to construct goals and develop solutions based on exceptions, times when the presenting problem is occurring less frequently or less intensely. As I observed their engagement in the room, it was becoming more apparent that there was some disagreement between mother and daughter over the duration and process of mourning but that it no longer was intensely problematic.

We talked about the process of grieving and of the significant losses they both have endured. During our discussion, we established a safe space where mother and daughter could feel free to express their differences without the fear of being judged in how they deal with their grieving process. Most of all, as the two engaged in their safe

space discussion, both Claire and Janette discovered that they shared more commonalities than differences in their grieving process. These discoveries supported the mother/daughter relationship and presented new opportunities that allowed them to express new meanings about the experiences of losing their loved ones. I also noticed mother and daughter becoming more open to each other. Janette was no longer disconnected, howbeit more interactive, in the therapeutic process. Initially, when mother/daughter presented for therapy, mom came with the daughter as the expert of mom's reality, but now each had their expertise. As a result, they were more willing and able to immerse themselves actively in the process of change.

During the initial session, it was necessary to offer mother/daughter an opportunity to generate innovative solutions in their communication and support for each other. Initially, when inviting the daughter to do something different, it appeared that the more she demanded mom to talk, the more mom saw her as nonsupportive, and the more helpless they both became. I wanted to offer opportunities to both that would slow their pace and deconstruct their language to help punctuate their true meanings to each other.

An important part of SFBT is to make clients feel comfortable to share their stories (de Shazer et al., 2007). As I listened to Claire, it was apparent that she was still grieving over the loss of her two sons. However, Janette wanted her to get over it and to move on with her life. I was under the impression that the daughter was expecting me to do something to fix mom as opposed to allowing an open engagement and exchange between them. However, my interactions with both were through a collaborative process that fostered and embraced multiple perspectives as opposed to being stuck with a linear

either/or dichotomy. I complimented them on their strengths, resources, highlighting personal qualities, which is an “essential part of SFBT” (Trepper et al., 2010, p. 5).

The subsequent follow-up sessions were dedicated to working on strengthening the mother/daughter relationship, particularly in the areas of mutual respect, support, and understanding the hierarchical structure of their family unit, with an emphasis on expanding communication styles and denoting their power.

During our last session together, I wanted to learn much more about what had changed between mother/daughter since our first session. Claire and Janette reported that things have been better and that their communication has improved. I was always curious to know what has been different and they seemed to be aware because in their response “*Ou jouda anpil.*” [You are so curious.] Janette expressed through smiles how much she is enjoying mom’s spontaneous sharing of feelings and how this has reduced her feelings of alienation and being unsupported. Claire and Janette expressed that they have experienced a growth spurt in their relationship, which has surprised them both. Janette elaborated that their approach to grief and loss has uniquely bonded them, and they are supportive of each other as women, as well as mother/daughter.

By providing a safe place, Claire and Janette were able to express their fears, grief, and hopes for themselves and each other. They expressed the love that they shared as a family who cared for one another, and the tragic loss of two members was unimaginable and very painful to bear. Expressing the intense feelings became a transformative process, at which, the pathways expanded their lens about their relationship. It helped them to gain a different understanding and respect for their unique way of relating to their life experiences. Claire and Janette recognized that they are not so

different in their ways of relating to life experiences and that they have always been each other's support system. Claire and Janette find strength in their faith and each other. Their faith connects me to their story, and comparably I find the strength to go through my healing process. As I am reflecting on Claire and Janette's story, I was taken by their approach to life difficulties through their faith in God and their relationship of being each other's support system. I wondered if they were aware of how much their engagement with me that was helping them was also helping me heal from the traumatic events that connect us.

My next case is a father of three children. I remembered when this older man came and sat in the chair in my office. I did not know what to expect next. His story was not out of the ordinary, but it was unique in that it stood out to me. I connected to this father in his story because it reminded me of my own story with my father. This client who I will call Mr. Plaisir was a client at the agency and was referred to me by the CM there as part of the acculturation process program. In his story, I connected to the trauma of being raised without my father. I felt as a child that when other children were with their fathers, mine was absent. This father helped me to connect to what it might have been for my father to be without his children. It made me realize the great sacrifice that this father had to make to provide for his family. It helped me to understand the process better that my father had experienced as an immigrant father having to be far away, across the country. I realized eventually that my father must have experienced as much pain as I did in the relationship.

Mr. (Monsieur) Plaisir

Mr. Plaisir was a Haitian man in his late 50s who had been living in the United States since after the 2010 earthquake. He was currently residing with a cousin but the cousin asked him to leave and find another place to stay. He was unemployed, without any financial means of support for himself or his children abroad. Mr. Plaisir had three teenage children who were living in Haiti with a relative. Hopelessly in need of some assistance, Mr. Plaisir came to the resettlement agency to see if they could help him and registered with them for refugee integration services.

In the previous months before coming to the agency, Mr. Plaisir had filed papers with the United States Immigration Department for permanent residency and awaited the decision of his application. A United States lawful permanent residency is the immigration status of a person authorized to live and work in the United States of America permanently. A permanent resident is someone who has been granted authorization to live and work in the United States permanently. As proof of that status, a person is granted a permanent resident card, called a *Green Card*. You can become a permanent resident in several different ways. In many cases, an immigrant has to have a sponsor either a family member or employer in the United States. Other individuals may become permanent residents through refugee or asylum status or other humanitarian programs. In some cases, you may be eligible to file for yourself (USCIS, 2011).

According to Mr. Plaisir, although he had applied for permanent residency a few months ago, he had not yet received a response from the Department of Immigration. The resettlement agency CM referred Mr. Plaisir to me for a consultation. I met with Mr. Plaisir on a Thursday at the resettlement agency office. To my knowledge, he had no prior experience with therapy, and he did not speak English, which made it challenging.

This session involved an assessment of the presenting problem and getting to know the client. He was looking despondent and incredibly sad. I offered him a cup of hot chocolate. He said, “*Wi, mercie.*” [Yes, thank you.] He glanced at the cup of chocolate. Then I saw the tears in his eyes. He took a sip and then the conversation began. I came under the impression that he was a very proud man. However, his circumstances brought him to the agency seeking for help with the necessities of life.

His story awakened many emotions. I reflected upon my father’s journey to the United States. I felt connected to his story. Like this gentleman, my dad was a proud man, but circumstances brought him to the United States. He was looking for a way to support his family abroad.

My approach to this case was through a postmodern systemic lens, and an SFBT framework. Although Mr. Plaisir was the individual client present with the problem, I saw him as a member of a larger family system and worked with him based on his relationship to that system. As a systemic therapist, my goal was to deconstruct the ideas presented in terms of harmonies of opposites and multifaceted synthesis of nuances. Thus, I joined with Mr. Plaisir by asking questions and inviting him to tell his story. I asked Mr. Plaisir, “*Kisa Ki Mennen ou la Jodi a?*” [What brings you here today?] He responded, “*Pwoblèm anpil.*” [Many problems.]

As I listened to Mr. Plaisir tell his story, I understood that he was extremely affected by the earthquake and that he lost his business and livelihood. He had his own lucrative automotive business in Haiti, and he would travel back and forth to the United States to purchase parts to be resold in Haiti. After the earthquake, he was targeted, beaten, and shot at by thieves. It occurred more than once within the space of a couple of

months, and the second time he was left for dead on the street unconscious. He began to fear for his life. He expressed that for the first time in his life, he felt fearful and it was due to fear for his safety that he left Haiti.

Mr. Plaisir explained to me that he was a businessman in Haiti who used to travel to the United States to buy merchandise to sell in Haiti for profit. His business was flourishing. Before the 2010 earthquake, he made a good living, and he was considered well off. He left his three children with a family member in Haiti, and, because of his TPS status, he has not been able to support them financially. I asked Mr. Plaisir *“Te gen yon tan ke pwoblèm yo te pi piti? Pa le mwen sou sa?”* [If there was a time that the problems were less. What was it like?] He responded, *“Oke, mwen te k ap viv ak pitit mwen yo nan Ayiti nan pwòp lakay mwen e mwen te gen pwòp mwen plas biznis an Ayiti.”* [Well, I was living with my children in Haiti in my own home, and I had my business place in Haiti.]

I remembered being curious to know how he viewed his life and what was working for him. So, I asked him, *“E kounye-a?”* [And now?] *“Konnye a, mwen nan Florid ki pa gen okenn travay e pa gen mwayen pou sipòte pitit mwen aletranje. Mwen gen yo depann de bonte a nan moun kote m.”* [Now, I am in Florida with no job and no means of supporting my children abroad. I must depend on the goodness of the people around me.] As we continued in the session, we talked about his hope, expectation, and his future to which he expressed that *“Mwen gen espere ke bagay sa yo ap pi byen.”* [I have hope that things will be better.] With Mr. Plaisir’s statement of a brighter future, I wanted a more concrete measurable definition of how things are getting better. In return, I asked him for clarification. *“Èske gen bagay sa yo ke ou wè k ap pase kounye a ki di ou*

ke bagay sa yo ap resevwa pi byen?” [Are there things that you see happening right now that tells you that things are getting better?] He responded, “*Wi, se mwen menm isit la ak vivan; Mwen ap resevwa sipò nan men zanmi ak mwen toujou nan plas kouzen m 'lan. Mwen gen òganizasyon sa a ki moun ki ede m.*” [Yes, I am here and alive; I am getting support from friends, and I am still at my cousin’s place. I have this organization, which is helping me.]

Moving forward into Mr. Plaisir’s measurable goals, I remembered asking him about his miracle which he expressed was “*Gen rezidans pèmanan mwen, gen yon travay, epi pou m fè pitit mwen vini avè m nan peyi Etazini nan moman sa a.*” [To have his permanent residency, have a job, and to have his children with him in the United States.] At that moment. I recalled that Mr. Plaisir began to cry and wiping his eyes with his hands, expressed his desire to maintain his fatherly supportive role with his children. At this point, I felt that Mr. Plaisir thought of himself of being less of a father because he was not capable of financially supporting his children and that they were losing respect for him. While listening to Mr. Plaisir’s story, my thoughts drifted on my father’s departure to come to the United States and how I felt abandoned by him at the time. I began to wonder at the times that my father might have felt that way in that we would not respect him because he was not able to be a provider.

I remembered realizing that I was in my distant memories and I immediately shifted back to Mr. Plaisir, and I felt that I needed to compliment and talk about his positive role as a father in his relationship with his children. I exclaimed, “*Ou sanble yo gen yon fò prezans Papa ak pitit ou ak yo ke yo gen yon anpil nan respè pou sa ou vle pou yo!*” [Seems like you have a strong fatherly presence with your children and that

they have a lot of respect for what you want for them!] He responded with an expressive smile.

I remembered Mr. Plaisir went on to talk about his love for his children and family. We continued to talk further about his goals for the future. I proceeded to scale his level of functioning. I recollect that I phrased the scaling question fairly in this manner, "*Kite m 'mande w sa a epi ou ka panse ke li se yon kesyon etranj men sa a se m' vin konnen ou pi bon kote ou ye a emosyonèlman. Si nou tap utilize yon echèl/nechèl de 1 a 5 kote one pwoblem yo ampil epi five pwoblem yo piti ki bo u tap kampe?*" [Let me ask you this, and you may think that it is a strange question, but this is me getting to know you better where you are emotional. If we were using a ladder from 1 to 5 where one is the problems are heavy, and five is that the problems are very light; where are you on the ladder?] He responded, "*Mwen ta dwe di ke 1 1/2 paske mwen vivan, mwen gen yon kote yo dòmi, pitit mwen, tou vivan, epi mwen te gen sipò nan men nou tout.*" [I would have to say 1 1/2 because I am alive, I have a place to sleep, my children are alive, and I have support from all of you.]

I remembered during our first session, Mr. Plaisir did most of the talking and I listened, occasionally asking him for clarification in what was being said. During our talk, I realized that Mr. Plaisir was highly educated and was knowledgeable about his process. Something that stood out for me in working with him was his usage of metaphors to express his feelings and stance of his current situation. One of his memorable sayings was, "*Mwen kap vòlè deux, trois jour toujou.*" [I am stealing two or three more days.] It was his way of explaining his coping mechanism when I asked him how he was able to manage. During our first meeting, his concern was that he had not

spoken to his children for a month due to his financial situation. Also, he expressed that he is fearful of his future in the United States and his children's future in Haiti as well.

I recalled that the session ended with me complimenting Mr. Plaisir on his strengths and his optimistic view in challenging times. Mr. Plaisir was to observe how he manages his time and what he is doing to move forward in his future in the United States.

My recollection of the follow-up session was that we continued our engagement in the storytelling of Mr. Plaisir's life but reframing and punctuating what has changed for him. I joined with him, and we talked about the process of having to depend on others for sustainment, parenting while living abroad and wanting a better future for his children. Due to our collaboration, a safe space was established where he felt he could share his view of failing as a father and supporter of his children. In addition, it provided a safe space to explore what it would take for him to move forward in the process of obtaining a better future for himself and his family.

The follow-up sessions were dedicated to working on strengthening his relationship with his children abroad and an emphasis on expanding communication with his support system. It was necessary to offer him an opportunity to find fresh solutions to his current problems by tapping into past solutions that had worked. When inviting him to do something different, he would always start speaking in metaphors. At times, I would use a metaphor to help in the process of engagement, and he would laugh to show the connection that we had. Often, he would tell me that you are repeating back to me what I just told you. This therapeutic bond also reinforced my third research question, which helped me to reconnect with my cultural identity as a bilingual therapist.

For example, whenever I would ask Mr. Plaisir about what had been different from our last session, he would say, “*Bondye bon.*” [God is good.] “*Mwen konnen, avèk pasyans, nap rive.*” [I know, with patience, we arrive.] Always he would continue with his typical saying that “*Mwen ap vòlè deux, trois jour toujou.*” [I am stealing two or three more days.] This way of engaging increased my curiosity during the process of therapy and helped me to offer opportunities for him to deconstruct his language and punctuate his true meanings. As I reflected on his saying of stealing two or three more days, that was his outlook on his living situation as a refugee, which was practically taking days. At any moment, United States immigration could order him to be sent back to Haiti. I pondered at the time on the impasse that Mr. Plaisir found himself as trading “one fear for another fear.”

Living a typical normal life for Haitian refugees like Mr. Plaisir is a luxury that escapes them. Mr. Plaisir’s dilemma is a typical one among Haitian refugees; leaving his native country to flee to another country for opportunity and safety but remaining in constant fear of having to return to the country that had endangered his life originally. Unfortunately, as with most of the clients, he received services only for a brief time (three months). I get to meet with clients only three to four times within the three months if there are not any conflicts in their schedules and they can obtain transportation. In the case of Mr. Plaisir, he remained in contact with the office and me even after his case was closed, which is something every client can do but does not do it. His last telephone call was to let us know that he was doing okay and that he had gotten married.

Another story that had added to my process of life’s traumatic events was that of Ali. Ali loved his parents and desired to be loved by them. Ali wanted to please his

parents, who were strangers to him because they had migrated to the United States and left him in Haiti. Like Ali, I desired to please my estranged father and wanted his love and affection. When Ali was two-years-old, he was left in Haiti to be raised by his older sister while his parents emigrated to the United States. Ali's story brought me face to face with my personal story with my biological father. Growing up, I tried so hard to connect with this man I did not know.

Ali, like me, excelled in school learning English and dreamed of becoming good and great to please his parents. He dreamt of becoming a doctor, and I believe that he could and will. However, like Ali, I struggled and felt that nothing that I did seemed to please anyone important in my life because they focused on the negative things in life. Ali did not tell about his parents' love for him, but that he loved them very much and wanted to make them proud. I remembered he talked about how his parents treated him like a child for wanting to get out of the house and spend time with his friends. He said that he is 25-years-old, and they were treating him as if he were a nine-year-old boy with no common sense. He felt that their focus was more on the negative attributes of what can happen in life rather than the positive things in this world.

I remembered him telling me that their mere conversations were negative. Ali explained that he was not used to that. He used to have friends and an entourage, a positive relationship with a community of people. Although he claimed that they wanted to protect him from bad people and things, he felt they were not giving him a chance to seek and build new relationships. He felt that they had him in a cage because he was living in their house.

