

# Empathic Family Stress as a Sign of Family Connectedness in Haitian Immigrants

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*Research on familial experiences has documented the important role of receiving family support, but has not examined the effects of providing such support. Empathic family stress refers to the stress that individuals experience in response to difficult life circumstances of family members. The current study took a first step in examining the empathic family stress of 134 Haitian immigrants. Results from hierarchical regressions indicate that empathic family stress is a significant predictor of depressive symptoms, but not acculturative stress, for Haitian immigrants. Findings from the study are examined from a strengths-based perspective, where empathic family stress is viewed as a sign of strong family connections among Haitian immigrants. Recommendations are provided for clinicians working with Haitian immigrants to help them experience empathic family stress in a healthy manner.*

*Keywords: Empathic Family Stress; Haitian; Immigrant; Families; Depression*

*Fam Proc 48:135–150, 2009*

Research suggests that close relationships with immediate and extended family members often serve as a critical source of support for ethnic minorities and immigrants living in the United States (Carlson, Sperry, & Lewis, 1997; Sameroff & Suomi, 1996). For example, research has shown that family connection often acts as a buffer against the stressors associated with racism and adjustment to a new country and culture (Chan & Leong, 1994). However, research is limited on empathic family stress; that is the stress that can result from close family relationships when family members worry about one another. Therefore, this paper aims to describe the empathic family stress experienced by Haitian immigrants as well as the role it plays in their mental well-being. In order to understand the significance of examining em-

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pathic family stress among Black immigrant families, it is important to first summarize the key characteristics of Black and Haitian families.

### **BLACK FAMILIES IN THE UNITED STATES**

While we recognize the heterogeneity that exists among the Black population, there is limited research focusing specifically on families of African descent who have immigrated to the United States. The following section provides a summary of existing research focusing on Black families in the United States. Previous literature on Black families has documented the important role that family plays in the lives of Black individuals living in the United States (Belle, 1982; Black, 1996; Boyd-Franklin, 1989, 2003). Black families tend to have close extended family ties as well as close relationships with nonblood family members. For example, members of Black families often speak of distant cousins in much the same way as they speak about brothers or sisters (Black, 1996). This extended family network often provides an important source of support for Black families, particularly Black immigrant families who face stressors such as drastic changes in weather, a lack of contact with family members who have remained in their country of origin, and a loss of prior employment status (Belle, 1982; Black, 1996; Boyd-Franklin, 1989, 2003). Members of the family network offer both emotional and instrumental support (e.g., help with child rearing, lending money, and assistance with the immigration process) to one another that can help to buffer against these stressors (Belle, 1982; Black, 1996). In fact, within Black families, it is typically expected that members of the network will provide support and assistance to one another during times of crisis (Black, 1996). Although beneficial for the family member in crisis, Belle (1982) found that supporting family members can experience stress when providing support to family members. For example, in her work with Black women, Belle (1982) found that participants reported stress and worry from family members' substance abuse, physical abuse within the family, unmet expectations of family members, betrayed confidence, and feeling as though they provide more support than they receive. Although this research is not specific to families who have immigrated to the United States within the past generation, such information can serve as a framework for understanding the results of this paper.

### **IMMIGRANT BLACK FAMILIES**

When families of African ancestry immigrate to the United States from the Diaspora, one family member leaves for the United States first in order to secure employment and remaining family members immigrate slowly thereafter (Rumbaut, 1997). Unfortunately, it can be years before additional family members are able to immigrate to the United States and throughout the process of applying for a green card, immigrants are not able to return home (even for emergencies). This can lead to a significant source of stress for Black immigrant families (Rumbaut, 1997; Waters, 1999). Therefore, while it is clear that Black immigrant family members receive support during difficult times, research is limited with respect to the stress that supporting family members experience from their connections with family members.

