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Experiences of Latinx's Adult Transition to the U.S. and the Clinical Implications that Arise in Acclimating into the Dominant Culture: An Interpretive Phenomenological Analysis

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EXPERIENCES OF LATINXS' ADULT TRANSITION TO THE U.S. AND THE
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In partial fulfillment of the requirements for the degree of Doctor of Psychology

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PsyD Clinical Dissertation Signature Page

This Clinical Dissertation, written under the direction of the student's Clinical Dissertation Chair and Committee and approved by Members of the Committee, has been presented to and accepted by the faculty of the Clinical Psychology PsyD Program in partial fulfillment of the requirements for the degree of Doctor of Psychology. The content and research methodologies presented in this work represent the work of the student alone.

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Dedication

In memory of my father,
Sanders Astrubal Olavarrieta Rojas
1954-2019

Words cannot describe how much I miss you, but you have taught me unconditional love, dedication, humility, and humor and I will always carry you with me.

Abstract

There has been a significant gap in the literature regarding the lived experience of the Latinx adult transition to the United States and the clinical implications that arise in acclimating to the dominant culture, particularly under the Trump Administration. The approach for the current research examined Latinxs' adulthood transitions to the United States, experiences of acculturative stress, including instances of discrimination as well as their experiences acclimating or assimilating into the dominant culture. This study also examined what seeking, or being unable to seek, mental health services looked like in the current sociopolitical climate. Interpretive phenomenological analysis was utilized to understand, in detail, how participants make sense of major transitions in their lives. Six major subthemes arose from the data: Reasons for Emigrating; Impact of Moving to the U.S. on Identity; Acculturative Stress and Its Effect on Mental Health; Experiences of Trauma Affecting Mental Health and Mental Health Seeking Behaviors in the U.S.; Effect of the Trump Administration; Resiliency and Empowerment. The findings further characterize the ways that Latinx individual's subjectively experience immigrating to the United States in adulthood (at the age of 18 or older), and how Latinx adult immigrants respond to and make sense of acculturative stress with regards to mental health and mental health seeking behavior under the sociopolitical climate of the Trump administration. Findings indicate that Latinx adult immigrants often experience mental health problems and experience instances of trauma, which has a direct influence on mental health seeking behaviors. Specifically, findings indicated that participants were often unaware of their symptoms until being referred for mental health treatment.

CHAPTER 1
INTRODUCTION

Statement of the Problem

Despite abundant discourse and controversy among state-level policy in the United States related to immigration, literature on the mental health impact of the political and policy climate surrounding immigration for Latinxs is lacking. Under the current Trump administration, there has been aggressive immigration policy changes that are directly impacting mental health (Androff et al., 2011). The Trump administration has executed a ruthless search for undocumented individuals, has ended the Deferred Action for Childhood Arrivals (DACA), and has perpetuated an overall language of social exclusion that generates stigma and discrimination that has incurred new emotional and mental distress on an already deeply underserved population (Parmet, Sainsbury-Wong, & Prabhu, 2016). However, this anti-immigrant sentiment, made clear during the 2016 election, is not new. Historically, the US has been marked by periodic waves of nativism and discrimination towards immigrants, often focused on health (Parmet, Sainsbury-Wong, & Prabhu, 2016). For example, throughout history, immigrants have been blamed, usually erroneously, for disease outbreaks (Parmet, Sainsbury-Wong, & Prabhu, 2016).

When addressing mental health disparities among Latinx individuals in the United States, little progress has been made as a majority of programs that are designed to include interventions on individual, community, and structural levels often fail to successfully address structural factors (Hatzenbuehler, Prins, Flake, Philbin, Frazer, Hagen, & Hirsch, 2017). Structural factors can be scrutinized on a macro scale, in which a social structure is the system of socioeconomic stratification (e.g., the class structure), social institutions, or, other patterned relations between large social groups. Structural factors can also be examined on the meso scale, or the structure of social network ties between individuals or organizations. Thus, structural factors are extremely

important in formulation of intervention programs and addressing mental health concerns for

underserved populations, specifically the Latinx community in the Bay Area.

Background and Justification

The United States is home to the largest number of immigrants in the world. In 2014,

there were 42 million immigrants in the U.S., making up 13.2% of the population with 47% of

these immigrants being citizens and only 3.5% being undocumented (Parmet, Sainsbury-Wong,

& Prabhu, 2016). Immigrants are less likely to have health insurance than native-born citizens

making their access to health care and mental health care very limited (Hatzenbuehler, Prins,

Philbin et al., 2017). A number of factors contribute to being less likely to have health insurance,

including immigrants' disproportionate employment in low-wage sectors that do not tend to

provide employer-sponsored insurance (Hatzenbuehler, Prins, Philbin, et al., 2017). Additionally,

most health insurance panels place substantial limits on insurance for mental health services,

further limiting immigrants' access to mental health care, especially care that is culturally

appropriate.

Policies, especially those on immigration, may directly limit access to health insurance,

to culturally appropriate healthcare, or to any health care for certain segments of the population

(Hatzenbuehler, Prins, Philbin et al., 2017). Hatzenbuehler, Prins, Philbin, and colleagues (2017)

found that individuals who live in a state with a more exclusionary immigration policy climate

were associated with a greater number of poor mental health days for all residents and that this

relationship was the strongest among Latinxs. Poor mental health days was measured by asking

respondents about their mental health in the last month ("Now thinking about your mental health,

which includes stress, depression, and problems with emotions, for how many days during the

past 30 days was your mental health not good?"). Response options included 0– 30

(Hatzenbuehler, Prins, Philbin, et al., 2017). In other words, Latinxs living in states with a more exclusionary immigration policy climate reported having a higher rate of poor mental health days when compared with Latinxs living in states with a less exclusionary policy climate. These results indicate that there is a crucial necessity for appropriate mental health care.

In an examination of peer-reviewed publications from 1986 to 2016, there was an identification of four pathways through which state-level immigration policies may influence Latino health: through stress related to structural racism; by affecting access to beneficial social institutions, particularly education; by affecting access to healthcare and related services; and through constraining access to material conditions such as food, wages, working conditions, and housing (Philbin, Flake, Hatzenbuehler, & Hirsch (2018).

Barriers to health care in the Latinx population are also directly impacted by citizenship status and the often controversial, and stigmatizing, language surrounding documentation. Anthropologist Sarah Willen (2012) discussed the importance of language and terminology in this ongoing conversation. Throughout her work, she differentiates between "migrant" and "immigrant." "Migration" implies movement that is temporary, seasonal, and/or circular, whereas "immigration" bears implications of unidirectionality and permanence (Willen, 2012). Another terminological issue that Willen explores involves the controversial language of "illegal" migration and migrant "illegality." Willen and other scholars argue that the term illegal has a "powerful significance in local contexts and insist on approaching local configurations of "illegality" as objects of critical and comparative ethnographic analysis" (Willen, 2012, p. 806). This discourse on language is relevant to our current sociopolitical climate that seems to be riddled with stigmatizing speech on undocumented individuals. Willen (2012) situates research on health implications of migrant "illegality" on how structural inequality and vulnerability can

become embodied in both the epidemiological and phenomenological senses of the term. The embodiment of epidemiology and phenomenology intersect when, for example, an undocumented person avoids care-seeking for fear of arrest and deportation or if they internalize exclusionary arguments that they are undeserving of treatment (Willen, 2012).

Research shows that Latinxs report more depressive symptoms than non-Latinx whites, though specific rates vary by time spent in the U.S. and level of acculturation (Mendelson, Rehkopf, & Kubzansky, 2008). Recent research has found that the impact of acculturation varied as a function of a psychiatric disorder (Alegria, Mulvaney-Day, Torres, Zhun, & Canino, 2007) and country of origin (Alegria, Canino, Stinson, & Grant, 2006). This research is extremely important for future research and has significant implications for developing culturally appropriate depression prevention and treatment programs.

Definition of Terms

This clinical dissertation will explore how ethnic identity may or may not be affected by acculturation and the current socio-political climate, particularly examining the experiences of discrimination or prejudice in adults who have immigrated to the United States during their adulthood. Individuals acculturate and respond in various ways when adapting to a host society where norms and values are very different from those, they were accustomed to in their countries of origin (Steinbach, 2014), which may influence identity. Ethnic identity is defined as a "multidimensional variable that refers to the psychological relationship, attitudes, and emotional salience people attach to their ethnic group and is considered to be important in the psychological functioning of ethnic group members" (Juby & Concepcion, 2005; as cited in Mejia-Smith & Gushue, 2017).

Research has shown that ethnic identity and acculturation are considered to be protective psychological and behavioral factors that facilitate resistance to career barriers among people of color, including Latinxs (Mejia-Smith & Gushue, 2017). Individuals with a positive ethnic group affiliation are less likely to internalize ethnic and racial stereotypes about their group and feel more confident about their ability to overcome career barriers. The connection between immigration policy, mental health and lack of access to mental health care, and ethnic identity has not been explored in conjunction with the current sociopolitical climate. Ethnic identity is an important aspect to include when researching the impact of policy both on an individual level, and on a meso scale.

A focus of this dissertation is to further explore how experiences of discrimination and prejudice may influence ethnic identity and mental health and how that translates into help-seeking behaviors for mental health services. Discrimination is the unjust or prejudicial treatment of different categories of people on the grounds of race, age, or sex (Sue & Sue, 2013). Stressors such as racism and discrimination can lead to emotional difficulties, particularly when combined with acculturation conflicts (Sue & Sue, 2013).

Audience

The audience for this dissertation ranges from academics, policy makers, mental health professionals, and anyone who is affected by the current sociopolitical climate under the Trump administration on a social, mental, political, or emotional level. The intended benefits of this dissertation are to increase awareness on the structural problems that underlie policy, mental health, access to mental health, and identity formation in Latinx immigrants, specifically adults, in the United States. This researcher intends for this dissertation to further contribute to discourse

on matters having to do with immigration policy, civil rights, and access to culturally relevant

mental health.

Purpose of the Study

The purpose of this study was to examine and further understand the experiences of

adjusting to the dominant culture upon emigrating to the United States in adulthood. This

includes an examination of reasons for emigrating, impact of emigrating on identity,

acculturative stress and its effect on mental health, experiences of discrimination of Latinx adults

who move to the United States and the clinical implications that arise in acclimating or

assimilating into the dominant culture in adulthood. Additionally, this research examined the

effects of the Trump Administration on Latinx adult immigrants on their daily lives and their

mental health. The purpose of this study was also to examine how seeking, or being unable to

seek, mental health services looks like and barriers and factors that arise. The target population

were self-identified Latinxs in several areas of the Bay Area, such as San Francisco and Marin

Counties. This study utilized a interpretative phenomenological approach, which allowed for a

rich understanding of individuals' experiences and how they interpret those experiences. This

study further expands our understanding of people's perceptions, perspectives, and

understandings of acculturating to the U.S. during adulthood and factors related to that

phenomenon.

The next chapter, the literature review, will present research on (1) clarifying the terms

of discrimination and prejudice; (2) Experiences of discrimination and prejudice among Latinxs

in the U.S. and the development of Ethnic Identity (3) assimilation and acculturation in the U.S.

for Latinxs specifically; (4) help seeking behaviors of mental health services among Latinxs

population in the U.S.; and (5) the impact of the current sociopolitical climate under the Trump

administration on mental health for the Latinx population.

CHAPTER 2
LITERATURE REVIEW

Discrimination and Prejudice: Clarifying Terms

Understanding the prevalence and correlates of perceived discrimination can aid in more effectively addressing disparities in the health care system. The racial/ethnic demographic landscape of the United States has shifted rather drastically with Latinxs now comprising 17% (53 million) of the total U.S. population, making them the nation's largest racial/ethnic minority group (Brown, 2014; as cited in Molina, Little, & Rosal, 2016). Unfortunately, this demographic shift has been met with negative backlash targeted against Latinxs, immigrants and nonimmigrants alike. For example, over the past decade, there has been an increase in acts of discrimination against Latinxs due to negative perceptions of Latinxs (Forman, Goar, & Lewis, 2002, as cited in as cited in Molina, Little, & Rosal, 2016). Examples of this form of discrimination include being ignored, treated rudely or with less courtesy, and being thought of as less smart compared to others (Essed, 1991). There has also been an increase in Latinxs' own perceptions of perceived levels of discrimination. A national survey of Latinxs found that the prevalence of everyday discrimination was found to be 30% (Perez, Fortuna, & Alegria, 2008).

Discrimination plays a prevalent role on the lives of Latinxs in the United States, especially during the current sociopolitical climate where anti-Latinx sentiments are high. Significant public health implications accompany these high anti-Latinx sentiments (American Psychological Association, 2012). Biopsychosocial models of discrimination (Clark, Anderson, Clark, & Williams, 1999; Harrell, 2000) suggest that, when experiences of discrimination are chronic and cumulative, they can elicit acute physiological reactivity and may trigger a host of emotional and cognitive responses. When these emotional and cognitive responses are

heightened and prolonged, there is an increased risk of poor mental health, including

psychological distress, depressive symptomatology, and psychiatric disorders (Harrell, 2000).

It is important to differentiate and clarify the differences between terms typically utilized

when describing and discussing discrimination. For the purpose of this literature review, and for

this study, this researcher will review the terms discrimination, prejudice, and racism, the

differences among them, as well as how these terms may overlap. Most contemporary social

science use of the term "prejudice" is consistent with Allport's (1954) early definition of

prejudice as "antipathy based on a faulty or inflexible generalization" (as cited in Quillian 2006,

p. 300). Taylor and Pettigrew (2000) state that this definition joins two elements: "a negative

emotion or affective feeling toward the target group (antipathy) and a poorly founded belief

about members of the target group (a stereotype)" (as cited in Quillian, 2006, p. 300). Unlike

prejudice, which can be understood as an attitude, discrimination is typified by behavior.

Sociologist Lincoln Quillian (2006) expanded upon the National Research Council's (2004)

definition of two forms of discrimination, with the first form referring to one racial group

receiving differential treatment from another group due to race, with negative consequences for

that racial group. The second form of discrimination refers to a behavior or practice that is not

caused by race but has an adverse impact on members of a disadvantaged racial group without a

sufficiently compelling reason for its existence (Quillian, 2006).

For the purpose of this literature review, this researcher will be specifically focusing on

discrimination and prejudice. However, because the term racism is frequently utilized in

sociology and psychology literature, it is important to introduce its definition within this context.

In everyday usage, the term racism is used to describe a prejudiced attitude or an action that is

discriminatory, "The main difference between the three terms in this usage is that racism carries

a stronger implied moral condemnation than prejudice or discrimination" (Quillian, 2006, p. 301). Wilson's definition of racism (1973) describes racism as racist beliefs and practices that contribute to upholding racial domination and are tied to beliefs in the subordinate group's inferiority. In other words, racial discrimination or prejudice by subordinate group members against a dominant group could not be described as racist because it does not uphold the dominance of the dominant group (Quillian, 2006), frequently referred to as "reverse racism." Internalized racism refers to when a member of a marginalized ethnic community holds biased beliefs that represent their own ethnicity as inferior (Hipolito-Delgado, 2016). Whereas, perceived racism describes the subjective experience of racial or ethnic prejudice or discrimination (Hipolito-Delgado, 2016). Both internalized racism and perceived racism can lead to serious implications for mental health and can manifest in psychological distress (Hipolito-Delgado, 2016).

For the purpose of this study, everyday perceived discrimination among adults who have immigrated to the United States (at the age of 18 or older) was examined. Everyday discrimination has been conceptualized as unfair treatment that is subtle, occurs within daily routine practices that are seen as "normal" by the dominant group, and reflects systemic, institutional, and interpersonal patterns of bias (Essed, 1991; Krieger, 2000; as cited in Molina, Little, & Rosal, 2016). Socioecological frameworks used to understand the role of discrimination in the lives of people of color, conceptualize discrimination as a chronic stressor that originates within a sociocultural environment. This chronic stressor within the sociocultural environment, marginalizes individuals, which affects their transactions with their environment, and, in turn, affects their well-being (Harrell, 2000).

Experiences of Discrimination and Prejudice among Latinxs in the U.S. and Development

of Ethnic Identity

Recently, anti-immigrant policies and anti-Hispanics[1] discriminatory practices have heightened at state and national levels (Brenes, 2019). These policies and practices serve to endanger the mental health of Hispanics and play a major role in health care disparities (Brenes, 2019). Positive correlations have been found between chronic discrimination and depression as well as other comorbid conditions, such as anxiety and substance use, and physical disorders (Brenes 2019).

Literature has shown that experiences of discrimination can threaten family cohesion, which can subsequently impact an individual's mental health. Distinctive features of Latin culture are that it is a family-oriented culture and places a heightened emphasis on *familismo* (familism), a cultural value that encompasses trust, loyalty, family cohesiveness, and maintenance of interconnectedness within the family unit (Molina, Little, & Rosal, 2016). Previous cross-sectional research shows that increased levels of family cohesion, which is defined as the strong emotional bond that family members have with one another (Olson, Russel, &Sprenkle, 1983), is protective factor against poor mental health among the Latinx population. Family cohesion serves to function as a source of social and emotional support (Alegria et al., 2007; Hovey & King, 1996).

Molina and colleagues (2016) tested the hypothesis that the mental health of Latinxs may be compromised indirectly through the accumulation of multiple straining stressors across social and family contexts that result from racialization processes such as discrimination and lead to

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[1] *The word "Hispanic" was used in this literature review because it reflects the terms that researchers used in their studies.*

strained family relationships. In this study, everyday discrimination was measured using the Everyday Discrimination Scale (EDS; Williams et al., 1997), which has eight items and measures frequency of routine experiences of unfair treatment. Items included were, "you are treated with less respect than other people" and "you receive poorer service than other people at restaurants or stores." They found that everyday discrimination was indirectly related to increased levels of psychological distress through greater family cultural conflict in the entire sample, even after adjusting for sociodemographic factors and social desirability. These findings are also consistent with previous research that found that family cultural conflict is associated with poor mental health outcomes (Alegria et al., 2007; Gil & Vega, 1996; Lorenzo-Blanco & Cortina, 2013a; Molina & Alcantara, 2013; Rivera et al., 2008; as cited in Molina et al., 2016). Experiences of discrimination puts strains on family relations as seen by conflict, which, in turn, increases the risk of poor mental health. Targeting the role of chronic social stress that arises due to everyday discrimination and how to cope with it effectively within the family unit could aid in reducing family conflict, which would subsequently lower the risk of experiencing psychological distress (Molina, Little, & Rosal, 2016).

Additional factors have been noted on perceived discrimination and everyday discrimination, such as language acquisition and language barriers. Perez, Fortuna, and Alegria (2008) found that the more English Latinxs speak, the more likely they will interpret any intercultural interactions as discriminatory and understand it when someone discriminates against them (Perez, Fortuna, & Alegria, 2008). On the contrary, language isolation potentially protects Spanish-only speaking Latinxs from personally perceiving racist comments, though not necessarily from experiencing physical discrimination (Finch, Kolody, et al., 2000; Vega & Gil, 1998).

Perez and colleagues (2008) found that out of all subethnic groups in their sample, speaking English was associated with twice the rate of reporting everyday discrimination compared to Spanish-speaking Cubans, Mexicans, Puerto Ricans, and Latinxs who may be more socially isolated from U.S. culture and institutions (Perez, Fortuna, & Alegria, 2008). Nearly half of U.S.-born Latinxs reported everyday discrimination compared to only one quarter of immigrants. It is also important to note that exposure to U.S. culture as measured by age of arrival or growing up in the United States is positively associated with discrimination (Perez, Fortuna, & Alegria, 2008).

Research has shown that ethnic identity can play a protective role against perceptions of discrimination (Hipolito-Delgado, 2016). Ethnic identity is the degree to which an individual understands and associates with their ethnic heritage (Phinney, 1996; as cited in Hipolito-Delgado, 2016). Ethnic identity development is considered a central task of adolescence and emerging adulthood for ethnic minority individuals (Mitchell et al., 2018). Ethnic-racial identity development is the process of developing a sense of belonging to an ethnic-racial group. The majority of research on ethnic-racial identity (ERI) has typically focused on understanding processes related to identity development (Mitchell et al., 2018). In contrast, less attention has been placed on the "content," or the actual "what" of identity development. In their study on ethnic-racial typicality and its relation to ethnic identity and psychological functioning, Mitchell and colleagues (2018) focused on ethnic-racial typicality, which is defined as the degree and nature of perceived similarity individuals feel relative to their ethnic-racial group. The study included 974 students at three public universities from 2006 to 2010, ages ranged 16 to 78. According to the researchers, typicality represents a bridge between *culture* and *everyday experiences* because it incorporates an individual's perception of their culture, as well as specific

elements of their personal, everyday experiences that they feel make them similar to, or set them apart from, their ethnic group (Galliher, McLean, & Syed, 2017). Mitchell and colleagues (2018) found that participants who felt more typical reported higher self-esteem and fewer symptoms of depression, as well as greater identity synthesis, lower identity confusion, greater ethnic identity commitment, and greater ethnic identity exploration.

Mitchell and colleagues (2018) also found that feelings of typicality varied by race-ethnicity, with White individuals seeing themselves as typical overall and in appearance and behavior. In contrast, many minority groups rated themselves as more atypical, with differences depending on the particular facet of typicality (Mitchell et al., 2018). Latinx participants were less likely than other groups to feel typical with regards to appearance and were more likely to feel their skin color and spirituality set them apart from their group (Mitchell et al., 2018). The researchers attributed the differences that they found to racialization, or the process of ascribing particular ethnic-racial identities to relationships or social practices for the purpose of ethnic-racial categorization (Miles, 1989). Feelings of ethnic-racial typicality is related to ethnic identity developmental processes and well-being, which is helpful and beneficial for future research on ethnic identity content.

Perez, Fortuna, and Alegria's (2008) study on the prevalence and correlates of everyday discrimination found that Latinxs who express strong ethnic identity may be buffered against perceptions of discrimination. People with high levels of ethnic identity may be more likely to associate with people of their own ethnicity and subsequently be less exposed to discrimination (Perez, Fortuna, & Alegria, 2008). Understanding the prevalence of everyday discrimination among vulnerable populations is extremely important in order to understand mental health struggles among these vulnerable populations.

Assimilation and Acculturation

Classic theories of assimilation have treated it as a process of cultural subtraction, whereby the ethnic elements of the individual are stripped away and replaced with Anglo European cultural and linguistic norms (Gordon, 1964; Donato, 1997). Sociologist Rana Suh (2013) defines assimilation as "the process by which immigrants become part of the mainstream culture of their new country, lessening the differences between immigrants and native-born Americans" (p. 1). Research often distinguishes between cultural assimilation, structural assimilation, and socioeconomic assimilation. Cultural assimilation refers to when ethnic and cultural norms from the previous country become less prevalent in an individual's life. Structural assimilation is noted as an "umbrella term" for other factors, such as socioeconomic success and educational equity (Suh, 2013). Socioeconomic assimilation is primarily concerned with socioeconomic status, which refers to the "measure of an individual or family's relative economic and social ranking" (NCES, 2008). Three major measures of socioeconomic status in the United States include education level, occupation, and income level (Suh, 2013).

Sociologists have recently suggested a more dynamic construction of the nation that is shaped by both immigrant communities and the host society (Alba & Nee, 2003; Jimenez, 2017). Alba and Nee (2003) argue that assimilation is a bidirectional process of ethnic change experienced by both the host society and the immigrant community, which leads to an overall decline of ethnic distinction. Rather than presume that the mainstream is fixed as white or middle class, Alba and Nee (2003) suggest that bidirectional assimilation considers changes made within mainstream institutions (such as schools, organizations, churches) as they evolve toward a common culture with ethnic minorities. Similarly, Jimenez (2017) describes assimilation as a relational (e.g., give and take) process of cultural change between the host society and the

immigrant community over time, but adds that the host society has changed their understanding

of American national identity as a consequence of long-term immigration.

Immigration has been a significant issue throughout the history of the United States.

Historically and fundamentally, the United States has been a country of immigrants, with people

coming to live in and work in the country from all over the world (Suh, 2013). Immigrant groups

have faced and continue to battle racism and negative treatment subsequent to entering the

United States (Suh, 2013). The concept of assimilation has often been compared to the metaphor

of a "melting pot," or the blurring of differences between various ethnic and racial groups, which

creates a society where one group cannot necessarily be discerned from another. On the other

hand, the idea of pluralism, defined as considering the interests and needs of all sectors in a

society (Mercadel, 2015), and encourages retaining ethnic differences and embracing different

aspects of one's original ethnicity and culture and celebrating diversity as a unique attribute to

the United States (Suh, 2013). A Gallup poll conducted in 2012 found that 66 percent of

American respondents thought that immigration was a positive thing for the United States (Jones,

2012).

To put assimilation into the context of discrimination in the Latinx population, Perez,

Fortuna, and Alegria (2008) found that Latinxs have a greater sensitivity to discrimination,

compared to less-acculturated counterparts, as they achieve a higher social status and become

more assimilated. For example, well-educated, young, U.S.-born Latinxs, or those who arrived at

age 6 or younger, are more likely to perceive everyday discrimination. It has been speculated that

this may be a consequence of frustrated expectations within the dominant U.S. culture and

institutions (Perez, Fortuna, & Alegria, 2008). Inversely, lower-educated Latinxs may have lower

expectations for fair treatment, therefore they might not be as vulnerable to perceiving everyday

discrimination. As immigrants assimilate, they may lose their idealized view of America as the land of equal opportunity and therefore have higher expectations for fair treatment (Perez, Fortuna, & Alegria, 2008). Other studies found similar increases in the experience of discrimination among immigrant groups correlated with increases in time in United States (Goto, Gee, & Takeuchi, 2002). Latinxs arriving at a younger age may be more likely to interact with non-Latinxs in multiple settings and this increased exposure to cultures different from their own may lead to increased incidents of and sensitivity to discrimination (Perez, Fortuna, & Alegria, 2008).

Acculturation is considered a multidimensional construct that describes the psychological, cognitive, and behavioral changes that occur when individuals continuously interact with a different culture (Berry, 1980). If enough of the cultural markers of language, tradition, and food from the minority culture are maintained for the members to be able to recognize themselves as a distinct culture, then it is said to have undergone acculturation instead of assimilation (Berry, 1980). This type of change is much more likely to happen during voluntary migrations or peaceful coexistence, rather than as a result of the conquests or forced coexistence that typically characterize assimilation. Acculturation presumes that the person who moves toward adopting habits or behaviors of another culture started out with their own cultural beliefs, values, and realities (Jacob, 2016). The majority of Latinx families in the U.S. are confronted with the challenges of acculturation, as 37% of Latinxs are born outside of the U.S. (Nwosu, Batalova, & Auclair, 2014) and 52% of Latinx children are the children of immigrants (Fry & Passel, 2009).

Acculturation is classified according to four prominent areas and processes. These include the acquisition of language, immersion into the other culture, integration, and

assimilation (Berry, 1980; Jacob, 2016). Acquisition of language is a significant part of the

acculturation process. Language acquisition includes the adjustment to a new set of

colloquialisms, manner of conversation and communication, and is closely tied to cultural

appropriateness. Because immigrants must navigate between two cultures that may differ in

language, values, beliefs, and customs, acculturation may result in psychological distress (Berry,

1997), and therefore is an important context to understanding mental health in Latinx families

(Lawton, Gerdes, & Kapke, 2018). Narrowing the social gap has an impact on the ability to gain

proficiency in a new language (Jacob, 2016). The process of acculturation becomes even more

complicated when examined within the context of the family, as family members could differ in

their involvement with and orientation toward each culture, leading to intergenerational

differences (Szapocznik, Santisteban, Kurtines, Perez-Vidal, & Hervis, 1984).

Immersion involves the period in which one adapts to a new culture. This part of

acculturation includes how the individual or group adapts to the steps of immersion and it may

differ according to one's temperament, experience, and openness to learning the new culture, as

well as the psychological reasons for why and how the acculturation is taking place (Jacob,

2016). It is also important to note that there may be situations where the acculturation is forced,

which could have an impact on the willingness to freely engage in becoming acculturated.

Integration involves moving within the new culture, or the dominant culture, and seeking out

opportunities for socialization. When someone is considered to have integrated in a society, there

is a general perception of equality (Jacob, 2016). However, integration does not require

assimilation. As mentioned above, when acculturation takes place to such an extent where there

is a complete absorption of the other culture, this leads to assimilation (Jacob, 2016). When

assimilation occurs there tends to be a visible transformation as individuals and groups have eradicated their own traditions or behaviors to assume those of the new culture (Jacob, 2016).

Career development and career decisions in the dominant culture can be viewed as a way of integrating into society. Mejia-Smith and Gushue (2016) conducted a path-analysis to explore the tenets of social cognitive career theory with a sample of 357 Latinx college students. The study attempted to better understand Latinxs' perceptions of career barriers and how they are related to self-efficacy and protective factors. The researchers also explored the role of ethnic identity and acculturation level in the career paths of Latinxs. Their study found that career-decision self-efficacy (CDSE) mediated the influence of ethnic identity and acculturation level on the perception of career barriers. These barriers included financial constraints, gender, ethnic, and racial discrimination, all of which have disproportionately affected the career paths of people of color by limiting options and access to a variety of opportunities (Mejia-Smith & Gushue, 2016). The college-to-work transition happens within a sociocultural context where acculturation is an important cultural variable in the career paths of Latinxs.

Acculturation maintains aspects of one's culture while still bringing in aspects of the dominant culture. Acculturation may influence the perception of barriers, self-efficacy beliefs, and participation in career-like decisions and activities important to such decisions (Mejia-Smith & Gushue, 2016). Mejia-Smith and Gushue (2016) found that Latinx students' positive identification with their ethnic group directly influenced their beliefs in their ability to accomplish career-related tasks. Higher acculturation levels (Anglo bicultural orientation) predicted Latinx students' CDSE, which suggested that adopting behaviors of the Anglo culture, or dominant culture, contributed to a greater belief in the ability to complete tasks that are related to making career decisions (Mejia-Smith & Gushue, 2016).

In recent years, there has been movement towards multiculturalism and acceptance of new cultures and practices into American culture (Zhou, 1997). Those who support multiculturalism focus on the cultural aspects of immigrant patterns, recognizing that they often become a permanent part of American society, reinvented from the original culture to meld into a new society (Zhou, 1997). Therefore, it is imperative that these factors continue to be explored if we are to understand the nuances of acculturation and assimilation within our society.

However, it is important to note that a richer understanding of immigrant health patterns requires a shift in focus from individual-level cultural explanations to research that provides a broader, more in-depth analysis of racism as a structural factor that intersects with other dimensions of inequality, such as gender and class, to impact immigrant health outcomes (Viruell-Fuentes, Miranda, & Abdulrahim, 2011). This shift is necessary because explanations that "place the onus of culture on the individual… are likely to lead to individual-centered interventions at the expense of addressing the structural contexts that reproduce social and economic inequities" (Viruell-Fuentes, 2007, p. 1533).

Help Seeking Behaviors of Mental Health Services Among Latinx Populations

Research on racial/ethnic disparities in healthcare access and utilization identifies Latinxs as one of the most disadvantaged ethnic groups on key measures such as usual source of care, help-seeking utilization, health insurance coverage, receipt of quality care, and mental health service utilization (Berdahl & Torres Stone, 2009). There is a significant gap between the need for and the availability of mental health services for Latinxs, particularly immigrants and those with limited English-language proficiency (Alegria et al., 2007). Latinxs represent a priority population for mental and behavioral health research and intervention, as they are one of the fastest growing ethnic groups (US Department of Health and Human Services, 2000) Alhough

Latinos make up a large proportion of the population of minorities in states with long histories

and traditions of Latino immigration and settlement, such as California, Texas, and Florida,

Latino populations are rapidly growing in new destinations where 20 years ago there were only

small proportions of Latinos, such as in the South and Midwest, in Alabama, South Carolina,

Tennessee, and Kentucky (Brown, 2013).