Ali's Story

Ali was a 25-year-old single man. He was Haitian born and had been living in the United States for seven months. He was considered a refugee with an i-94 status. A refugee, as defined by Section 101(a)(42) of the Immigration and Nationality Act (INA), is a person who is unable or unwilling to return to his or her home country because of a “well-founded fear of persecution” due to race, membership in a particular social group, political opinion, religion, or national origin (USCIS, 2015). An i-94 is the Arrival/Departure Record issued to aliens, in either paper or electronic format, by a Customs and Border Protection Officer to foreign visitors entering the United States, who are adjusting status while in the United States or extending their stay, among other things (https://help.cbp.gov/app/answers/detail/a_id/880/~/-/definition-of-an-i-94). Ali applied for permanent residency and was now registered with the resettlement agency for integration services.

Ali was referred to me by the resettlement agency CM for a consultation. The CM felt that his current situation and acculturation process in the United States were “stressful” enough for him and thought that therapy would be helpful in his process. I recalled my first session with Ali at the agency office. I proceeded to engage him with a simple salutation, “*Bonjour e koman ou ye?*” [Good morning and, how are you?] and he responded, “*Bonjour!*” [Good morning.] I remember proceeding with a formal introduction, “*Kòm mwen te di anvan pandan reyinyon gwoup nou an, non mwen se Marie Joseph. Mwen se yon terapis fanmi k ap travay isit la.*” [As I said before during our group meeting, my name is Marie Joseph, and I am a family therapist working here.]

I recall asking Ali , “*Ki jan ou ye?*” [How have you been?] He responded by telling me about his health, and headaches that he had been having.

I recalled addressing his health concerns by asking him if he had been to a doctor to which he replied that they sent him for an MRI. However, his Medicaid is no longer active for him to get the MRI and financially he cannot afford to pay for it out of pocket. I remembered we talked for a while about the severity of the headaches, how often, what helps, whether he was on medication, and I learned that he has a prescription for the pain. I remembered also advising him to speak to the CM about getting his Medicaid reactivated.

I recalled wanting to know a little more of what was going on in his life. I began by asking him to tell me a little about him, coming to the United States and why did he leave Haiti. Ali began by telling me that he came to the United States after stopping in Puerto Rico and purchasing a plane ticket to Miami. He continued to elaborate more on his story with this, “*Oke, mwen te vle kite Ayiti pou yon lavi ekonomik pi byen epi pou vini e pou ede manman mwen.*” [Well, I wanted to leave Haiti for a better economic life and to come and be helpful to my mom.] Ali had shared with me that “*Tou de manman 'ak papa yo te rete nan Etazini yo pou ane ki gen yon estati TPS.*” [Both my mother and father had been living in the United States for years with a TPS status.] “*Tou de nan paran mwen te vin pa bato. Tou de yo te k ap viv aletranje depi m 'te trè jèn.*” [Both of my parents came by boat. Both have been living abroad since I was little.] I recollected that my immediate thought was to ask him, “*Wow, ki gen sa te ye pou ou aviv san paran yo?*” [Wow, what was it like not to have both of your parents around?] As I reflected upon this question, I realized that it was more of a question for me to gain a better

understanding on the process of children growing up in Haiti without their biological parents as I did. Ali responded with a general view and understanding shared among Haitian children “*Oke, si ou genyen yon bon konpreyansyon epi yo pral a, ou pral briye nan lavi yo.*” [Well, if you have a good understanding and the will, you will excel in life.] He then spoke specifically about his family “*Papa mwen se te youn nan premye vwayaje lè m 'te de zan laj, manman m' te swiv li apre.*” [My father was the first one to travel when I was two-years-old and my mom followed after him.]

Culturally speaking, I understood a little bit about his aspect of strong will because it can help you achieve anything in life. Although he was not raised by his biological parents but was raised by his older sisters, he possessed the will to achieve. I wanted him to elaborate on what it is that he envisioned for himself excelling in life to which he went on to talk about his education and wanting to be a pharmacist. I wanted to know a little more about his upbringing, and how he was reconnecting with his parents here in the United States. He expressed that things were not as smooth as he would like in their relationship. He then described to me his close relationship with his mom and how he often asked her for help with his pronunciation of English words. However, he was concerned that he was not able to contribute financially.

I remembered him telling me, “*mwen santi mwen ke manman mwen ap souffri e mwen vle ede l '. Li pa ka panse ke mwen renmen ase li, men m 'fè. Mwen vle kontribye finansyèman.*” [I feel that my mom is suffering, and I want to help her. She may not think that I love her enough, but I do. I want to contribute financially.] I remembered asking him if he had communicated with his mom about her not being knowledgeable of his love for her and he responded, “*Wi.*” [Yes.]

I remember during our first session, Ali talked, and I listened, occasionally asking him for clarification of what was being said. Our conversation was that of a collaborative engagement that enhanced the therapeutic process. With this case, I used a combined approach of SFBT and Collaborative therapy by Anderson (2017), where she sought to explore why therapy works for some and not others. Anderson (2017) aims at the development of a collaborative and egalitarian relationship between a person in therapy and the therapist to facilitate dialogues that lead to positive change. It illustrated the interaction that occurred between Ali and me in therapy.

Ali expressed that he missed some social activities like football games, visiting with friends, and interacting with his community. He claimed that in this country he felt restricted to participate in certain activities with friends because of his parents' lack of trust in him and fear of what could happen to him. Ali shared that his parents admonished him "to be careful of the people I hang out with. Besides, most of the students are married women, and you must be careful about talking to them not to give the wrong impression."

Also, Ali seemed concerned with his dad not offering him help with his English homework because the dad is more fluent in English than is his mom. His saying was not typical, and I asked him to clarify. He said, "*Si yon moun wè ke mwen gen yon bezwen, Mwen espere ke moun nan ap ba m 'olye ke m' mande l 'oswa li.*" [If someone sees that I have a need, I hope that the individual will give to me rather than me asking him or her.] I had to challenge this assumption/notion with him and offered the notion of asking for what you need as well. He seemed to agree with this new way of obtaining what it is that you want. I complimented him on his optimistic view and his visualization of his

tomorrow always being better than today. Ali claimed that he relied on prayer and during our conversation, he mentioned several times that “*Bondye bon.*” [God is good.] It was his way of explaining his coping strategies and how he manages in his present situation. I remembered during our first meeting, his concern was that he had not found employment and was unable to contribute financially to the home bills and expenses.

I became curious to know how he viewed his life and what was working for him. I remember his saying that “*Mwen menm ki nan Florid ki pa gen okenn travay ak pa gen mwayen pou sipòte tèt mwen ak ede manman mwen, mwen depann de paran mwen ak bonte moun ki ozalantou mwen.*” [I am in Florida with no job and no means of supporting myself and helping my mom. I have to depend on my parents and the goodness of people around me.]

As we continued in the session, we talked about his hope, expectations, and his future to which he expressed that “*Mwen gen espere ke bagay sa yo ap pi byen.*” [I have hope that things will be better.] With Ali’s statement of a brighter future, I wanted a more concrete measurable definition that things were getting better. I proceeded to ask him for clarification: “*Èske gen bagay sa yo ke ou wè k ap pase kounye a ki di ou ke bagay sa yo ap resevwa pi byen?*” [Are there things that you see happening right now that tell you that things are getting better?] He responded, “*Wi, se mwen menm isit la ak vivan; Mwen resevwa sipò nan men paran mwen, epi mwen nan lekòl la. Mwen gen òganizasyon sa a ki moun ki ede m’.*” [Yes, I am here and alive; I am getting support from my parents, and I am in school. I have this organization which is helping me.]

I recall that life at the time that I met and counseled Ali. He was stressed over his school, learning English, his lack of means to support himself and to help his family

financially. He mentioned that he struggled with the fact that his mother had to work long hours to pay the bills. Although his father also worked, he felt his mom had the added stress of taking care of the household as well. Because both mom and dad have a TPS status, he felt that they had to maintain a low-key life, separated from social milieu type of life, and they had advised him to do the same. Also, he felt that his parents were being ostracized by other family members who were living legally in United States. Ali did not seek the agency for counseling but welcomed the counseling service as a means to talk things out and receive helpful advice that can help him to better manage in his present situation.

Although Ali had past trauma in his life, it was the present daily life struggles that were his priority such as his learning to speak English and completing his education. He did not seem to be concerned much about his legal status. However, I was curious to know how he viewed his life and what was working for him. He expressed that although he was pleased to be living in Florida with his parents, he had hoped that things would be better for him financially and relationship-wise.

Moving forward into Ali's measurable goals, I recalled asking him of his miracle, which he expressed was to be able to speak English fluently, have a good education, a job, and to have means to help his family financially. Ali went on to talk about his love for his family.

I felt that I needed to compliment him on his positive attitude in life. His response was a smile.

I remember at that point in the session, I asked him the miracle question, “*ann sipoze apre nou fini pale jodi a, ou ale lakay ou epi kontinye fè tou sa ou anjeneral fè*

lakay ou, l ap gade yon fim oswa chat nan entènèt la pou yon ti tan. Ou te ale nan kabann ak pandan nwit lan yon mirak ki te pase. Men, depi ou te dòmi, ou pa konnen ke te gen yon mirak ki te rive. Lè ou reveye nan denmen maten, ki sa ou sipoze ou pral wè yon fason diferan pou di ou ke gen te gen yon mirak?” “Rèv ou rive vre.” [Suppose after we finish talking here today, you go home and continue doing whatever you typically do at home, watching a movie or chat on the Internet for a while. You went to bed, and during the night a miracle happened. But because you were asleep, you do not know that there was a miracle that has happened. When you wake the next morning, what do you suppose you will see differently to tell you that there must have been a miracle? Your dream came true.] Ali responded, *“Mwen ta pale angle byen. Mwen ta kapab pote yon konvèsasyon an angle san yo pa rezèvasyon.”* [I would be fluent in speaking English. I would be able to carry a conversation in English without reservation.] I found his response to the miracle question typical of my Haitian clients very broad. Interestingly enough, I asked him what he perceived that told him that he was on the road to receiving his miracle. He responded, *“Mwen rekonèt ke mwen pi fasil pou poze kesyon nan klas e mwen konprann plis.”* [I recognized that I am more at ease to asking questions in class and I understand more.]

After I reflected and addressed it with my clinical supervisor, I was alarmed that asking the client the miracle question fell flat because linguistically I couldn't transcribe it, I could only contextualize it. It was a challenge for me as I continued to provide therapy in Haitian Creole.

I recall using the following scaling question after the miracle question to scale his level of functioning. *“Kite m 'mande w sa epi ou ka panse ke li se yon kesyon etranj men*

sa a se m' vin konnen ou pi bon kote ou ye a emosyonèlman. Si nou tap utilize yon echèl/nechèl de 1 a five kote one pwoblem yo ampil epi five pwoblem yo piti ki bo u tap kampe.” [Let me ask you this, and you may think that it is a strange question, but this is me getting to know you better where you are emotional. If we were using a ladder from 1 to 5 where one is the problems are heavy, and five is that the problems are very light; where are you on the ladder?] He responded, “*Mwen kapab di ke mwen nan yon 3. Mwen nan yon lekòl ki se youn nan premye bagay sa yo. Malgre ke an Ayiti, mwen te santi m pi fasil.*” [I can say that I am at a 3. I am in a school that is one of the first things. Although in Haiti, I felt more at ease.]

To restate, I ask the scaling question to help to motivate and encourage clients in establishing measurable goals in therapy. Using the scale as a measure could be a challenge when working with Haitian clients due to cultural perception of life progress as being immeasurable. In addition, there are challenges linguistically with the understanding of goals and measures. Therefore, I had to adjust the scale from 0 to 10 to 1 to 5, and in place of a “scale”, I use a “ladder/step-ladder” instead to help the client see and understand what it is that I am asking (F. Jabouin-Monnay, personal communication, September 18, 2014).

The session ended with the therapist complimenting the client on his optimistic view. The client was encouraged to maintain contact with his family support system. From the present week until the next week, the client had to be observed and write down what he does not want to change.

During the follow-up sessions, we continued our engagement in the storytelling of Ali’s life but reframing and punctuating what has changed for him. I joined with him, and

we talked about the process of having to depend on others and asking for what you need and building relationships with his parents as an adult. Because of our collaboration, a safe space was established where he felt he could share his view of being an adult son living at home and depending on his parents for support. He was able to explore his dream of obtaining a good education and a brighter future for himself and his family. The sessions were dedicated to working on building and strengthening his relationship with his parents, empowering his learning ability and expanding his social system with his classmates. As I expressed to him “*Wow, kidonk, ou kapab li ak tandé nan lang angle a ak sa ou bezwen se pratike pale*”? [Wow, so you can read and hear in the English language and what you need is to practice speaking?] Ali responded, “*Wi.*” [Yes.] When inviting him to do something different, he always referred to his faith in God, and he would say “*Bondye bon.*” [God is good.] “*Mwen konnen, avèk pasyans, nap rive.*” [I know, with patience, we arrive.] It was necessary to offer him an opportunity to find new solutions to his current problems by tapping into past solutions that had worked. Reflecting on the manner of engaging has helped keep my curiosity elevated during the process of therapy and has helped me offer opportunities for the client to deconstruct his or her language and punctuate his or her true meanings.

The subsequent follow-up session was dedicated to working on strengthening Ali’s relationship, particularly in the areas of mutual respect, support, and understanding the hierarchical structure of his family unit, with an emphasis on expanding communication in the home. Throughout our interaction and engagement, Ali continued to remain optimistic in his process of acculturation and his life in the United States.

During our last session together, I wanted to learn much more about what has changed Ali since our last session. Ali reported that things have been better. He had advanced into a higher level of English class, and his communication with his parents had improved. He expressed that after speaking to me the last time, he spoke to his teacher who recommended him for the advanced English class. Also, his parents complimented and supported him for wanting to move forward with his studies. He found himself sharing more of his feelings and being more receptive of their unique ways of caring and that has improved the overall relationship at home.

Follow-up sessions were scheduled, but Ali was a no-show. I was able to speak with him over the phone, and he informed me that he was doing well in school. He was about to take an exam for the next level of English class and was working part-time. As with most clients, they received service only for a brief time (three months or little more). I get to meet with a client only three to four times within the three months if there is not any conflict in their schedules and they can obtain transportation. In the case of Ali, he may have contacted the office for matters other than therapy even after his case was closed. This courtesy is extended to all clients.

Another story that connected me on a personal level was Liliane's story. The story of Liliane was one of wanting to build a long-lasting positive relationship with her siblings. She dreamt of a bright future and desired a close relationship with her older sister who she was living with at the time. Although she felt they were close when they were in Haiti, it was a different story now they were older. Her sister was married, had a family, and had been living in the United States for many years before Liliane came. Liliane felt unwelcomed in her house. Liliane was not given a set of keys to the house

and often she would have to sit and wait at the neighbor's house while they go on family outings. I remembered feeling unwelcomed in my father's house. My step-mother did not allow me to be close to her children and build relationships with my half-siblings. As I reviewed her story, I found similarities to my story on how much I had connected with her story on a personal level.

Liliane's Story

Liliane, a single woman in her early 30s, was born in Haiti and had been living in the United States for over six months with an i-94 status. An i-94 document is the Arrival/Departure Record issued to aliens, in either paper or electronic format, by a Customs and Border Protection Officer to foreign visitors entering the United States, who are adjusting status while in the United States or extending their stay, among other things (U. S. Customs and Border Protection, 2017). She had not filed papers for permanent residency status. A permanent resident (Green Card holder) is someone who has been granted authorization to live and work in the United States on a permanent basis (USCIS, 2011). Liliane wanted to apply for permanent residency and was now registered with the resettlement agency for integration services.

Liliane was referred to me by the resettlement agency CM for a consultation. I remember my first session with Liliane at the office. I recall my engagement with Liliane with a simple salutation, "*halo, bonjour!*" [Hello, good morning!] She responded, "*Bonjour!*" [Good morning!] I remember asking her "*Nou te pale nan telefòn anvan. Koman ou ye? Èske w te bwè kafè oswa te?*" [We spoke over the phone before. How are you? Do you drink coffee or tea?] I remember Liliane requested coffee with sugar, and I brought her some dry crackers as well. She politely thanked me "*Merci, Madame*

Marie.” [Thank you, Mrs. Marie.] The act of me offering a client coffee, tea, and crackers was a customary gesture that I adopted when I began to see clients at the agency. It helps my interaction and joining with the client. I proceeded to ask Liliane, “*Ki sa ki te diferan depi nou te pale dènye man nan telefòn?*” [What has been different since we spoke last over the phone?] She responded “*Mwen anfòm.*” [I am fit, (okay).] I thought of her response, and then I felt that cognitively she was not thinking of difference. I remember I posed my next question to get to know her and her process. “*Depi konbyen tan ou nan Etazini, kijan ou te vini nan peyi Etazini?*” [How long have you been in the United States, how did you come to the United States?] Liliane responded, “*Mwen te viv nan peyi Etazini pou sèt mwa epi mwen te vini pa bato.*” [I have been living in the United States for seven months, and I came by boat.]