### **HAITIAN FAMILIES**

In general, there are many parallels between Haitian families in Haiti and those living in the United States (Stepick, 1998). Similar to families in Haiti, Haitian

families living in the United States are comprised of immediate and extended family members who maintain a high level of loyalty to, and support for, each other (e.g., financial support and child care; Alvarez & Murray, 1981; Bijoux, 1990; Metraux, 1967; Wilk, 1986). In fact, the prestige and shame associated with a family member's actions are usually shared by all members of the family network. Stepick (1998) observed that, in the United States, the family is the "fundamental foundation of Haitian life" (p. 31), which carries over to family members still residing in Haiti. Most Haitian immigrants living in the United States provide financial support to family members residing in Haiti (Pierce & Elisme, 1997) and also sponsor family members to immigrate to the United States. Because of the close ties between Haitian family members, family networks can be a source of stress for some individuals as they often worry about the futures of family members remaining in Haiti in addition to the well-being of family members who have recently immigrated to the United States (Bijoux, 1990; Stepick, 1998). Unfortunately, the exact nature and impact of the empathic family stress experienced by Haitian immigrants, Black families, and other minority and immigrant populations is not discussed in the literature.

### EMPATHIC FAMILY STRESS

Research studies describing the characteristics of Black immigrant families (including Haitian families) often discuss stress that results from caring for and supporting family members in distress and/or crisis (Belle, 1982; Bijoux, 1990; Black, 1996; Pierce & Elisme, 1997). In such circumstances, we believe that supporting family members often experience something called empathic family stress (i.e., stress and worry that individuals experience in response to their family members' problems [e.g., health problems, employment problems, substance abuse problems, etc.]). This empathic family stress is an important component of the familial experience (especially for family members who have close relationships), which has rarely been explored, particularly in the context of the mental health and well-being of the supporting family members. Instead, research examining the role that close family relationships play in the mental health of immigrant and minority families has generally focused on the effects on those receiving support (e.g., Cauce & Domenech-Rodriguez, 2002; Contreras, 2004; Harrison-Hale, McLoyd, & Smedley, 2004; O'Donnell, O'Donnell, Wardlaw, & Stueve, 2004; White, Bruce, Farrell, & Kliever, 1998).

Given the increasing number of Haitians in the United States (Nicolas, DeSilva, Grey, & Gonzalez-Eastep, 2006), their supportive relationships with family members (Bijoux, 1990), and the challenges they face after immigrating (e.g., culture shock, disorientation, hypermarginalization, depression, and economic distress; Stafford, 1987; Zéphir, 1996, 2001), there is a need to have a better understanding of empathic family stress among Haitian immigrants. Therefore, the purpose of this study is to (a) report descriptive data regarding the family characteristics and empathic family stress of Haitian immigrants; (b) determine the relationship between empathic family stress and mental well-being for Haitian immigrants; and (c) provide recommendations (in the context of empathic family stress) for clinicians working with Black individuals.

## METHODS

### Participants

A convenience sample of 134 Haitians (82 women and 52 men) over the age of 22 participated in the present study. The mean age of participants was approximately 41 years ( $SD = 13$  years), and 20% of participants reported having at least one child. All of the participants were born in Haiti and reported that their parents were born in Haiti. On average, participants immigrated to the United States at 27 years ( $SD = 26$ ). Ninety-five percent of participants ( $n = 130$ ) reported that Kreyol (the native language of Haiti) is their first language, but all participants also speak English. Fifty-two percent ( $n = 70$ ) of the participants were married and 23% ( $n = 31$ ) were never married. Eight-six percent ( $n = 115$ ) of the participants completed at least high school and 50% ( $n = 68$ ) reported being employed full time. Of those participants who were able to identify their annual household income ( $n = 105$ ), 76% ( $n = 80$ ) reported an income below US\$40,000. When thinking about the household income of participants, it is important to note that the average household consisted of four people. The specific composition in terms of adults and children as well as immediate and extended family members living in the houses were not reported. See Table 1 for additional information regarding participant demographic information.