In order to address the need for effective and accessible intervention services, research

must focus on determining the particular mental health needs and concerns of Latinx

populations. Regional (Vega et al., 1998; Canino et al., 1987) as well as national studies (Grant

et al., 2004; Alegria et al., 2006) have shown that there are some differences among symptoms of

anxiety, depressive, and substance abuse disorders among Latinxs that are due to nativity status.

Therefore, it can be assumed that there are differences among help seeking behaviors of mental

health services among Latinx populations. However, it is important to note that population

estimates of psychiatric disorders may provide incomplete profiles of overall prevalence

differences across Latinx subgroups as a result of a non-representative sampling (Alegria et al.,

2007). Population estimates may also lack comparisons between foreign-born and US-born

Latinxs, or may fail to examine important covariates, such as migration history, language, and

years of residence in the U.S. (Alegria et al., 2007).

Based on Census Bureau projections (2012), the Hispanic population will more than

double from 53.3 million in 2012 to 128.8 million in 2060. Consequently, by 2060, nearly one in

three U.S. residents would be Hispanic, up from about one in six today (U.S. Census Bureau,

2012). With this population growth, there has been an increased attention to the mental health

needs of Latinxs, which has been consistently marked by the underuse of formal mental health

services as compared with non-Latinxs (Moreno & Cardemil, 2013). The utilization, or the lack

thereof, of mental health services among undocumented Latinxs must be taken into consideration. Research among Latinxs suggests that this underutilization of mental health services can be due to a variety of reasons, including logistical barriers to accessing health care (Nandi et al., 2008), attitudes toward mental health services (Berdahl & Torres Stone, 2009), as well as individual levels of acculturation (Alegria et al., 2007).

Geography could account for the underutilization of mental health resources, such as limited accessibility in rural areas. For the purpose of the current study, examining help seeking behaviors in urban areas is crucial in understanding access to and use of health services among Latinxs in the Bay Area. Nandi and colleagues (2008) looked at access to and use of health services among undocumented Mexican immigrants in a U.S. urban area (New York City) and found that there were predisposing characteristics, enabling characteristics, and need characteristics that played a role in such help seeking behaviors. Additionally, social and family networks were found to play a prominent role in determining access to and use of health services among undocumented individuals living in urban areas, being a predisposing characteristic (Nandi et al., 2008). They found characteristics of access to and use of health services included financial resources, and, specifically, individuals' capacity to obtain formal employment were central determinants of their access to and health services and their health status overall. However, it also must be taken into consideration that delays in seeking care may be related to fears of discovery by government officials. Thus, undocumented individuals' anxieties about seeking care may represent a significant barrier to accessing health services (Nandi et al., 2008). The dependence on emergency services to address health care needs among the undocumented Mexicans in this study, may exacerbate the weight of pathology because care is delayed until illness is severe enough to warrant emergency care (Nandi et al., 2008). It is likely that all of

these characteristics that play a role in access to and use of health services are also factors that

contribute to help seeking behavior for mental health services as well. Indicators of acculturation

(e.g., English language proficiency, immigration status, length of time in U.S.) and type of health

insurance influence how ethnic groups utilize mental and general healthcare services (Fiscella et

al., 2002). Latinx in particular have lower rates of service use due to limited English language

proficiency, foreign born status and fewer years in the U.S. (Berdahl & Torres Stone, 2009).

Berdahl and Torres Stone (2009) examined Latinx differences in mental healthcare use

and the role that acculturation and attitudes towards healthcare impacts health seeking behavior.

The researchers analyzed data from a nationally representative sample of Mexicans, Cubans,

Puerto Ricans, and non-Latinx whites from the 2002-2003 Medical Expenditure Panel Survey

(n=30, 234). Berdahl and Torres Stone (2009) found that there were different utilization patterns

in the use of specialty, non-specialty, and any type of mental healthcare across the three Latinx

subgroups. Mexican and Cubans were less likely than whites to use non-specialty and any mental

healthcare services (Berdahl & Torres Stone, 2009). Puerto Ricans were less likely to use any

mental health care given similar socioeconomic status, marital status, health insurance and

gender compared to whites (Berdahl & Torres, Stone, 2009). English language proficiency was

associated with lower use for the any type and specialist outcomes. Lack of interpreter services

or culturally linguistic appropriate health care materials are also associated with patient

dissatisfaction, poor comprehension, and compliance and ineffective or lower quality of care

(Perez-Stable et al., 1997). Latinx subgroups differ in overall levels of mental health service use.

For example, Cubans were as likely as whites to use non-specialist mental health care provider

after language and years in the United States was controlled (Berdahl & Torres Stone, 2009).

Cubans did not differ from whites for specialty use. A possible explanation for this is, given their

high concentration in co-ethnic communities particularly in the southeast, Cubans may have more access to Spanish-speaking mental health services (Berdahl & Torres Stone, 2009). Puerto Ricans were more likely to use mental health services compared to other Latinxs. This was explained because Puerto Ricans have higher rates of mental health disorders compared to other Latinx subgroups (Berdahl & Torres Stone, 2009). Mexicans, of all the Latinx subgroups, faced the lowest odds of using any type of mental healthcare. Explanations for Mexicans' lower use relative to whites is English language proficiency and time in the U.S. (Berdahl & Torres Stone, 2009).

Eligibility for public health insurance in the United States is inextricably linked to political and social relationships that are different for each Latinx subgroup (US Department of Health and Human Services, 2001). For example, Puerto Ricans are U.S. citizens and do not face citizenship barriers to obtaining public health insurance. Cubans who arrived in the U.S. with official refugee status are eligible for public health insurance and other refugee assistance programs for a limited time (US Department of Health and Human Services, 2001). In contrast, Mexicans face hurdles to obtaining citizenship and some are labor migrants in low-wage industries this even further limiting their access to public funded mental health services or private care (Berdahl & Torres Stone, 2009). It has been previously researched and documented (Medicine 2002; Zuvekas and Fleishman 2008) that there are ethnic disparities in mental healthcare utilization, but there needs to be more research on examining the relative contribution of culturally-specific factors and self-reliant attitudes to the Latinx disadvantage in mental health service utilization (Berdahl & Torres Stone, 2009). Furthermore, the underutilization of mental health services by the Latinx population needs to be examined in conjunction with the social upheavals the current sociopolitical climate under the Trump administration has caused.

Impact of Sociopolitical Climate Under Trump Administration on Mental Health

In August 2017, the American Psychological Association (APA), conducted its annual Stress in America survey to investigate Americans' relationship with stress — how stressed they feel, what keeps them up at night and how they deal with the stress in their lives. Results showed that nearly two-thirds of Americans (63 percent) say the future of the nation is a very or somewhat significant source of stress, slightly more than perennial stressors like money (62 percent) and work (61 percent). More than half of Americans (59 percent) said they consider the current political climate the lowest point in U.S. history that they can remember. Of note, this is a figure spanning every generation, including those who lived through World War II and Vietnam, the Cuban Missile Crisis and the September 11th terrorist attacks (APA, 2017). This has huge implications for mental health and mental health seeking behaviors, especially among minorities in the United States.

The American Psychological Association's report titled "Stress in America: The State of Our Nation" (2017) shows important and relevant statistics related to Latinxs' mental health. When asked to think about the nation, nearly six in 10 adults (59%) report that the current social divisiveness causes them stress. A majority of adults from both political parties say the future of the nation is a source of stress, though the number is significantly higher for Democrats (73%) than for Republicans (56%) and independents (59%). Arthur C. Evans Jr., PhD, APA's chief executive officer stated, "The uncertainty and unpredictability tied to the future of our nation is affecting the health and well-being of many Americans in a way that feels unique to this period in recent history" (APA, 2017). The most common issues causing stress when thinking about the nation are health care (43 percent), the economy (35%), trust in government (32%), hate crimes (31%) and crime (31%), wars/conflicts with other countries (30%), and terrorist attacks in the

United States (30%). About one in five Americans cited unemployment and low wages (22%), and climate change and environmental issues (21%) as issues causing them stress. Adults also indicated that they feel conflicted between their desire to stay informed about the news and their view of the media as a source of stress. While most adults (95%) say they follow the news regularly, 56 percent say that doing so causes them stress, and 72 percent believe the media blows things out of proportion (APA, 2017).

The Trump administration has instilled fear, uncertainty, and the spread of discrimination, prejudice, racism and sexism throughout the nation (APA, 2017). All of which have always existed in this country. The difference, however, is that the sociopolitical climate under President Trump has also ignited a widespread movement to fight and support causes that are valued by people residing in this country. The APA Stress in America (2017) survey also found that 51 percent of Americans say that the state of the nation has inspired them to volunteer or support causes they value. More than half (59%) have taken some form of action in the past year, including 28 percent who signed a petition and 15 percent who boycotted a company or product in response to its social or political views or actions. Among general findings, as is the case every year since the survey began, women reported significantly higher stress levels than men (5.1 vs 4.4 on a 10-point scale, where 1 is "little or no stress" and 10 is "a great deal of stress"). Black and Hispanic men also reported a significantly higher average stress level (4.8) than white men (4.2) (APA, 2017). The factors that contribute to these statistics have been maintained in this nation since its birth. However, under the Trump administration, it has been flagrantly aggravated under "Trump's America" and is being challenged with an uproar.

More than six in 10 adults (63%) cite uncertainty about the future, both with their own health and that of others, as a source of stress (APA, 2017). Insurance costs and looming

uncertainty about the future are just two of the numerous causes of stress surrounding health, according to the American Psychological Association's report, "Stress in America: Uncertainty About Health Care" (2017). When it comes to stress regarding specific health care issues, age plays a role in where differences appear. For example, a lack of access to mental health care is more likely to be a source of stress for Millennials (56%) and Gen Xers (47%) than for boomers (27%) and older adults (20%). In addition to age, race and ethnicity also play a role in concerns about health care. Nearly two-thirds of Hispanic adults (64%) say they experience stress when thinking about themselves, their loved ones or people in general losing access to health care services. In comparison, this was less likely to be a concern to members of other racial and ethnic groups, though still reported by about half of respondents (i.e., 56% of Asian-Americans, 51% of black Americans, 50% of Native Americans and 49% of white Americans) (APA, 2017).

The effects that the sociopolitical climate has on mental health also has to do with programs aimed at providing access to mental health care that are being shut down and underfunded. In January 2018, federal officials suspended The National Registry of Evidence-based Programs and Practices (NREPP), which is housed within the Health and Human Services Department's Substance Abuse and Mental Health Services Administration (Sun & Eilperin, 2018). This is a program that helps thousands of professionals and community groups across the country find effective interventions for preventing and treating mental illness and substance use disorders (Sun & Eilperin, 2018). The possibility of losing the registry, or of having it essentially frozen, has outraged mental health professionals and members of Congress. Mental health professionals are especially concerned that moving the process in-house could politicize the process of evaluating programs (Sun & Eilperin, 2018).

The shifting immigration climate and policies in this country makes the research of the Latinx immigrant experience crucial. Currently, 15 million Mexican and Central American individuals live in the United States, with this number projected to rise in the next few decades (Lesser & Batalova, 2017; Zong & Batalova, 2017). Of the 15 million Mexican and Central American immigrant individuals in the U.S., approximately 3 million Mexican and 1 million Central American immigrants are naturalized citizens (Lesser & Batalova, 2017; Zong & Batalova, 2016). Approximately 9 million Mexican and Central American individuals are of undocumented status (Migration Policy Institute, 2014) while others may hold status as lawful permanent residents, legal residents on temporary visas, or asylum seekers (Torres, Santiago, Walts, & Richards, 2018). In the early months of Trump's presidency in 2017, he signed several Executive Orders laying out policies to increase deportations of unauthorized immigrants, increase border security, authorize construction of a wall at the U.S. Southern border, and ban entrance of Syrian refugees and individuals from six predominantly Muslim countries (The White House, 2017).

Research has begun to investigate the impact of the nation's immigration practices and policies on immigrant Latinx families and youth. Current immigration policies can create vulnerabilities, including fear and mistrust, discrimination, limited access to services, parent–child separation, and poverty. Legislation and practices have a pivotal role in creating a hostile and discriminatory environment, impacting the mental health of Latinx individuals regardless of documentation status (Androff et al., 2011). These experiences increase risk for poor mental health outcomes and may exacerbate prior exposure to traumas in the home country (e.g., violence) and during migration (e.g., extortion) (Torres, Santiago, Walts, & Richards, 2018). For families with undocumented family members, stressors that are related to discrimination and

poverty are exacerbated due to increased fear and mistrust. Unauthorized immigration status,

especially in our current sociopolitical climate under Trump, is not solely an individual concern,

but transcends entire families (Chavez, Lopez, Englebrecht, & Viramontez Anguiano, 2012). The

families who are mixed-status are especially impacted by this fear. Fear of deportation and

mistrust in governmental institutions and services increases the risk for mental health difficulties,

such as depression, anxiety, and difficulties in academic performance among youth (Dreby,

2015). Families report fears of performing everyday activities and also restricting their children's

involvement in a community out of worry instigated by immigration policies (Chavez et al.,

2012). Clearly, these fears that are a result of immigration policies under the current

administration, have a more sinister impact on mental health that goes far beyond deportation. It

is salient in individuals' everyday lives and otherwise mundane daily activities.

The stressors that families face as a result of immigration policy effect access to care. The

Patient Protection and Affordable Care Act (ACA), despite its far-reaching expansion of health

care, prohibits undocumented immigrants from purchasing health insurance coverage and they

continue to be excluded from most public forms of health care (Torres, Santiago, Walts, &

Richards, 2018). According to the Kaiser Commission on Medicaid and the Uninsured (2013),

approximately 32% of those who were uninsured were Latinx and 46% of those who were

uninsured were noncitizens (both lawfully present and undocumented). Mental health problems

that have arisen due to the changing immigration laws and policies have also affected how

mental health services are perceived. Even if eligible for services, Latinx individuals report

mistrust in services and may avoid services (Rhodes et al., 2015). Immigration enforcement

policies instill overall distrust in accessing care. For example, fear that providers would call the

police (Rhodes et al., 2015). Access to care is also limited by structural barriers, such as cost,

lack of appropriate and culturally responsive services, lack of knowledge of existing services, and lack of resources. Access to care is also limited by social-cultural barriers, such as stigma, conflicting cultural practices and beliefs, as well as clinical procedural barriers, such as language barriers, lack of culturally competent treatment approaches (APA Presidential Task Force on Immigration, 2012; Uebelacker et al., 2012).

While immigration policies contribute to increased risk for poor mental health, there is notable resilience among Latinx immigrant families. In their systematic review, Cardoso and Thompson (2010) found salient themes that may facilitate resilience among Latinx families including individual characteristics, family strengths, and community supports. Among both immigrant and U.S.-born Mexican adults and youth, engagement or active coping strategies (e.g., emo- tion regulation) typically buffer the impact of other stressors on mental health (Liu, Gonzales, Fernandez, Millsap, & Dumka, 2011). For example, prayer, belief in God, and church services can be adaptive sources of coping (Torres, Santiago, Walts, & Richards, 2018). Familism, reflecting the values of family solidarity, family support, and an enduring commitment to family members, where one often places the needs of one's family above the individual, has been deemed an important Latinx cultural value (Reyes & Elias, 2011).

Conclusion

Understanding the experiences of Latinxs who have immigrated to the United States in adulthood during our current sociopolitical climate under the Trump administration is crucial to ensure mental health problems are being addressed in a culturally appropriate manner with the goal to limit the barriers to access to care. The overall verbiage surrounding Latinxs, especially immigrants and undocumented individuals, has further instigated and already prominent atmosphere of discrimination and prejudice. Therefore, understanding experiences of

discrimination and prejudice in relation to the current political context provides a deeper

understanding of the facets of mental health for Latinxs and how this context may affect help-

seeking behaviors.

According to the Pew Hispanic Center & Kaiser Family Foundation (2002), 31% of

Latinx people reported personal experiences with discrimination and 82% reported that

discrimination is hindering the success of Latinx people in society today. Discrimination can

manifest itself in perceptions of personal experiences, social attitudes, ethnic group barriers

(Brittian, Toomey, Gonzales, & Dumka, 2013), and micro-aggressions (Huynh, 2012). These

experiences have been found to be linked to lower self-esteem, internalizing symptoms, and

problem behaviors among Mexican-origin youth and nonimmigrants (Zeiders, Umaña-Taylor, &

Derlan, 2013). Furthermore, this experience does not improve with longer residence in the U.S.

For example, more time in the U.S. increased rates of psychological distress, depression, and

anxiety and this association was explained by increased perceived discrimination (Perreira et al.,

2015). The impact that immigration policies have on Latinxs and Latinx families exacerbates

mental health outcomes and stressors that are related to discrimination.

Discrimination, limited access to services, poverty, fear and distrust, detention and

deportation, and family separation increase the risk for poor mental health functioning among

immigrants who may have already experienced traumas before and/or during the migration

process (Torres, Santiago, Walts, & Richards, 2018). There are protective factors against

discrimination and perceived discrimination, such as ethnic identity. The development of this

identity is their process of developing a sense of belonging to an ethnic-racial group. Research

has shown that Latinxs who express strong ethnic identity may be buffered against perceptions of

discrimination (Perez, Fortuna, and Alegria, 2008). The development and maintaining of ethnic

identity should be more prominent in therapeutic interventions and services offered to Latinx

population and may help dissipate stigma surrounding mental health and fear of association to

institutions.

Assimilation and acculturation are major factors when adults immigrate to the United

States. To put it into the context of discrimination in the Latinx population, Latinxs have a

greater sensitivity to discrimination compared to less-acculturated counterparts as they become

more assimilated and achieve higher social status (Perez, Fortuna, and Alegria, 2008).

Acculturation, on the other hand, describes the process of maintaining one's ethnic identity while

also continuously interacting with a different culture. In other words, acculturation presumes that

a person has maintained their own cultural beliefs, values, and realities, while also moving to

adopt habits and behaviors of another culture (Jacob, 2016). Understanding the assimilation

and/or acculturation process among the Latinx community will further propel the movement

towards multiculturalism and acceptance of new cultures and practices in the field of psychology

as well as hopefully changing perceptions of seeking mental health services.

With the population growth of Hispanics in the U.S. there has been a rise of attention to

the mental health of Latinxs, which is marked by the underuse of mental health services as

compared to non-Latinxs (Moreno & Cardemil, 2013). The utilization, or the lack thereof, of

mental health services among undocumented Latinxs must also be taken into consideration.

Logistical barriers to accessing mental health care and attitudes of mental health services, as well

as individual acculturation levels play a role in the underutilization of services (Berdahl & Torres

Stone, 2009). These factors need to be examined in conjunction with the current sociopolitical

climate.

It is important to consider the roles that psychologists can have in terms of advocacy efforts for marginalized and immigrant populations by ensuring that clinical and research efforts are translated into professional development trainings that are accessible to "front line" groups working with Latinx immigrants (e.g., schools, health care providers, immigration attorneys, parents) (Torres, Santiago, Walts, & Richards, 2018). Further, to ensure that knowledge about the impact of immigration policies is disseminated beyond the psychology community, psychologists should establish and maintain partnerships with service and advocacy organizations and regularly share re- search findings with these partners (Torres, Santiago, Walts, & Richards, 2018).

CHAPTER 3
METHODOLOGY

In this chapter, this researcher will outline the intended methodology for this study. The focus of the proposed study was to explore the experiences of discrimination and prejudice of Latinx adults who move to the United States in adulthood. Another focus was the potential clinical implications that arise in acclimating or assimilating into the dominant culture, and, subsequently, what seeking, or being unable to seek, mental health services looks like in the current sociopolitical climate under the Trump administration. This researcher utilized a qualitative approach, specifically interpretive phenomenological analysis, as the methodology for the proposed study.

Rationale for Qualitative Research Analysis

Qualitative research methods are diverse, encompassing approaches such as empirical phenomenology, grounded theory, ethnography, protocol analysis and discourse analysis. One common definition (Polkinghorne, 1983) is these methods rely on linguistic, rather than numerical, data and employ meaning-based, rather than statistical, forms of data analysis. Distinctive features of qualitative research include an emphasis on understanding phenomena in their own right (rather than from an outside perspective) (Elliott, 1999); use of open, exploratory research questions (vs. closed-ended hypotheses); unlimited, emergent description options (vs. predetermined choices or rating scales); use of special strategies for enhancing the credibility of design and analyses (Elliott, Fischer and Rennie, 1999); and definition of success conditions in terms of discovering something new (vs. confirming what was hypothesized).

Qualitative research was the most appropriate methodology for this research project because it "is an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants, and

conducted in a natural setting" (Creswell, 2013, p. 1-2). The phenomena of Latinx adults

immigrating to the United States should be understood holistically and with participants' own

words because of its complexity and the nature of human nuances. Experiences of acculturative

stress and how this may impact mental health and mental health seeking behaviors should be

understood as a social and human problem. Therefore, qualitative was the best fit for this

particular research study.

Rationale for a Phenomenological Approach

Phenomenological inquiry focuses on what people experience and how they interpret

those experiences. A phenomenological approach is committed to the examination of how people

make sense of their major life experiences (Smith, Flowers, & Larkin, 2009). This approach

seeks to capture a rich and detailed description of a "lived experience" of a phenomenon to

investigate and understand how people construct meaning.

A phenomenological methodology was utilized for the current study as it

encouraged participants to provide a full description of their experience, including their

thoughts, feelings, images, sensations, memories- their stream of consciousness- along

with a description of the situations in which these experiences occurred.

Phenomenology was particularly well suited for this research topic because it attempts to

gain the perceptions, perspectives, and understandings of the experience of moving to the United

States in adulthood with regards to identity. Most research in this area has focused on younger

populations of Latinx immigrants. There is a need to explore the experiences of those who enter

the US as adults, as the experience of acculturation may affect this population's mental health

and access to mental health differently than younger groups who are more likely to be located in

institutional settings (e.g., education), thus having more access to mental health services (even if just guidance counseling).

Interpretive Phenomenological Analysis

Interpretive phenomenological analysis (IPA) is informed by hermeneutics, the theory of interpretation. IPA views human beings as "sense-making creatures", and that participants' accounts will reflect their attempts to make sense of their experiences (Smith, Flowers, & Larkin, 2009). The origin of phenomenology can be traced from the disciplines of philosophy and psychology. It is based upon the work of the 20th century philosopher Edmund Husserl, which was then later developed by Heidegger (Smith, Flowers, & Larkin, 2009). Husserl asserted that phenomenological inquiry emphasized that which is experienced in the consciousness of the individual. He coined the term *intentionality* to describe the relationship between the process occurring in one's consciousness and the object of attention for that process (Smith, Flowers, & Larkin, 2009). Husserl held that intentionality is the defining characteristic of conscious experience (Walsh, 2017). Thus, we practice the "intentional analysis" of experience by providing precise descriptions of its content, or "sense" (i.e. the specific manner or way in which the experience is an experience of a specific object) (Walsh, 2017).

Interpretive phenomenological analysis focuses on what happens when everyday lived experiences take on a specific significance for people. For example, when a specific experience plays a more important role in someone's life. The intended outcome is to understand a particular phenomenon in particular contexts conducted on a small sample size. A small sample size provides a detailed case-by-case analysis of individual transcripts and the aim is to write, in detail about the perceptions and

understandings of these participants (Smith, Flowers, & Larkin, 2009). This approach

benefits from an engagement with a small sample, from accessing the chosen

phenomenon from more than one perspective, and the creative and reflective efforts of

the participants (Smith, Flowers, & Larkin, 2009).

     Interpretive analysis differs from descriptive analysis in that interpretive

analysis asks questions such as, "Why does the phenomenon come about?", and, "How

does it unfold over time?" Whereas descriptive analysis asks questions such as, "What

kinds or varieties does the phenomenon appear "and "What aspects does it have?"

(Elliott & Timulak, 2005).

     The current study additionally examined Latinxs' experiences of discrimination

as it related to acculturative stress upon moving to the United States during adulthood.

An interpretive phenomenological analysis researcher is interested in looking in detail

at how someone makes sense of the major transitions in their lives (Smith, Flowers, &

Larkin, 2009). Therefore, further understanding the transitional experience of

individuals who immigrate to the United States in adulthood was an appropriate

research topic to utilize interpretive phenomenological analysis.

     The central research questions for the current study explored participants'

reasons for moving to the United States as an adult and examined aspects of their

identity that may have changed upon moving to the US, as well as what parts of their

identities that were maintained. This researcher examined experiences of acculturative

stress, including language barriers, experiences of discrimination, feelings of not

belonging among other factors that contributed to acculturative stress. Additionally,

this researcher examined the effect of the Trump administration on participants. This

researcher examined opinions and perceptions of mental health as well as associated experiences. An examination of participants mental health seeking behaviors was also examined.

Participants and Sampling Methods

Participants for this study included six (6) adult Latinxs individuals from the Bay Area, specifically the San Francisco area and Marin Counties. Participants in this study were 5 women and 1 man who had all moved to United States in adulthood from either a Central American or South American country or from Mexico. All participants were living in San Francisco or Marin Counties at the time of this study. All participants' first language was Spanish. They ranged in age from 39 to 52 years old, with a mean age of 47 years old. All participants moved to the United States between the ages of 18 and 46, with a mean age of 28 years old. Participants had varying status at it related to documentation. Some had citizenship, while other maintained residency status, and others were in the process of obtaining residency status.

Inclusion criteria for the current study included the following: 1) individual had to be 18 years of age or older; 2) Had to have moved to the United States from Mexico, Central America, or South America at the age of 18 years old or older; and 3) individuals must have identified as Latinx (this term will be explained to participants as the gender-neutral alternative to Latino and Latina).

Exclusion criteria for the study included: 1) individuals who did not move to the U.S. during adulthood (18 years of age and older), and 2) individuals whose country of origin is not Mexico, Central America, or South America.

This study utilized a purposive homogeneous sampling method in order to gain insight into a participant's particular experience. Homogeneous sampling is used when the goal of the research is to understand and describe a particular group in depth (Cohen & Crabtree, 2006). Purposeful sampling is widely used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest (*Purposeful sampling for qualitative data collection and analysis in mixed method implementation research,* 2015). Additionally, this study utilized snowball sampling where research participants recruited other participants. The sample in this research study represented a perspective in addition to a specific population.

Trustworthiness

In conducting a qualitative research study, it is crucial that it is conducted in a rigorous and methodical manner in order to yield meaningful and useful results (Nowell, Norris, White, & Moules, 2017). Lincoln and Guba (1985) refined the concept of trustworthiness by introducing the criteria of credibility, transferability, dependability, and confirmability to parallel the conventional quantitative assessment criteria of validity and reliability. Confirmability is established when credibility, transferability, and dependability are all achieved (Guba & Lincoln, 1989).

Credibility addresses the "fit" between respondents' views and the researcher's representation of them (Tobin & Begley, 2004). To address credibility, this researcher utilized peer debriefing with her Chair to provide an external check on the research process, as well as examined referential adequacy, which involved identifying a portion of data to be archived, but not analyzed, as a means to check preliminary findings and interpretations against the raw data

(Lincoln & Guba, 1989). Upon initial transcription of interviews, each audio recording was reviewed by the primary researcher.

Transferability is synonymous with generalizability, or external validity in quantitative research. Transferability is established by providing readers with evidence that the research study's findings could be applicable to other contexts, situations, times, and populations (Lincoln & Guba, 1985). In order to achieve transferability with the data, this researcher identified and reflected upon assumptions, motivations and values while going through participants' transcripts by taking careful notes within the margins of the transcripts. This process allowed this researcher to revisit assumptions throughout the analysis. In order to maintain trustworthiness, this researcher's notes were reflected upon and discussed with this researcher's chair and committee members. Thick descriptions or describing in detail the participants or setting under study, was used in order for those seeking to transfer the findings to their own site can judge transferability (Lincoln & Guba, 1985).

To ensure trustworthiness, researchers are encouraged to keep a self-critical account of the research process, including their internal and external dialogue, or reflexivity (Tobin& Begley, 2004). According to Fischer (2009), reflexivity refers to a person attending to how they have participated in forming a particular understanding or in taking an action. Reflexivity was practiced by taking thorough notes and by having consistent scheduled conversations with this researcher's dissertation chair and committee members. This facilitated reflection on this researcher's motivations, prior assumptions, and position in the research process, as well as the influence of external pressures and constraints.

Dependability ensures that the research process is logical, traceable, and clearly documented (Tobin & Begley, 2004). Dependability is important to trustworthiness because it

establishes the research study's findings as consistent and repeatable (Lincoln & Guba, 1985).

One way that this researcher will demonstrate dependability is for the process to be audited

(Koch, 1994). According to Koch (1994), an audit trail provides readers with evidence of the

decision and choices made by this researcher regarding theoretical and methodological issues

throughout the study, which requires clear rationale for such decisions. In order to do this

successfully, this researcher kept records of raw data, field notes, and transcripts, which helped

this researcher systemize, relate, and cross reference data, as well provided more ease in

reporting the research process (Halpren, 1983).

Researcher Reflexivity Statement

My interest in this particular research was sparked by my own father's experiences of

discrimination and prejudice when he immigrated to the United States from Venezuela at the age

of 24. English is his second language, as he did not speak English when he moved to the US.

Both of my parents have raised my siblings and I to have a keen awareness of how people are

treated based on where they come from, what language they speak, and the color of their skin.

My father has encountered countless instances where he has been marginalized, discriminated

against, and treated extremely different while being married to my mother, a white woman. One

particular instance that he told me about as a child struck a particular chord with me, influencing

me to do the work that I do. Before I was born, my parents lived in Nashville, Tennessee while

my mother was pursuing her PhD in sociology at Vanderbilt University. My father was at a bar,

speaking Spanish to another patron, when an older white male shot my father in the leg with a

gun. The man said he did it because my father "should have been speaking English, because this

was America." Although, my dad took the man to court, the man was not charged as he was

friends with the judge. This forever changed how my father viewed this country and the justice

system. This incident led to my father suffering from PTSD, though he had no conception of what he was suffering from and did not receive any mental health services. Now, having a daughter within the field of psychology, my father always tells me how he wished someone would have told him that he could speak to someone, or that there were services that could have helped him. I want to further understand how certain experiences, when moving to the United States in adulthood, contribute to mental health, access to care, and perception of mental health services.

Looking at ethnic identity in conjunction with such experiences can help dissipate stigma surrounding mental health when viewed from a strength-based approach. Therefore, the concept of ethnic identity is important to me in my research. Ethnic identity has always been something that I have juggled with personally. Growing up in Miami, Florida, being Latina, I was part of the majority. But when I moved to California when I was 13 years old, I had a very different experience with how Latinxs were perceived. I believe this was due to the extensive disparities between what "being Latina" meant here in California as opposed to what it meant in Miami. As I grew older, this identity with ethnicity and racial identity moved from the superficial physicality of it to what it actually *meant* to me. In other words, moving from being perceived visibly as Latina to forming a more thorough identity around it. Having a Latinx father and a white mother exposed me to both sides of the coin. Throughout my life, both my parents have stressed that I be exposed to the good, the bad, and the ugly of being a part of a dominant group, while also having a keen awareness of being a part of a minority group. However, if I am being completely honest, I probably more so experienced the benefits of being white as opposed to experiencing life as a minority. This acknowledgement brings up feelings of immense guilt, because I feel like I am abandoning part of my identity as being Latina. This also sometimes

turns to anger because I *do* identify as Latina and know for a fact that my own father has experienced prejudice, discrimination, and racism because of his ethnicity, and this has very much influenced how he sees this country. I pass as white and people rarely question this. But, at the same time, when I tell people I am half Venezuelan people don't bat an eye at that either. This is a significant part of what brings me to this study. The notion of visibility as a minority, as well as how I am perceived by others, even when told about my heritage.