Liliane shared that she had one older sister who was married with two children in the United States who she was living with, and she has three other siblings living in Haiti. She left Haiti for economic reasons, and she was unable to obtain work after the earthquake. Liliane reported that she attended cosmetology school in Haiti and used to work doing hair and nails at home. She expressed that her livelihood was cut off due to the earthquake and she was left penniless. She shared that she would like to find employment in her field of study as well as continue with her studies to become a nurse. Liliane is in school and has her work permit but is unable to look for employment due to medical issues. She also shared that she was having health problems that had her concerned. I remember Liliane shared that she felt her sister was making too light of her medical conditions and that her sister’s lack of genuine concern was causing some strain on their relationship. I remember she described her relational situation with her sister as

having communication issues and wanted to move out on her own as soon as she could financially.

I wanted to get to know Liliane better and to check on any more of her concerns. “*Mwen ta renmen konnen, ou manje, dòmi byen? Ou gen chanm pwòp ou a?*” [I would like to know, do you eat and sleep well? You have your own room?] She responded, “*M' manje ak mwen dòmi. Mwen gen chanm pa m.*” [I eat, and I sleep. I have my own room.] At that moment, I thought of this as not something that is typical with the majority of the Haitian refugee clients that I am seeing and that they are fortunate to have their own room. Many of the clients are sharing a pull-out bed or sleeping on the floor, and many expressed that they are unable to sleep due to their living situation. So, I proceeded to scale her level of functioning. “*Kite m 'mande ou on kesyon ki ka paret etranj: Sou yon echèl/nechèl nan youn a senk kote youn se ki ba nan kote ou fonksyone emosyonèlman ak senk se pi wo nivo. Ki kote ou ye?*” [I want to ask you this question; you may think that it is strange: On a ladder of 1 to 5 where one is low from where you are functioning emotionally, and 5 is higher level. Where are you?] She responded, “*Mwen yon nan twa paske mwen nan lekòl epi yon fwa mwen fini, mwen kapab jwenn yon travay ak sipòte tèt mwen.*” [I am at a three because I am in school and once I am finished, I can get a job and support myself.] I asked her “*Li sanble tankou lekòl se yon gran rèv pou ou?*” [It sounds like that school is a dream goal for you?] She responded, “*Edikasyon pral ede m 'nan reyalize objektif lavi m'; rèv rive vre; “reve realize.”* [Education will help me to achieve my life goal; dream comes true.]

I remember during the session, Liliane talked, and I listened, occasionally asking her for clarification in what was being said. Our conversation was that of a collaborative

engagement that enhanced the therapeutic process. I remember her appearance was calm and cheerful during our interaction. I recall Liliane sharing with me that she valued her learning and that she saw higher education as a mean of achieving life success. I recollect she had an optimistic view of her present situation and related to her experiences as a positive part of life process. Therefore, she saw her legal status and her living with her sister as temporary moments that any individual in her situation would go through to achieve their goals in life. I remember she reported that she ignored her sister's complaints by relying on the knowledge of God and prayers. One saying of hers was "*Bondye bon.*" [God is good.]. It was her way of explaining her coping strategies and how she manages in her present situation. The session ended with compliments and a task for Liliane to observe what she would like to remain unchanged in her home.

My recollection of the follow-up sessions was to focused on improving communication with an emphasis on improving her relationship with her sister and what her life would be like when she is in better health. Liliane expressed that she would like to be married, have children, and live in her own home.

Liliane came for a total of four sessions. At our last session, we talked about her health improvement, single status, and progress with legal papers, school, and looking for employment. I recall Liliane expressing that communication between her and her sister had improved. She also articulated that she feels she was doing much better and gaining her independence back. Lilian reported that she was still unemployed, but she is hoping that will change soon. She claimed that she is in a new relationship and thinking of moving in with her boyfriend. The session ended with me complimenting her on how

well she was doing and adjusting in the United States. My advice to her was to continue to remain positive about her process and maintain contact with her support system.

The follow-up scheduled sessions, she was a no-show, and she did not return my calls. I assumed that therapeutic goals were met, and the case was closed.

The 2010 Haiti earthquake had left me emotionally vulnerable. My work with the 2010 earthquake survivors uncovered within me some life traumatic experiences and recollection of painful childhood memories. However, allowing myself to attend to these past painful memories, I have obtained healing and was able to reconnect to my culture and country.

The above cases help me to tell my story, which is a story of faith, hope, love, strength, optimism, and resiliency. My reflections in this autoethnography attest to the destabilizing effects of the 2010 earthquake on Haiti and on its citizenry, both those living in Haiti at the time as well as those living abroad. It also reflected on my process both personally and professionally as a Haitian American family therapist. I sought to help the participants at the resettlement agency in restabilizing their lives, and, in the process, they helped me to reconnect to my country of origin.

Another activity at the resettlement agency that amplified my connection to community and country was the initial introduction that took place with a group of women. It was put together as a Mother's Day celebration, and we called it "Konbit Manman." Several Haitian women joined us on that day at the resettlement office. Many of them had children that they left behind in Haiti.

We chose an activity for them to do. It was putting together a tree with leaves. We brought little flowerpots, the stuff that represents the dirt and all the different shapes,

sizes and colors for the leaves. The tree trunks were made from straws. We had glue and tape to attach the leaves on the tree. The women had to put together their tree and load it with leaves that represented the different women who had made a positive difference in their lives. They had to write on the leaves the names of the women who had impacted their lives. Each leaf on the tree had to have the name of a woman (whether a family member or a friend) that the tree holder felt played a significant role and she was connected to in life. Dr. Jabouin-Monnay and I participated in the activity in putting together a tree as well. After the women had finished putting together their trees with all the leaves, each participant had to tell us about the people that the leaves represented. Their stories were very moving and powerful. Many tears and laughter filled the room as these women shared their heartfelt stories about the women that made a difference in their lives. This activity was in a way to help them connect and reconnect in their relationships and establish new ones.



Picture 3. “Konbit Manman” Tree Activity (Joseph, 2014)

In each of the cases I mentioned, I did not realize from the onset the manner in which my life would be impacted. I did not imagine my life changing process both professionally and personally in providing therapy to a group of Haitian refugees,

earthquake survivors living in the United States. I did not recognize the healing that can take place through our interaction and engagement during the therapeutic process. These clients' stories connected me with my flight and plight as a Haitian American woman and a prodigal daughter. They stimulated my healing and growth process in becoming a Haitian bilingual therapist. There were other cases that I could have talked about, but I did not have the opportunity to review the documents because the office relocated, and the files were sent to storage.

CHAPTER SIX: DATA ANALYSIS/INTERPRETATION AND THEMES

In this autoethnographic research, I employed an autoethnographic qualitative research design consisting of archival clients' interviews through recollections, journals, therapeutic notes, and audiotapes obtained in a resettlement agency. The case examples highlighted my therapeutic engagement with Creole-speaking Haitian refugee clients that helped me to find healing from childhood trauma and reconnect with my culture of origin. Data collected in the form of reflection through the reviewing of journals, session notes, and audiotapes were analyzed using a descriptive/interpretive analysis. Some data included were from my journal excerpts and clients' session transcripts that supported the themes. According to Chang (2008), analysis and interpretation enable researchers to shift their focus from merely "scavenging" or "quilting" information bits to actively "transforming" them into a text with culturally meaningful explanations (p. 126).

I began my journey in gathering the data by returning to CWS's Broward Office. It had been months since I completed my internship there. Just being there in the same room, I remembered my days there and some of the clients. The CMs told me that some of the clients still asked for me and always had good things to say about our meeting. It is good to be remembered positively.

CWS's resettlement agency provides services and programs that also include a mental health counseling component to help the individual refugee with his/her adjustment/adaptation/acclimation into United States soil. Although these individuals did not at first come seeking a counselor, they welcomed any services that were being offered and often expressed the helpfulness of counseling in achieving their life success. These individuals came to counseling with their own needs for healing, but several

similarities in their experiences emerged, which, unknown to them, were some similarities of my lived experiences as a Haitian immigrant. This chapter highlights shared significant therapeutic events and cultural themes that emerged and shaped my professional development and personal growth.

I chose for my study to review some of the Haitian 2010 earthquake survivor clients' cases, audiotapes, and interview notes and reflected on my process. I remember at first, my approach to providing therapy services to Haitian Creole-speaking clients came as a means to help Haitian families who were affected by the 2010 earthquake. I saw it as an opportunity to serve my Haitian community. In the process, it would help to hone my skills/expand my therapeutic lens and reconnect me with the Haitian culture. Now, as I look back at the memorable moments with my clients, allowing them to teach me about their culture, I can see that I was awarded a lot more in life-fulfillment discoveries than knowledge and skills.

According to Chang (2008), “differing from data analysis, data interpretation focuses on finding cultural meanings beyond the data . . . and are formulated in a researcher’s mind” (p. 127). I recollected some of the cultural specifics of the individual client stories such as a specific metaphor that was used during the therapy engagement. For example, when one of the clients used a metaphor, “*Pwoblem yo fe'm paka leve tet mwen. Dlo a pa klè mem.*” [Oh, the problems prevent me from lifting my head. I cannot see clear at all.] I used it in follow-up sessions to help me reconnect with the client. Another example used by another client to describe his days in the United States was “*Mwen kap vòlè deux, trois jour toujou.*” [I am stealing two or three more days]. I also used that metaphor in follow-up sessions to reconnect with him. These were some

cultural aspects as a Haitian American that I had lost, and I desperately needed to recapture them to help me in therapy with this population.

I chose these client cases because they had more than one therapy session. These were clients who arrived in the United States from Haiti after the devastating 2010 earthquake, each with his or her own unique stories and experiences. These individuals came to the agency for assistance with economic and legal status needs.

Definition of Themes

The cultural themes presented in the clients' stories that connect me as a bilingual Haitian American family therapist to my country of origin are faith, hope, optimism, strength, love, and resilience. These themes also are defined from my perspective as a Haitian American family therapist, creating a deeper analysis of the clients' stories and my connection to those stories. From my perspective lens, faith is defined as a belief in life success and to remain hopeful in achieving goals in life. It gives an individual the ability to journey through life. Love is defined as knowledge that you are loved by God, therefore loving yourself and others. It keeps you centered and remaining focused on the essential things in life such as family and community. Hope is defined as the belief that tomorrow will be brighter and better. Strength is defined as having enough to handle the task at hand today. Optimism is defined to be seeing the glass half-full and having a positive outlook on life. Resilience is never giving up. These definitions for all the cultural themes I shared with my clients in sessions to give them the gusto to never give up on their goals in life.

Faith/Love/Strength

As previously defined, having faith has helped me to believe in life success and to remain hopeful, giving me the ability to journey through life. As I was reminiscing on my life journey, I believe that without God I could not have achieved so much. My lived experiences shared in this autoethnographic study served as a testament to my faith and belief in God.

My faith in God has helped me to overcome many life challenges. Broken home—divorce, single-parent family, issues of abuse, exposure to domestic violence and alcohol addictions at a young age. Despite these painful experiences, I still became a resourceful woman and maintained a determination to help others. My faith-based attributes have helped me to believe in my clients' ability to find solutions to their problems and establish reachable future goals. Faith helps me to look for clients' strengths and to help them build lifelong solutions to whatever problems brought them to therapy. The following cases speak of the continuation of my healing process and me becoming a Haitian therapist.

I remember the case of a mother and daughter who were grieving over the loss of two family members. I connected with this mother and daughter's relationship and their faith in God and the love that they shared.

9/12/13 journal entry. *This mother lost two sons after the earthquake and only has her daughter left. They have strong faith in God. Mom and daughter are each other support.*

Session transcript. *Therapist: Èske gen bagay sa yo ke ou wè k ap pase kounye a ki di ou ke Bondye se avèk ou ak dlo a pral klè ankò? [Are there things that you see*

happening right now that tells you that God is with you and the water will be clear again?]

Claire: Wi, mwen vivan, mwen gen pitit fi mwen yo ak pitit pitit avè m '. Mwen ap resevwa sipò nan men zanmi ki bay pitit fi mwen ak mwen yon kote nan dòm. Mwen gen òganizasyon sa a ki moun ki ede m. [Yes, I am alive. I have my daughter and grandchildren with me. I am getting support from friends who give my daughter, and I have a place to sleep. I have this organization who is helping me.]

The above excerpts from both journal and interview session displayed these two women's faith in God and the strength generated from that faith. They are appreciative of the little they have because they believed it is God providing for them.

Although I did not see their relationship as being typical in a Haitian family, I desired to have it. Their relationship was what I had longed to have with my biological mother and my daughters. I listened to Claire express how difficult it had been for her to be without her daughter even though she knew it was best for their future. I thought of my mother feeling the same way. I also was able to empathize in the tenderness that Claire demonstrated toward her daughter because that same tenderness is what I lavished upon my three daughters. The mother-daughter bond is a bond that is unlike any other emotional feeling. Working with them helped me to better understand my mother's sacrifice in the sense of sending me away. Looking at the notes, I am still experiencing some regrets that I never reconnected with her. It differed from my relationship with my dad where we were able to mend our relationship years before he passed away. In analyzing this case, I realize that this client's faith, love, and strength meshed with mine.

Optimism

In a nutshell, optimism in my definition is seeing the glass as half-full and having a positive outlook on life. Although all of the clients' stories had a measure of optimism, the one story that truly demonstrated optimism is Ali's story. Ali was estranged from his biological parents at the age of two years old. Although he knew who they were, his parents were living in the United States while his older sister in Haiti was raising him. His story exudes optimism because, despite his limited experiences with being raised by his biological parents, he still was instilled with an innate sense of motivation to thrive in life.

2/12/15 journal entry. *The second session, my young man—he is moving forward with his education, and he was being transferred to the next level English class. He is advancing in his studies in leaps. It made me think of how I excelled in my studies when I first came to the United States. It was one of the areas that I was given control over by my father. I remember him saying to me you have to stay in school, study, and become successful.*

Session transcript. *Therapist: Li parèt ke edikasyon enpòtan pou ou? [It appears that education is important for you?]*

Ali: Wi, anpil konsa. Anjeneral, mwen gade lòt elèv yo pran egzamen syans oswa egzamen matematik, e mwen ta di tèt mwen ke mwen ka fè sa si li pa t paske se lang anglè a. [Yes, very much so. I usually, watch the other students taking science exams or math exams, and I would say to myself that I can do this if it wasn't because of the English language.]

The above excerpts from both the journal and interview session displayed the characteristic of optimism in Ali. He was optimistic about overcoming his language barrier and achieved his set goal.

Ali's story connects me to the theme of optimism in my personal story. Like Ali, I was not raised by my biological parents and managed to be independent at a young age. A relative raised me, but I had an inborn sense of motivation to excel in school and have a better life. This fuel of optimism is what I instilled in my daughters and also in the lives of my clients. It enabled me to look at my clients' circumstances as steppingstones to greater success or a more favorable outcome.

Another case example that showcase optimism is Liliane's. Liliane, a single woman in her early 30s, Haitian born and living in the United States for over six months. She was full of optimism and hope. I felt connected to her story. The following excerpt showcases her optimistic view. I ask her the scaling question to obtain a better understanding of her measurable goals in therapy. Because of linguistic challenges, I had to adjust the "scaling questions" from 0 to 10 to 1 to 5, and I used the term "ladder/step-ladder" instead of "scale" to help the client visualize and understand what it is that I am asking (F. Jabouin-Monnay, personal communication, September 18, 2014).

3/12/15 journal entry. *The third session, return client—young woman. She is looking for employment. She plans to work and pay part of the medical bill. She said that she has been thinking about the scale that I use to measure her level of functioning and she thinks that she is a 4 today. Wow! She blew me away with that. "Kisa 4 ou sanble?" [What does your 4 look like?] Her response was, "Mwen kapab vwayaje sou bis la pou kont mwen; Mwen resevwa sipò nan men ou ak administratè yo ka. Mwen byen." [I am*

able to travel on the bus by myself; I receive support from you and the case managers. I am good.”]

