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The Experiences and Well-Being of Mexican Immigrant Women Living in Traditionally non-Latinx Communities in Western North Carolina

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The Experiences and Well-Being of Mexican Immigrant Women Living in

Traditionally non-Latinx Communities in Western North Carolina

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ABSTRACT

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North Carolina has, in recent decades, experienced significant growth in its Latinx, and more particularly Mexican immigrant population. As a traditionally non-Latinx state, or a state without a long-standing, large Latinx population, many communities and healthcare and service providers within North Carolina still lack knowledge, resources, and skills needed to serve and support Latinx immigrant populations well. Guided by interpretive description, this qualitative study on Mexican immigrant women in Western North Carolina sought to gain knowledge and understanding of what it is like for them to live in a traditionally non-Latinx region and how immigration has affected their well-being. Asking about experiences in the context of immigration as a way of learning about well-being was inspired by scholars who have asserted immigration to be an important determinant of health and well-being and significant life experience. Individual interviews with 12 Mexican immigrant women generated five themes: 1) Difference and Disruption, 2) Losing to Gain, 3) Living with Risks and Limitations, 4) From Lost to Found, and 5) Resilience and Adaptation. Together these themes highlight sacrifices and struggles, strengths and resources, and gains and hope that have affected these women's well-being and paint an overall picture of resilience and adaptation in spite of losses, difficulties, risks, and limitations incurred by immigrating. These findings argue for use of a strengths-based approach when interacting with Mexican immigrant women to improve healthcare and other services and promote their well-being and integration in their NC communities.

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CHAPTER 1

INTRODUCTION

"Immigrants…experience a long and arduous transition. The transition from a

home-land to a new home involves material and psychological losses" (Meleis,

1997, p. 42)

"A complex situational transition, migration may involve radical social, cultural,

economic, and environmental changes, as well as potential disruption and

difference in a wide range of human interactions and social networks" (Messias,

2010, p. 226)

"Whether voluntary or involuntary, migration poses challenges to individuals and

communities requiring an almost complete realignment of daily life that can have

significant social, economic, and health consequences….The enormous

consequences of immigration on daily life, and thus on broader health and well-

being, cannot be reduced simply to a 'protective factor' or an acculturative

'stressor' that affects health. Rather, immigration must be understood as a broad

social determinant of health and well-being…." (Castañeda et al., 2015, p. 377)

Immigration to a new country presents individuals with difficulties and opportunities,

both of which can generate stress (Castañeda et al., 2015; Cuéllar, 2002; Meleis, 1997; Messias

& Rubio, 2004). Some experts argue that those immigrating and adjusting to new countries in

the 21st Century, such as immigrants from Mexico and Central America to the U.S., face more

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difficulties than opportunities and that the difficulties they encounter can be numerous, chronic, and severe (Achotegui, 2006, 2009; Castro, 2008; Díaz-Cuéllar, Ringe, & Schoeller-Díaz, 2013). Immigrants who experience multiple, on-going, and intense difficulties arguably are at risk for stress that may overwhelm their capacities to cope and negatively affect their well-being. Yet, the impacts of difficulties and stress on individual immigrants are likely neither straightforward nor uniform. The ways in which individuals manage difficulties and any resultant stress and the impacts of stress on their well-being will depend greatly on their personal traits, experiences before and during migration, the nature of their interactions with loved ones, the characteristics of their settlement contexts, their internal and external resources, and their perceptions and appraisals of their overall situations (Berry, 1997, 2006; Lazarus & Folkman, 1984; Messias & Rubio, 2004). For instance, perceptions of stressors as challenges that can be overcome rather than potentially harmful threats and appraisals of coping and resources as adequate versus inadequate will influence whether stress is overall positive and surmountable or negative and overwhelming (Lazarus & Folkman, 1984). This study will sample one particular subgroup of immigrants—Mexican immigrant women living in Western North Carolina—and explore their experiences of immigration and settlement and the impacts of these experiences on their well-being.

Since the 1960's, immigrants from Mexico, Central and South America, and the Caribbean countries of Cuba and the Dominican Republic have grown to comprise the largest proportion of total immigrants in the U.S. (Massey & Pren, 2012). The ethnic label, *Latinx*, a gender neutral term adopted in recent years by many activists and academics, refers to individuals of Mexican, Central and South American, Cuban, Puerto Rican, and Dominican origin (Santos, 2017). This term will be used in place of the more traditional terms *Hispanic* and

Latino throughout this text to refer to both men and women descended from these countries and regions. When referring only to women originating in these countries and regions, the term *Latina* (the feminine form of Latino) will be used. Immigrants from Mexico constitute the largest subgroup of both Latinx and total immigrants in the U.S. (Radford, 2019; Radford & Noe-Bustamante, 2019). The numbers of Latinx immigrants, and more particularly Mexican immigrants, settling in the U.S. Southeast dramatically increased in the 1990's and early 2000's (Drever, 2006; Kiang, Grzywacz, Marín, Arcury, & Quandt, 2010; Furuseth & Smith, 2006; Griffith, 2005; Mora et al., 2014; Ornelas & Perreira, 2011; Shattell et al., 2009). The U.S. Southeast is a region without long-standing or large Latinx populations, and, as such, is considered a traditionally non-Latinx area. Traditionally non-Latinx areas generally have few or no bilingual (English-Spanish speaking) people and service providers and communities with little or no experience with or knowledge about Latinx populations (Drever, 2006; Kiang et al., 2010; Furuseth & Smith, 2006; Griffith, 2005; Mora et al., 2014; Ornelas & Perreira, 2011; Shattell et al., 2009). Many rural or small traditionally non-Latinx communities in the U.S. Southeast have attracted Latinx immigrants with particularly low socioeconomic status and limited resources placing members of this group at higher risk for stress and health problems (Drever, 2006; Kiang et al., 2010; Furuseth & Smith, 2006; Griffith, 2005; Ornelas & Perreira, 2011; Shattell et al., 2009).

Several studies have suggested that Latinx immigrants have risks for overwhelming stress and poor mental health (Coffman & Norton, 2010; Concha, Sanchez, de la Rosa, & Villar, 2013; Grzywacz, Quandt, Arcury, & Marín, 2005; Hiott, Grzywacz, Arcury, & Quandt, 2006; Hovey, 2000; Kiang et al., 2010; Loury, Jesse, & Wu, 2011; Mora et al., 2014; Rusch & Reyes, 2012). And *Latina* immigrants have been shown to have greater risks for and/or symptoms of poor

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mental health than their male counterparts and U.S.-born individuals (Aranda, Castañeda, Lee, & Sobel, 2001; Fedovskiy, Higgins, & Paranjape, 2008; Heilemann, Coffey-Love, & Frutos, 2004; Kelly, 2010; Mora et al; Salgado de Snyder, 1987; Vargas-Willis & Cervantes, 1987; Vega, Kolody, Valle, & Hough, 1986). Latina immigrants face unique challenges such as role changes and strain and a variety of types of abuse. Additionally, family separation, family conflict, inadequate social support, and social isolation may more strongly threaten the mental health of this subgroup (Aranda et al., 2001; Bekteshi, Van Hook, Levin, Kang, & Tran, 2017; Fedovskiy et al., 2008; Hiott et al., 2006; Kelly; Kim, Draucker, Bradway, Grisso, & Sommers, 2017; McGuire & Georges, 2003; Miranda, Siddique, Der-Martirosian, & Belin, 2005; Molina & Alcántara, 2013; Ornelas, Perreira, Beeber, & Maxwell, 2009; Paris, 2008; Roblyer, Carlos, Merten, Gallus, & Grzywacz, 2017; Stacciarini, Smith, Garvan, Wiens, & Cottler, 2015; Sternberg & Barry, 2011; Viruell-Fuentes & Schultz, 2009). Many Latina immigrant patients present to primary health care centers with symptoms suggestive of potential mental health problems (personal communication with Rachel Bridgeman, Women's Health Nurse Practitioner, Sarah Garvick, Physician Assistant, and Terrie Clark, Family Nurse Practitioner). Though several studies have explored the experiences and mental health of Latina immigrants in the U.S. (Bekteshi et al., 2017; Fedovskiy et al; Hondagneu-Sotelo & Avila, 1997; Kelly; Kim et al., 2017; McGuire & Georges; Miranda et al., 2005; Molina & Alcántara; Paris; Sternberg & Barry; Sternberg & Lee, 2013; Sternberg et al., 2016; Viruell-Fuentes & Schultz), few have recruited and studied Latina immigrants living in rural or small traditionally non-Latinx communities in the U.S. Southeast (Campbell, 2008; Ornelas et al., 2009; Shattell et al., 2009; Tran et al., 2014; Villenas, 2001), resulting in a gap in knowledge about this topic in this subgroup.

Nurses and other healthcare providers working in rural and small traditionally non-Latinx communities in the U.S. Southeast have limited knowledge and understanding about the issues facing Latina immigrants which can be a barrier to providing them appropriate and effective care, especially with regard to mental health (Ornelas et al., 2009; Shattell et al., 2009). Meleis (1997) asserted that nurses are "concerned with the life experiences of people and how these life experiences may affect their health and responses to illness" (p. 42). And she argued that listening to patients talk about life experiences and probing for how these experiences have impacted them can lead to the knowledge and understanding needed to plan patient-centered care and promote optimal health. According to Meleis, immigration to a new country constitutes a significant life experience that may affect health and responses to illness. Other researchers have also identified the relevance of immigration to health (Loury et al., 2011; Messias, 2010; Messias & Rubio, 2004; Sternberg & Berry, 2011; Sternberg & Lee, 2013). Castañeda et al. (2015) asserted that immigration is "…a social determinant of health and well-being" (p. 377). Thus, for nurses and other healthcare providers to promote optimal health to Latina immigrant patients in rural and small traditionally non-Latinx communities, it is essential for them to gain knowledge and understanding about this group's life experiences that has come from their perspectives. Therefore, this study will explore through open-ended individual interviews perceptions, meanings, and impacts of immigrating to and living in rural or small traditionally non-Latinx communities in Western North Carolina with members of the largest subgroup of Latina immigrants in the region—Mexican immigrant women.

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<center>**Background**</center>

Mexican Immigration to the U.S.

In 2017, Latinx immigrants represented roughly half of the 44.4 million immigrants in the U.S. (Radford, 2019; Radford & Noe-Bustamante, 2019). Immigrants from Mexico alone comprised half of the U.S. Latinx immigrant and 25.3% of the total U.S. immigrant populations that same year (Radford, 2019; Radford & Noe-Bustamante, 2019). About a quarter of the estimated 21 million immigrant women in the U.S. in 2013 came from Mexico (Institute for Women's Policy Research, 2013).

The large representation of Mexican immigrants in the U.S. is explained by the proximity of Mexico to the U.S. and the fact that Mexicans have participated in "the largest and longest recurring migration in the world" vis-á-vis the U.S. (Cuéllar, 2002, p. 1). What started as mostly legally authorized and cyclic migration of Mexican men under the U.S. *Bracero* guest worker program (1942 to 1964) has, over the past several decades, transformed into migration of both Mexican men and women, longer durations of migrations, more Mexicans settling as immigrants in the U.S., and a large number of Mexicans living and working in the U.S. without legal authorization (Massey & Pren, 2012). In the 1990's and 2000's, poor economic conditions in Mexico, growth in low-skill, low-wage jobs in the U.S, and the existence of well-established transnational migrant networks enticed many in Mexico to migrate to the U.S. (with or without documentation) or to overstay work visas (Barcus, 2007; Durand, Massey, & Capoferro, 2005; Furuseth & Smith, 2006). Increased border security and stricter enforcement of immigration laws did not significantly reduce undocumented entry of Mexican migrants into the U.S. and actually slowed the return of migrants back to Mexico (Barcus, 2007; Durand et al., 2005). Also, roughly 2.3 million U.S. Mexican immigrants gained legal permanent resident status after the

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passage of the Immigration Reform and Control Act (IRCA, 1986), and many of them subsequently brought their family members to the U.S. (Durand et al., 2005). IRCA set up new agricultural guest worker programs, which drew in legal low-wage laborers from other countries, particularly Mexico. Once in the U.S., some guest workers overstayed their work visas and remain in the U.S. as undocumented immigrants (Durand et al., 2005).

More recently, conditions such as the U.S. economic recession (2007-2009) followed by a slow recovery, improvement in the Mexican economy, decreases in Mexico's birth rate, and increased border security and immigration enforcement have had a combined effect in reducing net Mexican immigration to the U.S. (Gonzalez-Barrera, 2015; Passel & Cohn, 2019; Zong & Batalova, 2018). Despite this reduction in net Mexican immigration, the number of Mexican immigrants in the U.S., both documented and undocumented, has remained high—11.2 million as of 2017 (Radford, 2019). Stricter immigration laws, increased enforcement of these laws, and growing anti-immigrant sentiment and hate group activity have made life in the U.S. more stressful for both documented and undocumented Mexican immigrants, increasing their risk for poor mental health (Bauer, 2009; U.S. Federal Bureau of Investigations, n.d.). Though many immigrants experienced fear and distress during previous presidential administrations and the total number of deportations in 2017 were somewhat lower than they had been since 2006 (Radford, 2019), Khan (2018) reported that Latinx immigrants have been particularly fearful and distressed about deportation and family separation during the Trump administration due to its support of enhanced enforcement of immigration laws, the continued trend of detention and arrests of undocumented immigrants without criminal records, and decreased time between arrests and deportations.

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Changing Mexican Immigration and Settlement Patterns in the U.S.

During the 1990's, Mexicans not only increasingly immigrated to the U.S. but they also arrived or ultimately settled in new areas of the country. Bypassing traditional settlement cities like Los Angeles, Chicago, and New York, Mexican immigrants began to secure work in small towns in the Midwest, Southeast, and South (Drever, 2006; Kiang et al., 2010; Roblyer et al., 2017; Shattell et al., 2009). These new settlement communities, which were traditionally non-Latinx communities, had little to no experience with this group and few or no resources appropriate to meeting their needs (Drever, 2006; Kiang et al., 2010; Mora et al., 2014; Ornelas & Perreira, 2011; Roblyer et al., 2017; Shattell et al., 2009).

Many of North Carolina's communities, also traditionally non-Latinx, have become new Latinx immigrant settlement areas over the past couple of decades. The population in North Carolina of foreign-born and U.S.-born Latinx people increased 400% between 1990 and 2000 and another 111% from 2000 to 2010 (Tippett, 2014). As of 2018, roughly 40% of Latinx people in North Carolina were foreign-born and 60% of this foreign-born Latinx population came from Mexico, numbering 237,000 (Tippett, 2019). Though Western North Carolina's foothills and Appalachian mountain region has a smaller Latinx population compared with other parts of the state, this area experienced significant growth in their Latinx immigrant, and particularly Mexican immigrant, population during the 1990's as well (Barcus, 2007).