Managing potential biases of my topic is important to maintain a certain degree of objectivity. For example, keeping in mind that my knowledge of experiences of adult immigrants moving to the United States is based on my father's experiences and other adults who are personally close to me. However, conducting a phenomenological study allows me to immerse myself with my participants on a personal level that will be conducive to this study. I plan on managing my biases by keeping memos that will include my thoughts throughout the entire process of data collection, data analysis and interpretation, and the writing process. This will allow me to reflect and to successfully catch when I am potentially being biased or letting my personal experiences bias data analysis. By providing this statement, this researcher is explicating these biases for future research, as well as in this researcher's collaborative work with her dissertation committee.

Data Sources

Interviews

Semi-structured interviews were utilized for this study. The aim for the interview questions was to get demographic information and to facilitate discussion of relevant topics as it pertains to the research questions, which would be answered via

analysis. It is imperative that, as an interaction, both interviewer and interviewee are active participants within the research process (Smith, Flowers, & Larkin, 2009).

The interviews included open-ended questions to enable participants to discuss issues of personal relevance to them and allow flexibility to probe further into interesting and relevant topics as they arose throughout the interview (Appendix D).

Interviews lasted between 1.5 to 2 hours with one interview lasting approximately 2.5 hours. Interviews were transcribed using GoTranscript (identifying information was not be included in the interviews to maintain confidentiality during transcription). This researcher provided options for clarifying and defining certain terms used in the interview questions (Appendix F) to account for the possibility of certain terms not translating from English to Spanish the way it was intended. For example, using other words or providing definitions to describe socioeconomic status, assimilation, and acculturation (further described in Appendix F). However, these terms are meant to be broad in this interview in order to give the participants room to talk about what these terms mean to them or how the define them.

Procedures

Recruitment

Participants were recruited via fliers that were translated in both English and in Spanish (Appendix A) and posted around the Bay Area, specifically San Francisco. This researcher additionally recruited participants by placing fliers in community centers in the Bay Area that specifically cater to the Latinx community.

When a potential participant emailed this researcher for more information and/or to participate in the study, a template email (Appendix B) was sent to them with detailed

information about the study. This email was sent in both English and Spanish. It included a

phone number for participants to contact at their earliest convenience. Inclusion criteria for the

study was reviewed with the potential participant, and if inclusion criteria were met, an interview

was scheduled. At this point, it was determined if the participant would prefer for the interview

to be in English or in Spanish, after this researcher disclosed that Spanish is her second language.

Interviews

Semi-structured interviews consisting of a total of 22 questions (Appendix E) were

conducted in a mutually agreed upon setting, such as a private room at University of San

Francisco or another public space that ensured privacy (i.e., a room in a public library).

Interviews lasted between 1.5 to 2 hours. At the start of each interview, confidentiality,

disclosure, and withdrawal from the research project process was discussed. Prior to consent, this

researcher informed participants that this researcher speaks Spanish and understands everything,

but that Spanish is her second language. Written consent, as well as consent for audio recording,

was obtained (Appendix C) at this point and was provided in either English or Spanish.

Interview questions asked about participants' countries of origin and how their

lives looked like prior to moving to the United States, their reasons and experiences

moving to the U.S. as an adult, identity maintaining from their country of origin, identity

changes after moving to the U.S., expectations surrounding moving to the U.S., and their

periods of adjustment, including experiences of discrimination and prejudice, and how

moving to the United States may have or not have affected their mental health and

seeking of mental health services.

Upon completion of the interview, the participant received a $50 gift card to either

Amazon or Target, their choice. Additionally, a sheet of paper with this researcher's contact

information (Appendix F) was provided should the participant need to contact this researcher with any questions or concerns. A sheet with helpful resources was provided to participants should participants want to utilize mental health services in the future (Appendix G).

This researcher was aware that individuals who participate in research that delves into traumatic or aversive events may experience anxiety, depression, embarrassment, or acute stress reactions as they recall, reexamine, and reveal their experiences (Jorm, Kelly, & Morgan, 2007). During interviews with the six participants, some shed some tears in retelling their experiences and, during these times, this researcher checked in with them, and offered them a break. None of the participants became distressed enough to need a break from the interview and were capable of continuing with the interview.

Data Analysis

Interpretive phenomenological analysis is the form of analysis that this researcher utilized for the current research. Interpretive Phenomenological Analysis (IPA) is often characterized by a set of common processes (e.g., moving from the particular to the shared, and from the descriptive to the interpretive) and principles (e.g., a commitment to an understanding of the participant's point of view, and a psychological focus on personal meaning-making in particular contexts), which are applied flexibly, according to the analytic task. Once transcriptions of interviews were completed and reviewed, data analysis began. Typically, analysis has been described as an iterative and inductive cycle, which proceeds by drawing upon the following eight strategies. (Reid, Flowers, & Larkin, 2005)

1. Line-by-line analysis of the experiential claims, concerns, and understandings of each participant (Larkin, Watts, & Clifton, 2006).

2. The identification of emergent themes emphasizing both convergence and divergence, commonality and nuance (Smith, Flowers, & Larkin, 2009).

3. The development of a dialogue between researchers, their coded data, and their psychological knowledge about what it might mean for participants to have these experiences (Smith, Flowers, & Larkin, 2009).

4. The development of a structure, or frame, which illustrates the relationships between themes (Smith, Flowers, & Larkin, 2009).

5. The organization of all this material in a format which allows for analyzed data to be traced right through the process, from initial comments on the transcript, through initial clustering and thematic development, into the final structure of themes (Smith, Flowers, & Larkin, 2009).

6. The use of supervision, collaboration, or audit to help test and develop coherence and plausibility of the interpretation (Smith, Flowers, & Larkin, 2009).

7. The development of a full narrative, evidenced by a detailed commentary on data extracts, which takes the reader through the interpretation, usually theme-by-theme, and is often supported by some use of visual guide (a simple structure, diagram, or table) (Smith, Flowers, & Larkin, 2009).

8. Reflection on one's own perceptions, conceptions and processes (Smith, Flowers, & Larkin, 2009).

Step 1: Reading and Re-reading

Interviews were recorded on a recording device and transcribed using GoTranscript.com, which is a professional audio and video transcription services company that ensures confidentiality. Of note, there is not any identifiable information in

the interviews themselves as this researcher asked participants to choose pseudonyms prior to the interview. This researcher used "Translate Tab" to translate 3 Spanish transcriptions into English for a thorough understanding. Translate Tab is an affordable translator application for translation between 100+ languages (Izvekov, 2016). Translate Tab (Version 2.0.8 (2032)) [OSX]). This researcher listened to the audio of each interview while reading transcripts to ensure transcription accuracy. For each of the Spanish interview transcriptions, this researcher read line by line translations in English. To ensure transcripts and translation by the aforementioned software being utilized were correct, this researcher re-listened to the audio and went over the transcriptions in detail. This researcher made corrections as needed while transcriptions and audio were reviewed in tandem.

To begin the process of entering the participant's world, it is important to enter a phase of active engagement with the data. Transcriptions were analyzed on a case-by-case basis and read 2-3 times in order for the researcher to be absorbed in each participant's account. This first stage of reading and re-reading is conducted to ensure that the participant becomes the focus of analysis. Reading and re-reading the interview transcripts immerses this researcher in the data and assists in recalling the atmosphere of the interview as well as the setting where it was conducted (Pietkiewicz & Smith, 2012).

During review of the transcriptions, comprehensive exploratory comments that came up for this researcher were noted within the margins of the transcripts. Comprehensive exploratory comments are those that are associated with personal reflexivity, such as whether personal characteristics of the interviewer (e.g., gender, age, social status) affect the rapport with the participant (Pietkiewicz & Smith, 2012).

Repeated reading allowed for the model of the overall interview structure to develop

and permitted the researcher to gain an understanding of how narratives can bind

certain sections of an interview together (Smith, Flowers, & Larkin, 2009).

Step 2: Initial Noting

      After obtaining an overall understanding of the data, this researcher printed out

hard copies of the full transcripts and re-read them individually, including comments,

notes, and observations that were written within the margins of the transcript

document. The aim of this step was to produce a comprehensive and detailed set of

notes and comments on the data. This researcher focused on pinpointing themes

mentioned by the respondents, as well as those written down in the observational notes

to describe what was in the data (Friese, Soratto, & Pires, 2018).

      These notes included some of researcher's own initial, and most striking,

observations about the transcript in the margins of the transcript and in a notebook,

which helped this researcher bracket them off for a while (Smith, Flowers, & Larkin,

2009). This process ensured a growing familiarity with the transcript and it started to

identify specific ways participant talk about, understands, and thinks about an issue

(Smith, Flowers, & Larkin, 2009).

      Through the development of initial notes, there was a descriptive core of

comments, which had a clear phenomenological focus, and stayed close to the

participant's explicit meaning (Smith, Flowers, & Larkin, 2009). These comments

described the things that matter to them (i.e., key objects of concerns such as

relationships, processes, places, events, values, and principles), and the meaning of

those things for the participant, or, rather, what those relationships, processes, places,

etc. are like for the participant (Smith, Flowers, & Larkin, 2009). Developing from this, and alongside it, interpretive noting helped this researcher to understand how and why participants may have specific concerns, understandings, perceptions, as well as how they create meaning. This involved looking at the language that they use, thinking about the context of their perceptions (their lived world), and identifying more abstract concepts, which helped this researcher to make sense of the patterns of meaning in their account (Smith, Flowers, & Larkin, 2009).

The multiple ways in which exploratory commenting can be conducted are usually broken down into three discrete processes with different foci: descriptive comments, linguistic comments, and conceptual comments. In conducting this first and most detailed level of analysis, these discrete ways of doing exploratory commenting are combined on the same transcript because the links and connections made between them are critical to attempting to immerse oneself in the participant's lifeworld and engaging deep in the data analysis (Smith, Flowers, & Larkin, 2009).

Descriptive comments focus on describing the content of what the participant has said, the subject of the talk (i.e. in response to a certain question), within the transcript. Descriptive comments are about taking things at face-value and highlighting the objects that structure the participants' thoughts and experiences (Smith, Flowers, & Larkin, 2009). Linguistic comments focus on exploring the specific use of language by the participant, including pronoun use, pauses, laughter, sighs, functional aspects of language, repetition, tone, degree of fluency (e.g. articulate or hesitant) (Smith, Flowers, & Larkin, 2009). Conceptual comments focus on engaging at a more interrogative and conceptual level and are more interpretive. Conceptual annotating

involves a shift in focus, towards the participant's overarching understanding of the matters that they are discussing (Smith, Flowers, & Larkin, 2009).

Through comprehensive exploratory commenting (notes done during Step 1 and 2), the data set grew substantially. At this stage the researcher became very familiar with the model of the interview itself and, at this point, had an additional level of important, yet still provisional, set of notes for each transcript (Smith, Flowers, & Larkin, 2009).

Step 3: Developing emergent themes

The focus of the next step of analysis was to develop emergent themes found in the notes. This step involved an analytic shift to working primarily with the initial notes rather than the transcript itself (Smith, Flowers, & Larkin, 2009). In looking for emergent themes, the task is to manage the data changes as the analyst simultaneously attempts to reduce the volume of detail (the transcript and initial notes) while also maintaining complexity, in terms of mapping the interrelationships, connections, and patterns between exploratory notes (Smith, Flowers, & Larkin, 2009). In working through this step, this researcher typed up all comments that this researcher made in the margins of the interview as "emergent themes" for each individual interview.

The process of identifying emergent themes involves breaking up the narrative flow of the interview. Therefore, the original whole of the interview becomes a set of parts as the analysis is conducted, but then comes together in another new whole at the end of the analysis in the write-up. The main task in turning notes into themes involves producing a concise statement of what was important in the various comments attached to a piece of transcript. Themes are usually expressed as phrases which speak to the

psychological essence of the piece and contain enough particularity to be grounded and enough abstraction to be conceptual (Smith, Flowers, & Larkin, 2009). The themes not only reflected the participant's original words and thoughts but also the analyst's interpretation. This reflects a synergistic process of description and interpretation (Smith, Flowers, & Larkin, 2009). While initial notes may appear very loose, open, and contingent, emergent themes will capture and reflect an understanding. A theme title is then established and should relate directly to the very content about which the participant is talking.

Step 4: Searching for Connections Across Emergent Themes

Once a set of themes had been established for each interview transcripts and organized chronologically (that is, in the order they came up in the interview), the next step involved the development of a charting, or mapping, of how the analyst thinks the themes fit together (Smith, Flowers, & Larkin, 2009). The researcher began to look for a means of drawing together the emergent themes and producing a structure which allows for focusing on the most important and interesting aspects of the participant's account.

To identify themes for each individual interview, this researcher typed all the themes in chronological order into a list for each individual interview. This researcher then printed out the typed list of themes. This researcher then cut up the list, so each theme was on a separate piece of paper. Then this researcher used a large space (e.g., the floor or a large piece of cardboard) to move the themes around. Some themes acted as magnets, pulling other themes towards them. This enabled the researcher to explore spatial representations of how emergent themes relate to each other. The themes in

which this researcher saw as representing similar understandings of an experience or topic from participants were placed together (Smith, Flowers, & Larkin, 2009).

There are specific ways to look for patterns and connections between emergent themes, such as abstraction, subsumption, polarization, contextualization, and numeration (Smith, Flowers, & Larkin, 2009).Abstraction is a basic form of identifying patterns between emergent themes and developing a sense of "super-ordinate" themes, putting like with like and developing a new name for the cluster. By taking the emergent themes that were created in Step 3 and further summarizing them into topic areas, they served as first ideas for themes. Subsumption operates when an emergent theme itself acquires a super-ordinate status as it functions to bring together a series of related themes (Smith, Flowers, & Larkin, 2009). Contextualization identifies the contextual or narrative elements within an analysis and attends to temporal, cultural, and narrative themes in a proactive manner (Smith, Flowers, & Larkin, 2009). Polarization entails examining transcripts for the oppositional relationships between emergent themes by focusing upon difference instead of similarity. Numeration is useful if a researcher wants to take into consideration how frequently a theme is supported (Smith, Flowers, & Larkin, 2009).

The above strategies are not mutually exclusive, and this researcher utilized abstraction, subsumption, and contextualization in organizing emergent themes across interviews. This researcher typed up all the emergent themes, for that interview transcript, printed it out, and then cut out each of the emergent themes into individual pieces of paper. This researcher then laid all the pieces on the ground so this researcher could physically move the emergent themes around. Some themes acted as

magnets, pulling other themes towards them. Being able to physically move the pieces around allowed this researcher to see how emergent themes related to each other and see how they could be bunched with others to make "Themes."

Next, the researcher made a graphic representation of the structure of the emergent themes (Smith, Flowers, & Larkin, 2009). The creation of a table or figure allowed the analyst to look at the gestalt that has emerged from the analytic process.

Step 5: Moving to the Next Case

This step involved moving to the next participant's transcript and repeating the processes covered above (Steps 1-4). It was important here to treat the next case on its own terms, to do justice to its individuality. To ensure this, this researcher bracketed the ideas emerging from the analysis of the first case by keeping notes separate (typed up themes for each interview) while working on the second (Smith, Flowers, & Larkin, 2009). The systematic rigor of following the steps outlined ensured that there is allowance for new themes to develop. This then continued for each subsequent case (Smith, Flowers, & Larkin, 2009).

Step 6: Looking for Patterns Across Cases

This step involved looking for patterns across cases. This researcher wrote out themes for each interview on large pieces of paper, hung these large pieces of paper on a wall, and looked across them and asked: "What connections are there across cases? How does a theme in one case help illuminate a different case? Which themes are the most potent?" (Smith, Flowers, & Larkin, 2009, p.101). Sometimes this led to a reconfiguring and relabeling of themes. When naming themes, this researcher determined what each theme was about, what were the key elements and what is the

core message (Friese, Soratto, & Pires, 2018). This step helped the analysis move to a

more theoretical level as this researcher recognized, for example, that themes and

super-ordinate themes which are specific to a particular case were also representative

of instances of higher order concepts, which the cases therefore share (Smith, Flowers,

& Larkin, 2009).

This researcher wrote out finalized themes for each interview on individual

large pieces of paper and laid them all out next to each other. This researcher then used

colored markers to identify similarities between themes across the interview to create a

Master Table of Themes for the Group that became more refined and finalized in the

next step.

Producing the report

The last step was to weave the analytic narrative together, adding extracts from the

data in order to be able to tell a coherent and persuasive story. This was done by taking

the themes that were chosen and then writing them up one by one. Each theme was

exemplified and described using direct quotes or extracts from the interviews, followed

by analytic comments/notes from this researcher (Pietkiewicz & Smith, 2012). This

allowed for the opportunity to explain to readers the important experiential components

that had been uncovered during the process of analysis of the interviews. According to

Pietkiewicz and Smith (2012), using the interviewees' own words to illustrate themes can

"(1) enable the reader to assess the pertinence of the interpretations, and (2) it retains the

voice of the participants' personal experience and gives a chance to present the emic

perspective" (p. 369). Thus, the results section includes both the participants' accounts of

their experiences in their own words, as well as the interpretive commentary of this researcher.

Feasibility and Dissemination Plan

This researcher plans to submit the dissertation to ProQuest for publication listing in Dissertation Abstracts International (DAI) upon successful completion. This researcher also plans to inform individuals and/or organizations that work with this population by writing a research brief to be disseminated to agencies, organizations, and professional settings.

Ethical Considerations

All participant data will be protected using password encrypted files. All participants and their transcripts will be assigned a code number and fictitious names in the write-up. Ethical approval for the research was approved by the University of San Francisco's Research Governance and Ethics Team and IRB in the Fall of 2018.

CHAPTER 4
RESULTS

Participants

Participants in this study were 5 women and 1 man who had all moved to United States in adulthood from either a Central American or South American country or from Mexico. Four interviews were conducted in Spanish and two interviews were conducted in English. All participants were living in San Francisco or Marin Counties at the time of this study. All participants' first language was Spanish. They ranged in age from 39 to 52 years old, with a mean age of 47 years old. All participants moved to the United States between the ages of 18 and 46, with a mean age of 28 years old. The participants are briefly described below. To protect their anonymity, names of participants and their family members have been changed. All demographic information was based on self-report at the time of the interview.

- Paisajes was a married, cisgender, heterosexual woman, aged 48, from Peru. Her interview was conducted in Spanish. She moved to the United States at the age of 46. Her primary motivation for moving to the United States was because her husband had gotten a job in the San Francisco area. She was an architect in Peru prior to moving to the United States. At the time of this interview, Paisajes was in the process of becoming documented and had not been working.

- Olivia was a divorced, cisgender, heterosexual woman, aged 50, from Mexico. Her interview was conducted in English. She moved to the United States at the age of 22. Her motivation to move to the United States was to escape the financial struggles in Mexico and wanting to "change her life." She obtained her associate's degree in the U.S. and, at the time of this interview, was doing advocacy work in a community legal aid and tax services organization.

- Sabrina was an engaged, cisgender, heterosexual woman, aged 52, from El Salvador. Her interview was conducted in English. She moved to United States at the age of 21, to escape the civil crises happening in her home country and to look for a better life for herself and her children. She currently works at a non-profit organization for domestic peace.

- Fernando was a single, cisgender, gay man, aged 46, from Mexico. His interview was conducted in Spanish. He moved to the United States at the age of 29, in order to escape the financial situation in Mexico at the time of his emigration. He was on disability at the time of this interview due to an assault that occurred in San Francisco.

- Maria was a married, cisgender, heterosexual woman, aged 50, from Mexico. Her interview was conducted in Spanish. She moved to the United States at the age of 18, in order to find more economic opportunity to specifically help family members in her home country. At the time of this interview, Maria was working as a house cleaner.

- Beatriz was a married, cisgender, heterosexual woman, aged 39, from El Salvador. Her interview was conducted in Spanish. She moved to the United States at the age of 32 to flee from the civil crises that were occurring in her home country at the time that she left. At the time of the interview, Beatriz was working in a human resources department.

Themes

Data analysis identified and detailed six recurrent themes across participants. See Table 1 for a list of the group themes and subthemes that encompass the lived experiences of the participants. The following themes descriptively recount the expectations that the participants had for moving to the United States, the challenges and barriers they faced, the maintenance and changes to their identities, experiences of discrimination and the psychological effects of such

experiences, acculturative distress and its psychological effects, experiences of trauma,

experiences of meaning making through empowerment, mental health seeking behaviors, as well

as the effects of the Trump administration. A thorough and detailed interpretive analysis will

follow for each theme below, which will include direct quotes from the participants' interview

transcripts. Of note, for interviews that were conducted in Spanish, quotes will be in their

original form (Spanish) and a rough translation in English will be provided underneath in italics.

Table 1

Master Table of Themes for the Group

Themes and subthemes	No. of participants with theme
A. Reasons for Emigrating	
1. Survival	3
2. Providing education and other opportunities for their children	2
3. Seeking a better life through education and new career opportunities for themselves	3
B. Impact of Moving to the U.S. on Identity	
1. Feelings of loss of identity	3
2. High value in maintaining cultural traditions as part of identity	4
3. Integration of both cultures into identity	3
C. Acculturative Stress and Its Effect on Mental Health	
1. Difficulties with Language	6
2. Experiences of Discrimination and Microaggressions	4
3. Feelings of "Not belonging."	3
4. An effect on the interpersonal and relational	6
5. Psychological effects of acculturative stress	4
D. Experiences of Trauma Affecting Mental Health and Mental Health Seeking Behaviors in the U.S.	4
E. Effect of the Trump Administration	
1. Changes in perception of the United States	3
2. Effects ability to see family in home country	2
3. An increase of anti-immigrant beliefs and rhetoric	3
4. Increased sadness, fear, uneasiness, and insecurity	4
5. Impact of witnessing other families' separations.	2

Theme A: Reasons for Emigrating

This theme encompasses participants' expectations of moving to the United States, which mostly focused on obtaining a better life for themselves and for their family. Most participants were fleeing their home country due to economic crises and other civil crises that were occurring in their home country, most notably being gang and drug violence, poverty, and a sense of little opportunity to acquire money, jobs, security, and safety.

Subthemes for this theme included survival, providing education and other opportunities for their children, and seeking a better life through education and new career opportunities for themselves.

Survival. For three out of the six participants, leaving their home countries and coming to the United States was not just for better opportunity, it was for survival as well. Two of these three participants in this subtheme escaped El Salvador during times of severe civil unrest. Below, for Sabrina and for Beatriz, not only was their aim to provide their children with the opportunity for education, but that, for them, it was a matter of literally *saving* their lives.

Sabrina: "Again, for me, it was not just to be able to give a better life to my children, but also to save them, to keep them alive. It was life or death…."

Beatriz: Como yo estaba siendo amenazada y extorsionada en El Salvador, yo no sentía que tenían futuro mis hijos en El Salvador. Una, porque íbamos a vivir todo el tiempo con miedo si teníamos negocio. Otra, el círculo, el entorno de mis hijos no era

saludable…pero terminan en las escuelas y allá terminan siendo pandilleros. Aún siendo

pandilleros, otras pandillas vienen y los matan, o se vuelven ladrones.

    … en El Salvador es más difícil. Es duro, es una vida dura. Los jóvenes buscan

ese camino y eso era algo que yo les decía, "Yo quiero un buen para ustedes. Yo quiero

que vayan a la universidad, yo quiero que estudien, yo quiero que salgan adelante. Si

tengo que emigrar para darles una buena vida, una buena educación a ustedes, pues lo

tengo que hacer aunque me duela". Y así fue cuando tuve que salir.

As I was being threatened and extorted in El Salvador, I didn't feel that my children had

a future in El Salvador. One, because we were going to live in fear if we had to go

through negotiations over my business. Another reason was that the environment of my

children was not healthy… after schooling ends, most kids end up becoming gang

members. Even if they become gang members, other gangs can come and kill them, or the

children become thieves.

    … in El Salvador it is more difficult. It is hard, it is a hard life. The young people

tend to look for that path and that was something that I told them [her children], *"I want a*

good one for you. I want you to go to college, I want you to study, I want you to move

forward. If I have to emigrate to give you a good life, a good education to you... well I

have to do it even if it hurts. " And that is how I decided to leave.

The extracts above from these two women illustrate the simultaneous necessity of fleeing

their home countries for survival on the one hand and providing better opportunity for their

children on the other. To avoid their children being recruited by the military, in Sabrina's case,

or from joining violent and dangerous gangs, in Beatriz's case, deciding to leave their country

was also connected to their children's safety and survival. For Sabrina, another concern for her

was her daughter's safety. She further explained how most girls and women were kidnapped and raped on a regular basis. For Sabrina, the exposure to the United States as a place of opportunity, caused Sabrina to put action behind the expectation and have her children come to the United States to obtain education and a better life. For both women, finding a way to secure stability and opportunity for their children was their utmost dedication and goal.

Similar to Sabrina and Beatriz, Olivia identified leaving her home country of Mexico as also touching on survival in a sense. She talks about the fear of living in a country with civil unrest and the fear of something happening to her or her family.

> I was really young and I was already struggling with all of the crises the country was going on like crime and drugs and all of that things because we were on a border…. bad people were recruiting young people. I was scared that someday something will happen to me too or my family… I moved to California with those too expectation knowing the culture, seeing if I could study here and make an income.

Providing education and other opportunities for their children. The following excerpts are quotes from participants who moved to the United States with children. Two out of the six participants directly discussed how their biggest goal for moving to the U.S. was to be able to provide a "better life" for their children, in particular, providing the opportunity for education.

For Paisajes, she had previously described that the reason why her family moved to the United States was for the "economic part." Her husband had obtained a job in the United States, which triggered the process for Paisajes and her family to move to the U.S.

> Mis expectativas, primero que mi hija tenga una buena educación, y eso estoy viendo si la cambio de colegio, si busco un colegio privado, uno católico. Lo que he podido averiguar es que la currícula es un poco mejor que un público.

> *My expectations were first that my daughter receives a good education, and I am looking to see if I should change schools for her, like if I should look at private schools, like a Catholic one. What I have been able to find out is that the curriculum is a little better than in public schools.*

A clear focus of moving was ensuring that her daughter receives a good education and we can see her working through deciding what "kind" of school (Private or Public) would be best. It is important for Paisajes to be able to find a job related to her career as an architect. However, we can begin to see that documentation often hinders this process for adults having moved to the U.S. This will be discussed in further detail later.

Sabrina discusses how, in addition to leaving her home country for her survival and her children's survival, she placed importance in wanting to provide opportunity for her children to have a better life, specifically as it relates to them obtaining an education.

> It's like being in candy land if you like candies, so you see other opportunities. Then I thought this can work for my family, for my kids to have the opportunity to have better education or higher education. My son is in University of San Francisco now, he's studying immigration…As a mom at a young age, for my children, that was one of the expectations that I had. They can be in a better place and have a better future, and live life better. Prosperity.

Seeking a "Better Life" through education and new career opportunities for themselves. Three out of the six participants specifically focused more on participants' expectations of being able to "live well," gain education and language acquisition, and for financial gain. For Olivia, she describes wanting to gain opportunity for better employment and for financial reasons.

I moved because I have financial struggling and I wanted to work, but also, I wanted to learn the language. I was a student in Mexico, so I was eager to find different way to live. Every time I saw a United States citizen coming to Mexico and spending time in my country, I see the way they were living, by seeing them how they were dressed and how the way interacting to each other and I was in love of that culture so I wanted to come. The major thing was my social economic situation. The second is that I wanted to change my life too.

Olivia also had a focus on obtaining education, a job, and also language acquisition of English as a goal. For Maria, below, there is an expectation of the United States that is swept up in the ideal.

Sí tenia [Expectacivas], porque yo oía mucho que en el norte se vive muy bien, se gana muy bien, y hasta decían que se barría el dinero en el suelo según la gente…

Yes, I had [Expectations], *because I heard a lot that in the north you live very well, you earn a lot of money, and they even said that money was swept on the ground according to people…*

Like Olivia, Fernando was fleeing the economic situation in Mexico. He reflects on his expectations of being able to obtain a job and make money to help his family back in Mexico.

Yo creo que mi meta era como la de millones de personas que huyen de la situación económica de México, solo mi meta era encontrar un trabajo, ya sabía que en Estados Unidos como no tengo ninguna profesión yo sabía que yo venía a hacer los trabajos de más abajo, muy abajo, yo ya venía con esa idea de hacer esos trabajos, pero para ganar un poco más de dinero para ayudar a mi familia, quizás tener ahorrar para tener una profesión, esas fueron mis metas.

I believe that my goal was like that of millions of people fleeing the economic situation in

Mexico, my goal was to just find a job- I already knew that in the United States, as I did

not have a previous profession, that I was going to probably get the lowest jobs and I

already came here with the idea of having to do those kinds of jobs, but it was so I could

earn a little more money to help my family, maybe even saving enough to pursue a

profession, those were my goals.

On the contrary to Maria and Olivia, Fernando approaches his expectations of moving to

the United States with realism over the ideal. For Fernando, it is apparent that his decision to

move specifically to San Francisco had its own expectations.

…cuando yo decidí mudarme a San Francisco porque me decían que es una

ciudad gay, ciudad muy liberal, mucha libertad algo así.

… when I decided to move to San Francisco it was because they told me that it is a gay

city, a very liberal city, a lot of freedom something like that.

As a gay man, Fernando found solace in moving to a city that he had heard was "liberal

and gay."

For Paisajes, she describes how her second expectation or goal for moving to the United

States was to also gain better opportunity for education and a profession for herself.

La segunda expectativa sería que yo también pueda trabajar en algo relacionado a mi

carrera, eso también tengo que buscar, pero estoy en trámites de mis papeles. Eso sería lo

principal.

The second expectation would be that I can also work on something related to my career,

which I also have to look more into, but I am in the process of obtaining my papers.

Those would be the main things.

Theme B: Impact of Moving to the U.S. on Identity

Identity exploration was one of the foci of this research, therefore participants were specifically asked about what aspects of their identity had changed or shifted and what aspects of their identity were maintained as a result of moving to the United States. Subthemes include feelings of loss, high value in maintaining cultural traditions as part of identity, and integration of both cultures into identity.

Feelings of loss. Three out of six participants described feelings of loss with regards to some aspect of their identity, such as the loss of an accent, loss of interest of traditional holidays and celebrations, and the loss of a career, all of which participants discussed as being part of their identities.

On a sociolinguistic level, Olivia described how the loss of her accent was something she considered a change in her identity. She described that having lost her accent as a result of living in the United States was noticed by family members back in Mexico.

I lost my accent. I lost the way my accent was when I was in Mexico. The place where I am from, they have a very, very pronounced accents, very strong accent. I lost it, and I didn't know. My friends here, my relationships here are mainly South Americans or Central Americans and less Mexican. When I talk to my parents-- I'm sorry, to my brothers and sisters in Mexico, they say, "Why do you speak this way?

She additionally describes that she began to lose interest in her home country's traditional celebrations.

Somehow, I did lost my identity. Also, I noticed that my good celebrations that I had in Mexico, like El Día de los Muertos, all of those celebrations, I lost interest. I was trying to fit them, but my sister, she's married to a European. She wouldn't celebrate them

anymore. As much as I want to do the celebration, she was always so busy, and she had

two kids. There was no way to celebrate like we used to, and so I lost that, too.

For Fernando, we see a loss in connection to family members due to the loss of proximity to his

previous relationships/family in Mexico. His relational attributes with family members and

friends in Mexico were an aspect that he recognized as part of his identity.

He describes a loss in social interactions as contributing to feelings of loneliness.

Sí cambió un poco. Por ejemplo, ya no extraño a mi familia, ya no tengo el mismo afecto

de mi familia. Me hice un poco más solo, eso es lo que me pasó. Se va un poco sentirse

querido. En México tenía mi familia, mis hermanos, mi madre, mi padre, aquí cambió

porque yo no tengo familia, cambió más, yo creo que más soledad.

Yes it changed a little. For example, I no longer miss my family, I no longer have the

same affection as my family. I became a little more alone, that's what happened to me…

In Mexico I had my family, my brothers, my mother, my father, here it changed because I

have no family, it changed more, I think more loneliness.