I am thinking about the little things in life that I took for granted. I forgot what it was like not to be able to take the bus or train by myself. I remember my sister writing down my address and phone number on a piece of paper. She told me that if we get separated while shopping, I show a policeman the paper with my address and he will help me by directing me to the right train or bus. Thank God, I never had to use it.

Session transcript.

Therapist: Se konsa, kite m 'mande ou kesyon sa a etranj: Sou yon echèl nan 1 a 5 kote 1 se ba soti nan kote w ap fonksyone emosyonèlman, ak 5 se pi wo nivo. Ki kote w ye? [So let me ask you this strange question: On a scale of 1 to 5 where 1 is low from where you are functioning emotionally, and 5 is higher level. Where are you?]

Lily: Mwen nan yon 3 paske mwen nan lekòl e yon fwa mwen fini, mwen ka jwenn yon djòb ak sipòte tèt mwen. [I am at a 3 because I am in school and once I am finished, I can get a job and support myself.]

Therapist: Li son tankou ke lekòl la se yon objektif rèv pou ou? [It sounds like that school is a dream goal for you?]

Lily: Edikasyon ap ede mwen reyalize objektif lavi mwen; rèv rive vre. [Education will help me to achieve my life goal; dream comes true.]

The above excerpts from my journal were long that day because that was how excited I was about this client’s statement. This client possesses an optimistic view of life, and she was showing determination in the process of achieving her goals in life.

Hope/Resilience

I am hopeful that tomorrow will be brighter and better than today. I am hopeful that my broken relationships will be mended. My love and optimism build up hope in me and in turn, helped me to hope for my clients' brighter tomorrows.

I realized my resilience is to persevere through life's challenges. For example, I have been pursuing my education for over 20 years. In the process, I have had some family responsibilities and other life challenges that prevented me from matriculating as a full-time student. With this understanding in mind, I became more purpose-driven and taught my clients not to give up on their goals in life. I helped them by focusing on the strengths that they already have and amplified those strengths to help them discover solutions that they have already. In this manner, their desire to have hope in their situations intensified and that became a building block for their resilience.

While reviewing and interpreting the data collected from one of the cases, the themes of hope and resilience emerged in the stories of this older gentleman, a father of three children living in Haiti. He shared with me that he would never give up in life as long as he is breathing. He had a steadfast hope, believing that he would be reunited with his children and they will have a prosperous life in the United States. I remembered pondering his sayings, and I reflected on my hope and resilience.

1/23/14 journal entry. *His story awoke a lot of emotions. I thought about my father's journey to the United States. I feel connected to his story. Like this gentleman, my dad was a proud man, but circumstances brought him to the United States. He was looking for a way to support his family abroad.*

Session transcript. *Therapist: Pale mwen de jan wap menaje jou an jou? [Tell me about how you been managing to keep going?]*

Plaisir: Mwen gen espere ke bagay sa yo ap pi byen yon fwa mwen menm ki kapab jwenn pèmi pou travay, jwenn yon travay ak kapab voye kèk lajan nan pitit mwen yo, Mwen pral kòmanse wè yon avni briyan nan peyi Etazini. [I have hope that things will be better once I am able to get a work permit, get a job and able to send some money to my children; I will start to see a brighter future in the United States.]

As clearly stated by Mr. Plaisir in the excerpts above he had high hopes for himself and his children. He also had great determination. I saw him as someone who was resilient and who was an example for Haitian fathers.

This father of three was the first case that I chose to review. His story connected me to my childhood of growing up without my dad. It helped me to look at what it might have been like for my father to live away from his children. During my review of this case, I realized that the childhood pain I once felt at the time that I was interviewing this client had abated. This case had helped to externalize that childhood traumatic experience, and as a result, I found solace. This newly found solace was my hope being manifested amid my resilience, similar to how this gentleman's hope became an evident part of his resilience in his challenges.

Summary of Themes

In reflection, the relationship among the themes is so close-knit that they are interconnected like chain links. Out of the themes, faith, love, and hope appear to be significant components in my clients' stories and are therefore mentioned in several areas of this analysis.

Other patterns in the analysis have emerged through the research to be possible breakthrough themes such as grief and loss. However, the themes of grief and loss did not take precedence over the six heralded themes of faith, love, hope, optimism, strength, and resilience.

Also, I recognized that faith and love were the main players that glued me in my personal life and to the clients in their stories. I had faith in my clients' abilities to achieve life successes. Consequently, the themes hope, optimism, and resiliency were the themes that solidified our shared faith and defined the cultural themes more elaborately in our stories. Each story connected me in some way to my personal story. It is with understanding that my faith, love, hope, strength, optimism, and resilience were augmented and amplified. These themes may have been familiar; however, I can now associate them in a sociocultural context with other Haitians.

CHAPTER SEVEN

This qualitative autoethnographic study reflects my journey as a Haitian American conducting systemic family therapy as a doctoral intern at a resettlement agency after the 2010 earthquake. When I decided to write about my experience, I wondered about my father's reaction to me completing my doctoral studies. What relevance would this study have on the MFT field (Siméus, 2016)? This study narrates the story of my life and what it means for me as a Haitian bilingual marriage and family therapist. The takeaways from this experience for me were to keep my faith in God, trusting in His ability to do the impossible in my life and to creatively help my clients tap into their strengths and source of resiliency to do the same.

Throughout this autoethnography, my perception and attitude on my life experiences have not only changed as a daughter, mother, sister, and friend, but they have expanded my worldview as a social science researcher and family therapist.

I reflected upon my life experiences as teaching tools. They are the tools in my repertoire that at times I used in therapy. I also realized that the pain I experienced from the 2010 earthquake left me vulnerable, but also provided me with a tool to connect and offer help to those who are also experiencing pain. Overall, these experiences influenced the way I work with clients and as a result, impacted their lives and others. I remember a saying by Maya Angelou, "I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel." (Maya Angelou, n.d.). This is the impression I would like to leave with those I encounter.

In chapter one, I mentioned that when I came to the United States, I immediately became a member of a marginalized group that was being discriminated against. “Haitian immigrants have been subject to discrimination and unequal opportunity based on race, class, language, and national origin” (Vanderkooy, 2011, p. 1). Since the beginning of Haitian migration into the United States, Haitians have not been welcomed, and that view has remained unchanged. Recent administrative policy and law have threatened the destabilization of many Haitians that could live in the United States on a TPS after the 2010 earthquake. “The Homeland Security Department made its announcement . . . and urged some sixty thousand Haitians under the TPS program to get their affairs in order and prepare to go home” (Lugo, 2017).

As a young Haitian woman, growing up in the United States was an exasperating moment in time that was coupled with criticism and racial inequality. In school, I was racially profiled and was continually being harassed by other students for my spoken language, physical appearance, the way I dressed, and my calm demeanor. In my youth, these negative experiences affected the way I viewed myself and others in my environment, and that impacted my adjustment and acculturation process.

My childhood pain, augmented by these negative experiences, thrust me into making the hard choice of distancing myself from my culture of origin. This experience is characterized in Tilley-Lubbs (2017) citing Freire (1970), who noted that “coming to critical consciousness, in terms of the way oppressed populations first identify their oppression, and then devise ways to overcome that oppression” (p. 25). I came to this state of critical consciousness as stated by Tilley-Lubbs (2017) and looked for ways to

ease my pain. One of the ways that I chose to do that was to embrace the American culture and allow myself to assimilate and became more fully Americanized.

My Emergent to a Bilingual Therapist

Throughout my adulthood and my studies, I focused on identifying myself as a Haitian American. In the process of growing up as a Haitian American, I challenged some of the cultural myths and beliefs surrounding mental health, which is my field of study. I chose to study in this field although I was aware that this career path would distance me even further from my Haitian community and culture of origin. Culturally, Haitians believe that illness is supernatural, something outside of oneself, and that mental illness is taboo, highly stigmatized and shameful for the family (Colin, 2010). Therefore, no one who is in the field of mental health is regarded highly as a professional and in a place of stature.

My journey began when, as a doctoral candidate, CWS served as my internship site where I provided bilingual therapy in Haitian Creole and English to registered clients. CWS served as an excellent fertile ground for me to hone my skills as a Haitian American family therapist. For the first time, I was providing therapy in the Creole language. Also, for the first time, I was being provided supervision from a Creole-speaking supervisor. Overall, it was conducive for my professional growth in becoming a Haitian bilingual clinician. My supervisor Dr. Jabouin-Monnay, an excellent clinician with many years of experience, was a great supervisor. She refreshed my knowledge of Haitian Creole and instructed me on how to provide therapy in the Creole language. I remember that she would have me write my questions in English, and she would help me translate them into Creole.

I would like to share an excerpt from my journal from my first year at CWS as the onsite intern therapist. The excerpt depicts my reflection on the process of becoming a Haitian therapist.

3/6/14 Journal Entry

Wow, I have been at CWS for nine months and it has been a fascinating experience. CWS and all that it comprises have offered me a wonderful opportunity to learn from the standpoint of hands-on experience. My onsite supervisor, Dr. Jabouin-Monnay, each time I sit down with her, it is a learning experience. I find myself hanging onto her every word. Therefore, I have learned to tape our supervision time so I can go back and listen to it. She has been very instrumental in my learning process.

I also appreciated the way she provided teaching in the room. When she is in the room, I was learning from her how to listen and ask clarification of proverbial language that clients use to describe their daily lives. This was extremely important with Haitian clients who culturally use metaphors and proverbial language in storying their lives.

I mentioned the difficulty that presents itself in providing therapy in a language other than English. As I recall, before I can introduce myself to the clients, I had to write it down in English and then translate it into Creole. Over the years, I learned that therapy is more than mere words and translation; it is a connection. I was able to find common ground to connect with these clients. I had to tap into resources that I did not remember I had. For example, one cultural resource was Haitian hospitality demonstrated by offering a drink, a customary way of treating people with kindness. I understood that with Haitian

clients it is about establishing a relationship with them that makes them want to come and engage in conversation with you.

I find practicing therapy in Haitian Creole to be different and definitely challenging. It is different because linguistically you are taking the concept of therapy from one particular language (English) and translating it to another spoken language. At the same time, I find it rewarding once my apprehensions and uncertainties subsided. I find that learning ways to communicate and work therapeutically with clients in the Creole language has sharpened my clinical skills. As I am reflecting upon therapy, it has always been that therapy is done in a different language. Each individual client has his or her way of expressing experiences. As therapists, we quickly learned how to utilize clients' own language to negotiate change in the therapeutic process.

As a Haitian Creole-speaking therapist, I was pleased with the possibility to be able to provide clinical services to the Haitian community. As a systemic brief therapist working with Haitian refugees, my approach was through a postmodern systemic lens, and an SFBT framework that was culturally sensitive. The idea for utilizing this approach is based upon the foreknowledge that culture plays a major role with Haitian clients seeking therapy. I provided a safe environment and helped clients communicate their feelings, explore future goals, and establish innovative solutions to problems.

Therapeutic tasks/goals represented the several reasons for the participants seeking assistance from the resettlement agency and thereby receiving counseling as part of their orientation. The goals of therapy were unique to each client and reflected the varied experiences that led to migration after the 2010 earthquake. These earthquake survivors shared the overall goals of therapy that can be summarized as "help me to

survive.” On the other hand, I did not realize how I would be affected in providing that help.

As I reached into my list of resources to help me in the challenge of providing therapy to this group of earthquake survivors, the unexpected happened; I uncovered the childhood pain I had buried inside. I remembered being in a session with a client whose story unearthed a painful moment in my life. During these moments of recollection, I learned to take what I would call *hospitality breaks* from the session. I would ask the client if we could stop for a moment because my throat was feeling dry and offered him/her a drink, while in the process I had to take four deep breaths before returning to the session. The break allowed me to attend to my emotional state of being where I was not being attentive to the client. I also recognized that it was important not to allow my emotions to triangulate in the session with the client’s narrative. These were challenging moments for me that went beyond the expression of spoken language. However, I had learned to attend to myself during those moments in a way that would benefit both the client and the therapist.

Having my childhood traumatic events resurface during a session with a client helped me to process what had happened to me then. It later addressed the emotional pain I had buried deep down inside. Remembering my childhood experiences “gave me another perspective” (White, 2007, p. 137) of my life as a Haitian woman and family therapist. As such, these childhood memories became overt. I now can talk, write about them, and find exceptions to the storylines as I am rewriting my own story. As I am looking over my notes and listening to the audiotapes, I am becoming more cognizant of my presence in the room. At times, I realized that I was completely silent. Those are the

moments when I was venturing into my life events and personal story. I also saw how that interplayed into the next sets of questions that I asked in bridging the gap on what was written about immigrants and trauma and helped the clients reflect on their strengths and resources.

As I reviewed the therapy session audiotapes, my state of isomorphism was noticeable with the long silence during the session. The audiotaping captured every moment in the room, and I can pinpoint some of the moments when I was just in my head. The reality is different from what I remembered of what happened during the sessions. My notes also differ in that they do not reflect those moments that I was not cognitively present in the room with my clients. My notes show only a summary of what transpired during the session as I engaged with the client using SFBT techniques. My therapy session notes also differed from my field notes in that my therapy notes were technical, and my field notes were more in tune with my feelings and emotions and reflective of my process.

As I reflected on the available assistance that the participants sought at the resettlement agency to restabilize their lives, I thought about some of the individual cases that stood out to me. These cases connected me to my childhood because I was more emotional after the earthquake. The traumatic event of the earthquake left me open and vulnerable to the pain and hurt of a population in epic proportion.

I mentioned before about Mr. Plaisir, who came seeking help with filing for legal residency documents because he wanted to bring his three children to the United States. He left Haiti because he was afraid for his life, and he was afraid for his children in Haiti. Also, he had no means of supporting his three minor children. He was unemployed and

had no financial means of supporting his children, but he was hopeful and optimistic about the opportunity of being in the United States. Mr. Plaisir described his stay in the United States as a TPS refugee as being on borrowed time and that he was stealing two or three more days.

I connected with Mr. Plaisir when he first sat down in my office with his eyes full of tears. I offered him a cup of hot chocolate. After I handed him the cup, he held it in his hands, and the tears began flowing down his cheeks. I remember not wanting to interrupt. After a few minutes, he spoke first and said, "I have three children in Haiti." At that moment, I sat in silence and thoughts of my father leaving me in Haiti at the age of 11 flooded me. Like Mr. Plaisir's three children, I was a little girl left in Haiti while her father went to the United States to establish a livelihood. Addressing with Mr. Plaisir the traumatic events that led to his departure from Haiti and leaving his children behind exhumed the traumatic effect I experienced in my heart when I was separated from my father. That connection helped me to work in therapy with this gentleman who desired to be reconnected with his children. Suddenly, I pondered how Mr. Plaisir's desire to reconnect with his children was so like my desire to connect with my father and my father's desire to reconnect with me.

Another case that resonated with me in my connection with my childhood was a mother and daughter whom I call Claire and Janette. Claire (the mother) was experiencing significant emotional distress. She was overwhelmed with grief for her two sons who were murdered in Haiti within a year and was having problems at home with her daughter, Janette. Janette was a TPS refugee, unemployed, six months pregnant with her third child and separated from her husband with no spousal financial support. Claire

and Janette and the grandchildren were living in a rented room at a friend's house. They came to the resettlement agency seeking help with filing legal documents, Social Security, employment papers, and available assistance for basic needs such as Medicaid, food stamps, bus passes, etc.

I connected with this mother and daughter's relationship and their faith. Their relationship was such that they were each other's friend and support, something I had longed to have with my biological mother. I remember when they first came to see me at the resettlement office. I greeted them and offered them something to drink. I decided to do this habitually when I first started to see clients at the office as a way of engaging with them. I understood that it was vital for me to show that level of hospitality, and it seemed to help in joining with the clients. At times, the therapeutic session would involve us talking about the cultural drinks, food, and the unusual ways of preparing different dishes. I would learn about the cultural environment and its different regional areas, which are things I did not know. I also observed that this approach helped the Haitian clients to be calm, relaxed, and open to sharing their personal lives as opposed to them being closed and guarded.