Mexican Immigrants Most Disadvantaged of U.S. Latinx Immigrants

Having a low socioeconomic status and being undocumented have been linked to stress and poor mental health in Latinx immigrants (Aranda et al., 2001; Castañeda et al., 2015; Vega, Sribney, Aguilar-Gaxiola, & Kolody, 2004). Mexican—and in many cases Central American—immigrants more often have economic, employment, educational, and legal status disadvantages

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compared to other Latinx immigrants in the U.S. (Alarcón et al., 2016). More than any of the other Latinx immigrant subgroups, Mexicans have historically come to the U.S. to work in agricultural and day-labor markets, which are some of the most difficult, dangerous, and lowest paying jobs in the country (Cuéllar, 2002). Also, Mexicans generally have immigrated to the U.S. at an earlier age and often have not enrolled in school after immigrating, resulting in overall lower education levels (Alarcón et al., 2016). Having less education limits Mexican immigrants' employment opportunities and earning potential. Though poverty and lack of employment serve as primary motivations for most subgroups of Latinx immigrants to come to the U.S. (Alarcón et al., 2016), more Mexicans have traditionally made the decision to migrate for economic reasons, and many of them without documentation (Cuéllar, 2002). Passel and Cohn (2019) reported that 4.9 out of the 10 million undocumented U.S. immigrants in 2017 were Mexican.

Mexican immigrants with the most disadvantages more often work and settle in rural or small traditionally non-Latinx communities in the Midwest, South, and Southeast which have limited or no public transportation, no ethnic enclaves, less resources in general, and little or no bilingual/bicultural services (Drever, 2006; Mora et al., 2014; Ornelas & Perreira, 2011; Roblyer et al., 2017; Shattell et al., 2009). Some of these communities have also not been welcoming toward these outsiders due to discriminatory and racist as well as anti-immigrant sentiment (Drever, 2006; Furuseth & Smith, 2006; Griffith, 2005; Raffaelli, Tran, Wiley, Galarza-Heras, & Lazarevic, 2012; Stacciarini et al., 2015). Moreover, in many traditionally non-Latinx new settlement areas, particularly those in the U.S. South and Southeast, state and local governments have restricted immigrants' access to certain privileges (e.g., obtaining driver's licenses), and local law enforcement and other local entities have cooperated with federal immigration officials either formally or informally to assist with detaining and deporting undocumented immigrants

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(Arriaga, 2017; Bauer, 2009). North Carolina exemplifies a Southeast state with traditionally non-Latinx communities that have experienced dramatic rates of Latinx in-migration, have enacted cooperative agreements between local law enforcement and Immigration and Customs Enforcement (ICE), and have struggled to meet the needs of their mostly Mexican-origin immigrants with low English proficiency, low education levels, high poverty rates, undocumented status, and low rates of insurance coverage (Arriaga, 2017; Drever, 2006; Pew Research Center, 2014). Mexican immigrants who have settled in areas like Western North Carolina likely experience particularly daunting challenges, physical and social isolation, and increased risks for poor general and mental health (Drever, 2006; Furuseth & Smith, 2006; Griffith, 2005; Rafaelli et al., 2012; Stacciarini et al., 2015).

Immigration of Mexican Women to the U.S.

Mexican men have historically outnumbered Mexican women as immigrants to the U.S. (Donato, 2010; Cerrutti & Massey, 2001; Hondagneu-Sotelo, 1992). Both Cerrutti and Massey and Hondagneu-Sotelo asserted that, while male immigration has largely resulted from unilateral decisions by men, female immigration more often has occurred after years of separation from their spouses/partners and a great deal of planning and negotiation (Hondagneu-Sotelo, 1992; Cerrutti & Massey, 2001). Two major generalizations about Mexican women's immigration to the U.S. emerged from the studies conducted by these researchers: 1) Mexican women have largely immigrated to the U.S. after their parents or male spouses/partners; and 2) Mexican women generally decide to immigrate to the U.S. more due to social factors such as reuniting with family than economic ones.

Other research has demonstrated that the patterns of and motivations for immigration of Mexican and other women to the U.S. have changed from those reported by the above studies.

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This other research has shown that women have increasingly immigrated to the U.S. to work and support their families economically (Hondagneu-Sotelo & Avila, 1997; McGuire & Georges, 2003; Miranda et al., 2005; Paris, 2008; Sternberg & Barry, 2011). Additionally, this feminization of immigration to the U.S. has resulted from such factors as increased violence in countries of origin and changes in U.S. workforce needs favoring female laborers (Estévez, 2016; Hondagneu-Sotelo & Avila, 1997; McGuire & Georges, 2003; Miranda et al., 2005; Parish, 2017; Stephen, 2016; Sternberg & Barry, 2011).

Immigration, Role Changes, Stress, and Mental Health of Mexican Women

Immigration can result in changes in gender roles and power dynamics in couples and families, and these changes can lead to tension and dysfunction in relationships and poor mental well-being, particularly in women (Grzywacz, Rao, Gentry, Marín, & Arcury, 2009; Hancock, 2007; Hondagneu-Sotelo, 1992). The ethnographic research conducted by Hondagneu-Sotelo demonstrated that Mexican women whose husbands immigrated to the U.S. experienced role changes. Living for prolonged periods of time in Mexico without their spouses present, these Mexican women often assumed traditionally male roles such as representing the family at community events, tending to livestock and other animals, and earning money to support their families when remittances from spouses in the U.S. were less than expected. In taking on these traditionally male roles, many of these women reported gaining autonomy, confidence, and new skills. These gains, in many cases, led to changed expectations about their roles and decision-making power before they immigrated to the U.S.

A major post-immigration factor contributing to changes in roles and decision-making power is that U.S. Mexican immigrant women have participated in the formal workforce at a greater rate than women in Mexico (Cerrutti & Massey, 2001; Gryzwacz et al., 2009; King,

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2011). Circumstances in the U.S. including Mexican immigrant men's inadequate earnings, the high cost of living, and greater opportunities for women to work outside the home have influenced this increased workforce participation by Mexican immigrant women (Grzywacz et al., 2009). While a challenging adjustment for both genders, Mexican immigrant women's participation in the formal workforce has in many cases posed more difficulties for women. Particularly in Mexican immigrant couples or families adhering to traditional gender role expectations and values, women have had to add responsibilities of work outside of the home to their traditional domestic responsibilities, i.e. cooking, washing, cleaning, and caring for ill family members (Arcury, Grzywacz, Chen, Mora, & Quandt, 2014; Campbell, 2008; Grzywacz et al., 2009). The struggle to carry out multiple roles has led Mexican and other immigrant women to sacrifice their own needs and become overwhelmed and distressed (Arcury et al. 2014; Campbell, 2008; Grzywacz et al., 2009; Institute for Women's Policy Research, 2013). Furthermore, when these women can no longer fulfill multiple roles satisfactorily, their distress can increase and tension can build in relationships to the point of augmenting the risk of intimate partner violence (Gryzwacz et al., 2009; Hancock, 2007). Relationship tension and abuse, added to the many other difficulties brought on by immigration, may take a heavy toll on Mexican immigrant women's mental health.

Violence against Women, Immigration, and Mental Health

Latinas living both outside and within the U.S. experience abuse and exploitation, such as intimate partner violence (IPV), at higher rates and have worse outcomes (e.g., poorer mental health) from such abuse and exploitation than non-Latina White women in the U.S. (Gryzwacz et al., 2009; Kim et al., 2017; Kulkarni, Racine, & Ramos, 2012; Stephen, 2016). Additionally, the severity of trauma and negative impacts on mental health may be worse for U.S. Latina

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immigrants compared to U.S.-born women, especially for those Latina immigrants who are undocumented and/or have inadequate material and emotional support in their new environments (Fedovskiy et al., 2008; Gryzwacz et al., 2009; Kim et al., 2017; Kulkarni et al., 2012; Stephen, 2016). Factors such as fear of deportation and other retaliation, traditional cultural beliefs about women's roles, poverty, and lack of bicultural/bilingual support services can interfere with Latina immigrants reporting or leaving abusive situations and seeking care for trauma (Kaltman, Gonzales, Serrano, & Guarnaccia, 2011; Kim et al., 2017; Kulkarni et al., 2012).

Kaltman et al. (2011), who interviewed 28 immigrant Central and South American and Mexican women in the Washington, D.C. area, found that 89% reported experiencing one or more types of trauma in their country of origin, during their migration journey, and/or in the U.S. In this study, women from Mexico and Central America, who were much more likely than those from South America to have come to the U.S. on foot, reported experiencing the most migration journey violence. Data from non-governmental organizations have suggested that six out of 10 women and girls migrating on foot through Mexico and across the Mexico-U.S. border endure some type of sexual violence (Amnesty International, 2010; Tello, n.d.). As noted before, IPV against women can arise or increase in Latino immigrant couple relationships due to changing gender roles (Grzywacz et al., 2009; Hancock, 2007). Such a negative outcome can also occur when immigrant men and women acculturate differently to U.S. customs and values (Gryzwacz et al., 2009; Kim et al., 2017; Kulkarni et al., 2012; Stephen, 2016).

Stephen (2016) studied and reported on violence against Mexican and U.S. Mexican immigrant women. She argued that risk for and experience of IPV in these women is not merely an isolated cultural phenomenon due to male domination (machismo), but rather this form of violence against women has occurred and persisted mostly due to the larger context of Mexican,

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U.S., and transborder "structural violence…sanctioned officially and unofficially at the local, regional, and national level" (p. 161). Increased militarization and stricter security at the Mexico-U.S. border, largely to combat drug cartel activity; the flourishing of misogyny within the drug cartel culture; and the criminalization of undocumented immigrants in the U.S., in Stephen's view, have resulted in overall greater abuses of power and rates of violence that disproportionately harm women. Some scholars have pointed out that increased violence against women occurring in numerous countries including Mexico has increasingly displaced and motivated women to immigrate to the U.S. (Estévez, 2016; Parish, 2017).

Mexican and other Latina immigrants in the U.S. have also disproportionately experienced sexual harassment, abuse, and exploitation by employers and others in the workplace. A study by the Southern Poverty Law Center (SPLC) of 500 Latinx immigrants in the U.S. South —44% of whom were women—found that while the women in this sample reported workplace concerns similar to the men, i.e. discrimination, injuries, and wage theft, 77% of them also emphasized women's unique experiences of sexual harassment (Bauer, 2009). Bauer noted that sexual harassment and anti-retaliation laws have not consistently protected undocumented Latina immigrant workers. Another SPLC (2010) study of 150 Latina immigrants working in the U.S. agricultural sector revealed that the majority of the women in the sample had been sexually harassed in the workplace, and, in some cases, sexually assaulted. This report asserted that perpetrators tend to target undocumented immigrant women.

Latina Immigrants, New Settlement Sites, and Mental Health

Latina immigrants settling in rural or small traditionally non-Latinx communities may be particularly vulnerable to difficulties and poor mental health (Campbell, 2008; Ornelas et al., 2009; Shattell et al., 2009; Tran et al., 2014; Villenas, 2001). In these communities, groceries,

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other businesses, health and social services, churches, and housing are often situated far apart (Furuseth & Smith, 2006). Latina immigrants are more likely to stay at home with children far from businesses and services and other people, and those who do not drive or have access to reliable transportation may experience significant isolation (Campbell, 2008; Institute for Women's Policy Research, 2013). Latina immigrants in these new settlement communities tend to have less family and friends in the same area, and, according to some research, this subgroup may suffer in particular from lack of family and friend support and separation from family (Aranda et al., 2001; Hiott et al., 2006; Institute for Women's Policy Research, 2013; Ornelas et al., 2009; Shattell et al., 2009). Because traditional gender role expectations in some Latin American cultures—like that of Mexico—put the primary responsibility on women to take care of the domains of home and family, Latina immigrants often do the food shopping, enroll children in school, communicate with school personnel, apply for food or financial assistance, and accompany ill family members to health clinics (Campbell, 2008; Institute for Women's Policy Research, 2013; Ornelas et al., 2009). Latina immigrants may encounter much difficulty in these interactions in traditionally non-Latinx communities where most of the community members, business owners and staff, and service providers are not bicultural or bilingual and when some of these individuals mistreat outsiders. Culturally inappropriate services and discriminatory treatment can lead to mistrust, which, in turn, can negatively impact mental well-being and accessing and/or benefitting from needed services (Sanchez-Birkhead, Kennedy, Callister, & Miyamoto, 2011; Shattell et al., 2009; Villenas, 2001). If Latina immigrants need specialty services, such as for mental illness or abuse, getting culturally appropriate crisis and legal services in traditionally non-Latinx communities can be nearly impossible, potentially exacerbating health and social problems (Bauer, 2009; Shattell et al., 2009).

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Statement of the Problem

Latina immigrants face multiple and often severe difficulties in their home countries, on their migration journeys, and in their day to day lives in the U.S., all of which can put them at risk for overwhelming stress and poor general and mental well-being (Aranda et al., 2001; Estévez, 2016; Fedovskiy et al., 2008; Heilemann et al., 2004; Kaltman et al., 2011; Kelly, 2010; Kim et al., 2017; Kulkarni et al., 2012; Ornelas et al., 2009; Parish, 2017; Shattell et al., 2009; Stephen, 2016). Experiencing abuse before and after immigration and having to balance new roles with traditional ones combined with both physical and social isolation in the U.S. place Latina immigrants at further risk for increased stress and poor well-being (Estévez, 2016; Fedovskiy et al., 2008; Heilemann et al., 2004; Kaltman et al., 2011; Kelly, 2010; Kim et al., 2017; Kulkarni et al., 2012; Ornelas et al., 2009; Parish, 2017; Shattell et al., 2009; Stephen, 2016). The traditional expectation that Latina immigrants take care of family needs means that these women must engage in potentially stressful encounters in a variety of new settings that may be neither "culturally receptive" nor "compatible" (Campbell, 2008; Cuéllar, Bastida, & Braccio, 2004, p. 461; Institute for Women's Policy Research, 2013; Ornelas et al., 2009).

Due to language barriers, cultural differences, lack of trust on the part of patients, and, perhaps most importantly, limited knowledge and understanding about Latina immigrants' life experiences, healthcare providers working in primary health care centers in traditionally non-Latinx communities in Southeastern U.S. states like North Carolina have difficulty identifying risks for and preventing and treating general, and especially mental, health problems in this population (Coffman & Norton, 2010; Fleming, Villa-Torres, Taboada, Richards, & Barrington, 2017; Hatzenbuehler et al., 2017; Heilemann et al., 2004; Messias, McEwen, & Clark, 2015; Ornelas et al., 2009; Sanchez-Birkhead et al., 2011; Shattell et al., 2009). Consequently, Latina

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immigrants in these settings may live with chronic distress, poor general health, and/or undiagnosed and untreated chronic mental illness (Heilemann et al., 2004; Kelly, 2010; Sanchez-Birkhead et al., 2011). In order to overcome barriers to identifying risk for or preventing and treating mental health problems in Latina immigrants, healthcare providers need knowledge and understanding about the impact of immigration on emotional, social, spiritual, and physical health and well-being and individual responses to stress. Such knowledge and understanding are crucial to healthcare providers changing their approach to caring for this population and to Latina immigrants' enjoying better general and mental health and well-being. This knowledge and understanding should come from Latina immigrants themselves.

Though a number of researchers have conducted studies on Latina immigrants and have generated knowledge about their general and mental health, few have explored the perspectives of Latina immigrants about their experiences and well-being, particularly with regard to Latina immigrants living in traditionally non-Latinx communities. The studies in the past have largely focused on isolated or clusters of factors relating to mental health and well-being rather than exploring the complex, nuanced interrelationships among multiple factors and mental health and well-being. In addition, a number of studies have considered Latina immigrants as one homogenous group, which may have confounded the results since there are subgroup differences within this population. As Mexican immigrant women constitute the largest subgroup of Latina immigrants in the U.S. and North Carolina, this current study focused on Mexican immigrant women to gain knowledge and understanding about their experiences of immigrating to and living in rural or small traditionally non-Latinx communities in Western North Carolina and how these experiences have affected their well-being. This researcher posited that gaining knowledge

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and understanding about this immigrant subgroup would add complexity and context to the overall knowledge and understanding about mental and general well-being of Latina immigrants.