For Beatriz, feelings of loss arose with regards to her career as being an aspect of her

identity that changed upon moving to the United States. Leaving El Salvador, resulted in the loss

of her career and her own business. Typically, degrees do not transfer across countries,

specifically if they are in the medical field. Beatriz was an educated and trained pharmacist in El

Salvador and owned her own pharmacy.

Vieras para terminar mi carrera fue muy dolorosa también, muy fuerte, no fue tan fácil…

pero yo dije, "Ya estoy aquí y voy a salir adelante. Voy a terminar, hasta que me haya

graduado, no voy a dejar de estudiar por cosas que yo sé que cuesta, pero ya estoy aquí y

hasta que no tenga mi diploma, mi título en mi mano, no lo término.

Coming here [the U.S.] finished my career- it was very painful too, very painful, it was

not so easy…but I told myself, "I'm here and I will come out ahead. I will finish, until I

have graduated, I will not stop studying for things that I know will be worth it, but I am

already here and until I have my diploma, my degree in my hand, I will not give up."

For Beatriz, giving up her career and her business, a large part of her identity, was

something that was very difficult for her to come to terms with. She states, "Mira, mi vida en El

Salvador era de estar inyectando, estar poniendo un suero, estar curando una herida y todo lo que

es en medicina. Venir aquí a cortar verduras, eso lo hacía yo en mi casa, pero no en un

restaurante./*Look, my life in El Salvador was to provide injections, applying serums, healing a*

wound and everything that is in medicine. Then I come here [U.S.] to cut vegetables, I did that at

home, but not in a restaurant."

High value in maintaining cultural traditions as part of identity. Four out of six

participants discussed the importance placed on the maintenance of cultural traditions, such as

foods, celebrations, holidays as it relates to identity. In addition, these four participants identified

as parents and parenthood was a large part of their identity. Therefore, they placed great

importance in ensuring cultural maintenance in parenting their children in the United States.

For example, Paisajes placed importance on keeping traditional foods present in her

household as well as cultural traditions of Peru in order to preserve this aspect of her identity.

Her main focus was ensuring that her daughter also sustains her cultural roots and was exposed

to Peruvian culture even living in the Bay Area.

Igual la parte de alimentación nunca la voy a cambiar. Mi hija nunca va a McDonald's, ni

tampoco comerá nunca de esas comidas chatarra…

Like the feeding and food part I will never change it. My daughter never goes to

McDonald's, nor will she ever eat those junk foods…

Paisajes described being shocked by the amount of junk food that Americans consumed and made it a point to not parent her child with eating foods like McDonalds. She further describes how she always tries to maintain the customs of Peru. She states:

"Siempre trato de que mantener las costumbres de Perú aquí, al menos dentro de la casa. Yo he buscado ponerla en algunas clases de música peruana que he encontrado, porque hay muchas organizaciones culturales de diferentes países aquí en San Francisco o en el Área de la Bahía… Ha participado también en carnaval de San Francisco con grupos peruanos. Ahí estoy en eso, para que ella siempre esté en esa dirección, y de una manera también se frecuente con latinos, en este caso peruanos. Hay un intercambio de experiencias, y no se olvide.

I always try to keep the customs of Peru here, at least inside the house. I have sought to put her [daughter] in some kinds of Peruvian music classes that I have found, because there are many cultural organizations from different countries here in San Francisco or in the Bay Area… She has also participated in the San Francisco Carnival with Peruvian groups. I am a part of that, so that she is always in that exposed to that, and in a way it is also frequent with Latinos, in this case Peruvians. There is an exchange of experiences, and do not forget.

Paisajes, as we can see, actively sought out opportunities to engage in specifically Peruvian cultural activities to maintain her cultural and ethnic aspects of her own identify, which the highlights importance of parental cultural socialization.

Similar to Paisajes, described the importance of sharing cultural traditions and values with her children as a part of maintaining their own cultural and ethnic identities. However, for Maria, she additionally mentioned the difficulties in parenting children with regards to ensuring the maintenance of cultural traditions that have been born and raised in the United States.

Siguen las tradiciones de uno, de querer llevar a los hijos derechitos, tratar de inculcar algo de lo de uno, de los países de uno, pero creo que es muy difícil, porque ya aquí le abren los ojos muy rápido y está difícil a veces tratar de traer uno sus orígenes de uno a enseñarles a ellos cómo portarse o cómo tratar de llevar su vida a que sea más tranquila…

One's traditions are maintained, of wanting to lead the children in that direction too, trying to instill something of one, of one's countries, but I think it is very difficult, because once here, they [children] open their eyes very fast and it is difficult sometimes to try to bring in their origins to teach them how to behave or how to try to take their life to be calmer…

There was a sense of frustration while Maria spoke about the difficulties of trying to instill her own cultural and ethnic identity and values in her parenting. It was almost as if she felt that instilling the cultural traditions was in competition with what her children were exposed to growing up in the United States.

Similarly, Olivia describes the importance of respecting cultural traditions, specifically Dia de los Muertos, and sharing these traditions with her children.

One of those is the celebration of death which is the 2nd of November, Día de los Muertos…I try to respect that every year with my kids, with the altar and everything they mean, the real meaning. I try to learn my dialect in Mexico. I couldn't, and I find a person

here who does speak the dialect, and work on the practice because it's really good to

practice.

Olivia continues to describe how she maintains her cultural and ethnic identity by sharing and

remembering cultural stories.

Yes, and there are stories on sometimes of the story of Mexico. What Amaya means,

what all of those story I try to keep, and that's what I bring in my culture, and sometimes

when I talk to friends who are Anglo, who are from Europe they talk about Mexico in

some different aspects so…I explain how the culture is, and help them understand more

about the Mexicans culture.

We see that for, Olivia, stories preserve culture and pass on cultural knowledge from one

generation to another and we see that this is a part of Olivia's identity.

For Beatriz, the maintenance of the identity as Salvadorian is strong as seen in keeping

traditional foods present in her and her family's life.

Fíjate hemos tratado de no cambiar mucho la cultura de nuestro país en la cual nosotros

estamos, mi esposo es de El Salvador, todos somos salvadoreños, como que la cultura la

hemos tratado de mantener según nuestro país… Otra cosa es que hacemos todas las

comidas de El Salvador, tratamos de no comer mucha comida de acá y cocinamos en casa

para mantenernos siempre en familia y cocinar lo que a nosotros nos gusta y comer lo que

a nosotros nos gusta.

We have tried not to change much of the culture of our country from which we are from,

my husband is from El Salvador, we are all Salvadorians, the culture is what we have

tried to maintain from our country… Another thing is that we make all the meals of El

Salvador, we try not to eat much of the food from here and we cook at home to always

stay with the family and cook what we like and eat what we like.

Beatriz touches on the importance of quality time spent with family that oftentimes

comes from cooking together, which is a cultural attribute of the Latinx community. Similar to

Paisajes from above, Beatriz notes that her family tries not to eat very much "American food"

and this seems to be a cultural aspect of identity of which both women share and are proud.

Beatriz further discusses that part of her identity is maintaining her accent and this is what makes

her Salvadorian. She states: "Nos mantenemos en el aspecto que no queremos quitar nuestro

acento, sentir que eso es lo que nos hace salvadoreños/ *An aspect we maintain is that we do not*

want to lose our accents, we feel that this is what makes us Salvadorians."

Similarly, Sabrina discusses the importance of keeping certain cultural traditions,

especially with regards to food.

I try to keep the culinary…The food traditions from my country for the holidays and

Christmas. I make this special Salvadorian recipe to cook my turkey.

Integration of both cultures into identity: Three out of the six participants were able to

discuss how the integration of both their cultures from their home countries and the culture in the

United States were considered changes to aspects of their identity, specifically with changes to

what they considered "home" to be.

Sabrina discusses how becoming a citizen of the United States did not necessarily change

her cultural and ethnic identity as a Salvadorian and ensures that she place importance in

maintaining her language and food traditions in her life and preserving them in her children's

lives. However, Sabrina also incorporates that the combination of both cultures, Latina and

American, has become a new aspect of her identity.

Even though I became a US citizen, I still consider myself Salvadorian for life… that's

one side of my Latino identity. Keeping my culture, I would say, as Latina, I do speak

Spanish to my kids. They grew up learning the Spanish…I try to keep the culinary…The

food traditions from my country for the holidays and Christmas. I make this special

Salvadorian recipe to cook my turkey. It is 100% Salvadorian, but at the same time, I try

to combine both cultures. Like if for Christmas, I do something 100% Salvadorian, on the

New Year, I do something related to the US culture. I combine things, but also not giving

out to the roots where I come from, and my kids to be familiar with where we come from

and what our traditions. That's what we do.

Similar to other participants, Sabrina places importance on food and holidays and how

these holidays are celebrated. In her case, the combination of cultures has become part of her

identity. Sabrina has embraced more of a bicultural identity while still maintaining her cultural

and ethnic identity.

Sabrina additionally describes how her mindset of what she considered home changed.

I'm 52 now. I came when I was 21, so imagine. It's really more than half of my life, so it

[identity] changed. It's like you start thinking this is your home, and then you adapt

yourself to the culture, to the lifestyle here. I didn't know what was Thanksgiving, but I

learn it over here and now I celebrate Thanksgiving and cook, and those kind of things.

Sabrina specifically describes that her experience with her identity changing upon moving to the

United States had to do with a shift in what she considered to be "home."

Similarly, Beatriz identified a change in an aspect of her identity regarding viewing the

United States as home and, surprising herself, that she did not have any interest in ever living in

El Salvador again, but was interested in visiting again. Her interest in visiting is dependent on her knowing she would be able to return to the U.S. She states,

> Es hermoso, estoy esperando ir a El Salvador porque sé que puedo regresar, ya no quiero ir a vivir allá, ya no quiero… me siento tan segura en este país, me siento tan bien en este país. Ya es bonito vivir aquí.
>
> *It's beautiful, I'm waiting to go to El Salvador because I know I can return [to the U.S.], I don't want to live there [El Salvador] anymore, I don't want to… I feel secure in this country, I feel so good in this country. It's already nice to live here.*

Olivia describes how citizenship in the United States brought her to identify as American in addition to her identity as Salvadorian and describes that the U.S. is her country. She describes how identifying with the United States helps her identify as a citizen of the world because of its diversity.

> … learn about the culture and feel like, yes, I am American because I am American. I was born in the continent. Knowing that it gave me a little power. I say, "Well, now that I am a citizen, I have to act like a United States citizen, and I have to do good for my country. This is my country. I feel more like I am from here." Adopted but I am here…I don't think that my community is just Mexican or Salvadorian. I think that my community is Anglos… Also, European Nations, everybody because that's the beauty of this country.

Theme C: Acculturative Stress and its Effect on Mental Health

Acculturative stress is always something that needs to be studied when working with immigrant populations. It can be argued that it looks differently for those individuals who immigrated to the United States in adulthood. This theme encompasses a breadth of experiences

of acculturative stress that are best described in the following four subthemes: difficulties with language, experiences of discrimination and microaggressions, feelings of "Not Belonging," an effect on the interpersonal and relational, and psychological effects of acculturative stress.

Difficulties with Language. All 6 participants identified language as the biggest challenge and barrier to living a subjectively fuller life upon moving to the United States. Participants discussed how not knowing the dominant culture's language, English, was a barrier to education and to acquiring jobs that were outside of domestic work (i.e., cleaning houses, being a nanny, doing gardening, painting, construction), as well as limiting opportunities for upward mobility in jobs/careers. Language was also a barrier in the sense of interactions with others, specifically participants feelings of being taken advantage of due to their inability to understand English.

Olivia discussed that she wanted to gain an education and a degree upon moving to the United States, so that she could move out of the domestic work domain, but that language acquisition became a barrier to her success. Specifically, she described not feeling understood on an emotional level by her teachers at school, which resulted in her feeling bad about herself.

I felt segregated most of the time. The teachers knew that I was struggling with language, but it was just language. It wasn't cognitive abilities and they were always saying that the grades that I wanted to take- it was too much for me. That I couldn't do it. I couldn't express myself verbally that much and I saw that they did understand me, but they were always putting me a lack of understanding because they were always putting language barriers between us…. They were like, "No, I think you need to go back to English class." I decided not to fight it much. That was-- I felt really bad about that.

Olivia describes the phenomena of recognizing the importance of an education but that not knowing the dominant culture's language was a barrier in obtaining an education, and therefore in obtaining a higher paying job. Understandably, this leads to feelings of distress and frustration. Olivia additionally describes how language was a barrier in her ability to gain employment in any other job market other than housecleaning.

> Also when I wanted to try to apply for a different job like cashier or receptionist, I was always told that my English was not so good, and I need to understand more. That put-- I knew that it wasn't going to be easy to move on for a career or something like that…

Below, Fernando details the difficulties of learning the dominant culture's language while also being immersed in a predominantly Hispanic and Spanish speaking community, the Mission in San Francisco.

> En primer lugar el lenguaje, yo desde el principio, aquí hay, llegué a la misión y hay mucha gente hispana, el lenguaje no fue muy problemático, pero si uno necesita aprender, yo me inscribí a la escuela para aprender inglés, porque aunque la mayor parte de mis amigos eran hispanos o son…La mayor parte hablaban español y fue que me inscribí a la escuela.

> *First of all the language [as a challenge], from the beginning… I came to the mission and there are many Hispanic people, so not knowing the [English] language was not as problematic, but if one needs to learn [English], I enrolled in school to learn English, because although most of my friends were Hispanic or are…Most of them spoke Spanish and it was because of this that I enrolled in school…*

Fernando, like Olivia, felt a prescient importance in learning the dominant culture's language to proverbially "move up" in the United States. In Fernando's case, language was a

barrier in the sense that being surrounded by Spanish speakers kept Fernando from learning English the way he wanted to.

Sabrina demonstrated that language would always be a barrier if English was not acquired, as she states: "I was making sure to have some time for me to go to school and take some English class because I realized that things wouldn't change if I don't also make an effort for me to learn the language." Additionally, Sabrina describes the sentiment of moving to the United States without knowing the dominant culture's language, having a low education, and a low-paying job as "You learn everything from zero. It's a whole different world. You don't know anything. When you start from zero, everything is a challenge."

For Beatriz, not knowing the dominant culture's language was a barrier in being able to interact with Americans in general, but specifically making it difficult in her work.

> …aunque ha sido difícil para mí el idioma también, pero creo que lo he ido aprendiendo poquito a poco, no lo hablo bien, pero entiendo. Más que todo en mi trabajo siento que eso como que se me ha hecho muy difícil a mi desde que vine aquí la interacción con la gente Americana…
>
> *…although the language has been difficult for me too, but I think I've been learning it little by little, I don't speak it well, but I understand. More than anything in my work I feel that it has been very difficult for me since I came here to interact with the American people…*

Maria experienced that not knowing the dominant culture's language and speaking Spanish caused her to feel treated differently when interacting with English speakers in a more discriminatory sense.

"En parte era porque la gente como que si habla uno español lo miran mal a uno, lo hacen como menos, cuando va a uno a las tiendas, creo que todavía es eso, cuando va uno a las tiendas si ven a un gringo, a uno al lado, atienden más bien al gringo que a uno, lo hacen a un lado o después van y se arriman con uno, pero sí, todavía existe eso, todavía existe la discriminación."

In part, it was because if you were speaking Spanish, people would look at you badly, they do it at least in stores, like when one goes to the stores, if they see a gringo [white, English speaker] *and a Spanish speaking person side by side, they will serve the gringo rather than the Spanish speaking person…*

For Paisajes, the language barrier is experienced as making it difficult for her to simply get around and that she has to really think about what to say in English before saying it to ensure that she receives correct information.

"Yo creo que a veces cuando tengo que ir a algún lugar a buscar información por primera vez, es un poco desafiante. Personalmente yo me tengo que preparar antes y pensar muy bien lo que voy a decir, porque quiero estar segura de que me den la información correcta…"

I think that sometimes when I have to go somewhere to look for information for the first time, it is a bit challenging. Personally, I have to prepare before and think very well what I am going to say, because I want to be sure that they give me the correct information…

Paisajes also demonstrates that not knowing the language is specifically difficult for phone conversations, which is probably also due to the fact that when people are on the phone people cannot see one's facial expression and body language.

Cuando hablo por teléfono es más difícil por la pronunciación, hay muchas palabras que no me entienden. Tengo que tratar de decirlo de otra manera o ser muy concreta y no usar tantas palabras, ver de una manera que puedan entenderme.

When I speak on the phone it is more difficult for pronunciation, there are many words that do not understand me. I have to try to say it differently or be very concrete and not use so many words, see in a way that they can understand me.

All participants described that either not knowing the dominant culture's language or English being their second language is a significant barrier experienced by adults who move to the United States.

Experiences of discrimination and microaggressions. Four out of the six participants chose to disclose experiences of discrimination that caused them distress.

Two of the participants, Paisajes and Olivia, described discrimination and/or microaggressions being connected with having children, specifically being mistaken as their children's nannies and feeling discriminated against in their children's schools.

Paisajes begins her experience as being unsure of whether the instance she describes should even be considered as discrimination. Below, she describes how she would often be mistaken as her child's nanny because her child resembled her husband more, who is a white American.

No sé si es discriminación. Al principio me incomodaba cuando yo salgo con mi hija y piensan que soy una nana [ríe]… ella es muy parecida a mi esposo, mi esposo es americano, muy blanco…Muchas personas me dicen, "¿Tú la cuidas?", o cosas así. Al principio me chocó, pero después no.

> *I don't know if it's discrimination. At first, I was uncomfortable when I go out with my daughter and they think I'm a babysitter [laughs]…since she is very similar to my husband, my husband is American, super white… Many people tell me, "Do you take care of her?", Or things like that. At first, I was shocked, but not later.*

Paisajes reports feeling "shocked" as a result of these misrepresentations of her relationship with her daughter. Similarly, Olivia describes her experience of being mistaken as her son's nanny below:

> My son was blonde and hazel eyes and people will say, "Oh, you're his babysitter? Who are the parents? Where are the parents?" When I used to go… and take my kids to the parks and "how much you charge babysitting?" It was so painful because he was my son… I wouldn't fight that. I just look on and say, "I'm his mother." They would say, "Are you kidding?" I really feel embarrassed, but I didn't put attention to that. I just stopped going to those places… that was something that made me feel no good.

Olivia describes that these instances were "painful" for her and made her feel "embarrassed." These instances resulted in her avoiding going back to the places where these instances occurred. Both Paisajes and Olivia describe that their children "looked white" with descriptors such as "blonde," and this is what caused people to assume that they were their children's nannies.

Further, Olivia describes another instance of discrimination that occurred in her child's school, where Olivia states that there were very few Latino families.

> The other part was when my kids were going to school. Oh my God, that was the most painful experience I went through because my kids were treated like me…. My kids went to ___ school. There are very few families, Latino families, probably in the whole

number of the families, probably 10 would be the most in the whole school… I was

always very polite to everybody and smiling. I teach my kids… how to behave in front of

Anglos just be very extremely polite and very courteous because you don't want to be

treated bad back or just because you want to fit in their culture. My purpose was I want to

fit in their culture…

Olivia describes these instances as being extremely painful and resulted in her feeling as

if she was not treated the way she was treating others. Olivia shares the importance she places on

parenting her children in a way that would ensure that they do not get treated or thought of as

"bad." Olivia discusses her thought process that because her and her children were people of

color they were more likely to be treated badly, therefore having to work harder. This is not

something a white person would have to typically deal with in the United States. She goes on to

describe that these instances, worries, and fears are something that she has, unfortunately, had to

come to terms with and just "live with." She additionally demonstrates that this fear stems from

the feeling of necessity of having to keep quiet about unfair treatment out of fear of being sent

back to her home country.

> The Latino people…We have to ignore those things, ignore that treatment because you
>
> don't want to be punished for it… It's a way that we learn to live, and we accepted to live
>
> like that. We have to be quiet about it because you want to stay [in the U.S.] and you
>
> don't want anything to happen to you. The worst thing that can happen to a Latino is have
>
> a confrontation with an Anglo-person… I learned that and the community are very afraid
>
> of that too.

Two participants, Sabrina and Beatriz, described experiences of discrimination in the workplace in the United States. Sabrina describes how she was treated as if she could not achieve as much as her English-speaking peers.

At the very beginning, while I was working as a receptionist… and the program director… I remember at the very beginning, my learning years with tax law, the program director told me, "Don't even bother, I don't think you would be able to learn the tax law.

She attributes that not knowing English, in the United States, is equated with having more deficient cognitive abilities to be able to carry out duties of work. She states,

The thing is when you learn the language, people give you a little bit more credit. "You speak the language; you understand what I'm saying and you're not ignorant." They treat you with a little bit of more respect, but when you don't speak at all, "you don't understand at all," that's when the more discrimination comes…There's always discrimination in the work industry. Sometimes they think because there's a new opportunity and because you don't fully speak the language, you might not… be able to…Because you're immigrant, they think you're not fully capable to perform.

Not knowing the dominant language often leads to effecting one's self worth, due to the fact that people treat those who do not speak the dominant language as ignorant.

For Beatriz, she experienced sexual harassment at her place of work. Her employer, at the time, would constantly make comments about her appearance and how she should "get pretty" for him and how this would make her feel extremely uncomfortable to the point where she felt she would vomit.

Siento que uno de los desafíos que pasé ahí fue que él me decía, "Te vas a poner guapa para mí … te vas a poner guapa, te vas a poner bonita", yo le decía, "¿Qué le

pasa?"…Empezó a acosarme y acosarme y siempre me decía, "¿Cuándo te vas a poner bonita para mí? Brendita, qué bonita vienes hoy"… Pasé un momento en que ya sentía que lo vomitaba.

I feel that one of the challenges I had there was that he told me, "You are going get all done up for me…you are going to get beautiful," I said, "What is wrong with you?"… He started harassing me and harassing me and always told me, "When are you going to get pretty for me? Brendita, how beautiful you come today"… Brenda: There were times where I felt like vomiting.

Beatriz goes on to describe how, similar to Olivia, the feeling of the need to stay quiet about the injustices against her for fear of losing her job.

A mí me daba miedo, como yo recién venida me daba miedo también ir y decirle al otro manager, porque yo decía que me iban a correr a mí y yo necesitaba el trabajo, pero sí tenía valor para decirle a él, "A mí no me esté diciendo así, respete, ¿qué le pasa?"…Yo sentía que eso era para mí como algo que no me hacía bien saludablemente.

Brenda: I was scared, as I had just recently come [to the U.S.] and I was afraid to go and tell the other manager, because I told myself that they would fire me and I needed the job, but I did have the courage to tell him, "You do not talk like that to me, respect me, what's the matter?"… I felt that that was for me as something that didn't make me healthy.

She acknowledges how these experiences were not good for her mental health and that, although she was afraid to notify her other manager, she was still able to say something to her harasser. However, she reported that when she did stand up to her harasser, there were some repercussions for her, such as him being more critical of her.

Creo que conforme el tiempo de tanto que le dije se enojó, ya no habló, ni siquiera me

dirigía la palabra, pero eso era mejor para mí… él me decía, "Brenda, esta mañana bien

temprano te equivocaste en esto, te equivocaste," como que agarró el trabajo en contra de

mí…

I think that when I told him that, he got angry, he didn't speak to me anymore, he didn't

even speak to me, but that was better for me… he would tell me, "Brenda, this morning

you were wrong about this early, you were wrong," like he used the work against me…

These experiences that were covered by these four participants caused them distress,

which is an important part of their experiences moving to the United States in adulthood and

experiences of acculturative stress.

Feelings of "not belonging." Three out of the six participants explicitly described

feelings of "not belonging" or of feeling like an intruder in the United States upon their move.

Paisajes describes how, at her child's school, the other mothers of the children would

ignore her and actively avoid her. This resulted her in feeling "othered."

Quizás en el colegio algunas mamás digamos que se apartan un poco de las latinas, no te

dicen nada… pasan y ni te saludan, estás pasando por ahí y ni te miran, nada. Te ignoran

a veces algunas mamás.

Sometimes at the school some moms separate themselves from Latinas a bit, they don't

say anything to you…they pass by and they don't greet you, you're passing by and they

don't even look at you, nothing. Sometimes some mothers ignore you.

Olivia spoke about how when she first arrived in the United States, she had feelings of

excitement but also of fear of being told to "go back to Mexico." She additionally described that

some people in the United States would subtly make her feel that she did not belong.

> … I was so excited, but also was so scared. I was so scared of being pulled over and told, "You Mexican, you got to go back" … I was young and I was really-- It was a new place; I was feeling really insecure…I wasn't feeling welcomed…Sometimes you see many different people, I don't want to say just the Anglo, but they look at you like, "What are you doing here?"

Olivia further describes her attempts of trying to immerse herself with other people of other backgrounds and her attempts in trying to get "into" the dominant culture. She exasperatedly describes how she felt "stuck" because she didn't feel accepted in the U.S. but could not return to Mexico because she already had her child born in the U.S.

> …somehow, we couldn't get into that other world. We were segregated. That made me feel like I couldn't go anywhere. I couldn't go back to Mexico because I already had a child who was here… I feel like depressed and stuck.

> Beatriz describes how people blatantly ignored her when she would try and ask for help in stores and how this made her feel like an "intruder" by living in the United States.

> Me dejó hablando así, "Señora, le estoy hablando", en inglés, "Le estoy hablando", pero no me dio la cara, me dejó ignorada totalmente. No la puedo obligar a hablarme. Ella es de aquí y yo no soy de aquí. Hay veces que me he sentido como-- Le digo a mi esposo, "A veces me siento como un intrusa aquí por cómo lo hacen sentir la gente a uno"…
>
> *She left me talking like this, "Madam, I'm talking to you," in English, "I'm talking to you," but she didn't even look at me, she just totally ignored me. I can't force her to talk to me. She is from here and I am not from here. There are times that I have felt like ... I say to my husband, "Sometimes I feel like an intruder here because of how people make you feel"…*

These participants had made the United States their home and then to feel as if they do not belong or made to feel like an intruder causes acculturative stress. These participants went through intense struggles to just "make it," so to speak, in the United States so that all their previous struggles could be worth it. Over time, participants found a way to accept living in two different worlds without ever really belonging to either one.

An effect on the interpersonal and relational. All six participants communicated that, in some way or another, their relationships with people, specifically family members, were affected by their move to the United States. These effects caused distress to all participants. This is particularly important for these participants, because culturally, there is a huge emphasis in the Latinx community placed on being close, both physically and emotionally, to family members. This is even more pressing for these participants due to the fact that they moved to the United States in adulthood and throughout their lives in their countries of origin, this was an important value that they carried.

Maria describes the difficulties attributed to being away from family when she initially came to the United States. However, she did have family in the United States and was able to stay with cousins when she first moved. She had never met her family members in the States before arriving, which took some adjustment.

> El primero sí fue difícil, se me hizo difícil porque no conocía a mis familiares, de primero no los conocía y sí se me hacía difícil, pero después ya con el tiempo sí se va conociendo uno y sí fue bonito, lo malo fue que no aprendí el inglés como yo hubiese querido aprender..

> *At first, it was difficult, it was difficult for me because I did not know my relatives, I did*
>
> *not know them at first and it was difficult for me, but then, with time, I got to know them*
>
> *and it was nice, the bad thing was I did not learn English as I would have liked to learn…*

Maria additionally expressed that she wished she had her immediate family with her in the U.S. She stated, "Me hubiese gustado que estuviese mi familia aquí, mi mamá y mi papá, mis hermanos/*I would have liked my family to be here, my mom and dad, my brothers..."*

Similar to Maria, Paisajes also describes how it was hard for her to be away from family when she initially came to the United States. She describes that part of what made it difficult was her inability to visit them.

> La separación de mi familia es un poco estresante porque yo quiero ir a visitarlos y no
>
> puedo. Es un poco que te estresa un poco. Al principio más, ahora menos, pero sí, al
>
> momento que uno llega sí es, los primeros meses es mucho. Lo que yo trato siempre es de
>
> distraerme, de salir, despejarme para no pensar en eso. Creo que es lo mejor."
>
> *The separation from my family is stressful because I want to go visit them and I can't. It's*
>
> *something that is stressful a bit. At the beginning more, now it's a bit less, but yes, the*
>
> *moment one arrives it is, the first months it's a lot. What I try to do is to always distract*
>
> *myself, to leave, to clear myself so as not to think about it. I think it's the best.*

She describes that tried to distract herself from missing her family members and that it was more difficult in the beginning as opposed to the time this interview was conducted, where 2 years had passed since Paisajes immigrated to the U.S. Olivia also stated that part of what made it difficult being separated from family was the inability to visit them for fear of not being able to return back to the United States.

…it was so painful just being separated and… I couldn't go and see them in-- I didn't have the documents to come back. Even if I came in [to the U.S.] legally, if I would go back [to Mexico] then I wouldn't be able to come back [to the U.S.], so I stayed [in the U.S.]

Four out of the six participants arrived in the United States alone and without any family members already in the United States. For those participants, we tend to see greater reported feelings of loneliness and homesickness than those who arrived with family members, such as Paisajes and Maria.

Olivia and Sabrina describe the pain of missing family but also the difficulty in being able to contact them due to the fact that when they emigrated to the United States, it was the early 90's and long-distance phone calls were extremely expensive. This shows that the time period in which one emigrated to the United States might come with its own difficulties.

Olivia: We were separated, and I was so far away. It was hard to write a letter or to make a phone call. Making phone calls at that time was super expensive. Very expensive. Again, we didn't have the money, it was hard to communicate…

Sabrina: …on the 90s, early 90s…There was no way that I could see my kids or long-distance phone calls were so expensive, I couldn't afford a phone, it was a whole different story…. One of the hardest things was not being able to communicate as much as I wanted with my kids.

Sabrina came to the United States alone with the goal of making enough money over time to be able to send for her two young children at the time to come to the United States with an easier passage than she did. Sabrina goes on to talk about the pain that she endured in being apart from her children.

One of the hardest things in my life was to be apart from my children. That broke my

heart. They were seven months and 17 months old, and as a mother to be separate and not

being able to see your children until they were four and a half, it was quite a few years, it

was heartbreaking. It was heartbreaking for me. That was actually my biggest motivation

to work as hard as I did when I came here [the U.S.] because I wanted to be reunited with

my children as soon as possible.

Similar to Sabrina, Beatriz came to the United States on her own with the goal of making

money to send to her children to come to the United States and meet her. This, too, caused her

severe distress being apart from them. She additionally describes her efforts in immersing herself

with other "Latinos" but other Latinos from different countries also had different cultures than

her own.

Cuando yo estuve solita aquí no tenía a nadie, no tengo ningún otro familiar entonces

tuve que ver cómo me podía desenvolver con la gente de aquí, tanto latinos como

americanos porque era totalmente diferente. No conocía a nadie…Venir a conocer otros

de otros países aunque fuera latinos y hablaran español pero para mí era difícil porque la

cultura es diferente.

When I was alone here I didn't have anyone, I don't have any other relatives so I had to

see how I could get along with the people here, both Latin and American because it was

totally different. I didn't know anyone… I came here and met others from other countries

even if they were Latin and spoke Spanish but for me it was difficult because the cultures

were still different.

She goes on to further describe the difficulty and pain that arose from missing her children and adapting to the dominant culture. She describes prominent feelings of homesickness and missing the ways of life in her home country at the very beginning of her move.

… era difícil adaptarme al principio. Era muy triste, sentía que extrañaba más a mis hijos. Quería regresarme, yo lloraba mucho…Porque en El Salvador todos pensamos que venir a Estados Unidos es el sueño de todos, que todos queremos ir a Estados Unidos y que la vida va a cambiar. Sí cambia, claramente se lo digo, cambia pero…Duele mucho, se extraña la familia, se extraña el trabajo de allá, los descansos, la comida. Creo que fue una etapa dura cuando yo llegué aquí sin nadie, tenía que adaptarme…

…it was difficult to adapt at the beginning. I was very sad, I felt that I missed my children more. I wanted to go back; I cried a lot… Because in El Salvador we all think that coming to the United States is everyone's dream, that we all want to go to the United States and that life will change. Yes, it changes, clearly, it changes but…It hurts a lot, the family is missed, the work there is missed, the breaks, the food. I think it was a tough stage when I arrived here with no one, I had to adapt…

Like Olivia and Sabrina, Fernando also came to the United States on his own and described how he left his family.