Although Claire and Janette's lives were devastated by the earthquake, their faith in God was not shaken. I admired their strengths and resiliency to persevere and remain hopeful for a brighter future. Although they were in pain over their loss and they needed the necessities of life, they had God and each other. According to them, having God and each other is what was important in their lives, and with that, they realized that they could achieve their future goals. In working with them, I channeled that faith, strength, and resiliency to help them in their healing process from their traumatic experience. In the

same manner, I received healing from my childhood pain of not having a relational connection with my biological mother. I looked at their relationship and my relationship with my daughters and where I would need to make some adjustments to strengthen our bond as Haitian American women.

Another client story that helped me in my healing and growth process on a personal and professional level is that of Liliane. Liliane was a single young Haitian woman who came after the earthquake. She shared with me about her emotional distress and concern in her relationship with her sister who she was living with at the time. She came to the agency seeking help with legal documents and assistance with filing paperwork for school, Medicaid, food stamps, and necessities. I saw in her story some similarities to my story with my half siblings. Like Liliane, I desired a close relationship with my sisters and brothers and worked hard to the best of my ability to achieve it. Honestly, our relationship is not the perfect Hallmark relationship that I wanted. I remembered Liliane and I working to improve her communication with her sister in order to improve her relationship. Over the course of our sessions, Liliane reported that her communication with her sister was not perfect, but it was better.

I also remembered another case with a client who I will call Ali. Ali had some traumatic experiences as a child. Both of his parents left him in Haiti when he was two-years-old. He was concerned with the relationship that he was trying to build with them because they were strangers to him. Like Ali, I remembered it is not easy to have a good relationship with a stranger who wants to be a parent. As I had to work hard on building a relationship with my father, I worked with Ali on getting to know these two strangers in his life by building a new relationship with them. It would be based on listening and

allowing his parents to communicate their fears and him little by little gaining his independence as an adult. I was happy for him when he shared with me that things were better at home. He was working, making new friends. and he was able to be out more. Like many before him, he came to the agency seeking for help with filing legal documents, Social Security, employment, school, and help with basic needs. My experience with providing therapy with Haitian clients is that they want therapy to be brief. They also have a cultural view of mental health as being something that is negative which will impact the family *brand name* in a negative way.

My work experience with Haitian refugee earthquake survivors has impacted my life and helped me to grow both on a personal and professional level. I would like to share this excerpt from my journal.

8/25/15 Journal Entry

My work with Haitian clients continued to be a great opportunity for me to learn how to apply westernized systemic family therapy concepts in another language, Haitian Creole continues to be a challenge. However, I find it to be both inspiring and rewarding as my apprehensions and uncertainties moderated.

As I reflect on my work with Haitian refugee clients at CWS, I realized the extent to which my involvement there has helped me to reconnect to community, culture, and country. The clients and staff at CWS impacted my personal and professional life and in turn I impacted theirs. My involvement changed the narratives of the staff in their relationship and approach to the overall clientele. They often shared with me that they have learned how to best approach clients' problems with a systemic perspective.

I concurred with Madsen (2007) that the “most important clinical quality of therapists is the attitude, stance, or emotional posture they take in relation to clients” (p. 19). I found that having a positive attitude and emotional posture in my work at the resettlement agency to be most important clinical quality that connected me to both clients and stakeholders. It made a difference in the therapeutic process by the way I greeted these clients—always with a warm smile and offering them coffee, tea, water, and sometimes crackers. I felt this form of greeting communicates to them that they are welcome and that I am glad to see them. Often, the CM would share with me that the clients expressed their feeling of being less than human after the dehumanizing process they had been through to get here. It also served as an assessment tool for me to get a quick glance at the level of comfort we will have in the therapeutic process.

Working with the Haitian earthquake survivors provided me with meaningful healing from childhood traumatic experiences. I was able to challenge my childhood pain and hurt. I learned to let go of the negative experiences.

This process was not easy, but if I was going to help the clients who were coming to me during therapy in their healing process, I had to start with my healing progression. While letting go and embracing my therapeutic engagement as a shared experience, it created new meanings for both client and therapist. I believe having that approach expanded the therapeutic interaction and produced therapeutic success.

As I am reflecting on my development process, I realized that I was equally impacted by the staff at CWS. It appears that the more I was there with the clients, the more I became equally isomorphic to the way in which I interacted with the staff.

Family Therapy offered me a lens to gaze into the traumatic events in my life and find healing through the process of providing therapy to those who were also traumatized by the 2010 earthquake. The six themes that emerged in reviewing my therapeutic sessions with clients at the resettlement agency were faith, love, hope, strength, optimism, and resilience. I was able to connect with each client in a way that brought healing in the therapy context. I learned that if we allowed our clients to teach us what approach is best for them in therapy, we can learn what works for the client and in turn provide successful therapeutic engagement. I never shared with my clients my pain, and I was always at a professional stance. In some ways, I wished that I had shared with them how much their stories had helped me heal. As I am reflecting on my personal growth, I wondered what the outcome would have been within the therapeutic context if I had shared my own healing process.

Implications

This study offered me a frame to look at my life experiences and the traumatic events that propelled me to where I am today. This unique lens has enabled me to recognize myself as a woman of faith who is both optimistic and resilient. What I consider to be my awakening occurred as I explored my own childhood traumas which I then channeled through a healing process. This afforded me a depth of sensitivity and courage to accompany others through their own healing journeys. I think these are tools that I brought with me into therapy that allowed me to move forward.

My challenges as a Haitian immigrant never affected my love for learning and experiencing new things in life. The echoes of my father's voice letting his children know that his leaving Haiti was motivated by his hope and dreams that his children will have

the opportunity for education and success in life was ever present. Therefore, when I am in a session with a mother and father who are refugees and they are articulating their hope for their children to come to the United States and have a successful life, I can relate. It is like looking into my father's eyes when he spoke of his hope and dreams for his own family.

SFBT Model Through a Cultural Lens

Conducting therapy as a bilingual therapist in Haitian Creole was a new experience. It challenged me to be creative, social, and flexible in allowing clients' usage of metaphors to contribute to the therapeutic process. In doing so, the clients' natural language helped me connect to each Haitian client that I see in therapy. SFBT is a model that enables flexibility, seemingly demonstrates respect, and significantly fosters change in the therapeutic alliance that I formed with clients.

In this study, I am attempting to bridge the gap in the literature and the clinical practice from what I have learned as a bilingual marriage family therapist who provided therapy in Haitian Creole. My experience as the therapist was to learn how to offer therapy in Haitian Creole in a way that my clients could understand the psychotherapeutic language in sessions. At the same time, I had to learn from the clients the metaphoric language that they used to describe their everyday lives. This process in the therapy required that I be flexible and open, joining in a collaborative process that would allow me to use client metaphors to enhance the therapeutic experience.

As I sought to find out how to bridge the gap between the literature and the therapeutic process of working with earthquake refugee survivors, I discovered a shift in my therapeutic development as a Marriage Family Therapist. Now, I realize that SFBT is

a viable tool and a good fit to work with Haitian clients. As a Haitian woman who is optimistic and resilient, this model speaks to me and is a good fit for me. I am able to remain more myself while also attending to my clients' needs to evoke their own sense of optimism and resilience in the therapeutic process.

SFBT is a brief therapy model that supports a positive outlook in life, helps clients to focus on solutions, and fosters hope and expectancy. Haitians show strengths through their daily lives which are reinforced by their proverbial sayings and metaphors. For example, sayings such as “*Bondye bon.*” [God is good,] “*Lespwa fè viv.*” [Hope makes one live,] and “*Malè pa gen klaksonn.*” [Misfortune has no horn,] all depict context cues that permeate Haitian lives. This is particularly pronounced for the newly-arrived refugee who has endured much to journey to the United States, which is perceived as the Promised Land, a land full of hope and expectancy to thrive for all individuals. My refugee clients at CWS saw therapy as something foreign, intrusive, and not necessarily useful. I find the attributes of SFBT correspond with Haitian clients' optimistic views and with regarding therapy as something brief and succinct. This is the reason why I find the utilization of the SFBT model to be a good fit when I work with Haitian clients.

Connections Through a Cultural Lens of Hospitality

Another implication that I reconnected with is the fact that culturally Haitians believe in establishing relationships and building connections. One of the ways that Haitians build connections is by welcoming someone into their homes in the cultural greeting of “*Onè, Respè.*” This is the “traditional Haitian Kreyol call and response greeting. “*Onè!*”—“honor” calls the greeter. The response is “*Respè!*”—“respect.”

(Crane Arts, 2014). Therefore, my understanding and approach to working with my Haitian refugee clients was to fully engage and understand their truths, their need to be in a relationship with me. I could not have built a bond with them if I did not show them mutual respect and understanding.

I came to the understanding more vividly in our culture that relationship is a pinnacle from which we coexist and navigate throughout our life span. Gerig (2018) stipulated that “Haiti is rich in human relationships. In Haiti, there is such joy in being together, no matter if it seems how hard life may be.” (p. 4) In this study one precursor that allowed me to join with my clients and be in the privileged position to hear their stories of trauma, hopes, and expectations towards healing, was to honor the invitation of being in relationship with them. This was seen in the simplest way through the lens of hospitality (Colin, 2010; Gerig, 2018). The lens of hospitality is not only comfortable, but it is the vehicle of connection.

As a child in my maternal grandparents’ household, I learned that the way visitors were to be treated was to welcome them to a hospitable place. Hospitality is something that was ingrained in me as a child, and it is my cultural stance in adulthood. Introducing myself to my clients in a hospitable way is what I find to be a powerful tool. Therefore, allowing my hospitable self to guide, to engage, and to help me connect by offering coffee, tea, and hot chocolate, I could culturally connect with my clients in the process of reconnecting to the motherland. I find this form of introduction elicits joining with Haitian clients in the therapeutic context, and it is within the cultural norms. Moreover, I had to learn to lead them from one-step-behind (de Shazer, 1988; de Shazer et al., 2007); I had to connect with each client culturally before I could connect therapeutically. It

appears that in this study one thing I picked up and connected with was the essence of tapping into my own cultural norms. I was able to use the tools of hospitality as it is represented in my culture to connect with my clients.

The Study's Impact on CWS

Another aspect of how the idea of cultural hospitality was useful, is in how I interacted with the CWS staff and they in turn interacted with the client. One of the key things that I noticed through the lens of hospitality is how useful it became for the agency. Part of the process of orientation for clients was joining a psychoeducational/acculturation group. Through the acculturation group the staff could infuse hospitality in a way that was culturally congruent and therefore, it allowed for an expansion of discussions and outcomes. Part of the outcome was that referrals would come out for therapeutic services because the clients were now in a relationship with the organization and wanted to continue to have the support.

The cultural hospitality and therapeutic lens through which I function with my clients I found was equally useful for the CWS stakeholders. They were offered the hospitality and the therapeutic approach from which to look through on how to invite the client. The educational workshop that we did as part of mental health orientation expanded to look a little more hospitable. For example, the workshop would entail activities and little gifts (toiletries). For the special holidays like Thanksgiving, Christmas, Valentines, and Mother's Day, we would put together something special to commemorate the day. From our model of interacting and engaging, the staff began interacting hospitably with the client, and they would sit down and have coffee, talk to the client, and get a better understanding of the client's story rather than just referring the

person. The staff were now able to structure and identify clients to refer for therapy through that lens of hospitality. Their whole approach to referring clients for therapy changed. This change was very pronounced in the intake forms. It was no longer just writing clients' names on a sheet of paper and handing it over to me. There was more of a structure, a format to the referral process itself. Through the use of the cultural hospitality, I am able to join and assist the family system and also the resettlement agency system.

Limitations

A limitation of the study is lack of therapeutic linguistics that exists between the Creole and the English language. There is not a therapeutic vocabulary that is recognizable with the same nuances of understanding that exist within the Western world. There is a very specific way that Haitians talk about mental health and trauma that exists that we are not able to theorize in terms of the terminologies associated with the therapy models. For example, Nicolas (2011) spoke about Haitians using the term of "*Sézisman*" to refer to the state of being in shock, usually paralyzed with rage, anger, or sadness" (ppt, p. 2) and "the word 'feeling' is translated as 'emosyon' which can be perceived as a negative state of being" (Rahill et al., 2011, p. 142). Rahill et al. (2011) explained that it is "because the word emosyon defines the actions taken when a person acts out a feeling rather than the internal emotive state" (p. 142). Therefore, there is not a uniform therapeutic language that could be translated in the way to hear clients' experiences through the lens of SFBT where we look for resilience, strengths, exceptions, and coping skills. Another aspect of changes in terminology is when speaking to Haitian clients, they nicknamed the 2010 earthquake "Goudougoudou" mimicking the sound that the buildings

made (Ulysse, 2011, p. 1). Fraser (2018) further described it as “the frightening roaring sound the tremors made during the 2010 earthquake” (p. 90). These are examples of a cultural shift on naming things that are not in direct translation from English to Haitian Creole.

In conducting therapy in Haitian Creole, I struggled with the translation of the Westernized mental health terminologies. For example, using the SFBT miracle question and scaling question, I had to change scale to ladder/step-ladder because the context of the word changes in translation. That also had a lot to do with literacy. The use of the ladder was culturally congruent. The Haitians understood steps in this way, whereas with scaling, I had to take into account that I am using an educational tool that exists in the Westernized world such as a scale of 1 to 10 but my clients were functionally illiterate (F. Jabouin-Monday, personal communication, May 12, 2019). However, a ladder provided a more visual means to gain an understanding of what I am asking as opposed to a scale. I remember the first time I asked a client the miracle question. He responded to me that “for me every day that I see I am alive is a miracle” (*Pou mwen 'chak jou ke mwen wè mwen vivan toujou se yon mirak*). Of course, I tried to restate the question with more emphasis on the future goals. Where do you see yourself a year from now? He responded, “God knows, I expect to be living” (*Bondye konnen, mwen espere map vivan*). The second time I asked the miracle question with a different client, he told me that he did not understand the question. I tried to restate the question as I did with the previous client; he still exclaimed that he did not understand, and I left it at that.

According to Lipchik (2002), “Language is not intended to mean only the words people speak. . . . ever the broad description of language fails to guide therapists in using

language to help clients find solutions” (p. 7). This is because “emphasis on form over substance . . . does not give the desired results” (Lipchik, 2002, p. 7).

I recall during supervision, I shared with my supervisor of the difficulty that I experienced with asking the miracle question. She explained to me that Haitians find miracles in their daily lives and advised me to use dreams and visions (F. Jabouin-Monday, personal communication, September 11, 2014). I find that Haitians fully understand and value the concept of dreams in setting future goals. I was able to fully engage my clients and be more authentic with them in this way.

Lipchik (2002) tells us that “Theory is an abstraction that appears . . . to be far removed from the actual conversations we have with clients” (p. 9). I was struggling in keeping the concept of the model and thereby lost the conversational piece. I found myself becoming unstuck once I was able to “shift from the formulaic concept of the Solution Focused Therapy (SFT) to one driven by emotion and theory lead to a more trusting relationship” (Lipchik, 2002, p. 8). Again, in reverting to the concept of hospitality, I realized with the Haitian clients it is all about building relationships.

I understood that the language of Haitian Creole could be one of the limitations. A refugee who enters a country seeking refuge from political turmoil, social unrest, and environmental disasters, needs his or her voice to communicate, to advocate, and to become self-sufficient. Another limitation about linguistics is that people come to therapy to be heard and if their linguistic needs cannot be met because of a lack of therapeutic language, then what is the story to be told, what is the story to be heard, and what is the story to be transformed?

As I reflect on my clients' journey, deciding to leave one's home country to start a new life anywhere else in the world entails significant bravery and faith that the future will be as good, if not better, in another place (Rasmussen, 2011). As such, those who have migrated to the United States suffer considerable psychosocial turmoil as they struggle to adapt to a new culture, language, social structure, and financial reality (Rasmussen, 2011). I think that family therapy can generally be very significant in the process of assisting individuals who are immigrants to handle the circumstances that can impact their lives in the process of relocating and establishing in a new country. Specifically, therapy can assist individuals deal with the psychological effects of living a life that is between two worlds.

The 2010 earthquake left the Haitian people traumatized. Mental health experts are predicting that "the psychological effects of the disaster could take months to fully emerge" (McVeigh, 2010, para. 1). It is safe for me to say that Haitians living both in Haiti and abroad had their mental health impacted by looking at the destruction of their homeland.

According to Ozen (2014), trauma related to migration has a lasting consequence on refugees. The effect Ozen (2014) proposed can be physical or psychiatric in nature, and strongly affects the self. Consequently, the high rates of depression and PTSD in survivors of the Haiti earthquake offer a general picture of the mental health difficulties they faced (Cénat & Derivois, 2014 as cited in Farooqui, et al. 2017).

