

Ng C. H. (2013) *Mental Health: Towards Economic and Social Inclusion: A Report to the Commonwealth Secretariat*. Commonwealth Secretariat.

Ng C. H., Goodenow M., Greenshaw A., Upshall P., Lam R. (2017) APEC Digital Hub for Mental Health. *Lancet Psychiatry*, 4(3), E3–E4. doi: 10.1016/S2215-0366(17)30034-2.

Ng C. H., Herrman H., Chiu E., et al (2009) Community mental health care in the Asia-Pacific region: using current best-practice models to inform future policy. *World Psychiatry*, 8, 49–55.

The Royal Australian and New Zealand College of Psychiatrists (2016) *The Economic Cost of Serious Mental Illness and*

Comorbidities in Australia and New Zealand. RANZCP. Available at <https://www.ranzcp.org/Files/Publications/RANZCP-Serious-Mental-Illness.aspx>.

Whiteford H. A., Degenhardt L., Rehm J., et al (2013) Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. *Lancet*, 382 (9904), 1575–86.

World Health Organization (2013) *Comprehensive Mental Health Action Plan 2013–2020*. WHO. Available at http://www.who.int/mental_health/action_plan_2013/en/.

THEMATIC
PAPER

Resilience in Haiti: is it culturally pathological?

Daniel Derivois,¹ Jude Mary Cénat,² Amira Karray,³ Nathalie Guillier-Pasut,⁴ Jeff M. Cadichon,⁵ Baptiste Lignier,⁶ Nephtalie E. Joseph,⁷ Lisbeth Brolles⁸ and Yoram Mouchenik⁹

¹Professor of Clinical Psychology, Laboratoire de Psychologie, Psy-DREPI, EA-7458, Université Bourgogne Franche-Comté; email daniel.derivois@u-bourgogne.fr

²Postdoctoral Fellow, Université du Québec à Montréal

³Lecturer in Clinical Psychology, LPCPP EA 3278, Université Aix-Marseille

⁴PhD, Laboratoire de Psychologie, Psy-DREPI, EA-7458, Université Bourgogne Franche-Comté

⁵PhD in Psychology, Laboratoire de Psychologie, Psy-DREPI, EA-7458, Université Bourgogne Franche-Comté

⁶Lecturer in Clinical Psychology, Laboratoire de Psychologie, Psy-DREPI, EA-7458, Université Bourgogne Franche-Comté

⁷PhD, Laboratoire de Psychologie, Psy-DREPI, EA-7458, Université Bourgogne Franche-Comté

⁸PhD in psychology, associate researcher, CRPPC, University of Lyon

⁹Professor of Intercultural Psychology, Université Paris 13

Conflicts of interest. None.

doi:10.1192/bj.2017.25

Not for the first time in recent history, the people of Haiti have been obliged to fall back on their resilience strategies in the aftermath of Hurricane Matthew. Following the powerful earthquake that struck the country on 12 January 2010, the entire population had to find the resources to survive in the face of extensive material damage and loss of life: over 222 000 dead, more than 300 000 injured and between 4000 and 7000 amputees (UNDP, 2010).

Paradoxical resilience

Several post-disaster studies (Cénat & Derivois, 2014a, 2014b; Derivois *et al*, 2014b) found that there was a marked prevalence (varying between 30 and 50%) of post-traumatic stress disorder and depression symptoms in the population. These studies show that these traumas are complex and not just related to natural disasters (Derivois *et al*, 2014a). Furthermore, the research showed that the resilience levels of survivors in Haiti were superior to those of other countries with experience of similar natural disasters such as China, Armenia, Japan, Italy and Taiwan (Cénat & Derivois, 2014b; Derivois *et al*, 2014a, 2014b). The same studies also highlight a paradox: the most vulnerable populations in Haiti have the highest resilience scores. Children living in the street with no schooling have higher resilience levels than children who go to school and have a house in which to live. A more recent study (Cadichon & Derivois, 2016) conducted 6 years after the seismic event has revealed that resilience levels are higher among: (a) children and adolescents whose parents

do not work (compared with those of working parents), and (b) people with disabilities following the earthquake (compared with those with no disability). Although a high level of resilience does not imply an absence of trauma (as emphasized by Almedom & Glandon, 2007), it is surprising that children and adolescents who live in the street, do not go to school, have a disability or whose parents are unemployed have more resources to cope with adversity.

Halfway resiliency or a pathological resilience?

How can we make sense of these findings, is resilience the central issue? Various studies (Cénat & Derivois, 2014a, 2014b) have postulated that resilience goes beyond dealing with and adapting to traumatic experiences, i.e. being able to absorb or resist them. Resilience is, above all, the capacity to bounce back and develop in a positive way following traumatic events and adversities. But does this definition remain valid in light of the outcomes of sociological studies that reported day-to-day life in post-earthquake Haiti (Farmer, 2012)? Although these studies reported that people were able to cope with the quake's aftermath, they have not experienced a 'positive development'. Indeed, they did not collapse psychologically, but they did not rebound either. The data from studies cited above indicate that the more difficult the conditions are, the more likely people are to invent paradoxical coping strategies. They were not more ready, however, for new natural disasters.