### Measures

#### *Neighborhood and Family Questionnaire (NFQ)*

The NFQ (Belle, 1982) is composed of 85 questions focusing on neighborhood composition, relationships with neighbors, family experience, and help seeking behavior. This measure was selected because it was created to assess the social support networks (including the family) of ethnic minority and immigrant populations. Additionally, it allows for the assessment of both family support and family stress. For this study, only items pertaining to familial experiences (with family members living in the United States as well as those still living in Haiti) were analyzed. Participants were not required to specify whether they were responding about family members in the United States or Haiti. Therefore, it is unclear whether findings from this scale pertain to long distant or same city relatives. Descriptive items from the family scale were used to examine the *family characteristics* (e.g., “How often do you see your mother?”; “At the present time, are relations strained between you and any of your relatives?”; “My relatives are people who can be counted on when I am in trouble.”; “How many family gatherings have you attended in the past year?” and “How many people currently live in your house or apartment?”) of participants. In order to examine the *empathic family stress* experienced by the participants, 10 items assessing the stress experienced from health (mental and physical), relationships, work, and legal problems of family members (e.g., “Do any of your relatives have health problems that cause you stress?” and “Do any of your relatives have problems with the law that cause you stress?”) were examined. Seven of the items were scored on a Yes/No scoring system (1 = *yes*, 0 = *no*) and 3 of the items were scored on a 10-point Likert scale (with 1 = *no worry* and 10 = *severe worry*). There was a possible range of 3–37, with higher scores suggesting higher levels of empathic family stress.

TABLE 1  
*Descriptive Characteristics of Participants*

<b>Characteristic</b>	<b><i>n</i></b>	<b>%</b>
Sex		
Male	52	39
Female	82	61
Age at time of survey (years)		
20–29	24	18
30–39	38	29
40–49	44	33
50–59	20	15
60–69	3	2
70–79	3	2
80–89	2	1
Age of immigration (years)		
0–9	8	6
10–19	28	21
20–29	45	34
30–39	35	27
40–49	11	8
50–59	2	1
60–69	2	1
Did not provide information	3	2
Highest education level completed		
Did not complete high school	15	11
High school	59	44
College or trade school	38	28
Professional degree	18	14
Did not provide information	4	3
Marital status		
Never married	31	23
Engaged/living together	4	3
Married	70	52
Separated/divorced	23	17
Widowed	6	5
Employment status		
Works full time	68	50
Works part time	22	16
Unemployed (seeking jobs)	29	22
Unemployed (disabled)	2	2
Long term leave due to injury	1	1
Student	3	2
Homemaker	4	3
Retired	2	2
Other	3	2
Annual household income		
< US\$20,000	36	26
US\$20,000–US\$40,000	44	33
> US\$40,000	25	19
Unsure	29	22

*The Center for Epidemiologic Studies Depression Scale (CES-D)*

The CES-D is a 20-item screening self-report of depressive symptoms present within the past week (Radloff, 1977). The CES-D was designed to measure current levels of

depressive symptomatology, especially depressive affect. This scale consists of items from five previously used depression scales that measure each component of depression symptomatology such as: (a) depressed mood; (b) feelings of guilt/worthlessness; (c) feelings of helplessness/hopelessness; (d) loss of appetite; (e) sleep disturbance; and (f) psychomotor retardation. The scale can differentiate between clinical groups and general community groups. The CES-D is recognized as a measure for assessing the number, type, and duration of depressive symptoms across gender, race, and age categories (Knight, Williams, McGee, & Olan, 1997; Radloff, 1977; Roberts, Vernon, & Rhoades, 1989). Responses are rated on a 4-point scale, ranging from 1 (*rarely or none*) to 4 (*most or all of the time*), and are summed to yield a total score. Total scores may range from 0 to 60 with higher scores signifying higher levels of depressive symptoms. A score of 16 or higher is used as a cutoff point for significant levels of depressive symptoms on this scale (Radloff, 1977). The mean depression score for participants in the current study was 16.17 ( $SD = 10.83$ ), indicating clinically significant levels of depressive symptoms. On average, male participants' scores ( $M = 13.07$ ,  $SD = 8.70$ ) were significantly lower than female participants' scores ( $M = 18.18$ ,  $SD = 11.62$ ),  $t(145) = -3.07$ ,  $p < .01$ .