Yo no le avisé a mis amigos en México. Cuando yo venía a Estados Unidos no le dije a nadie, solamente a mi madre, a mi padre no se lo dije, sólo a mi madre y mi hermana supieron que yo me venía. Es que fue algo repentino, como en tres días lo decidí, y ya digo, "Me voy y solo." Me dijeron, "Cuídate", y ya, es todo. Así pasó... Muchos no supieron qué pasó conmigo, solamente desaparecí.

I did not notify my friends in Mexico. When I came to the United States, I didn't tell anyone, only my mother, I didn't tell my father, only my mother and my sister knew that I was coming. It was something sudden, as in three days I decided, and I say, "I'm leaving and going alone." They told me, "Take care," and that's it… Many did not know what happened to me, I just disappeared.

Fernando described how he decided to leave and in deciding, left within three days. Fernando additionally described how, upon arriving in the United States, he noticed that he changed in that he became more isolated and lonelier. He states, "No tengo ningún familiar, soy el único de mi familia que está acá en Estados Unidos…. Cambió de soledad aquí../ *I don't have any family members, I'm the only one in my family here in the United States… I became lonelier.*"

Psychological effects of acculturative stress. Four out of six of the participants interviewed spoke about the effects that acculturative stress had on their mental health. All four participants endorsed and used the word "depression" in describing how their mental health was affected. Two participants, Olivia and Sabrina also used the word "anxiety" to describe? their mental health. Olivia stated,

…the factors of learning how to live in a different community and feeling that anxiety of being rejected and all of that did cause a major damage on my emotional instability. I suffer from depression and anxiety and eating disorders. I struggle a lot and it is not easy.

Similarly, Sabrina discusses the emotional toll that came with her trying to make a life in the United States for herself and for her family. Specifically, she ascribes the difficulty occurred at the very beginning of her move to the United States.

It's a lot going on at the very beginning, the first years. How to become stable, looking

for a job, keeping a job. How to be productive financially, so you can help those that you

love in your country, and at the same time to save money for your family, being reunited

with them. Of course, all that it creates a lot of mental issues mainly emotionally…. Yes.

There's a lot of anxiety, depression, and loneliness.

Beatriz details that her depression was particularly strong when she was not working and

not able to keep herself distracted. If she was not distracted, she would fall into a depression of

missing her children.

Los primeros recuerdos eran esos, cuando yo no quería dejar de trabajar porque no quería

pensar. Estaba muy, pero muy conmocionada. Creo que llegué a un punto de mejor

trabajar que estar en casa, porque sentía que era muy fuerte la depresión. Sentía

depresión. Los primeros tres meses fue muy duro para mí. Era muy triste tan solamente

darme cuenta que un mensaje de mis hijos que no estuviera en la computadora para mí

era un motivo de llanto.

The first memories were those, when I didn't want to stop working because I didn't want

to think. I was very, very shocked. I think I reached a point of better work than being at

home, because I felt that depression was very strong. I felt depression. The first three

months was very hard for me. It was very sad to just realize that a message from my

children that was not on the computer for me was a cause for crying.

Fernando describes in a heartbreaking way how it felt to have depression in the United

States. In his case, he endured a trauma that worsened his depression, which will be discussed in

a later theme in more detail. However, his feelings of sadness and lack of motivation was

extremely harmful and impaired his functioning.

Si, no sé, en mi caso creo que me diagnosticaron depresión, porque creo que todo lo que me pasó acá y lo que me pasó en México culminó…Yo solamente me sentía triste, yo no sabía de lo que era, esas ganas de no como que sentir, como cansado, que tienes algo que cargar, algo que no hay motivación, no hay nada.

Yes, I don't know, in my case I think I was diagnosed with depression, because I think everything that happened to me here and what happened to me in Mexico culminated…I only felt sadness, I did not know what it was, that desire to not feel, being tired, that there is just something you have to carry, no motivated, there is nothing.

Something very notable is that the four participants that reported that the acculturative stress they endured had a significant impact on their mental health were the participants out of this sample who emigrated to the United States on their own.

Theme D: Experiences of Trauma and Mental Health Utilization in the United States

Four out of the six participants endured experiences of severe trauma either when traveling to the United States or once they arrived in the United States. As we know, experiences of trauma wreak havoc on someone's psyche and greatly impair functioning. The traumas that these participants experienced included domestic violence, trauma associated with crossing the border, assault, and rape. Four out of the six participants endorsed experiencing trauma in the United States, such as domestic violence, crossing the border into the U.S., and assault. Three out of the of the six participants experienced a variety of traumatic experiences before entering the United States, including rape, domestic violence, and the effects of civil war and crises in their home countries.

Both Olivia and Sabrina experienced domestic violence, which ultimately, were one of the reasons they each sought mental health treatment. For Olivia, she experienced domestic violence once moving to the United States. She did not know about mental health problems, such as depression or anxiety, before treatment. Olivia stated: "I didn't know about anxiety or depression or other mental problems, I was mentally better there [home country] than I was here [the U.S.] after the domestic violence and all of that." Olivia began therapy after her experiences with domestic violence and describes a very positive experience with treatment.

> … I went to therapy and that really helped me a lot… I thought that just exercises and talking to someone and having goals in life will make me move on and I did and it was great.

> I think that therapists are the most strongest people because they carry their clients in such a way that they don't get hurt themselves. It's so beautiful how they empower these people. It's wonderful and I was one of them and I think, thanks to my therapist… I call her my angel because she empowered me in such a way that I could understand how much harm I was doing to myself, being just in that hole and not doing anything for myself.

Sabrina describes two instances of trauma one being her experience crossing the border from El Salvador into the United States and the other is her experience with domestic violence in both her home country and in the United States. She describes her experience crossing the border as being harrowing.

> During that process with no money, I just jumped into the road and started asking for rides, and walking, and all that. I made it to Guatemala. I jumped to the Guatemala border to Mexico. I crossed all Mexico, but, of course, during that time, I went through a lot. I

got raped many times. I was starving, I was almost killed, but I had a goal. I wanted to

make it here because all I was thinking is that I was the only one who can provide a better

life for my kids.

When asked if Sabrina sought help after her traumatic experiences crossing the border,

she disclosed that she did not because she did not know that it was an option mostly due to the

fact that, in her country of origin, these resources barely existed.

No, I didn't look for help. I didn't even know, because these were not things that were

available in my country. I never thought, "Okay. There are other things available here."

Until I slowly started learning, looking around, learning from other people that there were

services here available for people that I didn't access, because I didn't know. It took me a

while…

Sabrina experienced domestic violence in her home country and in the United States.

Sabrina described her experience starting to become exposed to certain resources in the United

States, due to her experience with domestic violence.

Through a personal experience I was forced to access one of those services… From there,

I started learning. I was learning what is available in the community. I started learning

there were things that were quite different here. I went back with my partner... There was

a domestic violence situation going on, but then I started learning that that was not right.

The mental health services assisted her in distinguishing how she should be treated because,

previous to therapy, she did not have an understanding that the way she was being treated was

abusive. She describes how domestic violence is normalized in her country of origin and,

therefore, experiencing domestic violence in her home country was not a reason to seek help. It

was an adjustment for her to see how the United States deals with domestic violence.

Which it was pretty normal in my country, men beating woman… Those kind of things took me a while to learn that it was different here. Through those experiences, I got divorced. I got separated and all that, then I started learning what was okay, what was not okay, what was right, and what was wrong. What was available in the community for me and I started getting connected with things that I needed on those days, but it took me a while.

Through therapy, Sabrina was able to become empowered in differentiating how she used to be treated to how she should be treated. In order to fully understand her experience with mental health seeking behavior, we have to understand the challenges of having to adjust her mindset of thinking that abuse was normal and that resources are, in fact, available.

Beatriz, like Sabrina, endured significant trauma crossing the border into the United States. Beatriz went into great detail about her journey crossing the border, which took a significant amount of time of the interview. This is important to note because it shows how important this experience was to her specifically as it relates to her experience moving to the United States in adulthood and her mental health. She describes multiple instances that would result in trauma. For example, an immigration officer pointed a gun to her head.

Cuando estaba en frente de mí el oficial había sacado su pistola y me apuntó en mi cabeza y me dice, "No corras porque disparo"… Fue un impulso fuerte el que me dio, como que me dijera, "Vete, lárgate". Le di la vuelta, salgo corriendo… Yo no le hice caso y saliendo corriendo, decía, "No corras porque sí voy a disparar". Iba detrás de mí, yo decía, "Este va a disparar"… Pero como adelante de mí van otros que iban corriendo menos. Iba un hombre que llevaba una mujer en la espalda… Cuando vio eso el oficial de la migra le dio prioridad a ellos.

When he was in front of me, the officer had taken out his gun and pointed it at my head
and said, "Don't run because I shoot"... There was a strong impulse that ran through me
and told me, "Go. get out." I turned around and I ran... I ignored him and I was just
running, and he said, "Don't run because I am going to shoot." It was behind me, I said,
"He's going to shoot" ... But ahead of me there were others who were running slower.
There was a man with a woman on his back... When he saw that, the migra officer gave
them priority.

There were multiple instances, including the one above, where Beatriz thought she was going to get caught and sent back to her home country, where her life had also been at risk. Traveling from El Salvador to the United States took Beatriz a total of one month. Beatriz was constantly exposed to life threatening experiences, including dehydration, and had to live with a mindset of having to hide and being in constant fear. Additionally, she was exposed to death and the possibility of death for not only herself, but the people with whom she was traveling.

… Pero ni aún así no se levantaban porque era tan escasa el agua y para el calor que
había era demasiado. La gente se estaba muriendo, la gente se estaba quedando
desmayada, mi amigo se estaba quedando desmayado y ya no podía ni siquiera levantarse
del suelo.

... But even then they did not get up because the water was so scarce and for the heat it
was too much. People were dying, people were fainting, my friend was fainting and I
couldn't even get up from the ground anymore.

Something that is important to note is that because Beatriz was a pharmacist in her home country, she had brought with her "Suero," or serum, that is used to replace fluids and minerals to prevent dehydration. As a testimony to her bravery and heroism, she gave this "Suero" to

those who were more vulnerable, such as pregnant women and children, that were part of her group. She stated: "Lo que hacía yo… era darles de tomar agua con suero a la señora que iba embarazada y a los niños que iban, porque sentía que eran más débiles."/ *What I did… was to give the lady who was pregnant and the children who were going to drink water with serum, because I felt they were weaker.* On her journey, Beatriz encountered dead corpses in the street, which instilled fear in her and her comrades that they, too, could easily die.

> Veníamos y encontrábamos cadáveres en la calle, en el monte, malos olores de gente que estaba quizás muerta ahí, y solo decían, "No vayan ahí", porque veíamos las moscas ahí romillando… asumíamos que eran personas muertas ahí. Yo le decía a Dios, "Señor no nos vayas a dejar, por favor, ayúdenos.
>
> *While walking we found corpses in the street, in the mountains, bad smells of people who were perhaps dead there, and they only said, "Do not go there," because we saw the flies gathering there… we assumed they were dead people there. I said to God, "Lord, don't leave us, please, help us.*

Beatriz described the effect her experiences of crossing the border had on her mental health. At one point in her journey, she and a comrade had to hide in a bush from an immigration helicopter that was hovering very closely above them. Upon arriving to the United States, she describes having an automatic fear response to the sound of helicopters.

> "Por ejemplo, veía un helicóptero pasar y yo quería esconderme porque yo sentía que era-
> - Yo decía, "Pero ya estoy en Estados Unidos, no me puede localizar aquí". Eso era un trauma para mí."

For example, I saw a helicopter go by and I wanted to hide because I felt it was-- I said, "But I'm already in the United States, you can't locate me here." That was a trauma for me…

Beatriz proceeds to describe that entering the United States had a profound effect on her life, in an emotional way, and resulted in her having feelings of depression and that a way in which she dealt with such problems was by talking it out with people she trusted.

El proceso que hubo la depresión y todo eso de venir a un país que no era el mío, como lo que mencionábamos, era una cultura diferente y todo. Eso, claro que afectó en mi vida, emocionalmente en todo el sentido de la palabra. Yo creo que afectó totalmente… Creo que eso se va quitando conforme lo vas hablando, conforme lo vas contando. Eso se va quitando conforme vas llorando, contando y llorando y así lo vas superando porque es un trauma que nunca se quita.

The process of depression and all that of coming to a country that wasn't mine, like what we mentioned, was a different culture and everything. That, of course, affected my life, emotionally in every sense of the word. I think it totally affected… I think that it begins to go away as you talk about it, as you tell [the story]. That is removed as you cry, counting and crying and you overcome it because it is a trauma that never goes away.

Beatriz described that she never sought out mental health treatment but knew that she needed it. However, she did indicate recognition that she endured trauma and could have benefited from psychological services.

Fíjate que ayuda de salud nunca la busqué, aunque yo sabía que la necesitaba, pero nunca la busqué. Nunca hablé de un psicólogo, ante una consejera mi problema. Hasta cuando yo iba-- Por ejemplo, fui a verte y allá está un santuario en el cual allá pude exponer toda

mi vida, así como te lo estoy exponiendo aquí, pero por un propósito porque según

andaba buscando un asilo político por todo el problema que yo había vivido en El

Salvador.

I never looked for [mental] health help, although I knew I needed it, but I never looked

for it. I never talked to a psychologist or a counselor about my problem. Until I was

going-- For example, I went to see you and there is a sanctuary where I could expose my

whole life there, like I am telling you now here…

Beatriz describes how coming and talking to this researcher was a way for her to talk

about her experiences, which she had previously mentioned, was a way for her to help dissipate

the negative effects of her experience. She dealt with the mental health effects of her experiences

by distracting herself and her own fortitude.

Sabía que yo sí necesitaba ayuda psicológica por el trauma que me había ocasionado todo

esto, pero simplemente sentía que no tenía el tiempo… aunque yo sabía que lo

necesitaba, pero yo decía, "Yo sé cómo tratar esto", "Beatriz haz esto, haz esto y haz esto,

porque no te queda de otra. O te quitas la depresión, o sales, vas con tus amigos y déjate

el encierro para que dejes de pensar, o piensas y te quedas muriéndote ahí.

I knew that I did need psychological help because of the trauma that had caused me all

this, but I just felt that I didn't have the time… although I knew I needed it, but I said, "I

know how to deal with this," "Beatriz, do this, do this and do this, because you have no

choice. Or take away your depression, or go out, go with friends and leave the house so

you can stop thinking or you'll just die there.

One of Fernando's traumatic experiences that he discussed in his interview was his experience crossing the border. Similar to Beatriz, Fernando endured near death experiences, particularly with regard to dehydration and heat while crossing the desert.

… más difícil vino después. Al cruzar el desierto, son dos días cruzando el desierto en pleno calor, casi se muere uno de la sed. Estaba a punto de morir, casi, porque también los coyotes o guías, ellos no van a dejar que se muera la gente, pero es muy difícil, no hay agua. Dicen, "Aguanten como puedan", así casi muertos, caminar kilómetros, días, son horas y horas.

… the most difficult came later. When crossing the desert, it was two days crossing the desert in full heat, you almost die of thirst. I was about to die, almost, because also the coyotes or guides, they are not going to let people die, but it is very difficult, there is no water. They say, "Hold on for as long as you can," so almost dead, walking miles, days, just hours and hours.

For Beatriz and Fernando, how they arrived in the United States is an integral part of their experience immigrating to the United States in adulthood, that may be interpreted as a more notable experience for individuals who arrive to the United States in adulthood. Fernando endured two other traumas that he discussed in his interview. Both traumas later became fused together without him knowing and seeking treatment was how he became aware of the effects these traumas had on his mental health. Both experiences will be described in his own words below.

Fernando disclosed that he was brutally gang raped in Mexico, which occurred before his move to the United States. He describes how he kept the whole experience inside and did not tell

anyone about what happened to him. This assault occurred three years before Fernando would

move to the United States.

> En México fui violado, pero en un forma cruel, o algo así, porque me golpearon, y fui
>
> violado por cuatro individuos, y me hirieron… Nadie supo nada, solamente yo, todo lo
>
> que me pasó. Yo llegué a mi casa, por fortuna no me vio nadie, me lavé, tiré mi ropa
>
> ensangrentada, todo como si nada, y la herida de acá mi cabello la cubría, por eso no se
>
> vio. Yo guardé todo, pero Dios mío, lo guardé adentro.
>
> *In Mexico I was raped in a cruel way, because they beat me, and I was raped by four*
>
> *individuals, and they hurt me… No one knew anything, only me, everything that*
>
> *happened to me. I arrived at my house, fortunately no one saw me, I washed, threw my*
>
> *bloody clothes away, all as if nothing, and the wound here covered my hair, so it was not*
>
> *seen. I kept everything, but my God, I kept it inside.*

The other traumatic experience was an assault that occurred in the United States 6 years

after he arrived.

> Tuve un asalto aquí en la misión, estaban asaltando una tienda, el individuo, el ladrón era
>
> como un tipo pandillero, pero traía un arma y disparó a las personas, me dieron dos
>
> disparos aquí en la pierna, por eso ahí se acabó todo para mí, estuve invalido meses, se
>
> acabó mi trabajo, ya no pude trabajar, mi vivienda donde rentaba la perdí también, todo
>
> perdí.
>
> *I got assaulted here in the Mission, they were robbing a shop, the guy, the thief was like a*
>
> *gang member, but he brought a gun and shot people, I got shot twice in the leg, and*
>
> *because of that, everything was over for me here. I was an invalid for months, work was*
>
> *over, I could no longer work, I lost my place that I was renting, I lost everything.*

As a result of his assault, Fernando lost his job, which resulted in him not being able to pay rent, and then, finally, losing his place of residence as well. His job told him they would give him two weeks to recover from two gunshot wounds to the leg. He spent one month in the hospital and then was in a wheelchair for 8 months. The problems that Fernando endured on a physical and tangential level show the systemic problems that exist in our health care system.

On the mental health level, Fernando began to show symptoms of Post-Traumatic Stress Disorder. However, these symptoms were exacerbated due to the fact that Fernando had no idea what was happening to him, or that such a diagnosis existed. Instead, he believed he was quite literally going crazy or was possessed by spirits.

> … meses después yo desarrollé un tipo de trauma que yo no me di cuenta, yo no sabía qué era cuando yo empecé a tener pesadillas, como a revivir las escenas en las noches, el mismo dolor, todo como si estuviera pasando… No me dejaba dormir, tenía terror a dormir porque empezaba como a vivir esa escena, y eso me dijo un doctor, "Eso puede ser un trauma".

> *… Months later I developed a type of trauma that I didn't realize, I didn't know what it was when I started having nightmares, like reliving the scenes at night, the same pain, all as if it were happening… it wouldn't let me sleep, I was terrified of sleeping because I would relive that scene, and a doctor told me, "That might be trauma."*

Diagnostically speaking, Fernando's trauma symptoms were most prominently experienced by him in the form of severe insomnia and flashbacks in the form of nightmares. He proceeded to describe how he had a difficult time differentiating between what was reality and what was not.

> Pensé que era realidad… es real o no es real, es real porque lo estoy sintiendo todo, me está pasando, no sabía la realidad, ya no sabía, pensé espíritus me están molestando, hasta

llegué a poner inciensos porque yo pensé que eran espíritus que venían y me tocaban, comenzaba a sentir dolor estando despierto…

I thought it was reality… is it real or not real, it's real because I'm feeling everything, it's happening to me, I didn't know reality, I didn't know anymore, I thought it was spirits bothering me, I even got incense because I thought they were spirits that came and touched me, I began to feel pain when I was awake…

Fernando's' symptoms became so severe that he thought about suicide and even had a plan to carry it out.

… porque mi vida con todo eso ya era insoportable, ya no podía vivir, y pensé en terminarla, e incluso lo hice con una botella de vodka y pastillas para dormir, yo llegué a hacerlo porque mi vida ya era insoportable.

… because my life with everything that happened was already unbearable, I could no longer live, and I thought about ending it [my life], and I even did it with a bottle of vodka and sleeping pills, I wanted to do it because my life was already unbearable.

He described that the trauma he survived in Mexico and the trauma he survived in the United States became confounded and fused together and he was finally referred by his physician for psychological help.

Sí, después de mi accidente, o el asalto, yo ahí mismo le dije al doctor del hospital que… en la noche no podía dormir, mis pesadillas, y él fue el que me refirió a un psicólogo… y ahí comencé por primera vez en mi vida a tomar tratamiento médico, pastillas… pero en realidad yo estaba arrastrando también los sucesos de México**…**pero creo que también arrastré con ese trauma, yo arrastré con todo hasta acá…a los Estados Unidos. Son dos traumas como fusionados, y eso es por lo que recibí tratamiento aquí. **…**Me costó mucho

trabajo diferenciar cada uno, del otro… Sí, eso lo hice en terapia, pero fueron años…para

despegar todo, y diferenciar…

Yes, after my accident, or the assault, I told the hospital doctor… that at night I couldn't

sleep, had nightmares, and he was the one who referred me to a psychologist …and then,

for the first time in my life, I started medical treatment, pills… but in reality I was also

dragging the events of Mexico…I also dragged that trauma, I dragged everything up

here… to the United States. The two traumas as merged, and that is why I received

treatment here. … It took a lot of work to differentiate each one from the other…. I did

that in therapy, but it was years…to unload everything, and differentiate…

Fernando attributes therapy and medication to saving his life. He described how he had

no idea that there were options to help him gain control over his traumas and his symptoms,

which we often see among the Latinx community due to stigma and lack of accessibility and

awareness to resources.

… yo puedo decir que me salvó la vida, las medicinas… Yo no puedo entender por qué

tantos años yo estuve con ese problema, y no atenderlo, es que yo no lo sabía, no sabía

que tenía una enfermedad. No sabía, yo pensé que era por alucinaciones, pesadillas,

etcétera, que me estaba diciendo, "Creo que ya me estoy volviendo loco." … Lo del

asalto no puedo llamarlo algo bueno, pero eso fue lo que me canalizó a la atención

medica psicológica, y de medicinas.

I can say that it saved my life, medicines… I cannot understand why for so many years I

had these problems, and didn't address it, it's just that I did not know, I did not know that

I had a disease. I didn't know, I thought it was hallucinations, nightmares, etc., and I was

telling myself, "I think I'm going crazy."... As for the assault, I can't call it a good thing,

but that was what channeled me to psychological medical care, and medicine.

The importance of including this theme in the results lies in the fact that these four

individuals, out of six, experienced traumatic events, some of which were a direct result of trying

to enter the United States. These traumatic events and the effects that they had on these

individuals were the reason for them being referred to mental health services. It is important to

note that those participants who received mental health treatment, were referred through

hospitals or outside agencies to mental health treatment and that none of the participants had the

resources or knowledge to seek out help on their own due to them not knowing it was an option.

This shows that there is a gap in resources made available and accessible to the Latinx

community, at least in the Bay Area. It appears, that at least for these participants, their mental

health needs became attended to only when it became so severe that it warranted individuals to

go to physicians thinking something was medically wrong with them in order to get referred to

mental health services.

Theme E: Effect of the Trump Administration on Latinx community

All six participants described that the Trump administration has impacted them

negatively in one way or another. Two participants discussed how Trump has changed their

perceptions of the United States. Three participants spoke about the anti-immigrant rhetoric that

his administration has spread, such as the message that Trump "simply does not care about the

Latinx community," which has led to an increase in discrimination against the Latinx

community. Participants also described how the Trump administration has caused difficulty in

visiting family members in their home countries and in obtaining residency or citizen status in

the United States. Finally, 2 participants described how they have been personally affected by

ICE or immigration and immigration laws. Four out of the six participants reported an increase in fear, insecurity, and uneasiness in their lives as a result of the Trump administration.

Changes in perception of the United States. Paisajes, Maria, and Olivia reported changes to their perceptions of the United States as a result of the Trump administration.

Paisajes describes how, instead of viewing the United States as a country that improves, it has now become a country that will not and cannot improve with Trump as President.

Es diferente porque piensas que la situación no va a mejorar, no va a haber cosas mejores aquí si continúa él… Ves que él está totalmente en contra de los inmigrantes, igual sean residentes, no le importa igual.

It is different because one thinks that the situation will not improve, there will not be better things here if he continues… You see it's just that he is totally against immigrants, even if they are residents, it doesn't matter to him, it's all the same.

Maria describes her perception of the United States is partly dependent on who is president. She describes that the other presidents have "not been as bad as him [Trump]." She postulates what the country might be like with a woman president.

… solamente cambió está hoy, porque los demás no han sido tan mal como él. Quizás si le dieran la oportunidad a una mujer ser presidente a ver cómo sería el cambio, porque aquí nomás puros hombres, pero a lo mejor si una mujer fuera presidente, ¿cómo sería? Necesitaríamos ver una oportunidad.

…only changed today, because the others have not been as bad as him. Maybe if they gave a woman a chance to be president to see what the change would be like, because here only pure men, but maybe if a woman was president, what would it be like? We would need to see an opportunity.

Unlike the other two participants mentioned in this subtheme, Olivia's perception of the United States did not change. However, she describes a different orientation to her perceptions now that of the United States is "her country."

No, it does not affect me in how I perceive this country because racism has been here from a long time ago… Now that I'm a citizen, I see it in a different way. This is my country and I'm going to fight for it. [laughs] In the way that I can fight and the way that I can advocate for some stuff. I feel part of it.

Effects ability to see family in home country. Paisajes and Fernando spoke about how Trump's administration's more strict and unclear immigration laws have affected their ability, or, rather, their comfortability, in leaving the U.S. to visit family members in their home countries.

Paisajes describes her frustration at the difficulty in understanding the immigration and visitation policies under Trump's presidency despite citizenship or residency status. Paisajes additionally described the confusion surrounding immigration laws and restrictions placed on travel despite certain documentation statuses, such as residency. This affected visiting family members in her home country.

… las leyes de inmigración se contradicen mucho… Yo tenía un permiso para viajar, pero no, el abogado me dice, "No viajes porque no te van a dejar", "Si tengo el permiso", "No viajes hasta que no tengas la residencia". Hay cosas que, ¿para qué te dan el permiso? ¿Para qué te dan permiso si en el aeropuerto no te van a dejar entrar de regreso? Hay muchas cosas en las leyes que están contradictorias, se contradicen totalmente.

… immigration laws contradict each other a lot…I had a permit to travel, but no, the lawyer tells me, "Do not travel because they will not leave you alone," I say, "If I have permission," "Do not travel until you have residency." There are things like that, why

would they give you permission to travel then? Why do they give you permission if they

won't let you come back at the airport? There are many things in the laws here that are

contradictory, they totally contradict each other.

Paisajes discusses the confusion around what certain documentation statuses allows

immigrants to do or not. This causes distress and, if anything, effects relationships with family

members in participants' home countries.

Fernando, similarly, describes how, despite having residency status, he still feels

extremely uncomfortable visiting family members out of the fear that everything he had worked

for to obtain residency status could be taken away from him so quickly.

…yo ya logré mi estatus legal, ya me vino mi residencia, pero aun así yo le dije a mi

familia, "Yo no puedo ir a visitarlos porque solamente tengo residencia". Tengo miedo,

así como están las cosas con este señor en la frontera….El oficial de migración puede

hacer lo que quiera.

… I have already achieved my legal status, my residence has already come to me, but still

I told my family, "I cannot go to visit because I only have a residence." I am afraid, just

as things are with immigration on the border….The migration officer can do what he

wants.

An Increase in Anti-Immigrant Beliefs and Rhetoric. Three out of the six participants

directly spoke about how the increase in anti-immigrant beliefs and rhetoric as a result of the

Trump administration affected their lives.

For Olivia, the Trump administration exacerbated her awareness of discrimination against

people like her. She described how it was a struggle on its own to be treated differently by

individuals in the United States, but now, under Trump, to be treated differently by the whole

governmental institutional causes its own kind of distress.

> Now, with the new administration, it's always something that worries me. Sometimes, I
>
> have to not think and … not see the news because it creates more anxiety and more
>
> sadness… when I was trying to be accepted in this country and be a participant of this
>
> country, it was a struggle, even if there were people, local people, who were just giving
>
> me the face… But now, knowing that it is the government who does not want us here…
>
> Like we are terrible people. We are not welcome in the United States or where they are
>
> closing paths that we had opened already and it was hard to open those paths.

Sabrina discussed how once Trump became President, she began to notice that there was

more "hate going on" and more discriminatory behaviors and language occurring in the country

on a whole.

> All this discriminations situation is just become more stronger as soon as he became
>
> president because that's what he shows, he doesn't like immigrants, of course, he's given
>
> the message to people who hate the immigrants and creating more
>
> discrimination….because of this person, there's more, like you say, more hate going on.
>
> There's always been people who discriminate immigrants of course, and that will never
>
> change… but it's just become more stronger now that he is there….I can see that, I can
>
> see changes for the worse not for the better, on terms of more discrimination. More
>
> people, offending people like you have seen in the news, people being killed because they
>
> immigrants.

For Beatriz, she describes that feeling like an "intruder" is a result of Trump's presidency and that the sentiment that immigrants are not wanted in the United States has become more prominent under his administration.

La administración de él siento que ha sido como-- Yo algo que decía, yo respeto lo que él dice, quizás nosotros somos intrusos porque hemos venido a un país que no es de nosotros y hasta cierto punto, quizás, él no nos quiere aquí, y no nos quieren aquí, pero quisiera que él entendiera que nosotros aquí venimos nomás a trabajar y venimos a proponernos con un futuro mejor para nuestros hijos.

His administration feels that it has been like-- I said something, I respect what he says, maybe we are intruders because we have come to a country that is not ours and to some extent, perhaps, he does not want us here , and they don't want us here, but I want him to understand that we come here just to work and come to propose a better future for our children.

Increased Sadness, Fear, Uneasiness, and Insecurity. Four out of the six participants, in one way or another, describe an overall increase in fear, insecurity, and uneasiness as a result of the Trump administration that affects them on a personal level. Fernando simply states that he has become more afraid as a result.

"Yo creo que yo, como mucha gente, les ha afectado. Yo es más miedo."

I think that, like many people, it has affected them. I am more afraid.

Olivia uses words, such as "anxiety," "sad," "terrified," and "suffering" all in one sentence as a result of the Trump administration. She also describes how the administration has made her fearful for her children's future, specifically as it may affect their job employment.

It has created a lot of anxiety and it makes me sad and terrified about those kids that are

suffering at the borders. They don't care about the mental instability… I see that there are

more doors closed for the Latino people…. That scares me. That scares me because my

kids are Latino, they're born here but they're going to be looking for jobs later on and I'm

afraid that's going to affect them.

For Sabrina, she describes how "sad" bearing witness to Trump's presidency is for the

Latinx community and other minorities. When talking about Trump's administration Sabrina

seemed so helpless and defeated and genuinely could not believe she was witnessing such a

situation in her lifetime that had such an affront to her ethnic and cultural identity.

… it's just really sad. I never thought that I'll witness a situation like this on being under

someone who is heartless, it's so sad. It's really, really sad. I'm hoping and praying that

times fly and he will be out of the White House and then having… someone else in

charge, that has more sympathy for people, especially our communities and the

minorities… Instead of being focused on the immigrants… so disrespectful calling

Mexicans, red person.

Beatriz describes how the administration has been like an additional "trauma" to her. She

describes how when he entered to role of president, she became "very nervous" and "afraid"

even in the streets. She began to become fearful of ICE "grabbing" her in the street.

Creo que la administración Trump para mí ha sido como un punto de inseguridad y

también de traumas, en el punto de que-- Le doy gracias a Dios porque ya estoy

aplicando para mis papeles y que voy a poder ser residente… tengo ya un caso aceptado y

todo eso…. Cuando él entró yo me puse muy nerviosa, andaba con mucho miedo,

andábamos con mucho miedo en las calles, bueno, de hecho, aún, porque yo siento que

hasta que yo no tenga mi residencia yo no voy a poder quitarme eso de que, "Voy a ver a

unos del ICE y me van a agarrar.