Significance to Nursing

Nurses concern themselves with prevention, early identification, and effective treatment of health problems including those relating to mental health and well-being. Moreover, nurses emphasize promotion of holistic health and well-being and, in doing so, assess and address social and environmental as well as physical needs and concerns. As Meleis (1997) argued, nurses' assessments of health and development of interventions to support optimal health depend upon their caring and learning about patients' "significant life experiences" (p. 42). Carrying out health promotion and disease prevention activities appropriate for and sensitive to individuals' significant life experiences is crucial to helping them get relief from distressing symptoms, improve functioning and health, and contribute to their own, their families', and their communities' well-being.

In working with more disadvantaged Latinx immigrant patients who have immigrated to traditionally non-Latinx communities in the U.S. Southeast, nurses struggle to perform their health promotion, disease prevention, and treatment activities and fall short of relieving suffering and preventing health problems. They struggle in large part due to their limited knowledge and understanding of the life experiences of and mental health and well-being in this group but also due to language and cultural barriers and lack of trust and confidence in health care providers on the part of the Latinx immigrant population (Heilemann et al., 2004; Sanchez-Birkhead et al., 2011; Shattell et al., 2009; Tran et al., 2014). Much of this lack of trust and confidence in health care providers stems from Latinx immigrants' perceptions of not being understood and cared for appropriately (Heilemann et al., 2004; Sanchez-Birkhead et al., 2011).

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Since Latina immigrants living in rural or small traditionally non-Latinx communities in the Southeastern U.S. have some additional risks for poor mental health, it is imperative that nurses in these communities demonstrate compassion and concern for and make efforts to learn about what these women experience day to day and have experienced in the past in the context of being immigrants. These actions on the part of nurses will help them gain the trust of Latina immigrant patients, build new knowledge and understanding about them and their health and illness responses, and, ultimately, be better able to identify risk as well as resilience factors and more effectively and appropriately provide care to and support the well-being of this population. Over time deeper knowledge and understanding gained from repeated positive interactions between nurses and Latina immigrant patients can transform the care that nurses provide to these women. Offering and delivering care informed by better knowledge and understanding of Latina immigrants' life experiences could prevent not only individual mental disability but overall family and community dysfunction.

Purpose of the Study

The purpose of this study was to explore Mexican immigrant women's perceptions about their experiences of immigrating to and living in rural or small traditionally non-Latinx communities in Western North Carolina. This study aimed to learn from the perspectives of these women what it had been like to come to the U.S. and make a new life in this region and their interpretations of the impact of these experiences on their well-being. This researcher hopes that the information that emerged from this study will help healthcare providers, who read such literature, become more knowledgeable about the experiences of this immigrant subgroup. Such knowledge is crucial to better understanding of, building trusting relationships with, and partnering with Mexican immigrant women to promote their well-being.

Research Questions

The overarching research question guiding this qualitative study had two parts, "What is the experience for Mexican immigrant women of immigrating to and living in rural or small traditionally non-Latinx communities in Western North Carolina and how have these experiences affected their well-being?" Related to this question were the following: 1) what expectations did they have in coming to this area and to what extent have these expectations been met or not met; 2) what worries have they had in living here, how do they feel about these worries, and what do they do to manage their worries; 3) what opportunities have opened up in living here and how have these made them feel; and 3) what hopes do they have for the future?

Summary

Latina immigrants, including those from Mexico, may have several socioeconomic disadvantages and face much difficulty in immigrating to the U.S. Such disadvantages and difficulty may overwhelm their capacities to cope and lead to excess stress and general and mental health problems. In addition to the many challenges of immigration, Latina immigrants may face unique pre-migration, migration, and post-migration difficulties due to their gender—e.g., having to balance multiple roles after immigration or being victims of violence and harassment before and/or after immigration—that may put them at particularly high risk for psychological distress and mental illness (Fedovskiy et al., 2008; Kim et al., 2017; Kaltman et al., 2011). Living in physically and socially isolating rural or small traditionally non-Latinx communities, unaccustomed to and, in some cases, unwelcoming of Latinx immigrants may add yet another layer of difficulty that contributes to distress in Latina immigrants. Since research on the mental health of Latina immigrants in the U.S. is scant, more inquiry on this topic and in this group is needed. Such inquiry is particularly needed to explore mental health and well-being

inductively in subgroups of Latina immigrants living in rural or small traditionally non-Latinx communities in the U.S. Due to the fact that so little research has been conducted with Latina immigrants in the latter context, it makes sense to design and carry out qualitative studies, which are well suited to exploring emerging, poorly understood topics and groups.

CHAPTER 2

LITERATURE REVIEW

For this study, locating and reading primary and secondary research articles and review papers published in peer-reviewed journals provided a basic foundation of understanding about U.S. Latinx immigrant mental and general well-being and, more particularly, U.S. Latina immigrant mental health and well-being. This review illuminated well-replicated findings but also gaps in knowledge and understanding that suggested the need for further exploration. The search for research articles and review papers on the topic of mental health and well-being in U.S. Latinx immigrants began with a computer-assisted query using EBSCOhost, CINAHL complete, and PsycInfo and the terms *immigrants in the United States, Latino/a immigrants, Hispanic immigrants, mental health,* and *stress*. Additional relevant literature on this topic was located through probing the reference lists of articles.

Studies on U.S. Latinx immigrant mental health and well-being began to take off in the 1980's. The study findings have been mixed in terms of this group's overall mental health status and conclusions about factors contributing to mental illness symptoms and well-being. Some study findings have suggested overall fair to good mental health and others quite poor mental health for this group. The studies in this literature have generated information on multiple common factors influencing mental health (albeit using different measures of these factors in a number of cases) but have also demonstrated the interaction of quite variable combinations of factors undermining and supporting mental well-being. Additionally, numerous investigators have recruited and studied U.S. Latinx immigrants as one homogenous group when, in fact, this group represents a large, diverse group of people differing from one another with regard to country of birth, racial/ethnic and cultural identity, religious beliefs, gender, age and

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circumstances of immigration, migratory journeys, documentation status in the U.S., education level, employment status/skills, financial resources, U.S. and transnational social networks, duration of residence in the U.S., degree of integration in U.S. society and culture, English proficiency, health insurance coverage, and/or characteristics of their U.S. settlement communities (Alarcón et al., 2016; Sternberg & Lee, 2013; Kaltman et al., 2011). Such differences potentially translate into varied types and degrees of difficulty and opportunity and different stress and mental well-being impacts. Considering such varied combinations of contributing factors, measuring these factors differently in many cases, and studying diverse individuals as a single, homogenous group may be limitations that account for the mixed findings in this literature.

U.S. Latinx Immigrant Mental Health and Well-Being

The Immigrant Paradox

Some of the early cross-cultural studies comparing U.S. Latinx immigrants and U.S.-born individuals suggested that, despite having lower income and education levels, Latinx immigrant samples demonstrated overall better health. This finding, replicated in studies exploring either general or mental health outcomes or both, led to the creation of a concept called the *Immigrant Paradox* (Castro, 2008; Cuéllar, 2002; Messias & Rubio, 2004; Turra & Elo, 2008). The concept was so named due to the fact that researchers had not expected to find immigrants with lower incomes, lower-status employment, and/or lower educational levels in better health than more privileged U.S.-born individuals (Turra & Elo).

In this review of research literature, several studies supported the *Immigrant Paradox* (Alegría, Canino, Shrout, Woo, & Duan, 2008; Alegría et al., 2007; Breslau et al., 2007; Burnam, Hough, Karno, Escobar, & Telles, 1987; Golding & Burnam, 1990; Grant et al., 2004;

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Vega et al., 1998; Vega et al., 2004). These studies demonstrated Latinx immigrants to have roughly half the lifetime and/or past-year prevalence of psychiatric disorders or significantly lower levels of depressive symptoms compared to U.S.-born groups. Other studies comparing these two groups generated findings that questioned the validity of the *Immigrant Paradox* (Cook, Alegría, Lin, & Guo, 2009; Cuéllar et al., 2004; Farley, Galves, Dickinson, & Perez, 2005; Mulvaney-Day, Alegría, & Sribney, 2007). These studies found no differences in mental health outcomes between Latinx immigrant and U.S.-born groups—no differences in lifetime psychiatric disorder prevalence (Cook et al., 2009); depression, life satisfaction, or self-esteem (Cuéllar et al); perceived mental functioning, stress levels, and overall coping (Farley et al., 2005); and self-rated mental health (Mulvaney-Day et al., 2007).

Prevalence Data on Psychiatric Disorders and Symptoms

The lifetime prevalence rates of any psychiatric disorder reported in this literature for Latinx immigrant samples ranged from 23.76% to 28.5% (Alegría et al., 2008; Alegría et al., 2007; Burnam et al., 1987; Grant et al., 2004; Vega et al., 1998; Vega et al., 2004). The lifetime prevalence rates for major depression and dysthymia combined ranged from 6.5% to 15.4% and for any anxiety disorder from 9.1% to 15.7% (Alegría et al., 2008; Burnam et al., 1987; Grant et al., 2004; Vega et al., 1998). These psychiatric disorder prevalence rates were all well below those of U.S.-born samples. Studies that focused on U.S. Latinx immigrant samples alone reported prevalence rates for clinically significant depressive symptoms ranging from 26% to 58.7% and for clinically significant anxiety symptoms from 16.4% to 39% (Coffman & Norton, 2010; Hiott et al., 2006; Hovey, 2000; Loury et al., 2011; Rusch & Reyes, 2012).

Factors Influencing Mental Health and Well-Being of Latinx Immigrants

Many researchers explored the influence of factors such as social support, social isolation, family separation, and family functioning or cohesion on mental health and well-being. Overall, studies examining these factors suggested that inadequate social support, greater social isolation, family separation, greater family conflict, and poorer family functioning and cohesion are important stressors and/or relate significantly with mental illness symptoms (Aranda et al., 2001; Concha et al., 2013; Cook et al., 2009; Documét et al., 2015; Golding & Burnam, 1990; Grzywacz et al., 2005; Hiott et al., 2006; Hovey, 2000; Kiang et al., 2010; Loury et al., 2011; Mora et al., 2014; Mulvaney-Day et al., 2007; Negi, 2011, 2013; Rodriguez, Mira, Paez, & Myers, 2007; Rusch & Reyes, 2012).

Economic and employment insecurity and living in poverty emerged in this literature as factors that significantly overwhelm and threaten the mental well-being of U.S. Latinx immigrants (Documét et al., 2015; Fernández-Esquer, Agoff, & Leal, 2017; Fleming et al., 2017; Hovey, 2000; Loury et al., 2011; Ornelas & Perreira, 2011). Many studies demonstrated poor work and/or housing conditions (Arcury et al., 2014; Fernández-Esquer et al., 2017; Negi, 2011, 2013) and discrimination experiences (Cook et al., 2009; Documét et al., 2015; Fleming et al., 2017; Ornelas & Perreira, 2011) to correlate with greater mental illness symptoms as well. One study found language difficulties (Documét et al., 2015) and several others undocumented status or worries about deportation (Cavazos-Rehg, Zayas, & Spitznagel, 2007; Fernández-Esquer et al., 2017) to increase distress. Most studies in this literature demonstrated earlier age of immigration to and/or longer residence in the U.S. to be associated with poorer mental health (Alegría et al., 2007; Breslau et al., 2007; Cook et al., 2009; Familiar, Borges, Orozco, & Medina-Mora, 2011; Vega et al., 2004). One exception to the latter finding was the study

conducted by Cuéllar et al. (2004) which concluded that length of residence did not predict the mental health outcomes they measured for their subsample of Mexican immigrants living in the U.S. on average 32 years. These researchers posited that factors such as increasing age and income and their study's South Texas setting characterized by "language, customs, practices, music, and foods highly compatible with Mexican culture" (p. 463) moderated stress and enhanced well-being for the Mexican immigrant participants.

A small number of researchers examined the influence of pre-immigration and immigration journey factors on the mental health of U.S. Latinx immigrants. The pre-immigration factors demonstrated to relate significantly to poor post-immigration mental health included low or no perceived control in the decision to immigrate (Hovey, 2000); lower perceived influence of religion on one's life (Hovey, 2000); and living in severe poverty in the country of origin (Ornelas & Perreira, 2011). The latter study by Ornelas and Perreira also found that reporting a traumatic or stressful immigration journey correlated with greater depressive symptoms after immigration.

In more recent years, researchers have explored chronic stress and its impacts on physical and mental health and well-being in Latinx immigrants with mixed results (Martínez, Ruelas, & Granger, 2018; Tuggle, Cohen, & Crews, 2018). Martínez et al. (2018) reported that chronic stress due to fear of deportation and family dysfunction correlated significantly with markers of oral inflammation in their sample of Mexican-origin families living in Arizona; they argued that oral inflammation, a sign of immune dysfunction, may predict greater risk for developing chronic physical and mental illnesses. Tuggle et al. (2018), who set out to characterize relationships between physiological markers of poor health, narratives of migration, and self reports of stress, health status, and mental problems, did not demonstrate any significant

associations between these variables. Still believing that chronic stress related to immigration contributes to poor health and well-being, these researchers posited that these variables likely have complex interactions that require further and more nuanced exploration.

U.S. Latina Immigrant Mental Health and Well-Being

Findings specific to Latina immigrants' mental health and well-being largely emerged from studies that exclusively recruited samples from this subgroup (Bekteshi et al., 2017; Campbell, 2008; Fedovskiy et al., 2008; Fitts & McClure, 2015; Heilemann et al., 2004; Hondagneu-Sotelo & Avila, 1997; Hurtado de Mendoza, Gonzales, Serrano, & Kaltman, 2014; Kelly, 2010; McGuire & Georges, 2003; McNaughton, Hindin, & Guerrero, 2010; Miranda et al., 2005; Molina & Alcántara, 2013; Ornelas et al., 2009; Paris, 2008; Raffaelli et al., 2012; Roblyer et al., 2017; Salgado de Snyder, 1987; Sanchez-Birkhead et al., 2011; Shattell et al., 2009; Sternberg & Barry, 2011; Sternberg & Lee, 2013; Sternberg et al., 2016; Villenas, 2001; Vega, Kolody, & Valle, 1986; Vega, Kolody, Valle, & Hough, 1986; Vega, Kolody, & Valle, 1987; Vega, Kolody, Valle, & Weir, 1991; Viruell-Fuentes & Schulz, 2009). Three studies with both male and female immigrant participants reported mental health findings unique to Latina immigrants (Aranda et al., 2001; Hiott et al., 2006; Grzywacz et al., 2009). Eight of the above 31 studies involved Latina immigrants living in traditionally non-Latinx communities; two of these studies did not disclose their settings.