High internal consistency with ethnic minorities has been reported for this measure, with Cronbach's  $\alpha$  coefficients ranging from .85 to .90 (Bernal, Maldonado-Molina, & del Río, 2003; Radloff, 1977). A Cronbach  $\alpha$  of .88 was obtained for the present sample, which is similar to those obtained by Radloff (1977) and Bernal et al. (2003) for immigrant populations.

#### *The Social Attitudinal Familial and Environmental (SAFE) Scale*

The SAFE scale was developed by Mena, Padilla, and Maldonado (1987) and is comprised of 24 Likert-type items ranging from 1 (*not stressful*) to 5 (*extremely stressful*). Items not applicable for participants are given a 0. Scores for the scale range from 0 to 120, with higher scores indicating higher levels of acculturative stress. The mean acculturative stress score for participants was 55.16 ( $SD = 22.4$ ), indicating low to moderate levels of acculturative stress. Significant gender differences were detected in acculturative stress scores,  $t(148) = 2.58$ ,  $p < .01$ , with male participants ( $M = 60.92$ ,  $SD = 22.08$ ) scoring significantly higher than female participants ( $M = 51.43$ ,  $SD = 21.92$ ).

Seventeen of the items measure acculturative stress in four contexts: (a) social (e.g., "It is hard to express to my friends how I really feel"), (b) attitudinal (e.g., "In looking for a good job, I sometimes feel that my ethnicity is a limitation"), (c) familial (e.g., "It bothers me that family members I am close to do not understand my new values"), and (d) environmental (e.g., "I have more barriers to overcome than most people"). The remaining 7 items were developed to assess "perceived discrimination or majority group stereotypes toward immigrant populations" (e.g., "Many people have stereotypes about my culture or ethnic group and treat me as if they are true;" Mena et al., 1987, p. 210). The 24-item SAFE scale has been shown to be reliable ( $\alpha = .87-.89$ ) for use with various immigrant groups (Fuertes & Westbrook, 1996; Mena et al., 1987; Perez, Voelz, Pettit, & Joiner, 2002), including Haitians ( $\alpha = .89$ ; Chrispin, 1999). The present data yielded a coefficient  $\alpha$  of .92.

#### **Procedure**

Three Haitian community centers in the New England area were contacted as possible sites for recruitment of participants for the present study. The first author

and her colleague met with the directors of the centers that provide services to Haitians. The three directors introduced the researchers to the staff members of their respective centers who have direct contact with Haitians in the community. In addition to the centers, community members were solicited by means of fliers, churches, beauty salons, referrals from previous participants, and radio announcements. In each case, interested participants contacted the researchers and scheduled a meeting for an interview. Once consent was obtained, research assistants conducted a semistructured interview with the participant for approximately 90 minutes. During the interview, the previously described measures were administered. All of the meetings were conducted by trained research assistants at the community centers, churches, or participants' homes. All of the interviews and documents were in English because funding was not available for translation into Haitian-Kreyol. The measures used in the study (e.g., CESD and SAFE scale) may not have maintained their integrity (i.e., reliability and validity) if translated into Kreyol (Holtzman, 1968; Riordan & Vandenberg, 1994; Schaffer & Riordan, 2003). Therefore, the results of the study are based on interviews with English-speaking participants only. At the end of the study, participants were compensated US\$25.00 for their involvement, provided with a letter specifically describing the purpose of the project, contact information for the researchers if any questions or concerns were to arise after the interview process, and a form to request results of the study upon completion of the study.

## RESULTS

### Family Characteristics of Haitian Immigrants

On average, participants reported living in households of approximately four people ( $SD = 2.26$ ). Of these four people, three are related by blood or marriage ( $SD = 2.08$ ). This suggests that Haitian participants live with blood-related kin as well as individuals who they are not related to by blood or marriage. In addition to living with spouses and children, participants reported living with parents, grandparents, siblings, aunts and uncles, and cousins, nieces, and nephews. This is consistent with current literature on Black families (Black, 1996). See Table 2 for the specific percentage of participants who live with particular family members.