Hurricane Matthew, which left hundreds dead in Haiti, has recently shown that although the population was completely unprepared to tackle

a natural disaster, it resulted in paradoxical indicators of resilience. For example, while the south was cut off from the rest of the country and thousands of deaths were feared, the inhabitants of Port-au-Prince took to the streets to dance the *rara* (traditional music band) in the rain. Given these circumstances, is it appropriate to talk about 'pathological resilience' (Derivois, 2012)? That is, a form of resilience that sublimates setbacks and makes it possible to 'roll with the punches' without the ability to bounce back in the long term? There are two possible hypotheses: The Haitian people are genuinely resilient and exploit this memory of resilience, which is inherited and has developed progressively in response to traumatic events (particularly in the country's cultural, colonial and traumatic history). The development of this resilience could also be explained by the Haitian social configuration where there is an interconnection between social supports and resources such as family, school, religion, collective spirituality, community networks and personal resources developed by individuals to deal with adverse living conditions (Cénat *et al.*, 2013; Clermont-Mathieu *et al.*, 2016). Alternatively, the people turn to 'marronnage' (see below), i.e. they evade the methodological and conceptual tools used to study their fragility and resilience, and – in more general terms – they 'run away' when faced with the international, humanitarian and scientific community that claims to understand and assist them or help them grow. Historically, marronnage was a technique used by slaves in the plantations to escape the watchful eye of their colonial masters (Fouchard, 1988). Is it possible that the legacy of marronnage might induce the Haitian people to organise themselves to escape the theoretical tools employed to assess their trauma and resilience? In both of the above cases, the hypothesis of pathological resilience should prompt us not only to question the tools we use but also to seek out the hidden sense of the outcomes. Unless, that is, the concept of 'resistance' that resonates more profoundly with the collective history and psyche of Haiti would be a more effective way of thinking about this hidden meaning. The culture could then be a profitable means of analysing the paradoxes of resilience.

The ideas outlined above should help researchers and practitioners work towards a better assessment

of the risk factors, defence strategies and traumatic consequences arising from natural disasters in Haiti and other low- and middle-income countries. They should then be in a position to improve the assistance offered to surviving populations by using their own cultural heritage as a therapeutic tool and to potentially reinforce resilience.

References

- Almedom A. M. & Glandon D. (2007) Resilience is not the absence of PTSD any more than health is the absence of disease. *Journal of Loss and Trauma*, 12, 127–143.
- Cadichon J. M. & Derivois D. (2016) Vulnérabilité et résilience des élèves haïtiens dans le contexte post séisme en Haïti. [Vulnerability and resilience of Haitian students in the post-earthquake context in Haiti.] 57^{ème} congrès annuel de la Société Française de Psychologie, 5–7 September 2016. Paris, France.
- Cénat J. M. & Derivois D. (2014a) Psychometric properties of the Creole Haitian version of the Resilience Scale amongst child and adolescent survivors of the 2010 earthquake. *Comprehensive Psychiatry*, 55, 388–395.
- Cénat J. M. & Derivois D. (2014b) Long-term outcomes among child and adolescent survivors of the 2010 Haitian earthquake. *Anxiety and Depression*, 32, 57–63.
- Cénat J. M., Derivois D. & Mérisier G. G. (2013) Ecole et résilience chez les enfants et adolescents dans l'Haïti post-séisme. [School and resilience in children and adolescents in post-earthquake Haiti.]. *Revue québécoise de Psychologie*, 42, 189–201.
- Clermont-Mathieu M., Jean-Jacques R. & Derivois D. (2016) Les Tuteurs de résilience des enfants et adolescents vivant dans des camps à Port au Prince et dans les villes avoisinantes. [Tutors of resiliency of children and adolescents living in camps in Port-au-Prince and surrounding cities.] *L'Encéphale*, 42, 470–475.
- Derivois D. (2012) L'hypothèse d'une résilience de l'Esprit et des esprits en Haïti. [Reflection about Resilience of Spirit and of religious spirits in Haiti.] *Sciences croisées*, 11, 1–9. <http://sciences-croisees.com/N11/Derivois.pdf>.
- Derivois D., Cénat J. M. & Mérisier G. G. (2014a) Multi-natural disasters in Gonaïves Haïti: long-term outcomes among child and adolescents and social support. *International Journal of Emergency Mental Health and Human Resilience*, 16, 292–297.
- Derivois D., Mérisier G. G., Cénat J. M., *et al.* (2014b) Symptoms of posttraumatic stress disorder and social support among children and adolescents after the 2010 Haitian earthquake. *Journal of Loss and Trauma: International Perspectives on Stress and Coping*, 19, 202–212.
- Farmer P. (2012) *Haiti After the Earthquake*. PublicAffairs.
- Fouchard J. (1988) *Les Marrons de la Liberté* [The Maroons of Freedom]. Editions Henri Deschamps.
- United Nations Development Programme (UNDP) (2010) Human Development Report 2010. Palgrave Macmillan.