Another limitation is that because this is an autoethnography and it reflects on my personal experiences in relationship to what I am doing now, it could be seen as limited and restrictive. In this perspective, the story that I share may be impossible to generalize

and replicate because it is unique to me, a Haitian American bilingual therapist working with Haitian refugee clients reconnecting to culture and country. It is my evolution as a bilingual Creole-speaking therapist of my journey through my own experiences with childhood trauma. Also, it allowed me to connect with clients who have experienced traumatic events in their lives while also reconnecting me to two cultural contexts of this involvement. Thus, their stories and mine intertwined and fit the methodology that guided this autoethnographic research study. According to Denzin (2014) these conventions function as defined by autoethnographic method as a distinct approach to the study of human experience.

A part of the study was to help me recognize how by doing therapy in Creole I reconnected to community, culture, and country of origin. I recognized this journey is a unique journey because it speaks to my personal experiences and therefore may not be able to be generalized. It is impossible to replicate the lived experiences that were the basis for this study. The inability to replicate the study made me struggle to address validity issues. Forber-Pratt (2015) stated that some believe that an autoethnographic story is valid in its own right and that we need not be concerned with defending its validity. However, “in the academic world progressive qualitative research is continuously being seen like a square peg trying to fit in a round hole” (Forber-Pratt, 2015, p. 11) as was presented and questioned by my dissertation committee. This forced me to start looking at my story in unique ways. However, like Denzin (2014) who further elaborated that autoethnographic work always must be interventionist, looking to give notice to those who otherwise may not be allowed to tell their story or who are denied a voice to speak. Such limitations also became a strength where, as a clinician, I had to

learn not to forget my own voice. That allowed me to help my clients punctuate their own voices within their narratives.

The underpinning of this study was to demonstrate several things: One was the use of the SFBT model and how it assisted me in evolving as a bilingual marriage and family therapist in my therapeutic work with Haitian refugees dealing with trauma. Secondly, it was also to demonstrate how using SFBT with this population helped my reconnection to community, culture, and country of origin. I am cognizant that using the SFBT model can be looked at as a limitation because it was the only theoretical model used in this study. The SFBT model brings with it a unique stance of assumptions. Using SFBT with its unique assumptions about client efficacy builds on clients' strengths. If it is not broken do not fix it, and future focus helps to structure the therapeutic context. It would be interesting if other researchers could explore other systemic approaches such as relational, narrative, or integrative theoretical approaches can be looked at as refugee useful tools to engage Haitian clients and refugees in general. It is the vehicle I used to explore my lived experiences as a Haitian American family therapist providing therapy to Haitian refugee earthquake survivors and the reconnection to childhood memories, culture, and country of origin.

One of the assumptions that comes with SFBT is the assumption that there is efficacy, and, based on clients' strengths, it provides an opportunity to explore the client's hope and expectancy for the future. The role that I occupy throughout the study with my clients is to facilitate the discussion of a brighter future. During these discussions, the themes that have resulted came out in very distinctive ways. My father came to this country with the faith that this country would provide for his family in a way

that he would not have been when he left home. Like him, these refugees were forced to leave in a very traumatic way, but they too came with faith that this country would provide a better, brighter future for them and their family. The understanding is that there is a cultural congruence of faith that seems to permeate the daily lives of Haitians. The love that we have for each other is shown because by offering my hospitality in my cultural framework, it opened up a space for love to thrive. I genuinely felt loved by my Haitian clients in this study in a way that I have never felt with other clients. The hope is a hope that permeates my soul. I remember one of my young clients, the sole survivor of her pharmacy class, came and sat. All we talked about was the hope of what she could achieve having been the one that was spared and what that meant. Her optimism about life developed and highlighted the work that we needed to do. Most of all, I was brought up to recognize through my faith that culturally we are a people of resilience and strength. I saw nothing more than that from every single encounter with my clients. What that meant to me was that I had SFBT, which gave me a certain insight of looking at the people. I was privileged to sit with and embrace the most precious moment of their lives in full bliss of hope, optimism, and celebrate their resilience for survival. This is something in the fabric of cultural nuance. As much as it surprised me, it also did not surprise me. What it did was just facilitate my reconnection to my culture.

Therapist Trainees

Experiencing the process of learning how to conduct therapy in English through the MFT program permitted me to build rapport with clients and engage them in the therapeutic process. However, having to learn how to shift from doing therapy in English to Haitian Creole was a challenge because some of the terminologies that I knew in

English do not exist in Haitian Creole. As a result, the language Haitian Creole is presented as a limitation in the study for the therapist as English was to the clients. However, this restraint propelled me to learn to be creative and remember what I had learned in my practicum class at the Brief Therapy Institute. I watched my professor and the class teaching assistant engage with individual clients utilizing metaphors during therapy sessions.

I think that therapists in training can develop a curiosity to explore their immigrant clienteles' voices, as some may have never been allowed to express how they are feeling. Listen to the language the clients are using in session and incorporate that language when communicating back to the client as a means of connecting with the client. The therapist in training can always remain open to ask for clarification of what they are reporting in the room. It is helpful to understand what the clients are talking about because different regions use different idioms that other regions do not use; granted, they might be from the same country.

I was fortunate to have a Creole-speaking supervisor to help me in my learning process on how to work with Haitian Creole-speaking clients and in their use of cultural proverbs to describe their everyday lives. Her training and guidance made a big difference in my growth and development process. I was able to integrate the therapeutic model into the Creole language and provide clients with treatment and intervention plans. Likewise, as a future supervisor in the field of MFT, I hope to be that trainer and guide to help other therapists who are or will be working with this population.

The flexibility of the SFBT model enabled it to incorporate the nuances and cultural proverbs of Haitian clients. It is a model that allows the development of

possibilities where none seemed to exist before. For example, because of Haitian clients' linguistic challenges with understanding goals and measures, I had to adjust the "scaling questions" from 0 to 10 to 1 to 5, and I used the term "ladder/step-ladder" instead of "scale" to help the client visualize and understand what I was asking (F. Jabouin-Monday, personal communication, September 18, 2014). The tenets of exceptions, solutions that are embedded in solution-oriented/solution-focused therapy, and the hopefulness in collaborative language helps to promulgate the hope, faith, expectancy, and resilience of Haitian clients in their level of knowledge to understand the therapeutic process. SFBT's flexibility helped me to connect better with Haitian refugee clients with what they bring to therapy linguistically.

Conclusion and Recommendations

I would invite therapists to training and advise bilingual therapists working with immigrant populations to remain open and allow their clients to lead them. The therapists in training must be curious enough to explore the metaphors that clients use to address and communicate their stories. In addition, therapists in training can adopt a more hospitable stance in terms of being more compassionate and genuine towards Haitians and other immigrant clients. Adopting to this new frame of approach will allow the therapist freedom to experience and embrace the therapeutic context in manner similar to talking to someone familiar. Furthermore, I would recommend that mental health practitioners explore other systemic approaches such as collaborative, relational, narrative, and integrative theoretical models to engage Haitian clients and other refugees in general. I am hopeful of the numerous studies in the area of bilingual therapists

working with refugee clients that can be achieved and specifically studies that involve therapists working with Haitian immigrant and refugee populations.

Final Thoughts

Writing this autoethnography has been an extended learning process through my educational journey and life. It has been a challenging, uphill battle that left me wondering if I would ever accomplish sharing my lived experiences as a Haitian American bilingual family therapist. At times during writing this dissertation, I wanted to give up, but there was a small voice inside that propelled me to continue. I believe that voice stems from my faith in God, which gave me hope, and optimism that produced strength and resiliency to encourage me to move forward.

REFERENCES

- Adam, E. K., & Chase-Lansdale, P. L. (2002). Home sweet home(s): Parental separations, residential moves, and adjustment problems in low-income adolescent girls. *Developmental Psychology—The American Psychological Association, 38*(5), 792–805.
- Ainsley, J., & Silva, D. (2017, November 20). Trump administration to end ‘temporary protected status’ for Haitians. *NBC News*. Retrieved from <https://www.nbcnews.com/politics/politics-news/trump-administration-end-temporary-protected-status-haitians-n822736>.
- American Psychiatric Association (2019). What is PTSD? Retrieved from <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd>.
- American Psychiatric Association (2000). PTSD. Diagnostic and statistical manual of mental disorders (4th ed.). Arlington, VA, US: American Psychiatric Publishing, Inc.
- Anderson, H. (2017). Collaborative therapy. Retrieved from <https://www.goodtherapy.org/learn-about-therapy/types/collaborative-therapy>.
- Angelou, M. (n.d.). Maya Angelou Quotes Quotable Quote. Retrieved from <http://www.goodreads.com/quotes/5934-i-ve-learned-that-people-will-forget-what-you-said-people>.
- Atwood, J. D., & Levine, L. B. (1991). Ax murderers, dragons, spiders and webs: Therapeutic metaphors in couple therapy. *Contemporary Family Therapy, 13*(3), 201-217.

- Augustin, J. (1999). *Le Vodou libérateur: Et si le Vodou était une valeur!* Tanboula, Montreal: Canada.
- Bateson, G. (1972). *Steps to an ecology of mind: Collected essays in anthropology, psychiatry, evolution, and epistemology*. Chicago, IL: University of Chicago Press.
- Behrman, G., & Reid, W. J. (2002). Post-trauma intervention: Basic tasks. *Brief Treatment & Crisis Intervention*, 2(1), 39-47.
- Belizaire, L. S., & Fuertes, J. N. (2011). Attachment, coping, acculturative stress, and quality of life among Haitian immigrants. *Journal of Counseling & Development*, 89(1), 89-97.
- Belles, J. (2016). Haiti's hurricane history: A long relationship with disaster. Retrieved from <https://weather.com/storms/hurricane/news/haiti-hurricane-history-2016>.
- Bemak, F., & Chung, R. C. (2008). Counseling refugees and migrants. In P. B. Pedersen & J. G. Draguns (Eds.), *Counseling across cultures* (4th ed., pp. 307-324). Thousand Oaks, CA.
- Bemak, F., Chung, R. C., & Bornemann, T. H. (1996). Counseling and psychotherapy with refugees. In P. B. Pedersen & J. G. Draguns (Eds.), *Counseling across cultures* (4th ed., pp. 243-265). Thousand Oaks, CA: Sage.
- Bemak, F., Chung, R. C., & Pedersen, P. (2003). *Counseling refugees: A psychosocial approach to innovative multicultural interventions*. Santa Barbara, CA: Greenwood Publishing Group.
- Berger, P. L., & Luckmann, T. (1966). *Social Construction of Reality*. Garden City, NY: Knopf Doubleday.

- Bochner, A., & Ellis, C. (2016). *Evocative autoethnography: Writing lives and telling stories*. New York, NY: Routledge
- Boelen, P. A., & Lancee, J. (2013). Sleep difficulties are correlated with emotional problems following loss and residual symptoms of effective prolonged grief disorder treatment. *Hindawi Publishing Corporation Depression Research and Treatment*, 6. Retrieved from <https://www.hindawi.com/journals/drt/2013/739804/>
- Bonenfant, J. L. (2011). History of Haitian Creole: From Pidgin to Lingua Franca and English influence on the language. *Review of Higher Education and Self-Learning* 4(11), 27-34. Retrieved from <http://connection.ebscohost.com/c/articles/66136258/history-haitian-creole-from-pidgin-lingua-franca-english-influence-language>.
- Borenstein, S. (2010, January 13). Why Haiti keeps getting hammered by disasters. *Associated Press science writer*. Retrived from <https://phys.org/news/2010-01-haiti-disasters.html>.
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. Retrieved from https://www.researchgate.net/publication/283600359_Using_thematic_analysis_in_psychology_Qualitative_Research_in_Psychology_3
- Brice Foundation International. (n.d.). Our culture and tradition. Retrieved from <https://www.bricefoundation.org/haitian-culture-and-tradition>

- Britzman, D. (2003). *Practice makes practice: A critical study of learning to teach* (2nd ed.). New York, NY: State University of New York Press.
- Brutus, A. (2008). *The effects of ethnic identity and acculturation on the mental health service utilization of Haitians* (Unpublished doctoral dissertation). Pace University, New York, NY.
- Burck, C. (2004). Living in several languages: Implications for therapy. *Journal of Family Therapy*, 26(4), 314-339.
- Cameron, L. (2008). Metaphor talk. In R. Gibbs (Ed.), *The Cambridge handbook of metaphor and thoughts* (pp. 197–211). New York, NY: Cambridge University Press.
- Carbone, H. F. (2012). *Finding my way: An autoethnography of growing up in a cult* (Unpublished doctoral dissertation). Nova Southeastern University, Davie, FL.
- Cénat, J. M., & Derivois, D. (2014). Assessment of prevalence and determinants of posttraumatic stress disorder and depression symptoms in adult survivors of earthquake in Haiti after 30 months. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24679398>.
- Chang, D., & Tasker, F. (2010, January 30). Timeline of the earthquake in Haiti. *The Miami Herald*.
- Chang, H. (2008). *Autoethnography as method*. Walnut Creek, CA: Left Coast Press.
- Chen, V. H. H. (2014). Key concept #22: Cultural identity. Retrieved from <http://centerforinterculturaldialogue.org>.
- Chochotte, M. (2017). The History of Peasants, *Tonton Makouts*, and the Rise and Fall of the Duvalier Dictatorship in Haiti (Doctoral dissertation). Retrieved from

<https://deepblue.lib.umich.edu/handle/2027.42/137077>.

Chumley, C. K. (2018, March 27). Children should be seen and not heard. *The Washington Times*. Retrieved from <https://www.washingtontimes.com/news/2018/mar/27/children-should-be-seen-and-not-heard/>.

Church World Service. (n.d.). *About CWS: Who we are and how we do our work*. Retrieved from <http://cwsglobal.org/about/>

Clinton, H. R. (2006). *It takes a village and other lessons children teach us*. New York, NY: Simon & Schuster Books.

Coffey, P. (1999). *The ethnographic self*. London, UK: Sage.

Colin, J. M. (2010). Cultural and clinical care for Haitians. Retrieved from https://nj.gov/humanservices/emergency/HaitiCultural_ClinicalCarePresentation.pdf

Corbin, J., & Strauss, A. (2008). *Basics of qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.

Costa, B. (2010). Mother tongue or non-native language? Learning from conversations with bilingual/multilingual therapists about working with clients who do not share their native language. *Journal of Ethnicity and Inequalities in Health and Social Care*, 3(1), 15-24.

Crane Arts (2014). "Onè... Respè!": Art from Haiti. Retrieved from <http://www.cranearts.com/2014/03/one-respe-art-from-haiti>.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five traditions* (2nd ed.). Thousand Oaks, CA: Sage.

- Crotty, M. (2003). *The foundations of social research: Meaning and perspective in the research process*. London, UK: Sage.
- Demjanenko, T. (2011). *Identity In/Formation: A visual autoethnographic exploration through the voices and images of six immigrant women graduate students* (Master's thesis, University of Windsor, Canada). Retrieved from <https://scholar.uwindsor.ca/etd/244>
- Denzin, N. K. (2014). Reading the challenges of a global community and the sociological imagination. *Qualitative Inquiry*, 20(9), 1122-1127.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (1994). *Handbook of qualitative research*. Newbury Park, CA: Sage.
- de Shazer, S. (1988). *Clues: Investigating solutions in brief therapy*. New York, NY: Norton.
- de Shazer, S. Berg, I. K., & O'Hanlon, B. (n.d.). *Brief solution focused therapy* [PowerPoint slides]. Retrieved from www.cwgsy.net/community%2Fmindinfo/SFT.ppt
- de Shazer, S., Dolan, Y., Korman, H., Trepper, T., McCollum, E., & Berg, I. K. (2007). *More than miracles: The state of the art of solution-focused brief therapy*. Binghamton, NY: Hawthorne.
- Désir, C. (2011). Diasporic lakou: A Haitian academic explores her path to Haiti pre- and post- earthquake. *Harvard Educational Review*, 81(2), 278-295.
- Dey, I. (1993). *Qualitative data analysis: A user-friendly guide for social scientists*. New York, NY: Routledge.