On average, participants reported having three adult relatives (participants were not asked to specify whether these were members of the nuclear or extended family) living in their neighborhood, and approximately 30% of participants reported having *at least* one adult relative living in their neighborhood. It is important to consider that approximately 30–40% of participants have parents and grandparents who live outside of the United States and about 20–30% have siblings who live outside of the United States. Therefore, while some participants live close to some family members, others are quite distanced from particular members of their family. This trend is consistent with reports on the proximity of Black families in the United States (Boyd-Franklin, 1989, 2003).

With respect to family contact, participants report seeing their sisters and mothers (respectively) the most frequently. However, nearly all of the participants report communicating (via the telephone or letters) with both their parents and siblings. It is also important to recognize that although there are some discrepancies in terms of frequency of contact with particular family members, the vast majority of participants would like to have more contact with their parents and siblings. See Table 3 for the

TABLE 2  
*Frequencies and Percentages of Participants Who Live With Family Members*

Family member(s)	<i>n</i>	%
Mother(s)		
Has this individual in family	83	62
Is living with this family member	23	27
Father(s)		
Has this individual in family	64	49
Is living with this family member	3	5
Sister(s)		
Has this individual in family	122	91
Is living with this family member	15	12
Brother(s)		
Has this individual in family	116	87
Is living with this family member	17	14
Grandmother(s)		
Has this individual in family	19	14
Is living with this family member	1	5
Grandfather(s)		
Has this individual in family	12	9
Is living with this family member	1	11
Aunt(s) and/or uncle(s)		
Has this individual in family	113	84
Is living with this family member	5	4
Niece(s) and/or nephew(s)		
Has this individual in family	124	93
Is living with this family member	18	15

*Note.* Percentages are based on the number of participants who responded to the item.

specific percentages of participants who see their family members at least a few times each month, communicate with their family members, and would like to see their family members more.

Overall, about 95% ( $n = 97$ ) of participants who responded to questions about family get-togethers reported attending the gatherings. Participants reported that their families host an average of six ( $SD = 4.66$ ) get-togethers per year. Of these gatherings, participants reported attending an average of five ( $SD = 4.75$ ) per year. This suggests that participants' families have gatherings (both formally and informally) about once every other month and they attend most of these gatherings. Participants were not required to provide specific information regarding family members who attended the gatherings. Although the number of family gatherings held by participants in this study is quite low in comparison with reports on Haitians living in Haiti and other Black groups living in the United States, the regular attendance demonstrated by participants is consistent with previous literature (Belle, 1982; Bijoux, 1990; Black, 1996; Boyd-Franklin, 1989, 2003).

In terms of relationships among family members, most of the participants believe that their relatives can be counted on during times of trouble some or most of the time ( $n = 100$ ; 75%) and a much smaller percentage ( $n = 31$ ; 23%) believe that relations are strained with their relatives. Importantly, however, almost all of the participants feel as though their relatives approve of them ( $n = 120$ ; 92%). One half of participants ( $n = 67$ ; 50%) believe that they have relatives who are dependent on them, and slightly

TABLE 3  
*Frequencies and Percentages of Participants Who Have Contact With Family Members*

Family member	Sees family member at least a few times per month		Communicates with family member at least a few times per month		Wants to have more contact with family member	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Mother(s)	22	37	51	85	48	80
Father(s)	10	17	35	59	48	81
Sister(s)	51	48	87	81	88	82
Brother(s)	32	31	69	68	92	90
Grandmother(s)	4	22	13	72	12	67
Grandfather(s)	0	0	3	36	7	88

*Note.* Percentages are based on the number of participants who responded to the item.

less than one half of participants ( $n = 64$ , 48%) feel as though their relatives request too many favors from them.