Cross-cultural Comparison Studies

Several studies compared Latina immigrants with U.S.-born groups with regard to mental well-being and factors influencing well-being. Three of these studies lent some support to the *Immigrant Paradox* (Fleuriet & Sunil, 2014; Im, Chang, Chee, Chee, & Mao, 2015; Vega et al., 1998) while the other two did not support this construct (Molina & Alcántara, 2013; Sternberg &

Lee, 2013). Fleuriet and Sunil, who recruited a convenience sample of Mexican immigrant women and U.S.-born Mexican American women attending a prenatal clinic in Texas, found that their sample of Mexican immigrant women had significantly lower depressive symptom and perceived stress scores but higher pregnancy-related anxiety levels than the U.S.-born Mexican American women. The mixed gender cross-cultural study conducted by Vega et al. (1998) demonstrated that lifetime prevalence rates of any psychiatric disorder, major depression, dysthymia, and any anxiety disorder for Mexican immigrant women were lower than those for U.S.-born women and men of all ethnicities but higher than those for Mexican immigrant men. These differences, however, did not reach statistical significance. The secondary analysis by Im et al. (2015) demonstrated that middle-aged immigrant women (divided into four ethnic groups, one of which was Latina) all had less depressive symptoms and less severe depression scores than middle-aged U.S.-born non-Latina White women. For all the immigrant subgroups except those of Asian origin, the number of symptoms and severity of scores did not significantly differ between the immigrant subsamples and their U.S.-born ethnic counterparts. The study by Molina and Alcántara on a national probability sample and that by Sternberg and Lee on a convenience sample in Northern California reported that their Latina immigrant subsamples endorsed greater psychological distress and more depressive symptoms, respectively, than U.S.-born Latinas.

Prevalence of Mental Illness Symptoms in Latina Immigrants

With the exception of two studies in this review, prevalence rates of clinically significant depressive symptoms reported for Latina immigrant samples were high. As a point of reference, a representative sample of non-Latina White middle-aged women in the U.S. surveyed by Bromberger, Harlow, Avis, Kravitz, and Cordal (2004) had a prevalence rate of clinically

significant depressive symptoms of 22%. Miranda et al. (2005) found for their Latina immigrant sample living in the Washington, D.C. area that those who lived with their children had an average prevalence rate of clinically significant depressive symptoms of 11.4% and those separated from one or more of their children of 18.1%. The overall prevalence rate of clinically significant depressive symptoms for a sample of Latina immigrants (mostly undocumented and Mexican-origin) in Oklahoma was 17.5% (Roblyer et al., 2017). By contrast, other studies reported much higher prevalence rates for clinically significant depressive symptoms—30% (Anzman-Frasca et al., 2016), 40% (Vega, Kolody, & Valle, 1986; Vega, Kolody, Valle, & Hough, 1986), and 64% (Salgado de Snyder, 1987). Studies of Latina immigrant samples comprised mostly or entirely of women with past or current intimate partner violence (IPV) or other trauma reported prevalence rates of clinically significant depressive symptoms of 50% (Fedovskiy et al., 2008), 53.6% (Hurtado de Mendoza et al., 2014), and 57.6% (Kelly, 2010).

Factors Associated with Poor Mental Health in Latina Immigrants

Many of the factors demonstrated to be salient to mental health and well-being in male only and mixed male and female Latinx immigrant samples were also shown to influence mental well-being in the Latina immigrant only samples. These factors included social support, separation from family/friends, social isolation, family cohesion and functioning, economic and employment status, work and housing conditions, legal status, discrimination, and acculturation factors like language proficiency. Two factors uniquely explored and demonstrated to influence mental well-being in Latina immigrants included role change/strain and past or current physical, sexual, and emotional abuse.

Social support, family/friend separation, isolation, and family functioning. Several studies in this literature suggested that lack of social support (confidant/spousal/family) or

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unsatisfactory social support predicted greater depressive symptoms in Latina immigrants (Aranda et al., 2001; Roblyer et al., 2017; Salgado de Snyder, 1987; Vega, Kolody, Valle, & Hough, 1986; Vega et al., 1991). The study by Aranda et al. which surveyed both male and female Mexican immigrants and U.S.-born Mexican Americans in Pennsylvania and Los Angeles reported that lower spousal support predicted greater depressive symptoms only for the women in the sample. For Mexican immigrant women in southern California, Vega et al. (1986) demonstrated that lack of confidant support predicted greater depressive symptoms, and Salgado de Snyder found a significant relationship between low satisfaction with spousal support and greater depressive symptoms but no association between this satisfaction and acculturative stress. According to Vega et al. (1991), the most important source of emotional support for their sample of Mexican immigrant women in California was that from family of origin. The study by Roblyer et al. which included Latina immigrant women who were mostly Mexican origin and undocumented and living in a traditionally non-Latinx community in Oklahoma found a significant negative correlation between social support and depressive symptoms. Finding the undocumented subsample to have more legal-related stress but less depressive symptoms than the documented group, Roblyer et al. speculated that greater social support may have buffered the negative impacts of stress on mental health.

The findings from two studies (Concha et al., 2013; Fitts & McClure, 2015) lent some support to the above speculation by Roblyer et al. (2017). The researchers conducting these two studies examined the relationship between social capital, or "the benefits that accrue to individuals through their participation in particular social groups or communities" (Fitts & McClure, p. 296), and Latinx immigrant mental health, well-being, and/or functioning. In their study, Concha et al administered measures of social support and acculturative stress to recent

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Latinx immigrants to South Florida who came from a variety of Latin American and Caribbean countries. Though the findings were somewhat complex, in general these researchers found that gradually building satisfactory social support networks—a proxy for social capital—correlated significantly with lower levels of acculturative stress. For a group of Latina immigrants living in northwestern North Carolina, Fitts and McClure discovered that many of these women developed relationships characterized by *confianza,* reciprocal commitment, trust, and support, through participating in Latina immigrant support groups. These relationships and support group involvement aided the women in setting and achieving goals, acquiring valuable knowledge and skills, engaging meaningfully and becoming visible in positive ways in their communities, and feeling personal satisfaction despite the existence of structural barriers negatively affecting undocumented immigrants.

Additional evidence of the beneficial impacts of social support on well-being came from other studies. A sample of Mexican immigrant mothers in North Carolina related that community and church programs and support from spouses, female friends, and female relatives helped improve their emotional health (Ornelas et al., 2009). The sample of Central American mothers studied by Paris (2008) reported that peer home visitors who offered "emotional support, concrete assistance through advocacy and case management, translation, friendship, and education" were "extremely helpful" (p. 147). Some of the mothers in this study pointed out that the home visitors, who were also Latina immigrants, were "culturally similar, yet separate" (p. 147), which meant that they could understand the mothers' situations but be more objective and nonjudgmental than relatives. Additionally, they appreciated that the home visitors had training and could help them not just emotionally but instrumentally as advocates, translators, and educators (Paris, 2008). Having reliable home visitors who both listened actively and patiently,

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gave emotional support, and helped in practical ways made a significant difference in these women's lives.

Separation from family and friends and social isolation emerged in this literature as harmful to mental health and well-being. For Mexican immigrant women living in California, not having enough friends and relatives in the U.S. and the perception of being very far from, having difficulty visiting, and thinking about or feeling closer to friends in the home country related significantly with greater depressive symptoms (Salgado de Snyder, 1987; Vega et al., 1987). Hiott et al. (2006) found separation from family to correlate with greater depressive symptoms for the women in their mixed gender sample of Mexican immigrants in North Carolina. A mostly Mexican-origin Latina immigrant sample also in North Carolina attributed their depression to factors including separation from family and loneliness (Shattell et al., 2009). Mexican immigrant women in northern California identified longing for friends and relatives left behind in the home country to cause significant stress (Sternberg et al., 2016).

Separation from children, in particular, has threatened the mental well-being of Latina immigrants. Hondagneu-Sotelo and Avila (1997) surveyed Latina immigrant domestic workers from Mexico and Central America in various sites in Los Angeles. Roughly 40% of these women had left at least one of their children in their home country upon migrating to the U.S. and they reported deep sadness and worry due to this separation. Miranda et al. (2005) found that Latina immigrants (mostly Central American) living in Washington, D.C. who reported being separated from their children had a higher prevalence of depression than both those living with their children and those with no children. Moreover, in that study, separation from children significantly predicted depression after controlling for several covariates. Paris (2008) and Sternberg and Barry (2011), who interviewed 14 Central American mothers in an unspecified

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city and eight Mexican and Central American immigrant women in Florida, respectively, identified as an important theme sadness and distress over being separated from their children and having to be a long-distance mother. They expressed worries about the safety and care of their children and being forgotten by them. Heilemann et al. (2014) uncovered similar worries in their inquiry with Mexican immigrant women in Northern California.

Researchers have suggested that family conflict or lack of family cohesion negative affect Latina immigrant mental health. Molina and Alcántara (2013) found for their national probability sample of Latina immigrants that having greater family conflict predicted greater distress. Comparing mostly Mexican-origin Latina immigrants to U.S.-born Latinas in northern California, Sternberg and Lee (2013) found that the Latina immigrants perceived more stress from family related problems and that more overall stress significantly predicted greater depressive symptoms for this group. These researchers noted that, compared with the U.S.-born Latinas, the U.S. Latina immigrants had significantly more children and lower-skilled, lower status jobs. Bekteshi et al. (2017) concluded family related conflict to be a strong predictor of acculturative stress for a probability sample of Latina immigrants from across the U.S. Family related conflict was a particularly strong predictor of distress for their subsample of Mexican immigrant women. Roblyer et al. (2017) found that less family cohesion was associated with greater depressive symptoms in their sample of mostly Mexican-origin Latina immigrants in Oklahoma. In the mixed gender study of Mexican immigrants and U.S.-born Mexican Americans conducted by Aranda et al. (2001), family-cultural conflict and marital stress significantly predicted greater depressive symptoms for women but not for men.

Several qualitative studies on Latina immigrants revealed common patterns of stressors linked with poor mental well-being. Separation from family, worrying about family and

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partners, problems with family and partners, and/or loneliness and isolation emerged as distressing experiences or significant problems for undocumented indigenous Mexican immigrant women in an undisclosed setting (McGuire & Georges, 2003), Mexican immigrant women in Northern California (Heilemann et al., 2004), Mexican immigrant mothers in Chicago (McNaughton et al., 2010), and Central American immigrant women in an unspecified location in the U.S. (Paris, 2008). A small sample of Latina immigrants mostly from Central America, who lived in the Washington, D.C. area and reported past or current trauma, reported having little or no social support in their new environment (Hurtado de Mendoza et al., 2014). They also stated that they received less than expected support from family members in the U.S., felt distress over separation from close family and social isolation, and had difficulty developing new friendships and social networks. For most of the women, these feelings and experiences contrasted sharply with what they felt and experienced in their home countries. Central American immigrant mothers (Paris, 2008), Mexican immigrant mothers in North Carolina (Ornelas et al., 2009), and Latina immigrants in Utah (Sanchez-Birkhead et al., 2011) also shared that they felt socially isolated, had difficulty making friends and building social networks, and felt pained by their lack of social support and separation from family. The latter two study settings were described as traditionally non-Latinx communities.

Mexican immigrant women in Detroit, MI, who reported feelings of isolation, disconnectedness, and alienation, emphasized that disrupted social networks resulting from migration undermined their emotional well-being (Viruell-Fuentes & Schulz, 2009). They found it difficult to build larger local social networks due to limited time and resources, lack of transportation, and undocumented status. Giving and receiving support via transnational family relationships provided some emotional comfort and satisfaction, but the women pointed out that

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worrying about and financially supporting family across borders could increase stress. Mexican immigrant women in rural South Carolina also related experiencing social isolation and lack of supportive social networks and attributed these experiences to separation from family, living far away from community services and activities, and lacking transportation (Campbell, 2008).

Economic factors. Studies on Latina immigrants have suggested that financial worries or economic factors relate to poor mental health outcomes (Heilemann et al., 2004; McNaughton et al., 2010; Ornelas et al., 2009; Paris, 2008; Salgado de Snyder, 1987; Shattell et al., 2009; Sternberg & Lee, 2013). Low income and perceived inadequacy of income to pay debts or support family needs significantly correlated with higher depression symptom scores for Mexican immigrant women in southern California (Salgado de Snyder, 1987) and Latina immigrants (Sternberg & Lee, 2013) and Mexican immigrant women (Heilemann et al., 2004) in northern California. Mexican immigrant mothers (Ornelas et al., 2009) and Latina immigrants (Shattell et al., 2009) in North Carolina and Central American immigrant women in an unnamed city (Paris, 2008) also attributed poor emotional health and depression to not being able to meet the financial needs of their families and/or poverty. The women in the study by Ornelas et al emphasized that worries about not being able to repay loans and send remittances to family in Mexico caused them additional emotional distress. An analysis of nurse visit notes from encounters with Mexican immigrant mothers in Chicago by McNaughton et al. (2010) revealed financial concerns to be the third most frequently reported problem they shared. Specific financial concerns identified in this study included struggling to buy food and clothing and to pay for rent and utilities.

Lack of transportation, housing problems, and work barriers and difficulties also appeared to negatively affect the well-being of Latina immigrants. Heilemann et al. (2004)

reported lack of transportation and housing problems as factors contributing to depression for their sample of Latina immigrants in California. Likewise, lack of transportation troubled and contributed to the social isolation of Mexican immigrant women interviewed in rural South Carolina (Campbell, 2008) and Detroit (Viruell-Fuentes & Schulz, 2009). Mexican immigrant mothers in North Carolina shared that they wanted to work and earn money for their families but were limited in doing so by traditional values of close relatives and lack of affordable and trustworthy childcare; these barriers to securing paid work increased their anxiety and stress (Ornelas et al., 2009). Disadvantages in employment opportunities and poor workplace conditions were suggested to contribute to psychological distress for a national probability sample (Molina & Alcántara, 2013) and a northern California convenience sample (Sternberg et al., 2016) of Latina immigrants. Poor work conditions, including a heavy workload, awkward work postures, greater psychological demand of work, and low control in the workplace, correlated with greater depressive symptoms and poorer self-ratings of mental health for a convenience sample of Latina immigrant manual workers in North Carolina (Arcury et al., 2014)

Undocumented status and discrimination. A number of researchers have explored the salience of undocumented status or deportation concerns to mental health in Latina immigrants (Campbell, 2008; Hancock, 2007; McGuire & Georges, 2003; Roblyer et al., 2017; Shattell et al., 2009; Sternberg et al., 2016; Viruell-Fuentes & Schulz, 2009). Some but not all of these researchers described ways that undocumented status or fear of deportation contributed to poorer mental health.

Through a research review, Hancock (2007) found evidence that undocumented status and fear of deportation reduced Latina immigrant domestic violence victims' perceived ability and willingness to seek help, putting them at greater risk for poor mental health. A focus group

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study with a sample of Latina immigrants in North Carolina revealed that they attributed their depression in part to worry over their undocumented immigration status (Shattell et al., 2009). Sternberg et al. (2016) measured high levels of legal status stress in their field test sample of mostly undocumented Mexican-origin Latina immigrants in Northern California. These researchers suggested this stress put their participants at greater risk for mental health problems.

Contradicting the above conclusion by Sternberg et al. (2016), Roblyer et al. (2017) reported that their subsample of undocumented Latina immigrants living in Oklahoma had greater undocumented stress but less depressive symptoms and lower likelihood of clinically significant depressive symptoms compared to their subsample of documented Latina immigrants. These researchers noted that the comparator groups were not nearly equal in size (80% of the sample fell into the undocumented group), and this fact limited the validity of comparing them to one another. Moreover, they pointed out that there had been a local effort to provide support to undocumented immigrants around the time of the study. They wondered whether the community support for undocumented immigrants offset some of the negative impacts of stress. Interviews with undocumented Mexican immigrant women, conducted by McGuire and Georges (2003) in an unspecified setting and by Campbell (2008) in rural South Carolina, uncovered many difficulties these women experienced due to their undocumented status but overall revealed these women to have a great deal of resilience and hope for better futures.