- Douyon, R., Marcelin, L. H., Jean-Gilles, M., & Page, J. B. (2005). Response to trauma in Haitian youth at risk. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1809752/>.
- Dunkel, G. (2015). Haitians remember U.S. invasion of 1915. Retrieved from <http://iacenter.org/haiti/haiti080815/>
- Eamranond, P., Davis, R., Phillips, R., & Wee, C. (2009). Patient-physician language concordance and lifestyle counseling among Spanish-Speaking patients. *Journal of Immigrant and Minority Health, 11*, 494-498. doi:10.1007/s10903-008-9222-7
- Edmond, Y. M., Randolph, S. M., & Richard, G. L. (2007). The lakou system: A cultural, ecological analysis of mothering in rural Haiti. *Journal of Pan African Studies, 2*(1), 19-32.
- Ellingson, L. L., & Ellis, C. (2008). Autoethnography as constructionist project. In J. A. Holstein & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 445-465). New York, NY: Guilford.
- Ellis, C. (1999). Heartfelt autoethnography. *Qualitative Health Research, 9*(5), 669-683.
- Ellis, C. (2004). *The ethnographic I: A methodological novel about autoethnography*. Walnut Creek, CA: Altamira Press.
- Ellis, C., Adams, T. E., & Bochner, A. P. (2011). Autoethnography: an overview. *Historical Social Research/Historische Sozialforschung, 36*(4), 273-290.
- Ellis, C., & Bochner, A. P. (1996). *Composing ethnography: Alternative forms of qualitative writing*. Walnut Creek, CA: AltaMira Press.

- Ellis, C., & Bochner, A. P. (2000). Autoethnography, personal narrative, reflexivity: Researcher as subject. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 733-769). Thousand Oaks, CA: Sage.
- Esping, A. (2011). Autoethnography as Logotherapy: An Existential Analysis of Meaningful Social Science Inquiry. *Journal of Border Educational Research, 9*. Retrieved from <https://jber-ojs-tamui.tdl.org/jber/index.php/jber/article/view/7058>.
- European Commission (2010). Haiti before the earthquake. Retrieved from http://ec.europa.eu/echo/files/aid/countries/Haiti_paper_01102010.pdf.
- Farmer, P. (2006). *AIDS and accusation: Haiti and the geography of blame*. Berkeley, CA: University of California Press.
- Farooqui, M., Quadri, S. A., Suriya, S. S. , Khan, M. A., Ovais, M., Sohail, ... Hassan, M. (2017). Posttraumatic stress disorder: a serious post-earthquake Complication. *Trends Psychiatry Psychother. 2017;39(2)* – 135-143. Retrieved from <http://www.scielo.br/pdf/trends/v39n2/2238-0019-trends-39-2-0135.pdf>.
- Felima, C. (2009). Haiti's Disproportionate Casualties after Environmental Disasters: Analyzing Human Vulnerabilities and the Impacts of Natural Hazards. *Journal of Haitian Studies, 15(1/2)*, 6-28. Retrieved from <http://www.jstor.org/stable/41715151>.
- Fetterman, D. M. (2010). *Ethnography: Step by step* (3rd ed.). Thousand Oaks, CA: Sage.
- Flemons, D. 2002. *Of one mind: The logic of hypnosis, the practice of therapy*. New York, NY: Norton Professional Books.
- Flemons, D., & Green, S. (2002). Stories that conform/stories that transform: A conversation in four parts. In A. P. Bochner & C. Ellis (Eds.), *Ethnographically*

speaking: Autoethnography, literature, and aesthetics (pp. 87-114). New York, NY: Altamira Press, Rowman & Littlefield.

Forber-Pratt, A. J. (2015). "You're going to do what?" Challenges of autoethnography in the academy. *Qualitative Inquiry*, 21, 821-835. Retrieved from https://www.researchgate.net/publication/273679453_You're_Going_to_Do_What_Challenges_of_Autoethnography_in_the_Academy.

Foth, T. (2011). Analyzing Nursing as a *Dispositif* Healing and Devastation in the Name of Biopower : A Historical, Biopolitical Analysis of Psychiatric Nursing Care under the Nazi Regime, 1933-1945 (Doctoral dissertation). Retrieved from <https://pdfs.semanticscholar.org/f618/92885c82c11d76a085412faf3e706234e20d.pdf>.

Foucault M. (2003). Society Must Be Defended: Lectures at the Collège De France 1975–1976 (eds M. Bertani, A. Fontana & F. Ewald). Retrieved from <http://s3.amazonaws.com/arena-attachments/2288168/a517f6153600c84ff334b416cf460745.pdf?1528579703>.

Fouron, G. E. (2013). Race, blood, disease and citizenship: The making of the Haitian Americans and the Haitian immigrants into 'the others' during the 1980s–1990s AIDS crisis. *Identities: Global Studies in Culture and Power*, 20(6), 705-719.

Franklin, C., Trepper, T. S., Gingerich, W. J., & McCollum, E. E. (2012). *Solution-focused brief therapy: A handbook of evidence-based practice*. New York, NY: Oxford University Press.

- Fraser, N. (2018). The gendered long-term recovery priorities of internally displaced persons in post-earthquake Haiti. Retrieved from <https://digitalcommons.fiu.edu/cgi/viewcontent.cgi?article=5213&context=etd>
- Frazer, W. J., Jr. (2003). *Savannah in the Old South*. Athens, GA: University of Georgia Press.
- Frecker, J. (1995). *Refugee family reunification*. Retrieved from <http://ccrweb.ca/files/tffr.pdf>.
- Gaffield, J. (2015). *Haitian connections in the Atlantic world: Recognition after revolution*. Chapel Hill, NC: UNC Press Books.
- Gamsie, M. (2008). The Function of Language for Bilingual Therapists: Implications for the Therapeutic Relationship. (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. San Diego, CA.
- Gergen, K. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40, 266-275.
- Gerig, J. (2018). Haiti is unforgettable. Retrieved from <http://www.haitimcc.org/blog/2018/1/22/haiti-is-unforgettable>
- Glesne, C. (2006). *Becoming qualitative researchers: An introduction*. New York, NY: Pearson Education.
- Goodall, H. L., Jr. (2000). *Writing the new ethnography*. Walnut Creek, CA: AltaMira Press.
- Grbich, C. (2007). *An introduction: Qualitative data analysis*. London, UK: Sage.
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Thousand Oaks, CA: Sage.

- Hammond, F. (1996). Breathe into me oh Lord [Recorded by Fred Hammond and Radical for Christ]. On *Spirit of David* [Medium of recording: CD]. Nashville, TN: Benson Records.
- Hartmann, B. (2010). Rethinking Climate Refugees and Climate Conflict: Rhetoric, Reality and the Politics of Policy Discourse. *Journal of International Development*, 22(2), 233-246.
- Hein, R. K. (2009). *Exploring the therapeutic relationship: An autoethnography* (Doctoral dissertation). Retrieved from <https://minds.wisconsin.edu/bitstream/handle/1793/43141/2009heinr.pdf?sequence=1>
- Hernandez, M. (1996). Central American families. In M. McGoldrick, J. Giordano, & J. K. Pearce (Eds.), *Ethnicity and family therapy* (2nd ed., pp. 214-224). New York, NY: Guilford Press.
- Howe, G., & Cobley, A. (2000). *The Caribbean AIDS epidemic*. Kingston, Jamaica: University of the West Indies Press.
- Hunnicut Hollenbaugh, K. M. (2015). Working with Haitian immigrants during the grief process: Considerations for counselors. *Ideas and research you can use: VISTAS*, article 20. Retrieved from <https://www.counseling.org/knowledge-center/vistas>
- Ivers, N. N., Ivers, J. J., & Duffey, S. T. (2013). Second language acquisition: Cultural, cognitive and clinical considerations for counseling practice. *Journal of Creativity in Mental Health*, 8(3), 219-234. doi:10.1080/15401383.2013.821920
- Jabouin-Monnay, F. (2016). *Incorporating solution-focused group therapy into a refugee resettlement agency: A participatory action research project with stakeholders*.

Retrieved from

https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=1039&context=shss_dft

James, E. C. (2004). The political economy of trauma in Haiti in the democratic era of insecurity. *Culture, Medicine and Psychiatry*, 28, 127-149.

Johnson, P. C. (2006). Secretism and the Apotheosis of Duvalier. *Journal of the American Academy of Religion*, 74(2), 420–445.

Jordan, M. (2017, November 20). Trump Administration Ends Temporary Protection for Haitians. *The New York Times*. Retrieved from

<https://www.nytimes.com/2017/11/20/us/haitians-temporary-status.html>.

Joseph, M. (2012). *Reaction paper 4: Bateson's influence in Solution-Focused Therapy Model*. Unpublished manuscript, Nova Southeastern University, Fort Lauderdale, FL.

Joseph, M. (2014). *A mother's shining star*. Unpublished manuscript, Nova Southeastern University, Fort Lauderdale, FL.

Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., . . .

Pottie, K. (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *CMAJ: Canadian Medical Association Journal*, 183(12), E959–E967.

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness.

Retrieved from <https://ajot.aota.org/article.aspx?articleid=1876643>.

Kubler-Ross, E. (1969). *On Death and Dying*. New York, NY: Macmillan.

- Lacroix, M., & Sabbah, C. (2011). Posttraumatic psychological distress and resettlement: The need for a different practice in assisting refugee families. *Journal of Family Social Work, 14*, 43-53.
- Lethem, J. (2002). Brief solution focused therapy. *Child and Adolescent Mental Health, 7*(4), 189-192. Retrieved from https://www.researchgate.net/publication/227760279_Brief_Solution_Focused_Therapy.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Lipchik, E. (2002). *Beyond technique in solution focused therapy*. New York: Guilford Press.
- Lugo, L. A. (2017, November 21). Trump administration says 60,000 Haitians who came to U.S. after earthquake must leave. *Independent Minds*. Retrieved from <https://www.independent.co.uk/news/world/americas/us-politics/trump-haiti-leave-us-immigrants-deportation-protection-ended-deadline-a8066446.html>.
- Luzincourt, K. & Gulbrandson, J. (2010). *Education and Conflict in Haiti: Rebuilding the Education Sector after the 2010 Earthquake*. Retrieved from <https://www.usip.org/sites/default/files/sr245.pdf>.
- Madsen, H. (2007). *Time series analysis*. Boca Raton, FL: CRC Press.
- Marginalize. (n.d.). In *Merriam-Webster's online dictionary*. Retrieved from <https://www.merriam-webster.com/dictionary/marginalize>

- Marusiak, C. W. (2012). *Refugee experiences of counselling and psychotherapy* (Doctoral dissertation, University of Alberta). Retrieved from <https://era.library.ualberta.ca/items/f16d6ff4-6e1f-46ce-aae1-f3cfacfa10e5>
- Marx, S., Pennington, J. L., & Chang, H. (2017). Critical autoethnography in pursuit of educational equity: Introduction to the IJME special issue. *International Journal of Multicultural Education*, 19(1).
- Maturana, H. R. (1975). The organization of the living: A theory of the living organization. *The International Journal of Man-Machine Studies*, 7(3), 313-332.
- McIlveen, P. (2008). Autoethnography as a method for reflexive research and practice in vocational psychology. *Australian Journal of Career Development*, 17(2), 13-20.
- McIntyre, S. (2016). Plummeting into chaos: Rising from the ashes of 9/11 (Unpublished doctoral dissertation). Nova Southeastern University, Fort Lauderdale, FL.
- McNamee, S. (2006). *Constructionist provocations for therapeutic conversations about sexuality*. Retrieved from <https://pdfs.semanticscholar.org/90d6/8c9a7b5a31b667923b731a01fbf498bda6a9.pdf>
- McVeigh, T. (2010, January 16). Haiti earthquake: Facing life after so many deaths. *The Guardian*. Retrieved from <https://www.theguardian.com/world/2010/jan/17/haiti-trauma-damage-after-earthquake>
- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass.

- Merriam, S. B. (2002). *Qualitative research in practice: Examples for discussion and analysis*. San Francisco, CA: Jossey-Bass.
- Merton, R. K. (1988). Some thoughts on the concept of sociological autobiography. In M. W. Riley (Ed.), *Sociological lives* (pp. 78-99). Newbury Park, CA: Sage.
- Messiah, A., Acuna, J. M., Castro, G., Rodríguez de la Vega, P., Vaiva, G., Shultz, J. M., Neria, Y., & De La Rosa, M. (2014). Mental health impact of the 2010 Haiti earthquake on the Miami Haitian population: A random-sample survey. *Disaster Health, 2*(3-4), 130-137.
- Messiah, A., Vaiva, G., Gokalsing, E., Tempier, R., Jean N., & Acuna, J. M. (2015). Mental health symptoms in post-earthquake Miami Haitians: Cumulative effect of disaster-related stressful events. *International Journal of Mental Health & Psychiatry, 1*(3). Retrieved from http://www.scitechnol.com/peer-review/mental-health-symptoms-in-postearthquake-miami-haitians-cumulative-effect-of-disasterrelated-stressful-events-RSlj.php?article_id=4215
- Metaphor. (n.d.). In *Merriam-Webster's online dictionary*. Retrieved from <https://www.merriam-webster.com/dictionary/metaphor>
- Morgan, M. L., & Wampler, K. S. (2003). Fostering client creativity in family therapy: A process research study. *Contemporary Family Therapy, 25*(2), 207-228.
- Muir, D., & Romo, C. (2010, January 23). Haiti earthquake victims get mass grave burial. Retrieved from <https://abcnews.go.com/WN/haitis-government-told-people-leave-dead-bodies-open/story?id=9644753>

- Murray, K. E., Davidson, G. R., & Schweitzer, R. D. (2010). Review of refugee mental health interventions following resettlement: Best practices and recommendations. *American Journal of Orthopsychiatry, 80*, 576-585.
- National Geographic Society (2019). Climate refugee. Retrieved from <https://www.nationalgeographic.org/encyclopedia/climate-refugee/>.
- Nicolas, G. (2011). Providing mental health treatment to Haitians [PowerPoint slides]. Fort Lauderdale, FL: Nova Southeastern University.
- One World Nations Online. (n.d.). History of Haiti: The Duvalier era. Retrieved from <https://www.nationsonline.org/oneworld/History/Haiti-history.htm>
- Overcash, J. A. (2003). Narrative research: A review of methodology and relevance to clinical practice. *Critical Reviews in Oncology/Hematology, 48*(2), 179-184.
- Özen H. (2014). Trauma of Chechen refugee women living in Istanbul: meaning making and coping strategies [unpublished master's thesis]. Sabanci University, Istanbul, Turkey. Retrieved from http://research.sabanciuniv.edu/34748/1/HaticeOzen_10024521.pdf.
- Pernice, R. (1994). Methodological issues in research with refugees and immigrants. *Professional Psychology: Research and Practice, 25*, 207-213.
- Rahill, G., Jean-Gilles, M., Thomlison, B., & Pinto-Lopez, E. (2011). Metaphors as contextual evidence for engaging Haitian clients in practice: A case study. *American Journal of Psychotherapy, 65*(2), 133-149.
- Rasmussen, C. M. (2011, July 18). Cross-cultural counseling of recent immigrants. *Counseling Today*. Retrieved from <https://ct.counseling.org/2011/07/cross-cultural-counseling-of-recent-immigrants/>

- Reed-Danahay, D. (2009). Anthropologists, education, and autoethnography, *Reviews in Anthropology*, 38(1), 28-47. Retrieved from <https://www.tandfonline.com/doi/abs/10.1080/00938150802672931>
- Reed-Danahay, D. (2017). Bourdieu and critical autoethnography: Implications for research, writing, and teaching. *International Journal of Multicultural Education* 19(1), 144-154.
- Reiter, M. (2010). Hope and expectancy in solution-focused brief therapy. *Journal of Family Psychotherapy*, 21, 132-148. Retrieved from https://www.researchgate.net/publication/232839020_Hope_and_Expectancy_in_Solution-Focused_Brief_Therapy.
- Rhodes, L. (2001). Haitian Contributions to American History: A Journalistic Record. *Journal of Haitian Studies*, 7(1), 46-60.
- Ross, C. (2010). *Background on Haiti & Haitian health culture*. Retrieved from <http://www.cookcross.com/docs/haiti.pdf>
- Rossman, G. B., & Rallis, S. F. (2012). *Learning in the field: An introduction to qualitative research* (3rd ed.). Thousand Oaks, CA: Sage.
- Rousseau C., & Drapeau, A. (2004). Premigration exposure to political violence among independent immigrants and its association with emotional distress. *Journal of Nervous & Mental Disease*, 192(12), 852-856.
- Rousseau, C., Mekki-Berrada, A., & Moreau, S. (2001). Trauma and extended separation from family among Latin American and African refugees in Montreal. *Psychiatry* 64(1), 40-59.