### Empathic Family Stress of Haitian Immigrants

The mean score for empathic family stress of Haitians living in the United States is 12.77 with an *SD* of 7.16. Participants' scores ranged from 1 (indicating that they barely worry about any of the problems assessed) to 32 (indicating that they worry about most of the problems assessed). No significant differences were detected for sex or years living in the United States. Family members' health problems caused stress among the highest number of participants ( $n = 72$ ; 54%), while substance abuse problems caused stress among the lowest number of participants ( $n = 19$ ; 14%). See Table 4 for a complete breakdown of the number of participants who experience stress for family members' problems. See Table 5 for the amount of worry participants experience in certain aspects of their family.

### Relationship Among Empathic Family Stress and Mental Health for Haitian Immigrants

Pearson product-moment correlations were calculated to assess the relationships between empathic family stress and the mental health outcomes (depression and acculturative stress). Significant, positive relationships were detected between empathic

TABLE 4  
*Frequencies and Percentages of Participants Who Experience Stress From Their Relatives' Problems*

Relatives problems	<i>n</i>	%
Age	37	28
Work problems	55	41
Health problems	72	54
Relationship problems	49	37
Legal problems	28	21
Substance abuse problems	19	14
Emotional problems	50	38

*Note.* Percentages are based on the number of participants who responded to the item.

TABLE 5

*Frequencies and Percentages of Participants Who Experience “No to Moderate Worry” and “Moderate to Severe Worry” in Particular Areas of Their Family Lives*

Area of family life	No to moderate worry		Moderate to severe worry	
	<i>n</i>	%	<i>n</i>	%
Parenting	70	69	32	31
Child after school arrangements	59	77	18	23
Relatives	100	75	34	25

*Note.* Participants did not respond to questions about parenting worry and after school worry if they did not have children or if they did not require after school care. However, some participants who did not have children replied to these questions with a zero (no worry).  $N = 102$  for parenting question.  $N = 77$  for after school arrangements question.

family stress and both of the mental health measures: depression,  $r(134) = .22, p < .05$ , and acculturative stress,  $r(134) = .18, p < .05$ . It is also important to note that a significant, positive relationship was found between depression and acculturative stress,  $r(134) = .32, p < .01$ . See Table 6 for the correlation matrix of these data.

Two hierarchical regressions were run to examine the role empathic family stress plays in the depression and acculturative stress of Haitian immigrants. Given the high correlation between depression and acculturative stress, the effects of each of these were controlled for in the regressions (they were entered into the second step of the regression). Results from the regressions indicate that empathic family stress is related to depressive symptoms, even when controlling for levels of acculturative stress ( $\beta = .17, p < .05$ ). This indicates that as participants' levels of empathic family stress increase, so do their depressive symptoms. On the other hand, empathic family stress is not related to levels of acculturative stress when controlling for depression ( $\beta = .12, p = .16$ ). See Tables 7 and 8 for the specific regression statistics.

## DISCUSSION

Overall, the results obtained in the current study suggest that Haitian families in the United States maintain some of the same characteristics from Haiti, but they also experience many shifts in their families. The most notable change found in the family characteristics of Haitians living in the United States is their frequency of face-to-face contact with family members. While Haitians living in Haiti see family members (both

TABLE 6

*Correlation Matrix for Empathic Family Stress, Depression, and Acculturative Stress*

Measure	1	2	3
1. Family stress	—		
2. Acculturative stress	.18*	—	
3. Depression	.22*	.32**	—

*Note.*

\* $p < .05$ .

\*\* $p < .01$ .

TABLE 7  
*Summary of Hierarchical Regression Analysis for Variables Predicting Depression (N = 150)*

Variable	B	SEB	$\beta$
Step 1			
Empathic family stress	.33	.13	.22*
Step 2			
Empathic family stress	.25	.13	.17*
Acculturative stress	.14	.04	.29**

Note. Adjusted  $R^2 = .04$  for Step 1; adjusted  $R^2 = .13$  for Step 2.

\* $p < .05$ .