Discrimination, a factor often considered along with undocumented status, has consistently correlated with negative mental health outcomes in studies of Latina immigrants. Salgado de Snyder (1987) demonstrated that greater stress from perceived discrimination related positively and significantly with depressive symptoms for Mexican immigrant women in California. Bekteshi et al. (2017) found that perceived discrimination predicted both greater

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acculturative stress and psychological distress for Mexican, Cuban, and Puerto Rican immigrant women. Latina immigrants participating in several qualitative studies (Ornelas et al., 2009; Villenas, 2001; Sanchez-Birkhead et al., 2011) conveyed that experiences of discrimination increased feelings of anxiety, depression, shame, and/or embarrassment. The Latina immigrants interviewed by Villenas in North Carolina described enduring both implicit (benevolent) and explicit (malevolent) racist treatment, which demeaned them as women and mothers. Mexican immigrant mothers in North Carolina (Ornelas et al., 2009) revealed that discrimination by service providers, especially when the discrimination occurred in front of their children and was due to their poor English proficiency, caused them to feel "ashamed and embarrassed" (p. 1568); such poor treatment discouraged them from accessing important services. In the study by Sanchez-Birkhead et al. which took place in Utah three-fourths of the Latina immigrant sample reported discriminatory treatment by health care providers. These women reported that this discriminatory treatment caused them stress and made them less willing to obtain needed care.

     Cultural and acculturation factors. Some studies in this literature suggested that cultural and acculturation factors influenced Latina immigrant mental health. Greater familism, or loyalty to and valuing of family, correlated with lower acculturative stress for Mexican, Cuban, and Puerto Rican immigrant women in the study by Bekteshi et al. (2017). For the Mexican immigrant women in this study, greater familism also predicted lower psychological distress, and greater family and cultural conflict more strongly predicted increased acculturative stress. Though not administered any measure of familism, a sample of undocumented Mexican immigrant women interviewed in South Carolina spoke about how family closeness and working to make a better life for their families helped them overcome adversity and gave them hope (Campbell, 2008).

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Less English proficiency, a proxy for lower acculturation, has generally appeared to contribute to poorer mental health in Latina immigrant samples. Salgado de Snyder (1987) demonstrated that lack of English proficiency related significantly with greater depressive symptoms in her sample of Mexican immigrant women in California. Many of the Central American immigrant women participating in the study by Paris (2008) attributed their sadness and depression, in part, to limited English proficiency. Two samples of Mexican immigrant women, one in South Carolina (Campbell, 2008) and the other in North Carolina (Ornelas et al., 2009), shared that language difficulties impeded getting employment, making economic and social advances, and accessing services, all of which undermined well-being. Bekteshi et al. (2017) found that limited English proficiency related significantly with greater psychological distress in Mexican, Cuban, and Puerto Rican immigrants. Also, this study suggested that being more proficient in English predicted less acculturative stress. Sternberg et al. (2016), guided by clinical and research experience with low-income Latina immigrants, identified English language difficulties and cultural incompatibility with U.S. society as two major stressors for this group.

Two studies revealed that lack of cultural competence of service providers impeded help-seeking and potentially harmed well-being in Latina immigrants. A sample of Latina immigrants in North Carolina (Shattell et al., 2009) overwhelmingly reported reluctance to discuss mental health symptoms through interpreters as they doubted whether these individuals would protect their confidentiality. This suggested some cultural stigma around mental illness as well as a desire for more private one-on-one communication with bilingual health professionals. While the Latina immigrants in the study by Shattell et al did not appear to reject seeking formal help, those interviewed by Sanchez-Birkhead et al. (2011) in Utah conveyed a preference for getting advice for their health problems and promotion from informal sources such as mothers,

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grandmothers, and other women in their home countries. The women in this study expressed distrust of Western health care providers and little confidence in their recommendations. Related to this distrust and lack of confidence was a feeling that encounters with Western providers were too impersonal.

Coping strategies and helpful resources. A small number of researchers identified coping strategies used by Latina immigrants to manage difficulties. Three groups of researchers sampled Latina immigrants in North Carolina. Villenas (2001) described her Latina immigrant participants' assertion that they were competent, moral mothers as a strategy of positive reframing or positive self-appraisal to counter the negative effects of racism. Latina immigrants, participating in a focus group study (Shattell et al., 2009), reported coping with depression by using healthy self-distraction strategies such as engaging in exercise, hobbies, and spiritual practices. And Latina immigrant health promoters indicated greater use of self-distraction and more active coping strategies including seeking emotional support, positive reframing, planning, and using humor after completing a mental health and stress reduction training program (Tran et al., 2014). Though none of the coping strategies identified in the above studies was specifically linked with better mental health outcomes, Tran et al did report for their sample overall lower frequencies of clinically significant depressive symptoms and perceived stress post-program compared with pre-program.

A few studies described what could be interpreted as coping strategies helpful to reducing distress. The Latina immigrants interviewed by Viruell-Fuentes and Schulz (2009) in Detroit and Sanchez-Birkhead et al. (2011) in Utah emphasized that maintaining transnational family and friend networks supported their well-being. Maintaining these strong cross border relationships made them feel less isolated and alone. Securing work and earning sufficient

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money to support their families and/or send remittances to relatives in the home country were also reported by Latina immigrants as actions helpful to reducing worries and depression (Shattell et al., 2009) and rising above difficulties to have hope for the future (Campbell, 2008).

Role changes/strain and abuse. Role changes, role strain, and intimate partner violence (IPV) or other abuse stood out in this review as factors salient to mental health and well-being (Fedovskiy et al., 2008; Grzywacz et al., 2009; Hurtado de Mendoza et al., 2014; Kelly, 2010). Carrying out traditional roles in a new cultural context also appeared to affect well-being (Hancock, 2007; Salgado de Snyder, 1987).

Role changes/strain. Latina immigrants who had entered the workforce in the U.S. reported a mix of good and bad experiences and outcomes from this role change (Grzywacz et al., 2009; Hancock, 2007). Hancock's research review revealed that working and earning money for the family could confer increased autonomy and decision-making power but could also provoke relationship tension and conflict with spouses for Latina immigrants. Mexican immigrant women interviewed in Western North Carolina confirmed this mix of opportunity and difficulty due to working outside the home and earning money (Grzywacz et al). They talked about gaining more independence and feeling less pressure to tolerate bad treatment, but they also acknowledged how difficult it could be to have to juggle domestic and work responsibilities and how frustrating it was when their husbands would not take on some of the household chores.

Latina immigrants who left children and other close family members behind in the home country to enter the U.S. workforce not only struggled to balance work and domestic responsibilities but also experienced a dramatic disruption of their direct family care-giving roles which could have negative impacts on mental health. Mexican and Central American immigrant domestic workers who had left at least one child in their home country revealed that they

experienced sadness and distress over the disruption in their mothering role (Hondagneu-Sotelo & Avila, 1997). The women specifically worried about their children being neglected, abused, not getting proper moral guidance and getting into trouble, and possibly becoming more devoted to their non-biological mothers. To overcome a sense of "…forsaking deeply felt beliefs that biological mothers should raise their own children…" (Hondagneu-Sotelo & Avila, p. 557), many of these women tried to mother from a distance by sending remittances to their children and their children's direct caregivers, writing letters and exchanging photos, talking over the phone, and transmitting advice and education through their communications. Paris (2008) and Sternberg and Barry (2011) reported findings that echoed those of the above studies for different groups of Latina immigrant women experiencing disruption in their traditional mothering role due to separation from children.

Interviews with Mexican immigrant women living and working in Detroit (Viruell-Fuentes & Schulz, 2009) revealed difficulties due to the change in their traditional direct family care-giving role to one carried out across borders. The women emphasized how distressing it was when a parent or sibling was ill and needed in-person care and comfort and they could only send remittances and communicate their love and concern from a distance.

A less mixed and more positive experience around role changes emerged from interviews conducted by Campbell (2008) with undocumented Mexican immigrant women in rural South Carolina. Many of the women in this study expressed not just a desire for but an expectation of independence in the U.S. They wanted to work and earn money for their families. Those who did work formally outside the home or informally from inside their home (e.g., selling food they had prepared) conveyed feeling proud of themselves and hopeful about the future. Many wanted to learn to drive and to speak English and sought opportunities to do so. Campbell, pointing to

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prior research suggesting that women left in Mexico by their immigrant spouses/partners gained autonomy and independence during these separations (Hondagneu-Sotelo, 1992), speculated that some of the women in her sample may have had this experience making them more motivated and prepared to expand their roles further once in the U.S.

Carrying out traditional roles in a new cultural context. A few studies assessed the mental health of Latina immigrants carrying out traditional domestic roles in a new cultural context. Many of the Mexican immigrant women interviewed by Salgado de Snyder (1987) in southern California reported worrying a great deal about whether they could be "good Mexican wives" and raise their children successfully in their new U.S. environment (p. 483). The women who had more of these worries endorsed greater depressive symptoms. Hancock (2007) found, through her research review, that Latina immigrants in the U.S. were frequently limited in fulfilling their traditional family care-taking role satisfactorily due to such factors as being undocumented, living in poverty, lacking health insurance, and lacking English skills. For example, Latina immigrants might delay getting healthcare for their children and avoid participating in their children's school activities due to fears of being deported, lack of money and transportation, and/or feeling embarrassed by not speaking English. Failure to satisfactorily fulfill this valued role could lead to further distress.

Physical, sexual, and emotional abuse. Studies and research reviews in this literature demonstrated high prevalence of intimate partner violence (IPV) and other forms of abuse and/or associations of abuse with negative mental health consequences in Latina immigrants (Fedovskiy et al., 2008; Grzywacz et al., 2009; Hancock, 2007; Kaltman et al., 2011; Kelly, 2010; Raj & Silverman, 2002). Some scholars emphasized the particular vulnerability to IPV and its associated mental health consequences for undocumented Latina immigrant women. Hancock's

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(2007) review and an earlier analysis of research by Raj and Silverman (2002) concluded that undocumented immigrant women are both at greater risk for IPV and are less likely to seek help and leave abusive relationships. Factors such as social and physical isolation, fear of deportation, limited English proficiency, financial dependence on an abusive spouse, and lack of access to culturally appropriate support services contributed to this greater risk for victimization and lack of help-seeking.

Raj and Silverman (2002) and Kaltman et al. (2011) pointed out that it was not uncommon for Latina and other immigrant women, regardless of their documentation status, to have been victims of violence and to have received little or no help to stop such violence in their home countries. In some cases, these women may have been pressured by family members who believed in male domination to stay in abusive relationships. Some women themselves may have decided to remain with abusive partners due to these same beliefs or strong feelings of obligation to family and children. Kaltman et al reported that 89% of the Latina immigrants they interviewed in the Washington, D.C. area had at least one experience of trauma in their lifetimes in their countries of origin, on their migration journeys, and/or in the U.S. They asserted that more frequent and severe trauma experiences and not receiving support or help could have long-term negative impacts on the mental health of these women.

Fedovskiy et al. (2008) demonstrated for a mostly undocumented and Mexican-origin sample of Latina immigrants that a history of intimate partner violence (IPV) correlated with meeting criteria for post-traumatic stress disorder (PTSD). While prevalence of likely PTSD and major depressive disorder (MDD) was higher for their sample than the prevalence of these mental disorders in the general U.S. population of women, prevalence of IPV was similar between these two groups (Fedovskiy et al., 2008). These researchers questioned whether the

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Latina immigrants in their study may have underreported experiences of IPV, either due to fears of deportation or due to culturally-based acceptance of such treatment. For a different group of Latina immigrants, Kelly (2010) found a significant relationship between having a history of IPV and/or sexual assault and greater likelihood of meeting the criteria for a diagnosis of PTSD and MDD.

Finally, other scholars reported relationships between violence against immigrant women and immigration-related gender role changes. As already mentioned, Hancock (2007) asserted there to be an association between Latina immigrant women working outside the home and intimate partner violence (IPV). She noted that the risk of IPV was greater when their spouses were unemployed and drank alcohol excessively and when the family lived in poverty. For their study on the impacts of Mexican immigrant women's entry into the U.S. workforce on Mexican immigrant men, women, and male-female relationships, Grzywacz et al. (2009) purposively recruited unrelated individuals with current or recent experiences of IPV. Both the men and the women in this sample agreed that Mexican immigrant women's change in role from homemaker to breadwinner disrupted traditional gender relationships and contributed to marital conflict and IPV against women (Grzywacz et al., 2009). The researchers explained that, as a result of working and earning money, women became more independent and less tolerant of male domination, and men struggled with their loss of authority, respect, and self worth.

Other factors. Other factors influencing mental health outcomes in Latina immigrants were each examined in just one or two studies. Salgado de Snyder (1987) reported that lack of control in the decision to immigrate to the U.S. predicted greater depressive symptoms in her sample of Mexican immigrant women in California. Fleuriet and Sunil (2014) found Mexican immigrant women who had lived in the U.S. longer to have significantly greater perceived stress

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and less pregnancy-related anxiety than more recent immigrants. Though greater perceived stress correlated significantly with greater depressive symptoms, there was no significant association between duration of residence in the U.S. and depressive symptom levels. For their subsample of U.S.-born Mexican American women, these same researchers demonstrated a significant negative correlation between self-esteem and depressive symptoms. By contrast, they found no significant relationships between this variable and any of the outcomes, i.e. depressive symptoms, pregnancy-related anxiety, or perceived stress, for the Mexican immigrant women subsample. Finally two qualitative studies with Mexican immigrant women—one set in a rural traditionally non-Latinx community—revealed hope as a factor promoting healthy functioning and well-being (Campbell, 2008; McGuire & Georges, 2003). The women in these studies conveyed that having hopes for a better future motivated them to strive for and achieve goals such as securing work, saving money, and learning English. They further stated that achieving these goals contributed to better lives for themselves and their children and greater well-being.

Characterizations of Poor Mental Health

A handful of studies explored and reported the characterizations and causes of poor mental health from the perspectives of Latina immigrants. Mexican immigrant women in the study by Heilemann et al. (2004) characterized their depression to include and/or stem from emotional and physical changes during pregnancy, the post-partum period, and menstrual periods; perceiving life as difficult; "feeling useless", being overwhelmed by responsibilities; fear about having a disease, and having a life that "no longer held any joy" (p. 189). Mexican immigrant mothers (Ornelas et al., 2009) and mixed origin Latina immigrants (Shattell et al., 2009) in North Carolina reported as symptoms of or problems related to depression sadness,

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loneliness, shame, anxiety, stomach problems, lack of energy, lack of motivation to do household chores and fulfill expected gender roles, mood swings, sleep disturbances, and appetite changes.