- Royce, E. (2009). *Poverty & power: The problem of structural inequality*. New York, NY: Rowman & Littlefield Publishers.
- Santiago-Rivera, A., & Altarriba, J. (2002). The role of language in therapy with the Spanish-speaking bilingual client. *Professional Psychology: Research and Practice, 33*(1), 30–38.
- Santiago-Rivera, A., Altarriba, J., Poll, N., Gozalez-Miller, N., & Cragun, C. (2009). Therapists' views on working with bilingual Spanish-English speaking clients: A qualitative investigation. *Professional Psychology: Research and Practice, 40*(5), 436-443.
- Savain, R. (2009). *Haitian Kreyol in ten steps: DIS PA nan lang ayisyen-an*. Bloomington, IN: Xlibris.
- Schafer, A., Snider, L., & van Ommeren, M. (2010). Psychological first aid pilot: Haiti emergency response. *Intervention: International Journal of Mental Health, Psychosocial Work & Counseling in Areas of Armed Conflict, 8*(3), 245–254.
- Schuff, N., Neylan, T. C., Lenoci, M. A., Du, A. T., Weiss, D. S., Marmar, C. R., & Weiner, M. W. (2001). Decreased hippocampal N-acetylaspartate in the absence of atrophy in posttraumatic stress disorder. *Biological Psychiatry, 50*(12), 952-959.
- Scott, B. (2011, June 7). AIDS & Accusation: Haiti and the Geography of Blame by Paul Farmer (1992). *Not Even Past.org*. Retrieved from <https://notevenpast.org/aids-accusation-haiti-and-geography-blame-1992/>.
- Segal, U. A., & Mayadas, N. S. (2005). Assessment of issues facing immigrant and refugee families. *Child Welfare League of America, 84*, 563-583.

- Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63-75. Retrieved from https://www.researchgate.net/publication/228708239_Strategies_for_Ensuring_Trustworthiness_in_Qualitative_Research_Projects.
- Shilts, L., Rambo, A. & Huntley, E. (2003). The collaborative miracle: When to slow down the pace of brief therapy. *Journal of Systemic Therapies*, 22(2), pp. 65-73.
- Shultz, J. M., Besser, A., Kelly, F., Allen, A., Schmitz, S., Hausmann, V., . . . Neria, Y. (2012). Psychological consequences of indirect exposure to disaster due to the Haiti earthquake: Six hundred nautical miles from danger. *Prehospital and Disaster Medicine*, 27, 359-368. doi:10.1017/S1049023X12001008
- Shultz, J. M., Marcelin, L. H., Madanes, S., Espinel, Z. & Neria, Y. (2011). The “trauma signature”: Understanding the psychological consequences of the Haiti 2010 earthquake. *Prehospital and Disaster Medicine*, 26, 353–366. doi:10.1017/S1049023X11006716
- Siméus, V. (2016). *My dance with cancer: An autoethnographic exploration of the journey* (Doctoral dissertation). Retrieved from http://nsuworks.nova.edu/cgi/viewcontent.cgi?article=1019&context=shss_dft_etd
- Singaravelu, V. (n.d.). Psychological first aid: Field worker’s guide. Retrieved from <https://disaster-relief.org/pdf/psychological-first-aid.pdf>
- Skulic, T. V. (2007). *Languages of psychotherapy: The therapist’s bilingualism in the psychotherapeutic process* (Master’s thesis). Retrieved from <http://aut.researchgateway.ac.nz/handle/10292/514>

- Spears, A. K., & Joseph, C. M. B. (2010). *The Haitian Creole language: History, structure, use, and education*. New York, NY: Lexington Books/Rowman & Littlefield.
- Sphere Project. (2004). Humanitarian charter and minimum standards in disaster response. Geneva, Switzerland: Author. Retrieved from <http://ocw.jhsph.edu/courses/RefugeeHealthCare/PDFs/SphereProjectHandbook.pdf>
- Stepick, A., Stepick, C. D., Eugene, E., Teed, D., & Labissiere, Y. (2001). Shifting identities and intergenerational conflict: Growing up Haitian in Miami. In R. G. Rumbaut & A. Portes (Eds.), *Ethnicities: Children of immigrants in America* (pp. 229-266). New York, NY: Russell Sage Foundation.
- Struthers, J. (2012). *Analytic autoethnography: A tool to inform the lecturer's use of self when teaching mental health nursing*. (Doctoral thesis, Lancaster University, UK). Retrieved from https://eprints.lancs.ac.uk/id/eprint/62512/1/Struthers_John_Final_2013_Feb.pdf.
- Substance Abuse and Mental Health Services Administration (2014). A Treatment improvement protocol: Improving Cultural Competence. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK248428/pdf/Bookshelf_NBK248428.pdf.
- Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice* (5th ed.). Hoboken, NJ: Wiley.
- Sue, S., Zane, N., Nagayama Hall, G. C., & Berger, L. K. (2009). The case for cultural competency in psychotherapeutic interventions. *Annual Review of Psychology*, *60*, 525–548. doi:10.1146/annurev.psych.60.110707.163651

- Taino Museum, n.d. Retrieved from <https://tainomuseum.org/taino/history/>.
- Thao, M. (2009). *Immigrant and refugee mental health*. Retrieved from <https://mhpps.net>.
- The National Child Traumatic Stress Network. (2006). *Psychological first aid: Field operations guide* (2nd ed.). Retrieved from <https://www.nctsn.org/resources/psychological-first-aid-pfa-field-operations-guide-without-appendices>.
- Tilley-Lubbs, G. A. (2017). *Re-Assembly required: Critical autoethnography and spiritual discovery*. New York, NY: Peter Lang Publishing.
- Trepper, T. S., McCollum, E. E., De Jong, P., Korman, H., Gingerich, W., & Franklin, C. (2010). *Solution-focused therapy treatment manual for working with individuals*. Retrieved from <http://www.sfbta.org/research.pdf>.
- Trochim, W. M. K. (2006). Qualitative measures. *Research Measures Knowledge Base* 361, 29-31.
- Ulysse, G. A. (2011). Haiti's earthquake's nickname and some women's trauma. *Meridians: Feminism, Race, Transnationalism*, 11(1), 141-143.
- Ulysse, G. A. (2017, June 16). Haitian mourning rituals and just don't wear red! Retrieved from <https://www.tikkun.org/tikkundaily/2017/06/16/haitian-mourning-rituals-and-just-dont-wear-red/>.
- U.S. Citizenship and Immigration Services (2011). Green card. Retrieved from <https://www.uscis.gov/archive/green-card-through-help-haiti-act-2010>.
- U.S. Citizenship and Immigration Services (2015). Humanitarian/refugees-asylum. Retrieved from <https://www.uscis.gov/humanitarian/refugees-asylum>.

- U.S. Citizenship and Immigration Services (2015). Retrieved from https://www.uscis.gov/sites/default/files/USCIS/Web%20Policies/Webstats2015/CSWP_MonthlyMetrics_June2015.pdf.
- U. S. Customs and Border Protection (2017). Definition of an i-94. Retrieved from https://help.cbp.gov/app/answers/detail/a_id/880/~/-/definition-of-an-i-94.
- van Maanen, J. (1995). An end to innocence: The ethnography of ethnography. In J. van Maanen (Ed.), *Representation in ethnography* (pp. 1-35). Thousand Oaks, CA: Sage.
- Vanderkooy, N. P. (2011). *Life pathways of Haitian American young adults in South Florida* (Doctoral dissertation). Retrieved from <https://core.ac.uk/download/pdf/46951545.pdf>
- Vonarx, N. (2008). Le vodou haitien comme systems de sions, nouvelle lecture. In J. Hainard, P. Mathez, & O. Schinz (Eds.), *Vodou* (pp. 177-197). Geneva, Switzerland: Musée d'Ethnographic de Genève.
- Wall, S. (2008). Easier said than done: Writing an autoethnography. *International Journal of Qualitative Methods*, 7(1), 38-53.
- Watson, J. (2013). Strategic autoethnography and American ethnicity debates: The metrics of authenticity in "When I Was Puerto Rican." *Life Writing*, 10, 129-150.
- Watzlawick, P. (1993). *The language of change: Elements of therapeutic communication*. New York, NY: Norton.
- White, M. (2007). *Maps of narrative practice*. New York, NY: W.W. Norton & Company, Inc.

- White, J., Drew, S., & Hay, T. (2009). Ethnography versus case study: Positioning research and researchers. *Qualitative Research Journal*, 9(1), 18-27.
doi:10.3316/QRJ0901018
- Wikipedia. (2016a). *Demographics of Haiti*. Retrieved from
https://en.wikipedia.org/wiki/Demographics_of_Haiti
- Wikipedia. (2016b). *Storytelling*. Retrieved from
<https://en.wikipedia.org/wiki/Storytelling>
- Wikiquote. (2015). *Haitian proverbs*. Retrieved from
https://en.wikiquote.org/wiki/Haitian_proverbs
- Wolcott, H. F. (1994). *Transforming qualitative data: Description, analysis, and interpretation*. Thousand Oaks, CA: Sage.
- Wong, C. (2002, June). Savannah, Georgia: Saint-Domingueans or Haitians in the American Revolution. *Miami Herald*. Retrieved from
<http://faculty.webster.edu/corbetre/haiti/history/savannah/savannah-list1.htm>.
- World Health Organization, & Pan American Health Organization. (2010). *Culture and mental health in Haiti: A literature review*. Retrieved from
http://www.who.int/mental_health/publications/culture_mh_Haiti_2010/en/.
- Zéphir, F. (2004). *The Haitian Americans*. Westport, CT: Greenwood Press.
- Zuroff, D. C., & Blatt, S. J. (2006). The therapeutic relationship in the brief treatment of depression: Contributions to clinical improvement and enhanced adaptive capacities. *Journal of Consulting and Clinical Psychology*, 74(1), 130-140.

Appendices

Appendix A

Letter Requesting Permission to Use Site Information

**Department of Family Therapy**

August 2017

Mr. Oscar Rivera
 Miami Office Director
 Church World Services (CWS)
 1924 NW 84th Ave
 Doral, FL 33126

Dear Mr. Rivera:

This letter is to request your collaboration to access and review participants counseling files from the agency facility for my dissertation research study as part of our continued partnership with the Nova Southeastern University Marriage and Family Therapy Program. My research is an autoethnography study reflecting on my clinical work as partial requirement for completion of the doctoral degree under the direction of chair, Tommie Boyd, Ph.D. I am requesting access to review clients counseling audiotapes, session notes and documents of resettlement clients whom I have been working with in a therapeutic context. Also, to have access to speak to case managers, program coordinators, supervisors and administration at the work site to which I provided clinical services to Church World Services (CWS) clients. Individual request of personnel participation is a voluntary process that maybe revoked without any penalty to the interviewee.

My research is entitled "An Autoethnography of a Bilingual Therapist Working with Haitian Clients". This project will highlight my clinical work with Haitian Creole speaking clients and my professional growth as a Haitian-American clinician in the field of Marriage and Family Therapy. I will review the archival data - audio tapes, session notes, journal and to conduct personal communication with CWS case managers, my clinical supervisor encompassing a period of two months of my work at CWS. I will be viewing collected data and self-reflect on my process as a therapist conducting therapy in Haitian Creole.

I thank you for your consideration and collaboration with this project. I can be reach at (786) 546-2569 or via email at josephb@nova.edu.

Sincerely,

Marie P. Joseph, M.S., Registered Intern

Appendix B

Permission Letter to Utilize Site Information



Institutional Review Board
 Nova Southeastern University
 3301 College Avenue
 Fort Lauderdale, FL 33314

Re: Marie Joseph Access to Research Participants Counseling Files

August 21, 2017

To: Whom It May Concern:

I am writing to confirm that I give my consent for Marie Joseph to review participants counseling files from the agency facility whom she has been working with as part of the Nova Southeastern University Marriage and Family Therapy program collaboration.

Ms. Joseph will have access to review counseling audiotapes, session notes and documents pertain to participant clients. She will also have access to speak to case managers, program coordinators, supervisors and administrators that took part in her work with Church World Services (CWS) as part of her research and completion of her doctoral degree.

I support this research project and will provide any assistance necessary for the successful implementation of this study. Please feel free to contact me should further information be required.

Sincerely,

Oscar D. Rivera
 Miami Office Director

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Church World Service • New York Corporate Center • 475 Riverside Drive, Suite 700 • New York, NY 10115 • P (212) 870-2081 • F (212) 870-3220
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MEMORANDUM

To: Marie Joseph
College of Arts, Humanities, and Social Sciences

From: William Smith, JD,
Institutional Review Board

Date: October 19, 2018

Re: IRB #: 2018-527; Title, "An Autoethnography of a Bilingual Therapist Working with Haitian Clients: Reconnecting to Home."

Based on the information provided, your protocol does not require IRB review or approval because its procedures do not fall within the IRB's jurisdiction based on 45 CFR 46.102. Therefore, your protocol has been classified as "Research outside the purview of the IRB" for IRB purposes; your study may still be classified as "research" for academic purposes or for other regulations, such as regulations pertaining to educational records (FERPA) and/or protected health information (HIPAA).

This protocol does not involve "human subjects research" for one of the following reasons:

- (a) The study does not meet the definition of "research", as per federal regulations: "research" means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.
- (b) The study does not involve "human subjects," per federal regulations. "Human subject" means a living individual about whom an investigator conducting research obtains:
 - (1) Data through intervention or interaction with the individual, or
 - (2) Identifiable private information.
- (c) Other:

Please retain a copy of this memorandum for your records as it indicates that this submission was reviewed by Nova Southeastern University's Institutional Review Board.

The NSU IRB is in compliance with the requirements for the protection of human subjects prescribed by Part 46 of Title 45 of the Code of Federal Regulations (45 CFR 46) revised June 18, 1991. Cc:

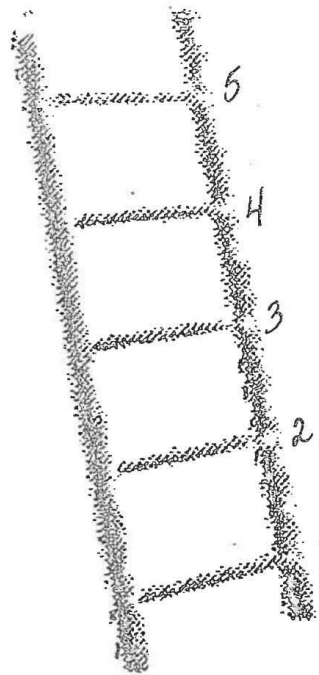
Cc: Ronald Chenail, Ph.D.
Ransford Edwards

Appendix D
Scaling/Ladder/Echel/Nechèl

Scaling

Ladder Echèl/ Nechèl

(Jabouin, 2014)



BIOGRAPHICAL SKETCH

Marie Philomise Joseph, M.S., is a graduate of Nova Southeastern University with a master's degree in Marriage and Family Therapy. She is an MFT Registered Intern and currently resides in Florida.

She interned at Baudhuin Preschool/Mailman Segal Institute where she was a facilitator for the parents group and the sibling group sections for children with Autism. She also interned at CWS providing mental health services to Haitian refugees provided bilingual individual/family counseling for Haitian refugee clients dealing with relational life challenges in their acculturation process in the United States.

In October 2013, Marie was a Student Presenter at the AAMFT Conference presentation entitled "Relational Backpacking for Family Journeys with Autism" in Portland, Oregon. She also presented in the Brief Therapy Institute Workshop series entitled "Your Journey with Autism: A Relational Backpack, Nova Southeastern University Family Therapy Department, Fort Lauderdale, Florida. In addition, she participated in the Live Webinar presentation on "Your Journey with Autism: A Relational Backpack" with a group of Psychologists from the Canada area. A total of 12 sites attended.

In 2014, she was Student Presenter for the Solution-Focused Brief Therapy (SFBT) Expo conference presentation entitled "SFBT and Refugees: Tapping Into the Dialogue and Expectancy for Change." Orlando, Florida.

Marie is currently employed at Nova Southeastern University's Health Professions Division, Executive and Administrative Offices. She is a single

mother of three daughters all of whom have completed their degrees in Higher Education. She loves the outdoors, gardening and enjoying long walks in the local park. In her free time, she likes to visit with family and friends, watch a good movie, and work on home improvement projects.