\*\* $p < .01$ .

nuclear and extended) on a daily basis (Alvarez & Murray, 1981; Bijoux, 1990; Metraux, 1967; Wilk, 1986), Haitians living in the United States see their family members much less frequently. In fact, approximately 60–80% of participants see their family members less than once a month and family gatherings are held only once every other month. This dramatic shift in regular face-to-face contact is likely a function of the distance between family members. Despite the fact that many participants have relatives who live in their homes and/or neighborhoods, many others have nuclear and extended family members who live in Haiti (approximately 20–40% of participants' family members) or who live outside of their present city or state (approximately 30% of participants' family members)—making it difficult to see certain family members on a regular basis.

Importantly, similar to Haitians in Haiti, Haitians living in the United States maintain the same desire to be around family members. Approximately 70–90% of Haitian immigrants in the current study would like to see their family members more frequently and approximately 60–85% correspond (via telephone or mail) with their parents and siblings at least a few times per month. Additionally, it is important to recognize that although the number of family gatherings decreases upon arrival into the United States, participants report attending most of the family gatherings that are held. Therefore, although Haitian immigrants are not able to see their family members as frequently as when they lived in Haiti, they seek to maintain a relatively high frequency of contact with their family members.

TABLE 8  
*Summary of Hierarchical Regression Analysis for Variables Predicting Acculturative Stress (N = 150)*

Variable	B	SEB	$\beta$
Step 1			
Empathic family stress	.56	.26	.18*
Step 2			
Empathic family stress	.37	.26	.12
Depression	.60	.17	.29**

Note. Adjusted  $R^2 = .02$  for Step 1; adjusted  $R^2 = .11$  for Step 2.

\* $p < .05$ .

\*\* $p < .01$ .

## Implications and Recommendations

In the current study, empathic family stress emerged as an important part of the Haitian family experience, an experience that we believe highlights the strong sense of connection among Haitian immigrant family members. Results reveal that empathic family stress is significantly related to depression. However, we want to be clear that this does not suggest that family is a source of negative stress for Haitians. On the contrary, we believe that this finding further emphasizes the strong connection among Haitian immigrant family members: Family members are so deeply connected that the difficult life events or circumstances of their family members can have a direct effect on their mental health. Therefore, when working with families, clinicians cannot pathologize or aim to eliminate empathic family stress. Rather, they need to assist Haitian individuals in identifying, understanding, and appropriately coping with the stress that is associated with their family in a healthy manner.

Specifically, results from this study indicate a moderately high mean level of depressive symptoms in the Haitian immigrant population and that Haitian women may be more likely to present with higher depressive symptoms than Haitian men. Mental health clinicians should be aware of the possibility that presenting clients are suffering from such symptoms during a time of familial transition, even if they have not recently immigrated (see Nicolas et al., 2007, for a description of depression among Haitians). This familial transition may leave individuals feeling unsupported (when previously they had received consistent support from their family) and consequently vulnerable to poor mental health (i.e., low self-esteem and high depressive symptoms). Given the gender difference regarding depressive symptoms, a crucial element of the clinical interview would necessitate an understanding of the different roles, responsibilities, and support that women, in particular, may be experiencing (or not experiencing) in the family (McGoldrick, Giordano, & Pearce, 1996).

The empathic family stress results found in this sample highlight the need for family clinicians to restructure the family assessment procedure to incorporate an understanding of empathic family stress and to integrate it within family interventions with Haitian clients. Before individuals can develop positive coping skills for their empathic family stress, they must have a clear understanding of how it manifests in their life. Therefore, mental health clinicians need to assess not only family support of Haitian immigrants but also the stressors within the family system that may be associated with the client's symptoms. Assessments must be conducted on the support that individuals receive from family members as well as the support that they provide to individual family members. Failure to discuss both sides of this "coin" will result in an incomplete and potentially inaccurate understanding of the individual's familial experience.

Additionally, family support (and consequently empathic family stress) is often experienced differently in individual families and among different cultural groups. Therefore, it is also essential that individual family characteristics and cultural values are integrated into the exploration and conceptualization of empathic family stress. Given the close relationships among this sample of Haitian immigrants, as well as the strong familial values in the Haitian community (Alvarez & Murray, 1981; Bijoux, 1990; Metraux, 1967; Nicolas et al., 2006; Wilk, 1986), understanding specific family characteristics and cultural values will allow clinicians to better understand the experiences of empathic family stress of Haitian immigrants.