Summary of the Research on Latina Immigrants' Mental Health and Well-Being

The research on U.S. Latina immigrant mental health and well-being has generated variable and multi-factorial findings. One cross-cultural study (Fleuriet & Sunil, 2014) suggested that Latina immigrants have lower perceived stress and less depressive symptoms than U.S.-born Latinas while two others found Latina immigrants to have worse mental health outcomes than U.S.-born Latinas (Molina & Alcántara, 2013; Sternberg & Lee, 2013). Studies examining Latina immigrant samples without any comparison group reported a wide range of prevalence of clinically significant depressive symptoms—from relatively low to quite high rates. Though more of the studies calculated high prevalence rates for these symptoms, the findings of lower prevalence rates warrant further exploration. For example, the researchers who conducted one of the two studies reporting fairly low prevalence rates of clinically significant depressive symptoms were surprised by this finding due to the fact that their sample included a high proportion of undocumented Latina immigrants and their study took place in a traditionally non-Latinx community in the South (Roblyer et al., 2017). In looking more closely at the study's community context, these researchers realized that a local support program for undocumented immigrant women had been operating prior to and at the time of the study. They posited that the support this program provided may have buffered the relationship of undocumented stress and depressive symptoms and moderated the levels of clinically significant depressive symptoms for their overall sample. Such a context-specific factor was overlooked by the measures used in their study.

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Researchers investigated a variety of factors to understand their influence on mental well-being in Latina immigrants. Many of these factors were conceptualized and measured differently across studies, and a few factors were only studied in one or two samples. The different factors examined were as follows: social support, social isolation, separation from family, family cohesion and conflict, economic situation, employment status, work and housing conditions, undocumented status, discrimination, cultural and acculturation factors, coping strategies, role changes/strain, past and/or current experiences of abuse, duration of residence in the U.S., control in the decision to migrate, migration journey trauma, hope for the future, and self-esteem. Several of the researchers in this literature conducted quantitative studies to demonstrate relationships between these factors and mental health outcomes and, in doing so, controlled for multiple covariates (e.g., age, education level, English proficiency). Others used qualitative research approaches, such as in-depth individual interviews and focus groups, to understand mental health and factors undermining and enhancing it from the perspectives of Latina immigrants. Though most of the factors studied were shown to correlate with or predict mental health outcomes or emerged as important to mental health and well-being in one or more studies, the factors most frequently demonstrated as salient included the interpersonal variables of social support, social isolation, separation from family, family cohesion and conflict, and discrimination and the societal variables of economic and employment conditions. For this subgroup of immigrants, the interpersonal variables were particularly relevant to mental well-being.

This body of research demonstrated how complex a phenomenon Latina immigrant mental well-being is. The fairly small number of studies and their somewhat disparate explorations of so many different variables in relation to mental health point to the need for

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further inquiry to get a fuller and more coherent grasp of this phenomenon. More research is needed to confirm, clarify, and correct the existing findings, to put them into context where they have more meaning, and to explore them further with new Latina immigrant subgroups and settings. The fact that only eight studies were found that explored experiences and general and mental well-being of Latina immigrants in traditionally non-Latinx communities in the U.S. Southeast argues for the need for more inquiry on these phenomena in this subgroup and context. Due to the potential limitations of studying Latina immigrants from different countries as one homogenous group and due to the fact that Mexican-origin women represent the largest proportion of female immigrants in the U.S. and many Southeastern states, it made sense to this researcher to help fill the above research gap on Latina immigrants' well-being by conducting a study with a sample of Mexican immigrant women in Western North Carolina.

CHAPTER 3

METHODOLOGY

This study on experiences and well-being of Mexican immigrant women living in Western North Carolina was conducted using a qualitative methodology. This researcher chose this methodology for two main reasons: 1) the complex, multifactorial nature of the study phenomena; and 2) the lack of rich descriptions and meaningful interpretations of these phenomena in the literature, particularly for this subgroup and setting. This chapter will discuss the qualitative method guiding this study, the philosophical perspective and assumptions underpinning both the method and the study, and the background theoretical understandings and disciplinary and personal beliefs influencing this researcher. It will then outline the study procedures including sampling, data collection and analysis, and strategies to ensure trustworthiness of the data and interpretations and protection of study participants.

Interpretive Description

Interpretive description (ID) served as the specific qualitative research method informing the design and conduct of this study. ID is one of many qualitative research methods that seek to explore and understand the rich, complex, and changing nature and meanings of phenomena rather than try to bound, explain, predict relationships or causation within, or manipulate them (Creswell, 2013; Thorne, Kirkham, & MacDonald-Emes, 1997; Thorne, 2008; Weaver & Olson, 2006). Researchers using ID purposely recruit participants experiencing the phenomena of interest, interact with them in naturalistic settings, and consider their subjective perspectives about the phenomena as the primary sources of knowledge. These researchers position themselves as learners and as instruments aimed at fully grasping participants' perspectives and collaboratively interpreting these perspectives to generate new knowledge and understanding.

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Thorne and colleagues (Thorne et al., 1997; Thorne, 2008) have articulated and developed ID as a qualitative method particularly suited to nursing inquiry because this method sets out not just to generate rich descriptions and interpretations of meaning about phenomena but also to develop new knowledge and understanding that nurses can apply to clinical practice. Thorne (2008) wrote that ID "…recognizes that the clinical mind tends not to be satisfied with 'pure' description, but rather seeks to discover associations, relationships and patterns within the phenomenon that has been described" and that this method values both "…careful and systematic analysis of a phenomenon and…putting that analysis back into the context of the practice field, with all of its inherent social, political, and ideological complexities" (p. 50).

ID emphasizes an open-ended and inductive approach to researching phenomena. Nevertheless, researchers using this method should ideally familiarize themselves with existing knowledge and be aware of and reflective about their disciplinary and personal beliefs about phenomena prior to studying them (Thorne et al., 1997; Thorne, 2008). According to Thorne and colleagues, it is only through gaining familiarity with what is known and not known about phenomena that researchers can determine that they warrant further study and whether a new "angle of vision" (Thorne, 2008, p. 35) might be needed to describe, interpret, and understand them better. Acknowledging disciplinary and personal ideas about phenomena ensures researchers clearly identify "theoretical 'baggage'" that may influence interpretations (Thorne, 2008, p. 54). Researchers must commit to minimizing the influence of this theoretical baggage on interpretations.

The developers of ID further emphasized that the inspiration for a study should come from patterns or problems originally observed and pondered in a clinical setting (Thorne, 2008; Thorne et al., 1997). In drawing ideas for inquiry from clinical practice, findings with clinical

relevance and practice application potential should emerge. They noted that researchers should explicitly discuss the clinical practice patterns or problems that inspire inquiry as another way of acknowledging ideas and beliefs potentially influencing interpretations and findings.

Philosophical Perspective

The philosophical perspective underpinning this study and its interpretive description (ID) method is that of the interpretive paradigm. The interpretive paradigm philosophy encompasses several assumptions about the nature of human beings and reality and how these come to be known; these assumptions formed and grew largely in opposition to the assumptions of positivism and post-positivism (Creswell, 2013; Weaver & Olson, 2006). Positivist and post-positivist philosophies assume that there is one objective reality and that knowledge and understanding—generalizable truths—about human behavior and reality result from objective measurement guided by pre-formed hypotheses and theories (Creswell, 2013; Weaver & Olson, 2006). By contrast, the interpretive paradigm assumes the existence of multiple, perceived socially constructed realities—realities that both shape and are shaped by humans. The interpretive paradigm emphasizes knowing about and understanding human nature and reality through engaging with people in their natural settings, setting aside presuppositions as much as possible, and attending to and interpreting multiple and diverse perspectives and meanings (Weaver & Olson, 2006). The assumptions of the interpretive paradigm inform many qualitative, inductive methods making them well-suited to acquiring knowledge and understanding about complex and sometimes contradictory human experiential phenomena (Weaver & Olson, 2006).

Ontological and Epistemological Assumptions

The interpretive paradigm's ontology asserts that there are multiple, diverse realities and ways of being in the world, i.e. multiple, diverse perceptions of and meaning making about life experiences due to human beings' unique histories and traits and the complex interplay between these and their ever-changing environments (Weaver & Olson, 2006). This ontology additionally asserts that human beings and reality are inseparable and continually interact with one another, each constructing and re-constructing the other (Pilkington, 2002). Finally, this ontology proclaims that human beings are active, intentional, and capable of self-reflection and have free will (Dahnke & Dreher, 2011). The interpretive paradigm's epistemology holds that knowledge, rather than being discoverable in some pure form, is socially constructed and co-created through human interactions (Carnevale, 2013). In the realm of research, understanding and knowledge emerge from the convergence of participants sharing their subjective experiences and interpreting meaning from them and researchers reflecting on the latter and making interpretations of their own.

Theoretical Understandings

As discussed above, interpretive description (ID) method and interpretive paradigm philosophy emphasize the importance of setting aside pre-existing knowledge and presuppositions about the nature of human behavior and reality to ensure researchers open themselves up to new and different findings that may better characterize such phenomena. Additionally, Thorne and colleagues (Thorne, 2008; Thorne et al., 1997) have advocated acknowledgement of pre-existing ideas and beliefs and continual reflection on how they influence findings and interpretations to ensure the integrity of inquiry. Considering the latter ideas and beliefs as an important "beginning point" (Thorne et al., 1997, p. 173) for inquiry,

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inductive analysis of data should challenge existing ideas and beliefs and offer new insights. The particular theoretical understandings this researcher acknowledged, set aside, and continually reflected upon for this study came from the stress, appraisal, and coping model of Lazarus and Folkman (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Lazarus & Folkman, 1984) and Berry's model of acculturative stress (Berry, 1997, 2006).

The stress, appraisal, and coping model posits that individuals continually encounter potential stressors as they interact with their environments and the ways in which individuals perceive and manage stressors as well as how the stressors impact them differ depending on personal, interpersonal, community, and societal/cultural factors (Folkman et al., 1986; Lazarus & Folkman, 1984). Two processes deemed to be "critical mediators of stressful person-environment relations and their immediate and long-range outcomes" are *cognitive appraisal* and *coping* (Folkman et al., 1986, p. 992). Cognitive appraisal involves primary appraisal of environmental stimuli on a continuum from overwhelming threats to surmountable, growth enhancing challenges and secondary appraisal of resources and skills both internal and external to a person which are considered necessary to cope with stressors (Folkman et al., 1986; Lazarus & Folkman, 1984). Coping strategies employed by the individual to manage stress may be ineffective or effective and their efficacy influences subsequent appraisals and coping, and, ultimately, adaptation outcomes such as mental well-being (Folkman et al., 1986; Lazarus & Folkman, 1984). Individual, interpersonal, and community-societal level factors complexly interact and influence appraisal, coping, and adaptation.

Berry's acculturative stress framework draws heavily on Lazarus and Folkman's stress, appraisal, and coping model. Two of its central concepts are *acculturation* and *acculturative stress*. According to Berry (1997, 2006), acculturation is a process in which on-going contact

between two cultural groups produces changes in either or both of them. Generally, it is assumed that the pressure to change will be greater for the non-dominant or newly arrived cultural group. The process of acculturation involves a number of difficulties and opportunities for individuals. These difficulties and opportunities require thinking and acting in ways that are quite different from or may conflict with cultural background understandings, and both acculturation-related difficulties and opportunities can contribute to the experience of acculturative stress (Berry, 1997, 2006). As with Lazarus and Folkman's model, in the acculturative stress framework, some individuals will appraise cultural difference or conflict as insurmountable and distressing while others will view it more positively as an opportunity for growth. Numerous personal (e.g., language ability, self-confidence) and contextual (e.g., community sentiment about immigrants, availability of linguistically and culturally appropriate services) factors influence the individual's ability to navigate cultural difference and conflict in healthy ways, manage acculturative stress, and adapt and function optimally.

Berry (1997, 2006) posited there to be four main acculturation strategies used by immigrants living in a place where there is a different dominant culture. He argued these strategies—assimilation, separation, integration, and marginalization—could lead to quite different social, psychological, and even economic outcomes. Berry characterized the assimilation strategy as an immigrant letting go of his or her cultural values and practices and becoming more like people in the dominant culture. By contrast, the separation strategy involved an immigrant maintaining his or her own cultural values and practices, rejecting those of the dominant culture, and living separately and the marginalization strategy a rejection of both one's own and the dominant culture's values and practices. Finally, the integration strategy reflected an immigrant making an effort to maintain some of his or her own cultural values and

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practices—preserving cultural integrity—while at the same time participating meaningfully in the new dominant culture and adopting some of its values and practices. In Berry's view, the integration strategy led to the healthiest social and psychological outcomes.

The stress, appraisal, and coping and acculturative stress models fit well with the assumptions of the interpretive paradigm philosophy and interpretive description (ID) method. First, their assertions that individual perceptions of experiences and environments play a significant role in determining beliefs, feelings, responses and outcomes and that these differ from one person to the next support the existence of—at least the perceived existence of— multiple, diverse realities. Second, their arguments that background traits and experiences and past and current environmental contexts interact to influence individuals' perceptions, beliefs, feelings, responses, and outcomes reinforce the view that individuals and their environments are inseparable and reciprocal.

Disciplinary Beliefs and Assumptions

The nursing discipline emphasizes assessing patients holistically through active listening and exploring what they have in common with one another as well as how they are unique (Thorne, 2008; Thorne et al., 1997). Nurses do not, however, just seek to understand patients. Rather, they use such understanding to initiate and strengthen collaborative, trusting relationships in order to assist patients with preventing or reducing distressing symptoms and illnesses, improving or regaining function, and attaining optimal health and well-being. Most nurses believe that they have a social mandate to care for people who are ill and to identify and address all potential health problems and knowledge deficits they discover to prevent illness and dysfunction (Thorne, 2008). Though nurses aim to collaborate with patients, there is an

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assumption that, due to their professional training and knowledge, they will lead the process of collaboration and educate patients to remedy their knowledge and self-care deficits.

These nursing discipline beliefs and assumptions and the practices they inform in many ways align with those of the interpretive paradigm philosophy and, more particularly, interpretive description (ID), i.e. the importance of seeking knowledge and understanding from people's subjective perspectives and partnering with them to generate and apply knowledge and understanding to improve their lives (Dobratz & Pilkington, 2004; Lincoln & Guba, 2000; Thorne, 2008). Thorne summed up the congruence between nursing and ID stating that this discipline "…always and inherently requires knowledge about patterns and themes within people in general so that it can better inform the care of the unique and distinct individual. From a nursing standpoint, knowledge always evolves through dialectic processes" (p. 25). She further emphasized that the discipline of nursing is comfortable "within the world of complexity and contradiction" and has thus "[taken] the lead in what has become a generation of methodological development within the applied qualitative health research field" (Thorne, 2008, p. 26). Despite this natural alignment of beliefs and assumptions, Thorne asserted that nurses using ID to study phenomena must hold in check their disciplinary instincts and practices of leading, instructing, and doing for others so that they will be open to following and learning from them instead.

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Personal Beliefs and Assumptions

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The information presented in chapters one and two overall conveyed that Mexican immigrant women living in the U.S. and more particularly in the U.S. South and Southeast have multiple disadvantages, face numerous difficulties, and are prone to poor well-being. Such a narrow and negative view risks overlooking the possibility that individuals in this group are resilient, perceive more opportunities than difficulties, and can achieve well-being. This

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restricted view potentially closes off deep and broad understanding of people's common and varied experiences, what these mean to them, and how they respond to and are affected by them. Embracing a philosophical perspective and using a research method that position the researcher as an interested learner and participants as experts on their experiences constitute strong antidotes to the aforementioned narrow, restricted, and negative view. Such an open, person-centered perspective fits well with trying to understand the experiences of Mexican immigrant women in the Western North Carolina because so many factors can influence immigration experiences, and these factors can vary greatly from one woman to the next. Accepting that there are multiple perceptions of and ways of interacting with reality, this researcher, during this study, actively held in check assumptions that the women interviewed for this study would discuss mostly negative and distressing experiences so that positive and hopeful statements did not get overlooked and underreported.