I think the Trump administration for me has been like a point of insecurity and also of

trauma, at the point that-- I thank God because I am already applying for my papers and

that I will be able to be a resident… I already have an accepted case and all that… When

he entered I was very nervous, I was very afraid, we were very afraid in the streets, well,

in fact, still, because I feel that until I have my residence, I will not be able to shake that

fear from myself, "I'm going to see ICE and they're going to grab me.

Impact of witnessing other families' separations. Both Olivia and Sabrina described

instances of being personally distressed by the threat of families they knew, being separated or

affected.

Olivia describes how, in her own community, she has seen the families of her friends

separated and the pain associated with it.

It did affect me, Trump administration now, and the way that I see that many families and

they're not united. I live like in the community. I see the pain every day that they cannot

reunite, or I know cases, personal cases, where the families are totally separated. It's hard.

It's hard because they're friends. I feel for them….

For Sabrina, she describes how her son's girlfriend, who is like a daughter to Sabrina,

may be deported due to her "Temporary protected Status" expiring and how lucky she (Sabrina)

was to be able to change her immigration status.

…my oldest son… his girlfriend… that I love very much like my own daughter. She is

under the TPS. She's from El Salvador, but she came to this country when she was four

years old and she grew up here. She barely speaks Spanish…. I was lucky enough to

change my immigration status that my two children who were not born here, are USA

Citizens. I'm US citizen and my son who grew up here. Her and her family, they didn't

have that opportunity. They are under the TPS, which is going to expire…It's so sad to

me, heartbreaking… I will be devastated if she has to leave the country, go back to El

Salvador, which she doesn't know anybody…It touched me in a personal level because I

wish things will be different. This is someone who is trying to build a better life, she's a

very smart student who has goals for the future…

Theme F: Resiliency and Empowerment

This theme encompasses how participants described their resiliency and found ways to

empower themselves while living in the United States. Examples of resiliency and empowerment

included becoming involved in advocacy work in their communities, utilizing community

resources to connect culturally with others, finding meaning in their faith, finding meaning in

their messages to other adults considering moving to the United States, and finding meaning in

the opportunities that they opened up for their children by immigrating to the United States.

Connection to Community. Three out of the six participants discussed how finding

connections to their community was a way of feeling empowered.

For both Olivia and Sabrina, they found meaning and empowerment through their

advocacy work and their involvement in the community. Olivia describes the importance she

places in being the change she wants to see in her community. She works for a non-profit

organization that helps immigrants file taxes.

Well, you got to be the change that you want to see in the community… and someone

told me, "If you don't like the things that you see why don't you do something to

change?" That is also what I learned here in this country- To advocate to ask for the

change and to raise up your hand and say, "Hey, look, I insist and I don't like this." I

learned that and I got power…I think I have been part of many changes in my county….

Educating my people… that don't understand yet in Spanish about why it's important to

pay taxes, why it's important to vote and why it's important to participate in the school

system, why it's important to go to school and the ways and the resources there are in the

community.

For Olivia, she gained empowerment from educating others and being a resource to the

Latinx community. Despite the hardships that she endured entering the United States, she still

finds hope and determination in making this country better by recognizing and embracing the

diversity.

… this country is built of many different races and colors and religions…. I learned to be

this kind of citizen. I choose to be this kind of citizen because you choose what kind of

citizen you want to be in the United States once you have the rights and have that

responsibility for this country. I become a citizen with an open mind and huge diversity

culture. My culture is not just one.

Sabrina, similarly, describes her empowerment through advocacy work by volunteering

in tax law for immigrants, but also encouraging her children to seek all opportunities that are

offered to them.

… if you wanted to have a better life, again, you have to do your work, but I wanted to

teach my kids that it don't matter how old you are, you can always do something better.

That was my main thing. That's what I do. I also volunteer in the community…. I'm also

doing taxes and I do free tax services to low-income families in my community.

Sabrina also talks about standing up for others when she sees injustice occurring as a way to empower herself and others. She described that she was on a bus and two senior women came on board speaking Spanish. A white man became extremely upset because these women were speaking Spanish and began to be disrespectful towards them. Sabrina describes how she stood up to him.

He stood up and started yelling on them…He became very disrespectful…. "Why don't you go back to your country?" Very disrespectful. I couldn't take it and I stood up and I say, "You have no right to talk to them like that." … He turns on me and he start offending me. He say, "You ignorant come to this country just to take our jobs away," and blah, blah, blah. He was very anti-immigrant. So, I said, "Who is more ignorant? You- because you don't understand what they talking about. If you feel that way, you should go to school and learn Spanish. Same way I am going to school to learn your language. I'm bilingual now…. It seems like you're more ignorant than I am because you don't speak my language, but I speak your language." It feels good.

For Sabrina, calling to attention the injustices to others for being "different" than the dominant culture is extremely meaningful to her and guides her work as a volunteer and a community member. When asked what she would tell an adult who was planning on moving to the United States, she responded with:

Learn what's available in your community. Take advantage of those programs and educate yourself. Try to educate yourself. Learning the culture, learning the language, and doing your homework to be in a better place. Things can be better. Of course, we cannot change the world, but we can make it better. Regardless of what's around you, and what's going on in your life, and what you want in life, and what your goals are.

Sabrina places importance in learning what is available in her community in order to educate oneself and, therefore, gain ways to become empowered and create change.

Paisajes found meaning in utilizing resources, such as public libraries, to connect her to resources and Latinx community events.

En las bibliotecas hay a veces ayudas para los inmigrantes en cuanto a los trámites, también abogados he visto. A veces te presentan algo y puedes hacerle preguntas y cosas. También en la biblioteca lo que me gusta es que a veces hacen muchas actividades también relacionadas con los latinos.

In libraries there are sometimes resources for immigrants regarding paperwork, I have also seen lawyers. Sometimes they introduce themselves to you and you have the chance to ask them questions and things. I also like how in the library sometimes there are many activities as it relates to Latinos.

The library was something that Paisajes mentioned various times throughout her interview. Through this resource, she became connected to lawyers who assisted her in her documentation process. She also found resources to connect her culturally to Peruvian restaurants, markets, events, etc. that she attributes to being unique to San Francisco.

Aquí en San Francisco hay muchas posibilidades, creo yo, porque yo he encontrado que hay muchos restoranes peruanos, hay gente peruana…Hay un centro cultural donde puedes comprar clases de música o bailes peruanos, de su país, hay muchas cosas que te puedes involucrar, pero tienes que buscarlas.

Here in San Francisco there are many possibilities, I think, because I have found that there are many Peruvian restaurants, there are Peruvian people… There is a cultural

center where you can buy Peruvian music classes or dances, from your country, there are

many things that you can get involved with, but you have to look for them.

Paisajes expresses a level of comfort in being able to feel as if her culture matters and

that her culture deserves to be maintained.

… También el City Hall San Francisco apoya muchas organizaciones de inmigrantes…

De alguna manera fomenta eso, que se mantenga la cultura, parte de la cultura, eso no

pasa en otras ciudades. Es por eso que atrae más, eso está muy bien, ese aspecto está muy

bien. Organizan actividades, y las bibliotecas también se involucran, las bibliotecas se

involucran mucho con los inmigrantes aquí en San Francisco.

… The City Hall San Francisco also supports many immigrant organizations… It

somehow encourages that culture be maintained, part of the culture- that does not

happen in other cities. That is what makes [the city] more attractive, that aspect is very

good. They organize activities, and libraries also get involved, libraries get very involved

with immigrants here in San Francisco.

She posits that part of what makes San Francisco so attractive is its diversity and its

Latinx centers all over the city that connect people to cultural events, dances, markets, etc.

Paisajes' meaning making in the United States comes from having some access to her own

culture and feeling as if her culture matters.

Personal Coping. Three out of the six participants attributed their resiliency and

empowerment to their own ways of personal coping, whether it be from seeking mental health

services, their faith, or their own personal attributes.

For Fernando, he found meaning and empowerment through obtaining mental health

services and receiving treatment to process the traumas that had occurred to him. Throughout his

interview, he repeatedly stated how receiving mental health treatment, including medication, quite literally saved his life. Before treatment, Fernando had been carrying around his traumas on his own, thinking he was going crazy, and without the knowledge or resources to improve his quality of life.

> … Lo del asalto no puedo llamarlo algo bueno, pero eso fue lo que me canalizó a la atención medica psicológica, y de medicinas.
>
> *… As for the assault, I can't call it a good thing, but that was what channeled me to psychological medical care, and medicine.*

He was still receiving weekly therapy at the time of this interview.

For Beatriz, she found that her resiliency and empowerment came from her faith. She attributes her faith in God to getting her safely across the border. She stated at various points in her interview that she strongly believed that her prayers to God saved her during the instances of hiding from immigration, being near death with dehydration, and being able to care for others on her journey.

> Siento que me identifico como alguien… con mucha valentía sí, porque tuve que tener valor. Me siento agradecida también, muy agradecida con Dios, porque creo que Dios forma una gran parte de mi vida en la cual porque estoy aquí. El valor me lo dio él y las fuerzas me las dio de él.
>
> *I feel that I identify myself as someone … with great courage yes, because I had to have courage. I feel grateful too, very grateful to God, because I believe that God is a large part of my life and is why I am here. He gave me the courage and the forces gave me his.*

In overcoming what she went through, Beatriz, in addition to her faith, found herself utilizing her own strengths and coping skills, such as dancing and being social with friends.

… Siento que Dios ha ayudado mucho en mi vida… cuando no estaban mis hijos y mi

esposo yo me refugiaba en los bailes. Yo me iba a bailar con mis amigas y todo eso.

Ahora siento que ya lo superé un poco, quizás todavía afecte un poquito, pero siento que

ya puedo sobrevivir con eso.

… I feel that God has helped a lot in my life… when my children and my husband were

not here, I took refuge in dancing. I was going to dance with my friends and all that. Now

I feel that I already overcame it a little, maybe it still affects me a little bit, but I feel that

I can survive with that.

She attributes both her faith in God and the activities that she engaged in with her friends

as being what helped her overcome the trauma of crossing the border and entering the United

States. Similarly, to other participants, Beatriz discusses the importance of willpower in

adjusting to life in the United States and finding purpose in being able to provide opportunities

for education for her children.

Creo que me identifico como que le echo ganas a lo que quiero y me esfuerzo hasta

tenerlo…. un propósito de beneficio saludable y educativo para cada uno, que ayude a mi

familia, a mi entorno y que mis hijos se vean beneficiados de lo que yo estoy

esforzándome. Creo que me identifico …como alguien luchadora…

I think I identify as having willpower to get what I want and I strive to have it… a

purpose of healthy and educational benefit for each one [of my children], that helps my

family, my environment, and that my children benefit from what I am striving for. I think I

identify myself… as a fighter…

For Maria, she discusses how she found meaning in finding strength and willpower to successfully benefit from the opportunities made available and would tell an adult moving to the United States to not "despair."

Le diría que tuviera mucha fuerza y que no se desesperara, que le echara ganas aquí en este país, porque sí hay oportunidades, el chiste es tener fuerza de voluntad, que sí se puede.

I would tell them to have a lot of strength and to not despair, to have the willpower to make it here in this country, because if there are opportunities, the trick is to have the willpower, which can be done.

Participants found empowerment in advocacy as a way to give back to their community, a strong desire to empower others- be it their children or other community members, empowering themselves and their families through education, and finding a sense of community from being with other Latinx people. Regardless of the hardships that they faced in their home countries, hardships they endured during their journeys getting to the United States, experiences of discrimination and trauma once in the States, and so much more, each and every participant talked about hope, advocacy, courage, strength, healing, willpower, and growth outshining all of the bad. These participants, to say the least, were inspiring.

Process Reflection Statement from Researcher

Parts of this research study, such as the data analysis portion, were conducted while I was undergoing the personal hardship of my father unexpectedly passing away on December 20th, 2019. This made the data analysis completion particularly difficult, but also inspiring and illuminating. As this dissertation was inspired by him and his experiences emigrating to the United States in adulthood (at the age of 24), it is without much surprise that some of my

participants in this current study had similar experiences and views as my father. In proceeding

with the in-depth nature of Interpretive Phenomenological Analysis and immersing myself so

intensely in the transcripts and experiences of my participants, I became increasingly aware of

the countertransference that was coming up for me that was similar to clinical

countertransference. I found myself having to take a step back at times from the data analysis

process as a means of taking care of myself and respecting my grieving process. However, this

was a push and pull feeling, as I also felt that being so close to my dissertation allowed me to

maintain that closeness with my father. He was such an integral part of this dissertation's

conception and refining process as he helped me translate all my materials into Spanish and took

great care to make sure the Spanish maintained the same intent that the English versions had.

Him being such an integral part of this process also helped me complete it, however difficult it

was for me to maintain a researcher's mindset and check my own subjectivity. This statement

was important to include here to show readers how this life-changing event may have impacted

and contributed to the data analysis and subsequent discussions of results.

CHAPTER 5
DISCUSSION

Summary of Results

To date, there has been a significant gap in the literature about Latinx adults' experiences of immigrating to the United States. Most of the existing literature tends to focus on childhood and young adult experiences of immigrating to the United States (Birman, 1996; Gonzalez, Suarez-Orozco, & Dedios-Sanguineti, 2013; Feliciano, 2001). The current study aimed to explore and characterize the phenomenon of Latinx individuals' experiences of immigrating to the United States in adulthood (at the age of 18 or older), with a particular look at the effects on their mental health and mental health seeking behavior under the sociopolitical climate of the Trump administration. This was explored through in-depth, semi-structured individual interviews. Using the qualitative approach Interpretive Phenomenological Analysis (IPA), the current study gathered data from the experiences of Latinx individuals who immigrated to the United States in adulthood. Six significant themes emerged from the data analysis, which are further explored below.

Discussion of Themes

The following section explores how each of the study's emergent themes supports or differs from prior findings in the literature.

Discussion of Theme A: Reasons for Emigrating. This theme explored the reasons that participants left their home countries to immigrate to the United States as well as the expectations they had of what life would be like in the U.S. This theme was comprised of the following subthemes: "Survival," "Providing education and other opportunities for their children," and "Seeking a 'Better Life' through education and new career opportunities for themselves."

For three participants, survival was one of the biggest reasons to emigrate to the United States. One participant was from Mexico and the other two were from El Salvador and all three described escaping violence, such as gang, military, or drug violence, and economic deprivation in their home countries. This finding is consistent with prior research conducted by Valdez and Sabo (2015) that examined the reasons why adults fled Central American Countries and Mexico between 2013 until 2015. They found in a sample of migrating women and children that individuals cited escaping pervasive drug violence that was affecting their families and small businesses. Additionally, researchers used Latinobarometro public opinion surveys of approximately 49,000 respondents residing in 17 countries in 2002, 2003, and 2004 and found that victimization from transnations promotes the propensity to emigrate. This contributes to an understanding of the transnational consequences of the increase in crime in Latin America and adds a new variable to the inventory of factors that encourage people to migrate to the United States (Wood, Ribeiro, & Hamsho-Diaz, 2010). This concept of victimization is in line with what three participants of the current study said about their experiences of victimization and danger in their home countries. They described instances of living in countries with civil unrest and fear of something happening to their family members, experiences of being threatened and extorted in their home countries, as well as trying to avoid their children becoming gang members or leading a life of violence.

The findings in this study related to economic motivations for emigration are consistent with previous research that shows that many immigrants come to the U.S. to improve the economic status of their families through employment (Finch, Catalano, Novaco, & Vega, 2003). Participants spoke about escaping the economic deprivation of their countries of origin and the desire to obtain better jobs to make more money to provide better opportunities for themselves

and for their children. These expectations are typically summed up in popular American media

as the "American Dream." While there is no official definition of the American dream, public

opinion surveys of U.S. adults in recent years show it involves hard work, financial security,

career success and confidence that each new generation will be better off than the one before it

(Lopez, Gonzalez-Barrera, & Krogstad, 2018). There has been research, publications, novels,

movies, etc. that depict that immigrants emigrate to the United States with the idea of the

"American Dream," so to speak, of providing a better life for themselves and their family

members (Lopez, Gonzalez-Barrera, & Krogstad, 2018). The Pew Research Center has found

that despite the Latinx population being more likely to believe in the American dream, most see

the American Dream as hard to reach (Lopez, Gonzalez-Barrera, & Krogstad, 2018). According

to this study (Pew Research Center, 2018), more than three-quarters of Hispanics (77%) said that

most people can get ahead with hard work, a higher share than among the U.S. public (62%) in

2016. For Latinx individuals, similar shares expected their standard of living to be better than

that of their parents (75%) and expected their children to be better off than themselves (72%).

Among the U.S. public, by contrast, just 56% expected to be better off than their parents, and

46% expected their children to have a better standard of living than they did (Lopez, Gonzalez-

Barrera, & Krogstad, 2018). According to Clark (2003) the individual immigrant has always

focused on material well-being and prospects for a better future, either while in America or upon

returning home with some tangible wealth.

However, when looking at economic motivations for emigration, we must additionally

look at the connection between the goal of economic survival and the impact of U.S. economic

policy, such as the North American Free Trade Agreement (NAFTA). NAFTA was signed by the

governments of the United States, Canada, and Mexico in 1993 (Hakobyan & McLaren, 2016).

Opponents believe that it has devastated some parts of the country by encouraging multinationals to shift operations to Mexico, while proponents argue that it has boosted U.S. exports and thus job growth (Hakobyan & McLaren, 2016). A research article from the Mexican Law Review (2018) compared the performance of the Mexican economy with that of the rest of the region over 23 years, since NAFTA took effect, based on the available economic and social indicators (Weisbrot, Merling, Mello, Lefebvre, & Sammut, 2018). Among the results, the authors' review found that Mexico ranks 15th out of 20 Latin American countries in growth of real Growth Domestic Product (GDP) per person, the most basic economic measure of living standards; Mexico's poverty rate in 2014 was higher than the poverty rate of 1994 (20.5 million more Mexicans living below the poverty line as of 2014 than in 1994); and real wages (inflation adjusted) were almost the same in 2014 as in 1994 (up just 4.1 percent over 20 years, and barely above their level in 1980).

Results additionally indicated that if NAFTA had been successful in restoring Mexico's pre-1980 growth rate- when developmentalist economic policies were the norm- Mexico today would be a high-income country, with income per person comparable to Western European countries (Weisbrot, Merling, Mello, Lefebvre, & Sammut, 2018). If not for Mexico's long-term economic failure, including the 23 years since NAFTA, it is unlikely that immigration from Mexico would have become a major political issue in the United States, since relatively few Mexicans would seek to cross the border (Weisbrot, Merling, Mello, Lefebvre, & Sammut, 2018). NAFTA also had a severe impact on agricultural employment, as US subsidized corn and other products wiped out family farmers in Mexico. From 1991 to 2007, 4.9 million Mexican family farmers were displaced; while seasonal labor in agro-export industries increased by about 3 million (Weisbrot, Merling, Mello, Lefebvre, & Sammut, 2018). This meant a net loss of 1.9

million jobs (Weisbrot, Merling, Mello, Lefebvre, & Sammut, 2018). The very poor performance

of the Mexican economy contributed to a surge in emigration to the United States. From 1994 to

2000, the annual number of Mexicans emigrating to the United States soared by 79 percent

(Weisbrot, Merling, Mello, Lefebvre, & Sammut, 2018). The number of Mexican-born residents

living in the United States more than doubled from 4.5 million in 1990 to 9.4 million in 2000 and

peaked at 12.6 million in 2009 (Weisbrot, Merling, Mello, Lefebvre, & Sammut, 2018).

Discussion of Theme B: Impact of Moving to the U.S. on Identity. This theme focuses

on the experience's participants had in relation to identity changes and identity maintenance

upon immigrating to the United States. This was captured in the subthemes "Feelings of loss,"

"High value in maintaining cultural traditions as part of identity," and "Integration of both

cultures into identity."

Three out of six participants described feelings of loss with regards to some aspect of

their identity, such as the loss of an accent, loss of interest of traditional holidays and

celebrations, and the loss of a career, all of which participants discussed as being part of their

identities. This finding is consistent with previous literature, which has explored how

experiences of migration involves the loss of the familiar, including language (especially

colloquial and dialect), attitudes, values, social structures and support networks (Bhugra &

Becker, 2005). Additionally, research has indicated that moderate, but perhaps chronic, patterns

of depression may emerge when Latinos face the possibility of losing important heritage-culture

support networks (Torres, 2010).

The majority of the literature on the maintenance of ethnic identity in the Latinx

immigrant population focuses on second-generation children and young adults (Potowski &

Rothman, 2011; Ontai-Grzebik, & Raffaelli, 2004). There is a dearth of research on the

maintenance of ethnic identity in Latinos who immigrate to the United States in adulthood

(Torres, 2010; Weller & Turkon, 2015; Falicov, 2005). However, existing research does indicate

that retaining essential elements of the traditional Latino culture may have a particularly

prophylactic effect on moderate depression within a context that pressures individuals to

acculturate to the mainstream (Torres, 2010). The protective function of maintaining a Latino

orientation, or identity, corroborates past findings regarding the advantages of upholding a

heritage cultural continuity, such as maintaining food traditions, celebrations and holidays, and

upholding familial values (Berry, 2006; Grant et al., 2004).

Participants in the current study placed a high value on maintaining cultural traditions as

part of identity and ensuring that they passed down this importance of cultural identity to their

children. For example, having an attachment to the ancestral land and culture is not personal, but

rather, is mediated by the relationship to parents and grandparents, and thus based on borrowed

memories and imagination (Falicov, 2005). Participants in the current study described that in

order to keep their culture alive in their children they shared with them traditional stories from

their home countries, made sure their children grew up bilingual and knowing their home

country's traditions, in the form or celebrations, dance, and food. Participants sought out cultural

resources and community to feel more connected to their cultural roots. This is consistent with

previous research that showed when individuals would move to a new community, relationships

with other Latino individuals developed around the consumption and preparation of heritage

foods, which served to express and create communal connections (Weller & Turkon, 2015).

These community connections help individuals maintain their social identities by providing an

outlet for participation in cultural activities (Weller & Turkon, 2015).

In terms of integrated identities, three participants discussed how the integration of both cultures into their identity, similar to concepts such as biculturalism and transnationalism, occurred as a result of moving to the United States. This integrated phenomenon is best described by concepts, such as biculturalism and transnational migration. Biculturalism represents comfort and proficiency with both one's heritage culture and the culture of the country or region in which one has settled (Berry, 1997). Transnational migration is then defined as "a process of movement and settlement across international borders in which individuals maintain or build multiple networks of connection to their country of origin while at the same time settling in a new country" (Fouron & Glick-Schiller, 2001, p. 60). Participants in the current study described that they maintained parts of their cultural identity but have also incorporated the dominant culture into their lives by identifying the United States as "home." Falicov (2005) describes the phenomenon of transnationalism and finding a home in two countries nicely when she states, "Yet, when immigrants have children in the new country, have jobs, buy property, and develop communities, they acquire another home as well. Because lives and relations are linked across borders, transnationalism offers an attractive, and at times deceiving, imagined possibility of living with two hearts rather than with one divided heart" (p. 399).

The majority of literature on biculturalism in immigrants is primarily on children, adolescents, and young adults (Birman, 1998; Feliciano, 2001; Smokowski & Bacallao 2011). However, the current study's finding of three participants having integrated both cultures into their identities is consistent with research from a study which found that approximately 35% *(N=28)* of the participants stated that they revisited issues of Latino identity as adults. This process entails revisiting a previous point in his/her development and reevaluating how his/her socially constructed identity has changed as a result of being in a different environment or different life

event (Torres, Martinez, Wallace, Medrano, Robledo, & Hernandez, 2012), such as moving to a

new country. Participants in the current study who identified as bicultural after moving to the

United States, tended to revisit their identity once becoming citizens or living in the United

States for an extended period of time. This is also consistent with research that found that

individuals who engaged in looping in their adult life were mostly Bicultural Oriented (22

individuals), with some Latino Oriented (6 individuals), indicating the active interaction between

both the Latino and Anglo cultures was typically found among individuals who were confronted

with situations that challenged their understanding (Torres et al., 2012). One plausible

explanation for this could be that Bicultural Orientation individuals may have more agency that

highlights a sense of "confidence that one will be able to overcome obstacles that impede one's

progress along one's chosen life course" (Schwartz, Côté, & Arnett, 2005, p. 207). This finding

relates to the experiences reported by the participants in the current study of having a certain ease

at having integrated both cultures into their identity and making room for two countries to be

considered "home." This integration resulted in having more confidence in them navigating both

cultural identities, but specifically having more confidence in being able to give back to their

community through volunteer work and advocacy.

  Discussion of Theme C: Subjective Experiences of Acculturative Stress. Definitions

of acculturation have changed over time. Psychology largely uses Schwartz, Unger, Zamboanga,

and Szapocznik's (2010) definition, which is "a process that takes place when two cultural

groups encounter one another, and entails an assessment and *potential* adaptation of practices,

values, and identifications" (as cited in Buckingham & Suarez-Pedraza, 2019, p. 407).

  Prior research supports the experiences of acculturative stress reported by participants of

the current study (Lueck & Wilson, 2011). The four subthemes— "Difficulties with language,"

"Experiences of Discrimination and Microaggressions," "Feelings of 'Not belonging,' "An effect on the interpersonal and relational," and "Psychological effects of acculturative stress"— captured various aspects of acculturative stress that participants discussed in their interviews.

Participants in the current study all reported difficulties with the dominant language as a main factor in their acculturative stress. They discussed how not knowing English was, or had been, a barrier to multiple facets of living in the United States. This included barrier in their accessibility to education, job opportunities outside of domestic work, as well as interacting with others, specifically in participants feeling taken advantage of due to their inability to understand English. This finding is consistent with previous research that indicates that, for all Latino immigrant generations, high English language proficiency is a significant predictor for low acculturative stress while native language proficiency is a significant predictor for high acculturative stress (Lueck & Wilson, 2011). These findings are striking but can be explained based on current policies within US society and the stigmatization of the Latino immigrant. The term linguistic integration is used to describe a set of social requirements, laws, and propositions that enforce the acquisition of the dominant language only (Lueck & Wilson, 2011). Learning the dominant culture's language as an aspect of cultural adaptation can be particularly daunting tasks, given the low educational attainment characteristic of many recent immigrant groups (Vega & Sribney, 2003), which is consistent with the demographics of the participants of the current study. Additionally, from a clinical perspective, research shows that adopting U.S. customs along with the pressure of having to acquire effective language and communication skills significantly increases the likelihood of experiencing extreme, perhaps diagnosable, levels of symptomatology (Torres, 2010).

Discrimination is another strong predictor that influences acculturative stress, which is in line with the experiences of four participants in this study. According to Gil and Vega (1996), in a sample of 674 Cuban American and 211 Nicaraguan American 6th and 7th grade adolescents and their parents, perceived discrimination based on minority or immigrant status has been found to be associated with higher levels of acculturative stress. Previous research also indicates that many immigrants from Asia, Latin America, the Caribbean, and Africa encounter racial discrimination for the first time in the United States, which can have a substantial impact on their health and mental health (Brown et al., 2000).

Two participants in the current study reported very specific instances of discrimination as it related to parenting and being involved in their children's schools. One participant described how she placed importance in instilling in her children a certain level of awareness of being polite in school to ensure that her children did not get treated or thought of as "bad" for being people of color. Previous qualitative studies of Latino immigrant parents have focused on their experiences within two key institutions shaping the context of reception— schools and health systems (Perreira, Chapman, & Stein, 2006). However, there is limited research on an integrated view of acculturation process through the eyes of parents (cite). Researchers found that acculturative stress that resulted specifically on becoming an "American parent," resulted from grief that was associated with sacrifice and loss, the challenge of navigating new social contexts, the frustration and humiliation experienced as parents and their children confronted racism, and the fears associated with learning to live in a new environment (Perreira, Chapman, & Stein, 2006).

Two of the participants described experiences of parenting-related discrimination where they were mistaken as their children's' nannies instead of their children's mothers, which had

only ever happened in the United States. There is not any academic literature on this specific

instance of discrimination, but it has been documented in a political opinion editorial piece on

Cable News Network (CNN, July 18, 2011). Latina women have expressed that the biggest

difficulty of being mistaken for a nanny was because it often occurred in front of their children

(CNN, July 18, 2011). These incidents of being mistaken for nannies instead of their children's

mothers reflect the stereotypes about the role of Latinas in the United States and should be

explored further in the future research.

Two participants described instances of workplace discrimination in the United States.

One participant reported that her lack of English fluency resulted in her being treated as if she

was not "good enough" in her workplace and therefore felt that she did not have as many

opportunities as her white counterparts in promotions and salary raises. When the two

participants of the current study experienced workplace discrimination, they had been

undocumented at the time. Other studies report that undocumented immigrants have limited

opportunities for advancement and salary increases (Bacallao & Smokowski, 2013). Research

shows that employers may know an employee is undocumented or make assumptions about his

or her status based on appearance or language ability (Ayon, 2015). Limited English Proficiency

(LEP) immigrants may be expected to learn new skills without the opportunity to ask questions

or receive feedback (Ayon, 2015). The other participant who reported workplace discrimination,

described an instance of exploitation and sexual harassment, which left her feeling insecure

about reporting it for fear of losing her job. A research study that focused on addressing the gap

in literature on experiences of sexual harassment by women of color compared sexual

harassment incidence rates and psychological and work-related outcomes of Hispanic and non-

Hispanic white women across varying levels of cultural affiliation (Shupe et al., 2002). Research

indicates that Latina women have low levels of reporting sexual harassment in the workplace (70% of whom were foreign-born) (Krieger et al., 2006). Another study has shown that less "acculturated" compared with more "acculturated" Latinas report less sexual harassment (Shupe et al., 2002). The work environment is challenging for immigrants in general—and particularly for those who are undocumented, and many may feel they have no option but to endure oppressive practices in order to provide for their families, which was experienced by two participants in the current study.

In the present study, it is apparent that participants' difficulties with language acquisition and experiences of discrimination are also intertwined. It is important to note this relationship, which has been found in previous studies, including the finding that language preference is a common barometer of acculturation (Zea, Reisen, & Tyler, 1996) and that English competency pressures are a central aspect of acculturative stress particularly for recent immigrants (Rodriguez et al., 2002). Therefore, it may be the case that having a reduced English fluency can serve to exacerbate the acculturative stressors associated with perceived discrimination (Torres, Driscoll, & Voell, 2012).

One finding to emerge from this study are participants descriptions of feelings of "not belonging" or of feeling like an intruder in the United States upon their move. Literature exists of this phenomenon in Latinx youth and/or first-generation Latinx children and young adults within school contexts (Gonzalez, Suarez-Orozco, & Dedios-Sanguineti, 2013; Flores-Gonzalez, 2017). However, there is very little research, especially within the last ten years, on feelings of not belonging in individuals who have emigrated to the United States in adulthood (Gonzalez, Suarez-Orozco, & Dedios-Sanguineti, 2013; Flores-Gonzalez, 2017). Previous research has included feelings of "not belonging" as part of an explanation of stressors that immigrants may

experience related to acculturative stress (Hovey, 2000). Immigrants may also experience

stressors that include discrimination, language inadequacy, the lack of social and financial

resources, stress and frustration associated with unemployment and/or low income, feelings of

not belonging in the host society, and a sense of anxious disorientation in response to the

unfamiliar environment (Hovey, 2000). This gap in the literature shines a light on the dearth of

research on experiences of Latinx adults in the United States and is an important contribution of

this study.