Once clinicians have appropriately assessed for empathic family stress, they must integrate it in their interventions with individuals. Importantly, however, clinicians should not strive to reduce or eliminate empathic family stress from the familial experience because it is an indication of the connection the client has with his/her family. Rather, they need to bring light to the experience and educate individuals about ways to effectively experience it. Using the information obtained from the assessment regarding empathic family stress, clinicians can help their clients learn how to be supportive of their family members without internalizing their stress. Thus, for clients who are experiencing empathic family stress, the therapist can work with the client in identifying this type of stress in their lives. Clinicians also need to strive to develop therapeutic strategies that are culturally congruent in coping with this stressor in their lives.

Despite the important findings of this study, there are some limitations that should be considered. The first pertains to the generalizability of the study. The findings from this study are based on the familial experience of a convenience sample of adult Haitian immigrants living in the Boston area who can speak English and thus is not representative of Haitian families in Boston. As a result, the findings from the study cannot be generalized to younger generations of Haitians, Haitians living in other areas of the United States, or to Haitians who cannot speak English both in Boston and other areas. Along similar lines, participants were recruited primarily from community centers that provide Haitian immigrants with support services. Perhaps there was something unique about the participants' experiences of empathic family stress that enticed them to seek services from community centers. Another important limitation of the study that must be addressed pertains to the family relationships examined. This study did not examine the relationships between participants and their children and/or grandchildren. This may have limited this study's ability to capture the true family experience for some of the participants as the majority of their family relationships may be with younger generations.

Research on the familial experiences of Haitian immigrants is quite limited. Therefore, this study should provide a foundation for future research in this area. In the future, research should try to access a different subset of Haitian immigrants (e.g., Haitians living in Miami or New York). It is also essential that research starts to give voice to Haitians who cannot speak English as their familial experience in the United States may be quite different from those who are able to speak English. Finally, future research should provide participants with the opportunity to discuss family relationships with younger generations. Addressing these limitations in future studies will allow for a better understanding of the impact of empathic family stress for Haitian immigrants.

Overall, findings from this study highlight the central role that family plays in the lives of Haitian immigrants. Haitians living in the United States tend to have strong connections with family members and this can provide a source of both support and stress for them. Mental health providers and researchers need to be familiar with the Haitian culture, and the structure, function, and importance of family, in order to adequately meet the needs of Haitian immigrants living in the United States. Furthermore, research has documented the important role that family support plays in coping with difficult life events and experiences, particularly for ethnic minority and immigrant populations (Carlson et al., 1997; Sameroff & Suomi, 1996). Unfortunately, however, research has failed to examine the effects of being in close family relation-

ships where individuals worry about and support their family members during difficult times (i.e., experience empathic family support). Therefore, family researchers should incorporate empathic family stress into their research with Haitian families. Additionally, given that quantitative family measures do not directly address this concept and some Haitians lack an understanding of the metric of quantitative instruments (e.g., Likert scale; Nicolas, DeSilva, Houlahan, & Fluery, 2007), a more qualitative approach through semistructured interviews may produce a better understanding of the existence, role, and function of empathic family stress for this population.

Within the present sample, family involvement was viewed as a resource that helped to buffer against the onset of depression. Owing to the tremendous role family plays in the lives of many Haitians, engaging vital family members in the care and treatment of loved ones is necessary (Colin & Paperwalla, 1996). Specifically, incorporating family members in the treatment process can lead to a more trusting relationship with the provider, further leading to increased adherence and compliance with treatment. Boyd-Franklin (2003) made similar recommendations for family work with African Americans, suggesting that all key adults be included in therapeutic sessions. In addition, clinicians working with Black immigrant families should attempt to assess the existence of empathic family stress in the lives of their clients and seek to integrate such experiences in the treatment with clients. Overall, empathic family stress appears to be a central aspect of Haitian family life and warrants further investigation for different cultural groups as well as Haitians.

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