Clinical Observations Inspiring this Study

The idea and inspiration for this study came from this researcher's observations during many years of clinical practice that Latina immigrant patients frequently presented with chronic, vague and difficult to diagnose physical complaints. These same patients often did not report symptoms typical for clinically significant depression, anxiety, or other mental health problems or, if they did, treating them with antidepressants and offering sympathy and a listening ear did not result in much or any resolution of the physical complaints. Despite putting much effort and thought into diagnosing and caring for these patients, it was apparent that something was being overlooked, misinterpreted, and/or inadequately addressed. Inspired to discover the latter, this researcher ultimately designed and conducted this study.

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Study Procedures

Sample Selection and Recruitment

The recruitment goals for this study included finding and engaging participants who had experienced the phenomenon of interest and who were able and amenable to talk about their perceptions and feelings about their experiences. Purposive sampling served as the primary strategy to recruit participants (Creswell, 2013, 2014; Thorne et al., 1997; Thorne, 2008). The secondary strategy used to recruit participants was "snowball" sampling (Creswell, 2014, p. 158), which involved giving participants a study flier and asking them to spread the word about the study after they completed an interview. The criteria for participation were deliberately minimal—i.e. being female, Mexican-born, and a resident of Western North Carolina and speaking Spanish as a first language—in order to recruit as numerous and varied a group of women as possible who could provide deep and broad knowledge revealing both commonalities *and* variations of their experiences and well-being (Thorne, 2008).

Upon ETSU institutional review board (IRB) approval to conduct this study, this researcher contacted and shared a letter describing the study and study fliers with individuals who served and had the trust of Mexican immigrant women in Western North Carolina (gatekeepers). After getting permission, study fliers were posted at various sites (health clinics, community centers, an ESL classroom, Mexican stores, laundromats, and community libraries) and a study announcement was posted on two private Latinx Facebook sites. This researcher additionally attended and gave out fliers and study information at various community meetings and events targeted to Latinx immigrants. The flier and Facebook announcement included basic details about the study purpose and procedures and the researcher's and research assistants' contact information and were written in Spanish at a 8th grade level. The latter grade level was

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selected to ensure that most people could read and understand the content while at the same time important content was not left out. This decision was a compromise as attempts to produce materials at a lower recommended level of 6th grade—the grade level advocated by Harvey and O'Brien (2011) for written materials for Latinx immigrants—would have required removing crucial content.

An initial goal of recruiting 30 participants was set for this study to ensure adequate depth and breadth of knowledge and understanding of the study phenomena (Thorne, 2008). The final number of participants was 12. This researcher identified recurring patterns and themes from the 12 participant interviews, corresponding field notes and analytic memos, and multiple member-checking sessions with 10 participants. The latter data sources supplied sufficiently detailed, rich information that supported the final iterations of the study themes. Keeping in mind that no qualitative researcher can claim absolute data saturation in a study (Creswell, 2014; Thorne, 2008), this researcher attempted to recruit and interview more participants to strive for as much saturation of data and support for the themes as possible and to identify novel themes or subthemes.

Establishing Trust

A non-Latina White female social worker who had advocated for Latinx immigrants for many years in Oregon emphasized to this researcher that Mexican immigrant women might not express to her what they truly think and feel about immigrating to and living in the U.S. Southeast (personal communication with Lorena Sprager on February 24, 2018). She argued that they would likely share positive and superficial experiences to please the researcher. To build trust with and encourage more open, deep responses from participants, she advised teaming up with people who share the participants' language, culture, and, optimally, some of their life

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experiences. Marín and Marín (1991) similarly pointed out that Latinx research participants, especially those with lower socioeconomic status, may be more likely to provide what they consider "socially desirable" responses (p. 106) to researchers perceived to be in positions of power, which may result in inaccurate or low levels of self-disclosure. And both Marín and Marín and Clingerman (2007) emphasized that researchers should share as many of their study participants' linguistic, cultural, ethnic, racial, and/or other salient background characteristics as possible to level the power balance and promote more accurate and greater self-disclosure. To ensure optimal trust with participants and better data quality, this researcher hired two bilingual Mexican origin women to help with this study. These individuals will be referred to as the research assistants from this point forward.

Participants selected the time and place for the interviews that were most convenient and comfortable for them. Following Thorne's (2008) advice, prior to initiating any interview, the researcher identified herself as a nurse practitioner and an interested learner and emphasized that the participants were the experts on their own experiences. The research assistants similarly identified their positions and interest when participating in interviews. The researcher then explained the primary purposes for the study, which were to gain knowledge and understanding about the study participants' experiences and well-being, share this knowledge and understanding with nurses and other healthcare providers, and improve the well-being of Mexican immigrant women in similar settings and situations. After building rapport, the researcher reviewed the content of the consent form, checked for understanding of this content, and obtained informed consent to proceed with the study. In discussing and obtaining informed consent, she stated the following: 1) that the interview would be recorded and then transcribed and translated; 2) that non-identifying socio-demographic information would be collected and

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kept separate from the interview data; 3) that the participant had the right to refuse to answer any question or discuss further any topic that made her uncomfortable and to end the interview altogether without any negative consequences; 4) that identifying information shared during the interviews would not be included in the written transcript; and 5) that the participant would be offered a copy of her interview transcript to review it for accuracy. Finally, this researcher assured each participant that all data would be kept confidential—hard copies of study documents would be locked in a file cabinet and electronic copies of these documents and the digital recordings of the interviews behind passwords and encryption.

Instrumentation

This researcher served as the primary instrument for gathering, analyzing, and interpreting data for this study (Thorne, 2008). Rather than being a distanced observer, she actively engaged with each participant during open-ended individual interviews and attended closely to and carefully interpreted what each participant said so that knowledge about their experiences and the impacts of these experiences on their well-being was co-constructed. The research assistants served as instruments in this study as well, particularly with regard to gathering data (interviewing). To avoid excessively influencing the knowledge and understanding emerging from the interviews, the researcher thoroughly familiarized herself with the data in the transcripts and constantly referred back to this data to question whether what she saw and interpreted was supported by them as opposed to her own understandings, beliefs, and assumptions (Thorne, 2008).

It is important to note here that the research assistants were not hired simply because of their ethnic and cultural backgrounds. They had other qualifications potentially contributing to their value as instruments for this study. One of the research assistants had recently graduated

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from a four-year university with a major in psychology. At the time of the study, she worked for a domestic violence shelter. The second research assistant had entered her final semester of her four-year university and was majoring in social work. She looked forward to serving Latinx populations in her future work. Both were recommended by a social work professor, had completed CITI Training, and were included in the IRB application.

Data Collection

Individual interviews. This interpretive descriptive study used individual interviews conducted in Spanish due to the belief that this method would enable participants to share broadly, deeply, and privately unique perceptions and meanings about their experiences as well as those held in common with other women in situations in many ways similar to their own (Creswell, 2024; Thorne, 2008). This method facilitated exploration and generation of rich subjective knowledge and understanding about experiences and impacts of immigrating to and living in Western North Carolina. This researcher and one of the two research assistants participated in each interview. After gathering several pieces of non-identifying socio-demographic data (See Appendix A), the guiding interview question posed was "What has it been like for you to live in North Carolina?" (See Appendix B). Starting with such an open-ended question prevented leading the women in a particular direction and encouraged them to share more than a few words (Creswell, 2013, 2014; Thorne, 2008; Thorne et al., 1997). This researcher and research assistant listened to what each woman said, observing facial expressions, other body language, and stimuli in the environment of the interview, refrained from interrupting, and tried not to encourage or discourage particular responses. Attentive and respectful listening, probing, and clarifying helped generate rich and trustworthy descriptions and meaning (Thorne, 2008).

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Though the researcher and research assistant probed and clarified any potentially meaningful phrases and statements expressed by participants, they probed and clarified in particular statements about stressors, difficulties, worries, or challenges; opportunities and hopes for the future; and descriptions of actions used to manage stressors. Probing and clarifying such concepts helped explore participants' well-being in the context of their immigration experiences. This researcher attempted to follow Thorne's advice to probe and clarify without conveying too much agreement or enthusiasm to lead the participant in a particular direction but with enough interest to encourage more sharing.

Insider/outsider research team approach. As stated earlier, in order to build trust with and encourage deep and accurate sharing by participants, this researcher partnered with bilingual Mexican-origin research assistants. Due to their superior Spanish fluency, the research assistants took the lead in facilitating the interviews to elicit and give voice to participants' stories. This researcher, nevertheless, engaged fully in each interview, listening attentively to what the participants said and probing and clarifying any unclear statements to the best of her linguistic ability.

Conducting research using a team that included a non-Latina White nurse researcher as the principal researcher, bilingual bicultural Mexican-origin research assistants, and Mexican immigrant participants represented an adaptation of an approach known as insider/outsider team research (IOTR). IOTR, which emerged within the discipline of sociology in the 1970's (Merton, 1972), involves combining the knowledge, experience, and interpretations of individuals indigenous to a setting and/or group to be studied (insiders) with those of a researcher who is an outsider vis-á-vis the setting and group of interest. Despite some

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challenges, Clingerman (2007) found IOTR quite helpful when she set out to explore migration experiences of Mexican and Mexican American migrant farmworker women.

To promote optimal research team functioning, this researcher held two three-hour training sessions with the research assistants. During these training sessions, the researcher and research assistants developed interview rules and engaged in role-playing to practice interviewing techniques. The research assistants learned the value of participants' stories as sources of knowledge and meaning about their experiences and the importance of conveying their interest in hearing participants' stories. They practiced how to probe and clarify statements and ideas using open-ended questions and how to avoid premature interruption of participants to allow them to freely relate their stories. They also practiced allowing long pauses and refraining from influencing what was shared with verbal or non-verbal communication. Finally, they learned and practiced summarizing what was shared at the end of each interview to confirm that the participant was understood.

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Data Analysis and Management

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Though interpretive description (ID) does not prescribe any particular protocol for data analysis and management, Thorne and colleagues suggested some guiding principles. The first of these guiding principles that this researcher followed was to begin analyzing data as soon as it was gathered and to use this early analysis to guide subsequent data collection (Thorne, 2008; Thorne et al., 1997). To promote such simultaneous data collection and analysis, this researcher used active listening during interviews and made field notes after interviews about facial expressions and body language and other indications of the reactions of participants; environmental conditions that may have negatively or positively impacted the interview; and her and the research assistants' feelings about the interviews and their quality (Lincoln & Guba,

1985; Miles, Huberman, & Saldaῆa, 2014; Thorne, 2008; Thorne et al., 1997). This researcher debriefed with the research assistants after interviews whenever possible and wrote analytic memos, which included initial ideas and insights about meaningful data pieces or concepts, patterns, and themes; possible rewording of questions or different ways to interview subsequent participants; aspects of interviews needing further probing and clarification; and critical reflection on the researchers' influence and interviewing style (Miles et al., 2014; Thorne, 2008; Thorne et al., 1997).

Another guiding principle this researcher followed was to become as familiar as possible with the study data before extracting concepts and making interpretations (Thorne, 2008; Thorne et al., 1997). To gain as much familiarity with the study data as possible, this researcher actively engaged in each step of data transformation. First, she listened to and transcribed verbatim in Spanish each recorded interview. Next, she listened to each recording again while reading the corresponding Spanish transcript to ensure accuracy. Finally, she made sure that meanings were translated from the Spanish transcripts into the English versions of the transcripts (See section called Translation Method for this Study for the full translation process). Prior to beginning the analysis of the English translations, this researcher familiarized herself further with the data by reading through each of these several times and reviewing the field notes and analytic memos associated with them.

Three additional principles noted by Thorne and colleagues (Thorne, 2008; Thorne et al., 1997) were followed to assure good quality and efficient data analysis and management. The first principle was to refrain from breaking text down into overly small units and instead to get a sense of what was going on generally—grasping the whole rather than the parts—and, only at that point, beginning to identify meaningful codes. The second principle was to use elements of

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"constant comparative analysis" defined by Thorne as repeatedly comparing and contrasting meaningful codes to refine them and organize them into categories, synthesize patterns, interpret themes, describe relationships among the themes, and build deep, broad, and coherent knowledge and understanding of a phenomenon (2008, p. 99). The third principle was to check continually interpretations of concepts, patterns, themes, and relationships among themes to ensure they were derived inductively from the data rather than shaped by external theory and beliefs.

Throughout an on-going dynamic process of reading and analyzing the transcripts, making interpretations, and verifying support for interpretations, this researcher continued to write analytic memos. These memos documented when and how codes, categories, patterns, themes, and relationships among themes were identified and interpreted. During the analysis, the researcher highlighted particular statements and passages and noted the abstraction (i.e. code, category) these supported next to the highlighted text. She additionally created documents containing the abstractions from all the transcripts and noted the particular transcript and line numbers for the passages most supportive of these abstractions. She frequently referred back to these passages to reassess whether or not they truly supported the abstractions (Miles et al., 2014; Thorne, 2008). The analytic memos helped to refine how questions were posed and how probing and clarifying were conducted in future interviews and informed the on-going analysis and interpretations (Miles et al., 2014). Codes, categories, patterns, and themes and their relationships were identified and compared and contrasted both within each and across transcripts. Common and unique concepts and patterns and unifying themes were drawn from the transcripts to generate deep, broad, and complex knowledge and understanding about the experiences and impacts of immigration on Mexican immigrant woman in Western North Carolina (Thorne, 2008).

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When questions arose with regard to interpreting the meaning of any statements or passages in the transcripts, the researcher reached out to the participants, all of whom agreed to being contacted subsequent to their interviews (Thorne, 2008). Ultimately, she contacted all 12 participants with clarification and elaboration questions. Ten women responded to these questions. Going back to participants to ensure their meaning was understood constituted an aspect of member-checking, which was important to increasing the credibility of the data (i.e. ensuring that participants' constructions were adequately represented) (Creswell, 2014; Lincoln & Guba, 1985). In addition to checking with participants about the meanings of what was recorded, transcribed, and/or translated, the researchers offered participants a copy of their interview transcripts and encouraged them to read and give feedback about their accuracy. All but two participants desired a copy of her transcript. Just two of the ten women who received a copy gave some feedback on them; this feedback did not substantively alter their transcripts.

Translation Method for this Study

According to Halai (2007), translation encompasses transcribing all spoken words along with notes about the pitch, volume, tone, and speed of speech and the length of pauses *and* translating meaning from the language of the written transcripts into a language understood by a target audience. The translation procedure for this study included strategies that both ensured the above were accomplished and had been demonstrated to have value for and epistemological congruence with cross-language qualitative studies.

Transcription of interviews. Numerous qualitative researchers have recommended doing verbatim transcriptions in the language of the original interviews prior to translation (Elderkin-Thompson et al., 2001; Irvine et al., 2010; Karwalajtys et al., 2010; Kwok & White, 2011; Lopez et al., 2008; Regmi et al., 2010). Regmi et al emphasized that failing to do such

verbatim transcription risks "[distorting] the information and [hindering] later analysis of the data" (p. 19). Thus, this researcher transcribed all of the Spanish language interviews verbatim (except for names of people, places, businesses, etc.) into written Spanish. She made notations in these written transcripts about the pitch, volume, and tone of speech and pauses.

Translation of study documents and data. The research assistants translated the sociodemographic questionnaire, the consent form, and the interview questions from English to Spanish. Both this researcher and the research assistants translated the Spanish interview transcripts into English.