　　　　All six participants in the current study described interpersonal and relational

acculturative stress, specifically with family members that remained in participants' countries of

origin. Participants described how difficult it was to be away from family members who were

still in their countries of origin. Research supports this finding, showing that geographic distance

within families is associated with less frequent contact and close support, often causing family

members to feel ambivalence, loss, and pain regarding their shifted relationships (Sands & Roer-

Strier, 2004; Senyurekli & Detzner, 2008). Additionally, previous research found that disrupted

relations in Latino families, including cultural conflict and low family closeness, are associated

with increased levels of psychological distress (Gil & Vega, 1996; Molina & Alcantara, 2013;

Rivera et al., 2008) and higher risk of psychiatric disorders (Alegria et al., 2007; Lorenzo-Blanco

& Cortina, 2013).

　　　　All participants of the current study experienced a "disruption" in their relationships to

family members upon emigrating to the United States and what research calls "ambiguous loss."

Boss (2009) describes the ambiguous loss framework as a unique type of loss in family

relationships, which may be appropriate for transnational families. In normative life events such

as death, the loss is clear. People agree that it has occurred and often participate in rituals to mark

the loss. In ambiguous loss situations, the loss is less clear and creates confusion. A family

member may be physically absent but psychologically present (for example, when a family

member is deployed), or may be physically present but psychologically absent (for example,

when a family member has severe depression; Boss, 2006). Uncertainty about whether the

person(s) are permanently gone or when they will return can prevent people from making

necessary adjustments in their family roles and relationships (Boss, 1999). Depression, guilt,

anxiety, and other mental-health problems are the result of feelings of hopelessness in this

ambiguous situation. As Boss (2004 notes, "symptoms are outcomes of the relentless stress from

having to live with no answers rather than from the psychic or familial weakness: (p. 554).

One research study parallels the current findings nicely and found that family members in

both countries (both the United States and in country of origin) described feelings of loss at

being unable to live together as a family, uncertainty about when they would be reunited, stress

from not knowing how their family members were doing, and worry about each other's health

and safety (Solheim, Zaid, & Ballard, 2016). While physically absent in each other's lives, they

were psychologically present in each other's thoughts and concerns. It was evident that absence

was deeply grieved, but losses were endured while immigrants worked in another country and

remitted critical financial resources that sustained and improved their lives. These families

experienced not just change, but loss, in the discontinuity in their family relationships (Solheim,

Zaid, & Ballard, 2016). As mentioned in the results, this effect on familial relationships is even

more pressing for the participants of the current study due to the fact that they moved to the

United States in adulthood and, throughout their lives, in their countries of origin, the importance

on family cohesiveness was an important value that they carried.

Four out of the six participants in the current study reported a variety of psychological effects due to acculturative stress, such as anxiety, depression, and trauma. This is consistent with previous research of the psychological effects of acculturative stress, which is well documented. Perhaps as a reflection of difficult realities, immigration has been linked to a multitude of indicators of poor wellbeing, such as depression, anxiety, and physical illnesses (Suárez-Orozco et al., 2012). The current study's findings support the notion that the pressures and demands associated with being an immigrant in the United States and living in an environment that devalues one's ethnic group increases the likelihood of experiencing mental health problems (Breslau et al., 2007; Grant et al., 2004; Organista, 2007; Rogler et al., 1991).

Discussion of Theme D: Experiences of Trauma Affecting Mental Health and Mental Health Seeking Behaviors in the U.S. Four out of the six participants endured significant experiences of trauma that shaped their overall experiences of having emigrated to the United States. In addition to experiences of trauma in the United States, some participants had additionally experienced trauma in their countries of origin and during their journey crossing the border. Experiences of trauma and its effect on mental health in immigrants is well documented (Perreira & Ornelas, 2013; Makley & Falcone, 2010). However, there is a dearth in the literature on how trauma affects mental health seeking behaviors in Latinx adult immigrants (Cabassa, Zayas, & Hansen, 2006). Three participants endured experiences of trauma in the United States and received mental health services. However, these participants only received mental health treatment because they were referred to mental health services by their primary care physicians or through community centers. Instances of trauma that the participants in the current study experienced while in the United States included assault, domestic violence, and trauma in crossing the border.

Prior research has found that before, during, and after migration to the U.S., many Latinx immigrants are at risk for experiencing trauma and developing symptoms of post-traumatic stress disorder (PTSD) (Perreira & Ornelas, 2013). These traumatic experiences can have severe and long-term impacts not only on the mental health of immigrants but also on their adjustment to life in the U.S. (Makley & Falcone, 2010).

Two of the participants of the current study can arguably meet the definition of a refugee in that they were escaping their country of origin, El Salvador, due to threat of harm to themselves and their families' safety as well as escaping violence. Survival, for these participants, played a major role in both of them deciding to emigrate to the United States. Research indicates that among adult refugees in community-based samples, rates of PTSD vary between 14 and 19 percent (Perreira & Ornelas, (2013). Traumatic exposures for refugee populations typically include combat experience and war or terror victimization (e.g., forced separation from family, torture, and having a friend or family member killed) (Perreira & Ornelas, 2013). The other two participants from the current study that endorsed traumatic symptoms, who did not identify as refugees, still encountered hardship and similar traumas to refugees. Research indicates that immigrants who are not classified as refugees, especially those with low socioeconomic status and those who migrate to a country without authorization, can experience some of the same traumas experienced by refugees (Perreira & Ornelas, 2013).

The only U.S.- based population study of Latinx adults (ages 18+) found that approximately 16% experienced any anxiety-related disorder and 4% experienced PTSD within their lifetimes, but these prevalence rates differed significantly by country of origin (Alegria et al., 2007, 2008). The subethnic group classifications were Mexican, Puerto Rican, Cuban, and "other." This indicates a great need to further the field's understanding on the mental health of

Latinx adult immigrants in the United States. Specifically, to further the fields understanding of different Hispanic backgrounds with regards to mental health.

As mentioned above, three out of the four participants sought out mental health services as a result of the impact that trauma and acculturative stress had on their mental health. All three participants described that they only received mental health services due to being referred by other means, such as a primary care physician or community-based organizations. In other words, none of the participants reported that they sought out mental health services of their own accord. Additionally, participants from the current study lacked an awareness that what they were suffering from was a mental illness or what they endured was, in fact, a trauma until *after* receiving mental health treatment. One participant was experiencing severe PTSD symptoms due to an assault that occurred in the United States and had no idea that he was suffering from disorders, specifically PTSD and depression, let alone that these disorders could be treated. Another participant was unable to identify that what she was experiencing was domestic violence and that the abuse was not something an individual should endure until *after* she had been in treatment. Participants from the current study ascribed that the reason they did not seek mental health services was not because they were resistant to treatment, but because they were unaware that they were suffering from symptoms of a mental illness. Additionally, they were unaware that there were resources available and did not know how to access such resources. This finding is very important in furthering our understanding about what leads non-U.S. born Latinos to access mental health care.

The current study's finding in relation to mental health seeking behavior is partially corroborated by previous literature. Findings from a research study conducted by Ruiz, Aguirre, and Mitschke (2013) indicated that patient knowledge of mental health care issues plays a

significant role in access to mental health services among the non-U.S. born Latinx community. Additionally, they found that the main barriers to access were: (1) lack of knowledge that there was a mental health issue; and (2) lack of knowledge of where to go for mental health services (Ruiz, Aguirre, & Mitschke, 2013), which are in line with the current study's findings. Ruiz and colleagues (2013) found that a majority of participants (75.4%) in their study were not resistant to accessing mental health care but lacked an understanding that they had a mental health issue.

A new finding that the current study revealed was that experiencing a trauma in the United States is what initially encouraged participants to receive mental health treatment. This diverges from and adds more specificity to previous research that focuses more on mental health issues as they relate to mental health seeking behaviors in a broader sense (Ruiz, Aguirre, & Mitschke, 2013). Even research on traumatic experiences among the Latinx immigrant population focuses on the effects of pre-migration trauma, migration trauma, and post-migration trauma (Perreira & Ornelas, 2013). Despite experiences of trauma in their home countries, it was specifically traumatic experiences that occurred while crossing the border into the United States and traumatic experiences that occurred in the United States that caused participants from the current study to be referred to mental health treatment and not seek it out from their own volition. There is a gap in the literature on the *connection* between experiences of trauma, separate from migrating, that occur in the United States and how these experiences *invoke* referrals from external parties for Latinx immigrant adults to receive treatment.

Discussion of Theme E: Effect of the Trump Administration. This theme focuses on the current sociopolitical climate and how it impacts Latinx immigrants living in the United States currently. All six participants of the current study have described that the Trump administration has impacted them negatively in one way or another. The subthemes for this

theme are as follows: "Changes in perception of the United States", "Effects ability to see family in home country", "An increase of anti-immigrant beliefs and rhetoric", "Increased sadness, fear, uneasiness, and insecurity", and "Impact of witnessing other families' separations." The 2016 presidential election brought many reactions on a global scale, but specifically had a huge impact on the Latinx community in the United States, with regards to more discriminatory rhetoric about immigration and issues regarding border security (i.e., build a wall).

A research study conducted in 2018 in a west-coast town that had participants of similar demographics to participants in the current study, found similar results in terms of feelings surrounding the Trump Presidency. The previous research found that all participants discussed adversities related to the election results, and no one discussed any positive outcomes (Consoli et al., 2018). Discussions ranged from fears to physical difficulties, and all appeared to be struggling to cope with these reactions on a daily basis.

Participants of the current study reported that the election of Trump had an effect on their overall perception of the United States. Specifically, they described seeing the United States go from a country that improves to a country that now cannot improve due to Trump's presidency. Consoli and colleagues (2018) also found this sentiment reported by their participants, specifically that the government was taking a step backward in political, social, and economic progress due to the Trump administration.

Participants of the current study reported that they noticed an increase of anti-immigrant beliefs and rhetoric since Trump became President which is supported by previous research (Consoli et al., 2018; Nienhusser & Oshio, 2019). Participants of the current study also discussed how the Trump administration exacerbated awareness of discrimination against the Latinx community and the struggles associated with being treated differently, not only by individuals on

a micro scale, but also on the macro level and treated differently by the whole governmental institutional. Participants reported that they noticed more "hate going on" and more discriminatory behaviors and language occurring in the country on a whole as well as feeling like "intruders" is a result of Trump's presidency and that the sentiment that immigrants are not wanted in the United States has become more prominent under his administration. These sentiments are consistent with previous research that had found similar results in a sample of self-identified Latinx community members in a U.S. West Coast town (15 female, 4 male; 18 Mexican nationals or Mexican Americans and one Guatemalan who ranged in age from 18 to 81) (Consoli et al., 2018). Researchers found that participants reported an increased sense of hostility and heightened discrimination, which involved an apparent change in increased tolerance of negative thoughts/actions towards marginalized groups, more permission for discrimination, and a growing awareness of aggression towards Latinx community members (Consoli et al., 2018). Another research study conducted by Nienhusser and Oshio (2019) found that in a sample of 12 mixed-status families (16 youth and 16 of their parents/guardians) had experienced discriminatory sentiments and harassment in multiple settings—in schools, workplaces, restaurants, stores, or on the streets. These are places where people generally should feel safe but have now been transformed with the upsurge of Trump, his antiimmigrant rhetoric, and followers who feel they can disgrace undocumented immigrants (Nienhusser & Oshio, 2019).

Participants of the current study reported an increase in feelings of sadness, fear, uneasiness, and insecurity as a result of Trump's presidency which is consistent with previous research that found that their participants also expressed similar feelings of heightened anxiety, guilt, fear, pain, and shock (Consoli et al., 2018). Previous research has also indicated that mixed-status families, similar to participants in the current study, continue to live with

heightened fears, increased instances of encountering discriminatory sentiments, and a decreased

sense of well-being in their everyday life (Nienhusser & Oshio, 2019). Previous research has

shown that immigrant families, including those with lawful status, are experiencing resounding

levels of fear and uncertainty and that daily life has become more difficult for immigrant families

due to this increase in fear and uncertainty (Artiga & Ubri, 2017).

Less widely researched topics that the current study found were more specific effects that

the immigration policies under the Trump Administration had on participants, such as an effect

in participants ability to see family in their home countries and the effects of witnessing the

separation of families. There are significant gaps in knowledge about the relationship between

immigration-related and immigrant-focused policies and Latinx health (Philbin, Flake,

Hatzenbuehler, & Hirsch, 2018). An examination of peer-reviewed publications from 1986 to

2016 that summarized the existing evidence about the range of state-level immigration policies

that affect Latino health, found that state-level immigration policies may influence Latino health

(Philbin, Flake, Hatzenbuehler, & Hirsch, 2018). Researchers found four pathways through

which state-level immigration policies influence Latinx health: through stress that was related to

structural racism; by affecting access to beneficial social institutions, particularly education; by

affecting access to healthcare and related services; and through constraining access to material

conditions such as food, wages, working conditions, and housing (Philbin, Flake, Hatzenbuehler,

& Hirsch, 2018). However, little research has focused on the effect of immigration policies on

Latinx immigrant's ability to see family members in home countries for fear of not being

allowed back into the United States and the effects of witnessing families separated in the

community (Roth et al., 2018). Previous research has focused on the effect on families who have

been separated, however, prior to the present study, there has not been research on Latinx

community members bearing witness to other families getting separated (Noroña, Velasco-Hodgson, Flores, & Eiduson, 2018). For example, when Latinx citizens of the United States witness friends and other community members be separated due to Trumps' immigration policies (Noroña, Velasco-Hodgson, Flores, & Eiduson, 2018).

Discussion of Theme F: Resiliency and Empowerment. This final theme focuses on factors that contributed to participants' resiliency and empowerment, despite the adversity and hardships they endured. The subthemes that best explain the experiences of the participants of the current study as it relates to resiliency and empowerment are "Connection to community" and "Personal coping."

Three out of the six participants of the current study described the importance of connecting with their community, such as with other Latinx individuals, Latinx organizations, and utilizing resources in the community, as it related to feelings of empowerment, resiliency, and wellbeing. Participants described instances of personal empowerment through advocacy opportunities, such as educating community members and being a resource to the Latinx community. One participant described advocacy work through volunteering for Latinx organizations, such as tax law for immigrants. Another described feeling empowered by defending and sticking up for her fellow Latinx community members when she would witness injustices against them. With regards to utilizing community resources to gain that needed connection to the community, one participant of the current study described that utilizing public libraries offered her multiple resources, such as connections to lawyers to help her with documentation and connections that put her in touch with her cultural community through festivities, dances, Latinx markets, and restaurants. The importance of finding connection to the community, whether it be through advocacy work, volunteering, or utilizing public resources

contributes to participants in the current study's resiliency and empowerment, which is consistent with previous research. Qualitative research conducted by Buckingham and Suarez-Pedraza (2019) illustrated that participants discussed experiencing less acculturative stress when their communities better supported their desires (i.e., person- environment fit), which enhanced their wellbeing. Participants of the current study discussed that, despite the Trump administration, they found hope in advocacy work that directly aided in their resiliency in the current sociopolitical climate. Other studies found similar results in that despite such adversities and detailed descriptions of negative reactions to the Trump administration, most participants in the study discussed having hope for the future and devising social-justice focused approaches to deal with their current negative feelings and emotions (Consoli et al., 2018). Participants of the current study were driven by the adversities that they faced before, during, and after the Trump administration to partake in the changes that they wished to see in their communities. Previous research found that participants described going even further and taking action, educating others, and doing community service (Consoli et al., 2018). While the adversities experienced should in no way be minimized by this display of resilience afterward, it was notable that most participants viewed the hardship as a catalyst for perseverance and service in seeking social justice (Consoli et al., 2018).

Participants of the current study attributed their resiliency to finding connections to their Latinx community. Research has previously shown that immigrants' cultural traditions can foster a sense of ethnic and cultural identity that protect against mental illness and substance abuse, as well as promoting academic and psychological resilience (Cardoso & Thompson, 2010). Maintaining an ethno-racial identity and cultural identity is a strength for the participants of the current study and a factor that contributes to their resiliency, which is corroborated by previous

literature (Cardoso & Thompson, 2010). As described in the study, culture plays a unique role in the development of resilience among Latino immigrant families and cultural traditions often reinforce ethnic and family connectedness and solidarity through loyalty, *personalismo* (emphasis on interpersonal relationships), *respecto* (respect), *consejos* (advice), *dichos* (oral folklore), and *fatalism* (acceptance) (Cardoso & Thompson, 2010). Thus, these cultural mechanisms often weaken the impact of economic, social, and emotional stressors associated with migration and acculturation (Cardoso & Thompson, 2010). Additionally, in their systemic review of the literature Cardoso and Thompson (2010) found four major themes consistent across a variety of research studies, suggesting that individual, family, cultural, and community factors significantly influence the development of resilience among children and adults in Latinx immigrant families which is consistent with factors that participants of the current study attributed to their resilience and empowerment.

Three out of the six participants attributed their resiliency and empowerment to their own ways of personal coping, whether it be from seeking mental health services, their faith, or their own personal attributes. One participant attributed her faith in God to having contributed to her feelings of resiliency and empowerment, especially in her hardships while crossing the border into the United States as well as in dealing with hardships in the United States and during the Trump presidency. This is consistent to previous research which found that participants spoke about seeking, or looking to a higher power for hope, peace, and comfort (Consoli et al., 2018). Additionally, previous research indicates that that the primary coping strategies most used by undocumented Latinx individuals may be spiritual/religious and support-seeking coping (Cobb, Xie, & Sanders, 2016).

Another participant found hope, resiliency, and empowerment by receiving mental health treatment, which helped him reclaim his life after suffering from Post-Traumatic Stress Disorder. Latinx individuals finding hope and resiliency due to mental health treatment is not widely researched and there is not any current literature on the topic. The current study's findings of a participant associating mental health treatment to "saving" his life and contributing to his resiliency and empowerment diverges from the previous literature. Previous research shows that Latinx individuals, especially men, underutilize mental health care services and, those who do, about 70% do not return after the initial visit (Ruiz, Aguirre, & Mitschke, 2013). The participant in this current study who received mental health treatment and attributed it to his overall well-being and resiliency had been in therapy for four years and had been continuously receiving treatment on a weekly basis at the time his interview was conducted.

Clinical Implications

The six emergent themes in this study provide a preliminary framework for further understanding the experiences of Latinx individuals who emigrated to the United States in adulthood. The findings further how Latinx adult immigrants respond to and make sense of acculturative stress with regards to mental health and mental health seeking behavior under the sociopolitical climate of the Trump administration. Clinicians may be better able to support Latinx adult immigrants by understanding the complexity of the phenomenon of immigrating to the United States in adulthood and the reasons behind it as well as the variety of effects on identity formation, mental health, and ways of empowerment that individual clients may have.

The findings of the current study have cultural implications with regard to clinical treatment. Emigrating to the United States in adulthood has its own separate cultural implications as opposed to those emigrating in childhood or adolescence. In adulthood, identity, including

ethnic and cultural identity, has, for the most part, been formed prior to moving to the United

States. With this in mind, adjusting to the dominant culture, including adjusting aspects of

cultural identity, need to be taken into account by clinicians and further explored in treatment.

Experiences of acculturative stress include, but are not limited to, language barriers, experiences

of discrimination and prejudice, feelings of not belonging, having effects on the relational and

interpersonal aspects of an individual's life, and psychological effects.

Participants of the current study reported that experiences of trying to "fit into" the

dominant culture resulted in significant psychological distress, specifically as it had to do with

feeling "othered" (due to experiences of discrimination, lack of English proficiency, and having

relationships affected). Research shows that an orientation toward the U.S. mainstream served as

a significant vulnerability to experiencing marked levels of depression, and connections to the

Latino culture were a buffer primarily for individuals experiencing moderate symptomatology

(Torres, 2010). Additional clinical implications related to participants' experiences of

discrimination are noteworthy. For example, two participants reported workplace discrimination

and its effect on their mental health. These experiences caused them to feel as if they needed to

stay quiet about the injustices against them for fear of losing their jobs. This is evidence that

instances of discrimination are likely underreported by immigrants. Additionally, there are

clinical implications in specific reported experiences of discrimination as it relates to parenting.

As the current study found, mothers who were being mistaken as their children's nannies instead

of their children's mothers reported these instances as having a negative impact on their

psychological well-being.

When thinking about clinical work with Latinx immigrants, it is important to consider

that some may wish to take on the values, practices, and identifications of their new communities

and others may not. Therefore, interventions seeking to facilitate cultural changes may have a

positive impact on some and a deleterious impact on others. Latinx immigrants may diverge on

the degree to which they value maintaining their cultural customs, and thus programs designed to

support cultural maintenance may be received differently (Buckingham & Suarez-Pedraza,

2019). Ideal acculturation reflects an attitude, referring to ways in which people desire to change

and maintain their cultures, whereas real acculturation reflects strategies put into practice,

referring to ways in which people do change and maintain their cultures. Consequently, when

working with Latinx immigrants, clinicians should consider the ideal acculturation attitudes of

their clients and seek to support their individual desires rather than prescribing a preconceived

notion of what would be "best" for the individual (Buckingham & Suarez-Pedraza, 2019).

     However, clinicians need to approach experiences of acculturation in Latinx clients with

caution and not ascribe mental health problems to be a result of only acculturative stress. A core

criticism highlighted by some scholars is that employing acculturation as the central concept in

the examination of immigrant health outcomes in the United States ignores the socio-historical

contexts of migration, the racialization of contemporary immigrants, and the role these factors

play in the differential social integration of immigrants (Gonzalez-Lopez, 2005; Hunt et al.,

2004; Miranda et al., 2010; Viruell-Fuentes, 2007; & Viruell-Fuentes, 2011).

     Additionally, ambiguous loss is something that most immigrants experience upon moving

to the United States and has an effect on mental health. Research has found that disrupted

relations in Latino families, including cultural conflict and low family closeness, are associated

with increased levels of psychological distress and higher risk of psychiatric disorders (Gil &

Vega, 1996; Molina & Alcantara, 2013; Rivera et al., 2008; Alegria et al., 2007; Lorenzo-Blanco

& Cortina, 2013). Depression, guilt, anxiety and other mental-health problems are the result of

feelings of hopelessness in this ambiguous situation. As Boss (2004) notes, "Symptoms are outcomes of the relentless stress from having to live with no answers rather than from the psychic or familial weakness" (p. 554). Therefore, clinicians should focus on aspects of ambiguous loss that immigrants may face as a result of emigrating to the United States.

Clinicians should be made aware that immigrants who may have emigrated to the United States in adulthood may not have a full knowledge that they have a mental health issue, what this means, and how this could impact their daily lives. Additionally, providers should place importance in determining what it was that brought their Latinx clients to treatment. The results of the current study indicate that Latinx individuals who emigrated to the United States in adulthood experience significant traumas and other factors that lead to problems in mental health functioning either before emigrating, during emigration, or after emigrating to the United States (and often in all three). These symptoms often go unknown to them and, more importantly, untreated and are often what leads them into treatment by being referred by other providers.

Lastly, the Trump administration has clinical implications for the mental health of Latinx immigrants residing in the United States that clinicians need to consider. Participants of the current study described an increase in fear, anxiety, uncertainty, and insecurity due to the Trump presidency. Research has shown that these fears affected individuals across backgrounds and locations, with particularly pronounced effects for Latinos and Muslims (Artiga & Ubri, 2017). Since his election, President Trump has on an almost daily basis infused stress and uncertainty into the lives of many Americans (Baum-Baiker, 2020). This can often result in toxic stress, which is caused by prolonged exposure to stressful situations, has serious downstream effects, causing prolonged activation of our stress response systems (Baum-Baiker, 2020). The resultant

hormonal changes and increased metabolic rates increase the risk for both physical and mental

illnesses (Baum-Baiker, 2020).

There is some evidence that Latinos tend to endorse a greater number of somatic

symptoms associated with mental health problems relative to other cultural groups (Simon, Von

Korff, Piccinelli, Fullerton, & Omel, 1999 as cited in Paulus, et al., 2016). Therefore, it is

necessary to include somatic approaches to treatment to help clients understand how they react to

emotional distress in the expression of aversive internal states, including pain as well as anxiety/

depressive symptoms and psychopathology (Tull & Aldao, 2015 as cited in Paulus, et al., 2016).

Interventions that address anxiety/depressive symptoms and disorders among Latinos in

community health care settings may benefit from screening for pain and emotion dysregulation

(Paulus et al., 2016). For example, tailoring community healthcare-based treatments for Latinos

with high levels of pain and emotion dysregulation may help isolate a high-risk segment of the

Latino population for anxiety/depressive problems that could benefit from brief, psychosocial

interventions that target reducing pain severity and emotion dysregulation through

psychoeducation and skills training (Paulus et al., 2016).

Somatic Experiencing (SE) (Levine, 2010) is a body-focused therapy used for treating

people suffering from PTSD that integrates body awareness into the psychotherapeutic process,

taking a unique approach not used by other PTSD treatment methods (Brom et al., 2017) and

would be an effective treatment modality to utilize with the Latinx population with experiences

of trauma. The focus of the therapy is on creating awareness of inner physical sensations, which

are seen as the carriers of the traumatic memory. In the theory behind SE, posttraumatic stress

symptoms are considered an expression of stress activation and an incomplete defensive reaction

to a traumatic event. From this theoretical perspective, the goal of the therapy is to release the

traumatic activation through an increased tolerance of bodily sensations and related emotions, inviting a discharge process to let the activation dissipate (Levine, 2010).

SE requires the client to engage with traumatic memories that cause high arousal (Levine, 2010). The client learns to monitor the arousal and downregulate it in an early phase by using body awareness and applying self-regulatory mechanisms like engagement in pleasant sensations, positive memories, or other experiences that help regulate arousal (Levine, 2010). The therapeutic goal is to decrease the distress and symptoms caused by the posttraumatic arousal and restore healthy functioning in daily life (Levine, 2010). In the first randomized controlled study of SE for PTSD, researchers found that SE is an effective treatment for PTSD. The sample consisted of people who experienced a variety of trauma an average of four years before entering treatment; most trauma was civilian in nature, although some participants experienced combat or terrorist incidents (Brom et al., 2017). Thus, somatic approaches, such as SE, should be considered when working with Latinx individuals and trauma.

Because of the emphasis on traumatic experiences and traumatic exposure in most of the participants' accounts, it is important for clinicians to include trauma-informed care when working with the immigrant population as well as taking on a resilience framework. As reflected in Masten's (2014) *Resilience Framework for Action*, there is a critical need for researchers and practitioners whose work focuses on resilience to consider developing programs that intervene at multiple levels by working across disciplines to access the appropriate expertise to ensure intervention success. A trauma informed approach is the manner in which a program, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma (Serrata & Notario, n.d.). The term trauma informed approach implies a change in the organizational culture to ensure that all components of the organization

incorporate a thorough understanding of the prevalence and impact of trauma, the role that trauma plays, and the complex and varied paths in which people recover and heal from trauma (Serrata & Notario, n.d.). There are trauma-informed principles and culturally specific approaches that can be applied clinically to immigrant populations.

There have been some principles that have been outlined to be used clinically, which are discussed below (Serrata & Notario, n.d.). Establishing relationships based on mutuality and respect focuses on understanding and honoring that the therapeutic process is fluid, where organizations and survivors are constantly learning from one another. Seeking a deep understanding of the communities a clinician works with (socio-cultural and sociopolitical histories, as well as current context, intersections of oppression, trauma, etc.) and centralizing this cultural understanding in a clinician's work is another principle (Serrata & Notario, n.d.). This can be applied by furthering one's understanding of intersectionality, challenging one's assumptions, using cultural traditions and values for enhancing prevention and intervention efforts to end violence, and being flexible and honoring the concept of family and community as defied by the individual and their culture (Serrata & Notario, n.d.). Another principle of trauma-informed care is to understand the origins of trauma including historical, collective, and the intergenerational transmission of trauma (Serrata & Notario, n.d.). Clinicians should not minimize the resiliency, wisdom, and strength of survivors of trauma. This principle can be implemented by approaching the work from a social justice perspective. It is important for clinicians to additionally keep the realities of the survivors of trauma and their families (if applicable) central to the clinical work by ensuring that the intervention/prevention efforts reflect the realities of the people involved, including taking into consideration, for example, the subgroups present within a community by identifying that community's values and interests

(Serrata & Notario, n.d.). Lastly, grounding one's clinical work in the community that one is trying to reach is another principle of trauma informed care with a culturally specific lens. This can be done by implementing community engagement strategies where the process of obtaining information and sharing resources goes both ways and where communities and organizations always learn from one another (Serrata & Notario, n.d.). Clinical practices can create and maintain strong networks with other agencies, organizations, and systems to collaborate with to enhance the work for social change and justice (Serrata & Notario, n.d.).

Clinicians should be made aware of how Latinx immigrants living in the United States often experience the negative effects of systemic oppression, which may lead to psychological distress, including ethno-racial trauma (Chavez-Dueñas, Adames, Perez-Chavez, & Salas, 2019). Ethno-racial trauma is defined the individual and/or collective psychological distress and fear of danger that results from experiencing or witnessing discrimination, threats of harm, violence, and intimidation directed at ethno-racial minority groups (Chavez-Dueñas, Adames, Perez-Chavez, & Salas, 2019). In line with Liberation Psychology, clinicians need to be made aware of how healing entails an explicit focus on active resistance rather than solely reactionary resilience. Chavez-Dueñas and colleagues proposed a healing framework of ethno-racial trauma grounded in trauma-informed care and Liberation Psychology, titled the HEART (Healing Ethno And Racial Trauma) Framework. HEART is also grounded in the premise that healing results from individuals reconnecting, strengthening, or staying connected to their ethno-racial roots, which are all similar factors that participants of the current study discussed in terms of resiliency.

The framework is composed of four phases. Phase I is Establishing Sanctuary Spaces for Latinx Experiencing Ethno-Racial Trauma where the focus is on creating a sense a sanctuary space by developing a sense of physical safety within the context of treatment especially if

physical and emotional safety in society may not be possible. The goal of this phase is assist with immediate relief from the effects of ethno-racial trauma (Chavez-Dueñas, Adames, Perez-Chavez, & Salas, 2019). Phase II is to Acknowledge, Reprocess, and Cope with symptoms of Ethno-Racial Trauma with the goal of helping clients develop an awareness of how systems of oppression impact the self, family, and community; reprocess traumatic experiences and provide support to cope with emotional stress and symptoms associated with ethno-racial trauma (Chavez-Dueñas, Adames, Perez-Chavez, & Salas, 2019). Phase III is to Strengthen and Connect Individuals, Families, and Communities to Survival Strategies and Cultural Traditions That Heal. This phase focuses on assisting individuals, families, and communities to connect to the Latinx culture, learn, and utilize collective cultural strengths, and engage in traditions that are healing. Phase IV is Liberation and Resistance where the goal is to assist clients in developing a social justice orientation through collective action and resistance to foster psychological liberation (Chavez-Dueñas, Adames, Perez-Chavez, & Salas, 2019). From this perspective, healing takes place when people (a) gain awareness of the systemic roots of the challenges, and (b) learn strategies to act in ways that resist oppression and lead to social change (Chavez-Dueñas, Adames, Perez-Chavez, & Salas, 2019).

As discussed in the HEART framework, specifically in Phase III and Phase IV, clinicians should be aware of the factors that contribute to immigrant clients' resiliency and empowerment, despite the adversity and hardships they endured. The current study found that participants found resiliency and empowerment in finding a way to connect to their community through the utilization of resources, advocacy work, and volunteer work. Additionally, participants described their own personal coping mechanisms, such as seeking mental health services, their faith, or their own personal attributes.

Strengths and Limitations

There are a number of limitations inherent in the study. Most importantly, the study was limited to a small sample of Latinx individuals who emigrating to the United States in adulthood. Additionally, as a result of the small sample size, participants of the current study are not representative of all Central and Latin American countries. Participants of the current study were from El Salvador (2), Mexico (3), and Peru (1). Therefore, the findings of this study are not generalizable to other immigrant populations. It is possible that replicating this study with immigrant participants from other cultural or economic backgrounds could generate different results. In addition, the subjective nature and inevitable biases of the research may limit the method of Interpretive Phenomenological Analysis.

The strength of the sample may also be reduced by the variability among the participants' life stages upon moving to the United States. The participants varied in terms of their ages upon moving to the U.S. All moved in adulthood, but one participant moved at the age of 18, two moved in their early 20's and one in their late 20's, and others moved to the U.S. in their 30's or 40s. Another limitation of this study is that most of the participants were female and only one participant was male. This may reduce the generalizability of this study further by not having a representative sample of gender.

Despite these limitations, there are strengths in this study's method and topic. There has not been much literature or research that has focused on the specific experiences of Latinx individuals who have moved to the United States in adulthood and how the current sociopolitical climate under the Trump administration may exacerbate mental health issues among adult Latinx immigrants. This research study brings to light specific mental health issues and mental health seeking behaviors of Latinx adults in the United States that are novel. For example, there have

been no prior studies exploring how trauma, for example, effects mental health seeking

behaviors in Latinx adult immigrants. Thus, this study broadened the literature on experiences of

Latinx adult immigrants in the United States as related to mental health and mental health

seeking behaviors. This study's in-depth, semi-structured interviews allowed for a rich

understanding of the participants' experiences emigrating to the United States. The scope and

complexity of the 6 emergent themes that resulted from this study reflect the strengths of

qualitative research in general and of this study in particular. The data provided valuable insights

that can be further examined in larger samples.

Suggestions for Future Research

The results of this study provide a foundation for future research, especially given the

limitations of the study discussed above. The frequency of the six themes of experience (Reasons

for Emigrating, Impact of Moving to the U.S. on Identity, Acculturative Stress and Its Effects on

Mental Health, Experiences of Trauma Affecting Mental Health and Mental Health Seeking

Behaviors in the U.S., Effect of Trump Administration, and Resiliency and Empowerment) and

18 subthemes could be assessed using quantitative research with a larger, more diverse sample.

Notable limitations of the current study that can contribute to suggestions for future

research are obtaining a more representative sample of participants from different countries of

origin in Central America and Latin America. The only U.S.-based population study of Latino

adults (ages 18+) found that approximately 16 percent experienced any anxiety-related disorder

and 4 percent experienced PTSD within their lifetimes, but these prevalence rates differed

significantly by Hispanic background or country of origin (Alegria et al., 2007, 2008). This

indicates a great need in furthering the literature on the mental health of Latinx adult immigrants

in the United States, but also in looking at specifically different Hispanic backgrounds with

regards to mental health. Further investigation of the current study's topic is also warranted for possible differences in experiences based on gender and age of moving to the United States. Perhaps studying the effects of age of moving to the U.S. on the maintenance of ethnic identity is warranted.

As discussed at multiple points in Chapter 4 and 5, acculturative stress has a variety of impacts on mental health in Latinx immigrants. A noteworthy finding of the current study is how participants only received mental health treatment in the United States due to experiences of trauma that occurred while they were living in the United States. Furthermore, these participants were referred by outside parties, such as physicians and community organizations, and had not sought out treatment on their own. This could be due to a variety of factors, such as not having an awareness of a mental health issue, lack of knowledge of resources, and inaccessibility to resources. Future research may focus on specific experiences of trauma in the United States and how this may directly influence mental health seeking behaviors as well as barriers to mental health treatment for Latinx adult immigrants living in the United States.

Additionally, more investigation could be conducted on the other noteworthy findings in this study. The topic of experiences of discrimination, specifically in parenting and mothers being mistaken as their children's nannies and its specific psychological effects on Latinx adult immigrants could be further explored.

Conclusion

The present study was the first Interpretive Phenomenological Analysis into the experiences of Latinx individuals emigrating to the United States in adulthood as it relates to mental health and mental health seeking behaviors under the sociopolitical climate of the Trump administration. Despite evidence of acculturative stress and discrimination and its pervasiveness

and harmful effects, it has been minimally characterized through qualitative, exploratory studies especially in Latinx individuals who emigrated to the United States in adulthood. Particularly lacking are qualitative studies that detail how Latinx adult individuals experience moving to the United States and handle the effects of acculturative distress and experiences of trauma once in the United States. Furthermore, there is a dearth in the literature with regards to experiences of trauma affecting mental health seeking behaviors in Latinx adult immigrants. It is hoped that researchers and clinicians may be able to use the themes from this study to guide and inform their clinical work and research with Latinx individuals who emigrating to the U.S. in adulthood.

This study suggests that there are specific clinical implications that arise in Latinx individuals who emigrate to the United States in adulthood that are separate from those who emigrate as children and adolescents. Experiences specific to the participants that effected mental health were from leaving their countries of origin, effects on identity development, experiences of acculturative stress, experiences of trauma, and the effect of the Trump administration. Acculturative stress for participants in the current study included, language barriers, experiences of discrimination and prejudice, feelings of not belonging, having effects on relational and interpersonal aspects of an individual's life, and psychological effects. Some key findings from the current study are the impacts to mental health that are specific to Latinx adult immigrants, such as experiencing instances of trauma in their home countries, experiences of trauma crossing the border into the United States, and experiences of trauma that occur once residing in the United States. These experiences of trauma influenced mental health seeking behaviors in these participants. Another key point is that, often, Latinx immigrants may not have a full knowledge that there is a mental health issue, what this means, and how this could impact their daily lives. Understanding how Latinx individuals who have moved to the United States in

adulthood subjectively make sense of their experiences as it relates to their mental health is

crucial to their holistic care.

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Appendix A: Recruitment Fliers

UNIVERSITY OF
SAN FRANCISCO
CHANGE THE WORLD FROM HERE

WE WANT TO KNOW ABOUT YOUR EXPERIENCES MOVING TO THE U.S.

RESEARCH

THE PURPOSE OF THIS RESEARCH STUDY IS TO UNDERSTAND LATINO/A EXPERIENCES OF MOVING TO THE UNITED STATES IN ADULTHOOD. CONDUCTED BY A DOCTORAL GRADUATE STUDENT IN CLINICAL PSYCHOLOGY FROM USF. THIS STUDY HAS BEEN APPROVED BY THE UNIVERSITY'S INSTITUTIONAL REVIEW BOARD (IRB).

DOES THE FOLLOWING APPLY TO YOU?
- ARE YOU 18 YEARS OLD OR OLDER?
- HAVE YOU MOVED TO THE U.S. AT THE AGE OF 18 YEARS OR OLDER?
- ARE YOU FROM MEXICO, CENTRAL AMERICA, OR SOUTH AMERICA?
- SPEAK SPANISH OR ENGLISH
- IDENTIFY AS LATINO/A

PARTICIPATION IN THIS STUDY INVOLVES:

- A TIME COMMITMENT OF 1.5-2 HOURS FOR A CONFIDENTIAL INTERVIEW IN EITHER ENGLISH OR SPANISH
- ==A GIFT CARD OF $50 TO EITHER TARGET OR AMAZON.COM FOR PARTICIPATION==

IF INTERESTED, PLEASE EMAIL GABBIE AT:
DISSERTATIONSTUDY2019@GMAIL.COM

AND PROVIDE THE BEST NUMBER TO REACH YOU AT.

Experiences moving to the U.S.
Dissertationstudy2019@gmail.com

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Experiencing moving to the U.S. in adulthood
dissertationstudy2019@gmail.com

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UNIVERSITY OF
SAN FRANCISCO

CHANGE THE WORLD FROM HERE

QUEREMOS SABER DE SUS EXPERIENCIAS DE MOVERSE A LOS ESTADOS UNIDOS

LA BUSCA DE PARTICIPANTES

EL OBJETIVO DE ESTE ESTUDIO ES ENTENDER LAS EXPERIENCIAS DE PERSONAS LATINAS QUE LLEGARON A LOS ESTADOS UNIDOS COMO ADULTOS

CONDUCIDO POR UN ESTUDIANTE DE POSGRADO DOCTORAL EN PSICOLOGÍA CLÍNICA DE USF

¿SE APLICA LO SIGUIENTE A USTED?

- TENER POR LO MENOS 18 AÑOS
- HABERSE MOVIDO A LOS ESTADOS UNIDOS DESPUÉS DE LOS 18 AÑOS DE EDAD
- SER DE MÉXICO, CENTROAMÉRICA O SUDAMÉRICA
- HABLAR ESPAÑOL Ó INGLES
- IDENTIFICARSE COMO LATINO/A

LA PARTICIPACIÓN EN ESTE ESTUDIO IMPLICA:

- UN COMPROMISO DEL TIEMPO DE 1.5 - 2 HORAS PARA UNA ENTREVISTA CONFIDENCIAL
- RECIBIR UNA TARJETA DE REGALO DE 50$ PARA TARGET O AMAZON.COM PARA PARTICIPACIÓN

PARA OBTENER MÁS INFORMACIÓN SOBRE ESTE ESTUDIO, POR FAVOR PÓNGASE EN CONTACTO CON GABBIE EN: DISSERTATIONSTUDY2019@GMAIL.COM Y DAR EL MEJOR NUMERO DE CONTACTO

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Appendix B: Template Email English

Hello,

Thank you for your interest in this research study. The purpose of this study is to further understand the Latino/a adulthood transition to the U.S., possible instances of discrimination and prejudice, and experiences acclimating and/or assimilating into the dominant culture. This study will also look at what seeking, or being unable to seek, mental health services looks like in the current sociopolitical climate (under the Trump administration). This study has been approved by the Institutional Review Board of the University of San Francisco. You will be a confidential participant in this study, meaning none of your identifying information will be released.

I'd like to make sure the following are applicable to you:

- You are 18 years or older
- You have moved to the United States from Mexico, Central America, or South America at the age of 18 years old or older
- You identify as Latino/a/Hispanic

Participation in this research study will include:

- A face-to-face interview lasting between 1 ½ hours to 2 hours
- Consent to be audio recorded.

If you meet the above criteria and are interested in participating in this research study, please provide me with the best phone number to reach you at.

Thank you,

Gabriela Olavarrieta

Template Email SPANISH

Hola,

Gracias por su interés en este estudio de investigación. El objetivo de este estudio es entender la transición de la adultez de Latinas/Latinos/Latinx a los EE.UU quien puede haber pasado casos de discriminación y prejuicio, así como sus experiencias en acostumbrarse o asimilar a la cultura dominante. Parte de este estudio medirá los servicios de salud mental en el clima socio-político actual bajo la administración Trump.Este estudio ha sido aprobado por el Comité examinador Institucional de la universidad de San Francisco. Usted será un participante confidencial en este estudio, lo que significa que no se divulgará su información de identificación.

Me gustaría asegurarme de que lo siguiente sea aplicable a usted**:**
- Tener por lo menos 18 años
- Haber se movido a los Estados Unidos a la edad de 18 años en adelante
  Ser de México, Centroamérica o Sur America
- Te identificas como latino / a / hispano

La participación en este estudio implica:
- Un compromiso del tiempo de 1.5 - 2 horas para una entrevista
- Ir a la universidad de San Francisco campus principal en Fulton St. para la entrevista
- Recibir una tarjeta de regalo de 50$ para Target o Amazon.com para participación
- Su informacion e identidad se mantendra confidencial

Si usted cumple con los criterios anteriores y está interesado en participar en este estudio de investigación, Por favor, proporcione el mejor número de teléfono para comunicarse con usted para discutir la participación y posiblemente programar una fecha y hora de la entrevista.

Gracias,

Gabriela

Appendix C: Consent Forms

UNIVERSITY OF SAN FRANCISCO

CHANGE THE WORLD FROM HERE

Sample Consent Form Appropriate for Adults

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Below is a description of the research procedures and an explanation of your rights as a research participant. You should read this information carefully. If you agree to participate, you will sign in the space provided to indicate that you have read and understand the information on this consent form. You are entitled to and will receive a copy of this form.

You have been asked to participate in a research study conducted by Gabriela Olavarrieta, a graduate student in the Department of Clinical Psychology at University of San Francisco School of Nursing and Health Professions. The faculty supervisor for this study is Dr. Dellanira Garcia, PhD, a professor in the Department of Clinical Psychology at the University of San Francisco School of Nursing and Health Professions.

WHAT THE STUDY IS ABOUT:
The purpose of this research study is to further understand the Latinxs' adulthood transition to the US who may have experienced instances of discrimination and prejudice as well as their experiences acclimating or assimilating into the dominant culture. This study will also look at what seeking, or being unable to seek, mental health services looks like in the current sociopolitical climate (under the Trump administration).

WHAT WE WILL ASK YOU TO DO:
During this study, the following will happen:

- You will be interviewed for 1 ½ to 2 hours about your experiences moving to the United States in adulthood and associated experiences as a result of that transition.

DURATION AND LOCATION OF THE STUDY:
Your participation in this study will involve an interview lasting around 1 ½ to 2 hours over one session. The study will take place in a private room on the University of San Francisco campus or another agreed upon public space.

POTENTIAL RISKS AND DISCOMFORTS:
During the interview, participants may experience negative emotions and some minor discomfort given the content of the interview questions. All participants will be provided with a copy of a referral list for community resources and will be asked if they would like a recommendation to a community referral.

BENEFITS:
The possible benefits to others include a contribution to the understanding of immigrant experiences in

the United States and the better implementation of resources made available to the Latinx community in the Bay Area.

PRIVACY/CONFIDENTIALITY:
Any data you provide in this study will be kept confidential unless disclosure is required by law. In any report we publish, we will not include information that will make it possible to identify you or any individual participant. Specifically, we will assign a numerical code for each participant in the study instead of using names or any other identifying information.

AUDIORECORDINGS:
Interviews will be audio recorded for the purposes of data analysis. The audio files of each participant will be assigned a numerical code and access to the audio files will be password encrypted. Audio files will be archived until completion of the research and will be destroyed after 3 years.

COMPENSATION/PAYMENT FOR PARTICIPATION: You will receive a $20 gift card of your choice to either Target or Amazon.com for your participation in this study. If you choose to withdraw before completing the study, you will not receive a gift card.

VOLUNTARY NATURE OF THE STUDY:
Your participation is voluntary, and you may refuse to participate without penalty or loss of benefits. Furthermore, you may skip any questions or tasks that make you uncomfortable and may discontinue your participation at any time without penalty or loss of benefits. In addition, the researcher has the right to withdraw you from participation in the study at any time.

OFFER TO ANSWER QUESTIONS:
Please ask any questions you have now. If you have questions later, you should contact the principal investigator: Gabriela Olavarrieta at (415) 299-1802 or golavarrieta@usfca.edu. If you have questions or concerns about your rights as a participant in this study, you may contact the University of San Francisco Institutional Review Board at IRBPHS@usfca.edu.

I HAVE READ THE ABOVE INFORMATION. ANY QUESTIONS I HAVE ASKED HAVE BEEN ANSWERED. I AGREE TO PARTICIPATE IN THIS RESEARCH PROJECT AND I WILL RECEIVE A COPY OF THIS CONSENT FORM.

_____

PARTICIPANT'S SIGNATURE   *DATE*

PARTICIPACIÓN EN ESTUDIO DE INVESTIGACION (CONSENTIMIENTO)

Abajo encontrará una descripcion del proceso de investigacion y una explicacion de sus derechos como participante en dicho estudio. Usted deberá leer ésta informacion cuidadosamente. Si usted está de acuerdo en participar, firmará en el espacio asignado como indicativo de haber leído y entendido la información dada en éste formulario de consentimiento. Usted recibirá una copia del formulario firmado.

A usted se le ha solicitado participar en un estudio de investigacion conducido por Gabriela Olavarrieta, estudiante de post-grado en el Departamento de Psycología Clínica, escuela de enfermeria y profesiones de la salud de la Universidad de San Francisco. El supervisor de la facultad para éste estudio es la Dra. Dellanira Garcia, PhD, profesora de la Escuela de Enfermeria y profesiones de la salud de la Universidad de San Francisco.

DE QUE SE TRATA EL ESTUDIO:

El objetivo de éste estudio es entender un poco más la transición en edad adulta de los Latinos/Latinas a los EE.UU, posibles instancias de casos de discriminación y prejuicio; así como sus experiencias en asimilar o acostumbrarse a vivir dentro de una cultura dominante. Parte de éste estudio tambien medirá la busqueda de los servicios en el campo de la salud mental en el clima socio-político actual (bajo la administración Trump).

QUE LE PEDIREMOS QUE HAGA:
Usted será entrevistado(a) durante 1 ½ a 2 horas acerca de sus experiencias al haberse mudado a los Estados Unidos a una edad adulta y otras experiencias asociadas como resultado de esa transicion.

DURACIÓN Y LUGAR DE ÉSTE ESTUDIO:

Su participación en éste studio implica una entrevista de una session que durará de 1 ½ a 2 horas. La entrevista será conducida en un salón privado en el campo de la Universidad de San Francisco, u otro lugar privado bajo su consentimiento.

RIESGOS POTENCIALES Ó INCOMODIDAD:

Los participantes podrian experimentar emociones negativas y alguna pequeña incomodidad debido al contenido de las preguntas durante la entrevista. Todo participante le será entregada copia de una lista de referencias de recursos de la comunidad, y recomendacion a alguna de ellas.

BENEFICIOS:

Los posibles beneficios para otros, incluye una contribución al entendimiento de las experiencias de los inmigrantes en los Estados Unidos y a una mejor implementacion de los recursos disponibles del estado para la comunidad Latina en el area de la bahia (Bay Area).

PRIVACIDAD/ CONFIDENCIALIDAD:

Cualquier dato que usted proporcione en éste estudio será confidencial, a menos que pida ser revelado por la ley. En nuestras publicaciones, no incluímos algún tipo de informacion que pueda identificar a ninguno de los participantes.
Especificamente, en éste estudio asignaremos un código numérico para cada participante; en vez de usar nombres ó cualquier otro tipo de información que pueda identificar al participante.

GRABACIÓN DE AUDIO:

La entrevista será grabada en audio con el propósito de análisis de datos. Al archivo de sonido de cada participante se le asignará un código numérico y el acceso a los archivos de audio tendrá una contraseña de entrada y serán encriptados. Los audios serán archivados hasta culminar el proceso de estudio para luego ser destruidos después de tres años.

COMPENSACIÓN/PAGO POR PARTICIPAR:

Usted recibirá una tarjeta de regalo con un valor de $50 para ser usada a su gusto en Target ó Amazon.com por su participacion en éste estudio.

NATURALEZA VOLUNTARIA DEL ESTUDIO:

Su participación es voluntaria. Además, usted puede saltar o dejar de contestar cualquier pregunta que pueda hacerle sentir incomodo(a) y puede descontinuar su participacion en cualquier momento sin penalidad ó perdida de beneficios. Adicionalmente, el investigador tiene el derecho de retirar al participante del estudio en cualquier momento que lo considere necesario.

OFERTA PARA RESPONDER PREGUNTAS:

Favor haga cualquier pregunta que usted tenga ahora. Si usted luego tiene alguna pregunta, usted puede contactar a la investigadora principal: Gabriela Olavarrieta al (415) 2991802 ó a su correo electrónico golavarrieta@usfca.edu. Si usted tiene alguna pregunta ó inquietud acerca de sus derechos como participante en éste estudio, usted puede contactar la Junta de Revision Institucional de la Universidad de San Francisco, a traves de IRBPHS@usfca.edu.

_____   _____
        Firma del Participante   fecha

_____   _____
        Firma de investigador   fecha

Appendix D: Dissertation Interview Schedule ENGLISH

I'm going to read from the document on my computer directly to make sure all the interviews are asked the same way.

<u>Opening</u>

(Establish Rapport) *[shake hands]* My name is Gabriela Olavarrieta. Thank you so much for participating in this research study. As you may know, this study focuses on understanding Latinos/as adulthood transition to the US who may have experienced instances of discrimination and prejudice as well as their experiences adjusting into U.S. society and culture. This study will also look at what seeking, or being unable to seek, mental health services looks like in the current sociopolitical climate, under the Trump administration, and your feelings toward this administration.

1. You have been included as part of this research because you moved to the United States in adulthood from [country of origin].
2. (Purpose) I would like to ask you some questions about your background, experiences you have had upon your move to the United States, aspects of your identity, and your thoughts on the Trump administration.
3. (Motivation) I hope to use this information to help build a narrative about experiences that you may have had moving to the U.S., your experiences assimilating or acculturating to the dominant culture, any experiences of discrimination or prejudice you may have had, and how your identity has changed or stayed the same in the process.
4. (Time Line) The interview should take about 1 ½ to 2 hours. This is a confidential interview; therefore, I would like to ask you to choose a pseudonym to represent yourself.

Transition: Let me begin by asking you some questions about you)

    I.   <u>General demographic information)</u>

1. How old are you?
2. What is your relationship status?

      a. Married

      b. Widowed

      c. Single

      d. Separated

      e. Divorced

      f. In a committed relationship

3. What is your country of origin?

4. Could you give me a brief description of what your life looked like there?

      Probes:

      a. *What was your occupation there?*

      b. *Is this where most of your family lived?*

      c. *Socioeconomic status: i.e. class*

      d. *Education*

      e. *Family life*

      f. *Friends*

Transition to next topic: Now I'm going to ask you some more specific questions regarding your move to the U.S.

5. How old were you when you first moved to the United States? What year was it?

6. What initially made you move to the United States? If you have moved to the United States more than once, please tell me about your first move.

7. What were some expectations that you may have had about moving to the United States?

8. Where did you move to?

9. How were those first couple of days of being there?

10. Did you know anyone when you moved to the United States?

      a. Tell me about your relationship with them.

11. How would moving to the U.S. as an adult look different than if you moved as a child?

Transition: Now I'm going to ask you some questions about your identity. What I mean by "identity" is who you are, the way you think about yourself, the way you are viewed by the world, and the characteristics that define you.

12. With this mind, did certain aspects of your identity change, or begin to change, once you moved to the States? If so, how?

13. What parts of your identity did you maintain upon moving to the states?

    a. For example, Were there certain traditions or values you brought with you?

14. Did moving to the U.S. effect any relationships you had with family and friends who were in your country of origin? If so, how?

Transition: Now we are going to move on to more specific experiences having to do with your transition to the U.S. and some of your personal experiences of discrimination and/or prejudice.

15. Tell me about your experiences moving to the U.S. and learning about the American culture? For example, what were some challenges that you faced?

    a. What were things that were not as challenging?

    b. *INTERVIEWER NOTE: Ask about:*
        i. Assimilate: absorb and integrate (people, ideas, or culture) into a wider society or culture.
        ii. Dominant culture: i.e. U.S. culture, white America

16. What type of work do you do and where do you work? Tell me about it.

17. Have you ever experienced discrimination in your place of work? If so, would you mind telling me about it?

18. Have you had any other experiences of discrimination and/or prejudices and could you please describe them to me?

    Now I am going to ask you about your feelings toward the current presidential administration and access to services.

19. Did moving to the U.S. effect in any way your mental health?

20. Did you seek any help to relieve these health problems and did you utilize any resources?

    a. How did you find those resources?

21. What are your feelings regarding the Trump administration?

    a. Has the administration affected you in any way? How?

    b. Has the administration affected how you perceive this country? How?

22. What advice would you give someone who was moving to the U.S. for the first time as an adult?

II.   <u>Closing</u>

(Maintain Rapport) I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know?

Is there anything else related to what we discussed that you would like to add?

I will also provide you with my contact sheet should you have any questions. Thanks again, I really appreciate it.

Interview Schedule SPANISH

Aquí está el forma de consentimiento

Ahora solo tenemos que firmarlo antes de comenzar la entrevista.

Voy a leer el documento en mi computadora directamente para asegurarme de que todas las entrevistas se realicen de la misma manera.

Le pediré que elija otro nombre que no sea el suyo de su elección para la grabación de audio.

Voy a comenzar la grabación de audio ahora.

I. Opening.

(Establish Rapport)

Mi nombre es Gabriela Olavarrieta. Muchas gracias por participar en mi studio de investigacion. Como ustede debe saberlo, éste studio se centra en la comprensión de la transición de los Latinos/as en una edad adulta a los Estados Unidos, que puedan haber experimentado casos de discriminacion y prejuicio, asi como sus experiencias de aclimatización ó asimilación en la cultura dominante. Éste studio que realizo tambien se fijará en lo que busca, o ha sido incapaz de buscar, los servicios de salud mental en el actual clima sociopolítico (bajo la administracion Trump).

Usted ha sido incluído como parte de ésta investigacion por haberse mudado a los Estados Unidos desde (su país de origen) en una edad adulta.

1. (Propósito). Me gustaria hacerle algunas preguntas acerca de sus antecedents, su educación, experiencias que haya tenido, alguno de sus jobbies e intereses para tener un poco más de conocimiento y compartir la informacion suministrada por usted con nuestra clase de estudios.

2. (Motivacion). Espero hacer uso de ésta investigacion para ayudar a crear una narrative sobre las experiencias que usted pueda haber tenido al mudarse a los Estados Unidos, sus experiencias asimilando ó amoldándose a la cultura dominante; alguna experiencia de descriminacion ó prejuicio que usted pueda haber tenido, y como su identidad pudo haber cambiado ó ha permanecido la misma en el proceso.

3. (Linea de Tiempo). La entrevista podria tomar de una a una y media a dos horas

Estaria usted disponible a responder algunaa de éstas preguntas ahora?

(Transicion): Permítame comenzar haciendo unas preguntas acerca de usted y de cual pais procede.

II. Body *(General demographic information)*

1. Cuantos años tiene usted ?
2. ¿Cuál es el estado de su relación?
    a. Casado
    b. Viudo
    c. Soltero
    d. Seperado
    e. Divorciado
    f. en una relación comprometida
3. Cual es su país de origen?
4. Podria usted dar una breve descripcion de su vida en su pais? (por ejemplo);
    PROBES*:*
    a. *¿Cuál era tu ocupación allí?*
    b. *¿Es aquí donde vivía la mayor de tu familia?*
    c. *Que era tu estatus socioeconómico allí?*
    d. *¿Qué nivel de educación has alcanzado?*
    e. *¿Puedes describirme brevemente tu vida familiar allí?*

(Transicion al tema siguiente): Ahora le haré unas preguntas más especificas acerca de su mudanza a los EE.UU.

5.   Que edad tenia usted cuando se mudó a los estados Unidos? En que año?

6. Que inicialmente lo motivó a mudarse a los Estados Unidos?. Y cuales eran algunas de sus expectativas ?

7. ¿Cuáles fueron algunas de las expectativas que pudo tener acerca de mudarse a los Estados Unidos?

8. A que parte or region del pais usted se mudó?

9. Cuales son sus recuerdos de los primeros meses luego de haber llegado?

10. Conocía usted a alguien en los Estados Unidos cuando llegó?

   a. Háblame un poco de tu relación con ellos.

11. Que diferencia podría haber entre mudarse a los Estados Unidos a una edad adulta comparada con la de un niño?.

Transicion: Ahora le voy a hacer algunas preguntas sobre su identidad. Lo que quiero decir con "identidad" es quién eres, cómo piensas sobre ti mismo, cómo eres visto por el mundo y las características que te definen.

12. Con esto en mente, ¿ciertos aspectos de su identidad cambiaron, o comenzaron a cambiar, una vez que se mudó a los Estados Unidos? ¿Si es así, cómo?

13. Que partes de su identidad original usted mantiene aún viviendo en los Estados Unidos?.

   a. Por ejemplo, ¿Hubo ciertas tradiciones o valores que trajiste contigo?

14. El haberse mudado a los Estados Unidos afectó alguna relacion familiar o de amistad en su pais de origen? ¿Si es así, cómo?

Transicion: Ahora, nos iremos adelantando a experiencias más especificas relacionadas con el proceso de transicion a los Estados Unidos y Y algunas de sus experiencias personales de discriminación y / o prejuicio.

15. ¿Cuéntame sobre tus experiencias al mudarte a los Estados Unidos y aprender sobre la cultura dominante y diferente a la suya?. Por ejemplo, ¿Cuál han sido alguno de los desafíos a los que se ha enfrentado en éste pais?.

    a. ¿Cuáles eran las cosas que no eran tan desafiantes?

    b. INTERVIEWER NOTE: Asimilar: absorber e integrar (personas, ideas ó cultura) en una sociedad o cultura diferente.

    c. Cultura dominante: ejemplo; cultura Estadounidense, la América de los blancos.

16. ¿Qué tipo de trabajo haces y dónde trabajas? Cuéntame sobre eso.

17. Ha tenido usted alguna experiencia de descriminacion y/ó prejuicio en tu trabajo? Podria hacerme el favor de describirla?

18. ¿Ha tenido alguna otra experiencia de discriminación y / o prejuicios y podría por favor decírmelo?

Ahora le voy a preguntar sobre sus sentimientos hacia la actual administración presidencial y el acceso a los servicios.

19. El haberse mudado a los Estados Unidos ha tenido algún efecto en su salud mental?.

20. A buscado usted alguna ayuda que alivie su problema de salud, y/ ó ha hecho usted uso de algun recurso personal o del estado?.

21. Cual es su opinion acerca de la Administracion Trump?.

    a. Le ha afectado a usted de alguna manera la administracion Trump?. Como?.

    b. Le ha afectado la administracion Trump la percepción que usted tiene de los Estados Unidos?.

22. Que usted le diria a una persona adulta quien por primera vez se mude a los Estados
Unidos?.

III. Closing:

(Maintaing Rapport)

Estoy muy agradecida por el tiempo que tomó responder ésta entrevista.

¿Hay algo más que creas que me ayudaría saber?

¿Hay algo más relacionado con lo que hablamos que le gustaría agregar?

También le proporcionaré mi hoja de contacto si tiene alguna pregunta. Gracias de nuevo,
realmente lo aprecio.

Aquí hay algunos recursos de salud mental en caso de que necesite.

Appendix E: Helpful Resources

San Francisco Area

Community Behavioral Health Services
Mental Health Services/ Servicios de salud mental
1380 Howard St.
(415) 255-3737

Latino Wellness Center
Mental Health Services/ Servicios de salud mental
1663 Mission St. St #603
(415) 240-4104

Instituto Familiar de la Raza Inc.
Social Services Organization/Organización de servicios sociales
2919 Mission St.
(415) 229-0500

Oakland Area

Casa del Sol
Mental Health Services/ Servicios de salud mental
1501 Fruitvale Ave.
(510) 535-6200

East Bay Community Recovery Project
Mental Health Services/ Servicios de salud mental
2579 San Pablo Ave.
(510) 446-7100

Foresight Mental Health
Psychiatry/Psiquiatría
3017 Telegraph Ave.
(510) 926-6677

Richmond Area

Familias Unidas
Mental Health Services/ Servicios de salud mental
205 39th St
(510) 412-5930

Contra Costa Mental Health
Mental Health Services/ Servicios de salud mental
2523 El Portal Dr. #103

(510) 215-3700

<u>Bay Area Community Resources</u>
Social Services Organization/Organización de servicios sociales
3219 Pierce St.
(510) 559-5550

Appendix F: Alternate Terms/Definitions

1. Acculturation:
   a. Aculturación
   b. **Aculturizar**
   c. **adaptación** (a una cultura diferente) ...to adapt.
      i. Ex. *Como ha sido su **adaptación** en los EEUU?.*
   d. **adoptar**   (una cultura diferente) ...to adopt.
      i. Ex. *Le ha sido fácil **adoptar** una nueva cultura?*

2. Assimilation:
   a. **Asimilación**
      i. Ex. *La **asimilación** ha sido posible debido al estudio.*
   b. **Asimilar** .... to assimilate.
      i. Ex. *Le ha sido fácil a usted **asimilar** las nuevas reglas?.*

3. Socioeconomic Status:
   a. **Clase economic**
      i. Further described: Ingreso anual, ocopación, años de educación
   b. **Estatus socioeconómico**
      i. Ex. *Cual es su **estatus socioeconómico**?*
   c. **Estado socioeconómico**
      i. Ex. *Cuál es su **estado socioeconómico?***
   d. **Clase social**
      i. Ex. *A que **clase social** usted pertenece?*
   e. **Estrato social**
      i. Ex. *A que **estrato social** usted pertenece**?***