The frequently cited translation procedure known as back-translation was used to translate the sociodemographic questionnaire and consent form, which were originally written by the researcher in English at an 8th grade level. Back-translation involves one bilingual individual translating text from a source language to a target language, a second bilingual individual blindly translating the target language translation back into the source language, and "raters" comparing the translations for "errors that might lead to differences in meaning" (Brislin, 1970, p. 214). Because one of the central aims of back-translation is to generate simple, straightforward, and, thus, easy to translate original versions of documents, this translation procedure was deemed appropriate, in particular, for translating the consent form, a document which should ideally be written in as plain, concrete, and clear language as possible. One of the research assistants conducted the forward translation of the sociodemographic questionnaire and the other the forward translation of the consent form to Spanish. These Spanish versions were then back-translated to English by a professional translator. This researcher and the professional translator then met to compare the original and back-translated English versions of the documents, and they were similar enough to suggest the Spanish translations had been adequate. The

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professional translator helped make some minor changes to the Spanish versions of these documents at the end of this process.

Incorporating several strategies used in cross-language qualitative research (Al-Amer et al., 2014; Colina et al., 2017; Elderkin-Thompson et al., 2001; Halai, 2008; Lopez et al., 2008; Maclean, 2007; Regmi et al., 2010; Temple, 2002), this researcher created an alternate translation procedure to use in lieu of back-translation to translate the interview questions and Spanish interview transcripts. She decided not to use back-translation for these translations for two reasons. The first reason was that the positivist/post-positivist assumptions underlying the back-translation strategy—that *meaning* is out in the world scientifically discoverable in some right or true form and that researchers (and by extension translators) are completely objective and have no influence on meaning that is discovered (translated) (Colina et al., 2017; Temple, 2002)—contradicted the assumptions of the interpretive paradigm philosophy and interpretive description method guiding this study—that *meaning* is socially co-constructed and that there are multiple possible meanings rather than a single true or right one (Colina et al., 2017; Temple, 2002). Though the interpretive paradigm and interpretive description perspectives emphasize that researchers (and in this instance translators) must always make efforts to clarify participants' meanings and temper their own influence on interpretations, those adhering to these philosophies and this method recognize that all influence cannot be removed and that participants' stories inevitably get transformed in the research process (Halai, 2007). Depending upon who is involved in a cross-language research project, the end-product translations will differ; thus, there is no single right or wrong translation.

The second reason an alternative translation strategy was used instead of back-translation for the interview question and transcript translations was that, though back-translation aims for

semantic equivalence between a source language text and its target language translation (Brislin, 1970), a number of translation experts and cross-language researchers have indicated that back-translation tends to favor literal translations, which may not adequately convey and may even distort meaning (Al-Amer et al., 2014; Colina et al., 2017; Douglas & Craig, 2007; Fourie & Feinauer, 2005; McKenna & Doward, 2005). The objectivist/positivist view underpinning back-translation largely underestimates the many challenges involved in translating meaning between two different languages and obscures the fact that translators must make decisions about what can be translated literally (i.e. word-for-word) and what must be reworded and restructured to get the source language meaning across to the target language audience (Halai, 2007; Temple, 2002). Colina et al. (2017) expressed concern about researchers analyzing and synthesizing knowledge and understanding from translations judged to be equivalent and good because of their sameness of structure and wording rather than sameness of meaning with the source language text. Halai advocated aiming not for 'exact equivalence' but rather for translations that made sense, "[conveyed] the spirit and manner of the original", and had "a natural and easy form of expression" (2007, p. 351).

The semi-structured interview guide, created in English by the principal researcher, was translated into Spanish by one of the research assistants and checked for meaningfulness and appropriateness of the translation with the assistance of the above referenced professional translator. With regard to the Spanish interview transcripts, this researcher translated eight and the research assistants four of them into English. Each person tasked with a particular translation read through the Spanish transcript in its entirety to become familiar with its content before beginning any translation (Halai, 2007; Thorne, 2008). They made efforts to translate meaning rather than word-for-word (Al-Amer et al., 2014; Colina et al., 2017; Halai, 2007; Maclean,

2007). In coming across any words or phrases that were not known or fully understood, the person doing the translation consulted the Real Academia Espaῇola (RAE), a centralized on-line Spanish language authority (Lopez et al., 2008). Words or phrases either not included in the RAE or not easily translated despite consulting the RAE were noted in a translation log (Lopez et al., 2008). This researcher reviewed and checked her own and the research assistants' translations and worked to resolve questionable translations. She achieved the latter by clarifying the accuracy and meaning of original words, phrases, or statements with participants (Thorne, 2008), referring back to the original Spanish transcripts to consider questionable translations in context (Lopez et al., 2008; Regmi et al., 2010), and discussing the difficult translations with her language/translation expert committee member (Elderkin-Thompson et al., 2001; Lopez et al., 2008).

Two final checks helped confirm the quality of the Spanish interview transcript translations, i.e. that they captured the meanings from the original Spanish transcripts. First, one of the research assistants coded three of the Spanish transcripts (25% of the total sample) and the codes she abstracted from the Spanish transcripts were compared with those abstracted by this researcher independently from their corresponding English translations (Lopez et al., 2008). Abstraction of similar codes supported that the English translations contained the essential meanings from the Spanish transcripts. The second check involved the language/translation expert reviewing all 12 interview transcript translations and judging them to be of good quality.

Efforts to Ensure Study Rigor

For this study, the researcher assessed the trustworthiness of the study design, its conduct, and the findings and interpretations using several criteria emphasized by Thorne (2008) as well as more traditional qualitative evaluative criteria advanced by Lincoln and Guba (1985, 2000)

and Miles et al. (2014). The criteria drawn from Thorne's work included *epistemological integrity*, *analytic logic*, *interpretive authority*, *moral defensibility*, and *disciplinary relevance*. The more traditional criteria to assess the data trustworthiness were *credibility*, *dependability*, *confirmability*, and *transferability*.

Credibility

Partnering with bilingual bicultural Mexican-origin research assistants to establish rapport, build trust, and ensure that culturally and linguistically nuanced meanings were not misunderstood or overlooked and drawing upon multiple data sources and experts assisted with generating credible data—data that were "context-rich, meaningful, and 'thick'" (Miles et al., 2014, p. 313) and that supported the construction of an "account that rings true, makes sense, seems convincing or plausible, and enables a vicarious presence for the reader" (p. 313). This researcher reviewed the study procedures, data (i.e. interview transcripts, translations, field notes, and analytic memos), and conclusions with her dissertation committee members, i.e. the chair who was the content expert, the methodology expert, the language/translation expert, and the mental health expert, and her research assistants. Additionally, she discussed her findings with a scholar who had conducted research with Latina immigrants in Western North Carolina. The researcher clarified, probed, and summarized meanings with participants during and at the end of interviews, sent copies of the Spanish transcripts to participants for them to read and give feedback on, and clarified and further probed meanings with participants after the interviews through member checking (Miles et al., 2014; Thorne, 2008). Finally, the study themes were reviewed with one participant at her request, and she indicated agreement that the themes reflected her and other Latinx immigrants' experiences.

Dependability

To help establish dependability of this study, this researcher made sure that the research questions and study design were congruent with the assumptions and values of the interpretive paradigm philosophy and interpretive description method (Miles et al., 2014). Thorne (2008) has asserted the latter congruence as crucial for what she terms the *epistemological integrity* of a study. The research questions for this study were: 1) What is the experience of immigrating to and living in Western North Carolina for Mexican immigrant women; and 2) How does this experience impact well-being? Such open-ended questions called for listening to participants' stories and conveyed no preformed hypotheses about the nature of their stories. These questions, thus, aligned well with the study's guiding epistemology that knowledge and understanding of complex human experiential phenomena are socially constructed and subjective. Using the specific method of individual interviewing to answer the research questions, employing inductive analysis, creating auditable trails in analytic memos (audit trails) to link abstract interpretations to participants' words and the context of their words, conducting checks to assess whether or not the researcher's understandings rang true for participants (member checks), and systematically acknowledging and minimizing researcher influence on the study findings all supported the above epistemology and other assumptions and values of the interpretive paradigm and interpretive description since they privileged and promoted participants as the primary sources of valuable knowledge.

The design for this study also emphasized the need for the researcher and research assistants to make clear their positions and perspectives to participants (Miles et al., 2014). For example, in the case of this researcher, she made explicit her additional role as a nurse practitioner and explained her disciplinary and personal reasons for conducting this study. She

then emphasized to the participants that they were the experts on their own experiences and she and the research assistants were the interested learners.

To promote data accuracy and quality, the Spanish transcripts were checked to make sure they were verbatim accounts of the recorded interviews, unclear words or statements were clarified with participants, and translations from Spanish to English were reviewed and any questionable translations resolved by re-examining the Spanish transcripts, consulting the RAE, and drawing upon the knowledge and experience of the language/translation expert. Once the analysis was well underway, this researcher considered whether or not saturation of themes had been achieved and, to the extent possible, interviewed new and re-interviewed existing participants to capture as many aspects, common and variable, of the experience and impacts of immigrating to and living in Western North Carolina (Miles et al., 2014; Thorne, 2008).

Confirmability

To support confirmability of the study findings and conclusions, this researcher documented the steps involved in data gathering, management, and analysis and the analytic path from raw data to interpretations (Lincoln & Guba, 1985). The development and final selection of themes were made transparent by analytic memos about and member-checking notes influencing the evolution of codes, categories, patterns, and themes (Miles et al., 2014). Analytic memos additionally revealed on-going consideration of theoretical, disciplinary, and personal knowledge, experiences, assumptions, and beliefs and how these were set aside to avoid excessively influencing the results (Miles et al., 2014; Thorne, 2008). All of this documentation constructed an audit trail (Lincoln & Guba, 1985) and supported Thorne's (2008) criteria of *analytic logic* and *interpretive authority*. The criterion of analytic logic requires clear demonstration of how abstractions are grounded in and have been constructed inductively from

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participants' perspectives and that of interpretive authority calls for checking the accuracy of interview transcripts with participants and minimizing the influence of researcher assumptions and beliefs.

Transferability

The transferability of the study findings, or their potential applicability to other groups and settings, was promoted by providing thick descriptions of the participants' experiences and their impacts on well-being (Lincoln & Guba, 1985). The interviews brought out many important details and both common and particular aspects of the experiences of participants. They brought to light salient characteristics of participants and the settings in which they lived. Such thick descriptions should help a reader of this research judge whether any of the findings might ring true for other individuals or groups in similar settings (Lincoln & Guba, 1985).

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Ethical Treatment of Participants

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To ensure ethical conduct, this researcher submitted a new study protocol to the ETSU IRB, which included a number of required components. Three of these components were to provide a clear rationale for doing this study, to assure that participation in the study would confer little or no risk to participants, and to describe potential benefits of the study to the participants or others similar to them. Providing a clear rationale for doing the study helped satisfy Thorne's (2008) requirement that a researcher demonstrate *moral defensibility* and *disciplinary relevance* of any study to justify potential harm to participants, especially when recruiting members of a "marginalized group at risk of social censure or antipathy because of the new knowledge we extract" (pp. 226, 227). The study procedure included the following steps to minimize harm to participants: obtaining informed consent, ensuring voluntary participation, and protecting confidentiality and privacy. During the process of obtaining informed consent, this

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researcher explained to participants the purpose of the study, what was expected of them, how to contact the researchers, and their right to withdraw from the study at any time without penalty.

Prior to recruiting participants, gatekeepers were informed about the study and asked for permission to post study fliers at their organizations. As Creswell (2014) recommended, this researcher wrote and provided a letter to gatekeepers that described the purposes and procedures in terms of their effect on participants and the gatekeepers' organizations, the study time frame, and the anticipated study outcomes.

Gatekeeper organizations neither received incentives nor did they have vested interests in any particular study outcomes (Creswell, 2014). The researcher did all the direct recruiting of participants. She screened women for eligibility and explained the study purposes and procedures—including the fact that the interviews would be recorded. Participants selected the time and location of the interviews. In order to reduce any potential for coercion, the researcher did not emphasize or provide excessive compensation for participating in the study. The compensation for participants' effort and time away from family and other responsibilities consisted of a $20.00 grocery gift card.

To protect privacy, each participant selected a pseudonym to be associated with her interview recording and transcript, and the researcher did not transcribe any proper names of people and places or other potentially identifying information mentioned during the interviews. Each participant's real name and email address, physical address, and phone number was linked with her pseudonym on a separate document. The researcher asked the participants for permission to call them after the interviews in case of the need for clarification or elaboration. To protect both privacy of individual participants and confidentiality of their data, all hard and electronic copies of data were stored in a file case with a combination lock, on an encrypted

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ETSU laptop computer, and in the researcher's password protected ETSU One Drive for Business cloud storage area. The document containing names and contact information linked with pseudonyms was destroyed and data in the cloud storage site were deleted at the end of the study. Participants were informed that the other study data would be stored in a secure manner for six years as required by the ETSU IRB. The researcher, research assistants, dissertation committee members, and outside Latinx scholar consultant completed Collaborative Institutional Training Initiative (CITI) modules on protection of human subjects in research prior to their participation in the study.

Because discussing experiences of immigration to and living in traditionally non-Latinx communities could evoke strong emotions and result in distress—especially for very poor, isolated, undocumented, and/or exploited or abused Mexican women immigrants—this researcher discussed the potential for distress prior to the interviews, provided participants with a list of mental health support services, and, during the course of the interviews, monitored participants for signs of distress. If it appeared that a participant was distressed, the researcher asked the participant if she wanted to stop the interview either temporarily or altogether. No participant opted to stop an interview upon becoming emotionally upset. The researcher and research assistant debriefed with each participant after an interview to assess her need for referral to a mental health professional. Only one participant indicated wanting help with such a referral.

<div align="center">**Summary**</div>

This study exploring the experiences and well-being of Mexican immigrant women living in rural or small traditionally non-Latinx communities in Western North Carolina used interpretive description (ID) as its method. The literature to date on this topic, group, and context is scant, making the use of a qualitative, open-ended, and inductive research approach

appropriate and valuable. The philosophical, epistemological, and ontological assumptions underpinning this exploration came from the interpretive paradigm. Using individual interviews and an insider/outsider team research approach, this study sought new knowledge and understanding by building trust with participants, actively attending to their perspectives and meanings, and thoughtfully and carefully interpreting these perspectives and meanings into a coherent representation. Adhering to ID principles that support integrity in extracting and interpreting findings and ethical treatment of participants, this study sought to construct a new angle of vision that nurses and other service providers can use to inform their professional encounters with and better meet the needs of Mexican immigrant women.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

This chapter provides a description of the participants and presents the analytic process and the study findings. Interpretive description (Thorne, 2008) served as the method for this inquiry to elicit qualitative, participant-derived descriptions and meanings of experiences. This researcher gathered data from Mexican immigrant women by posing several socio-demographic questions and conducting individual interviews in Spanish. She additionally jotted down observations made during the interviews and clarified and elaborated data from the interviews through member-checking. Inductive analysis of the individual interview transcripts and other qualitative data sources generated codes, categories, and themes, which in turn produced understanding of the experiences and well-being of Mexican immigrant women living in Western North Carolina.

Participants and Data Generation

Twelve Mexican immigrant women met the study inclusion criteria, gave their informed consent to participate, answered the socio-demographic questions, and completed individual recorded interviews. These participants reported coming from states in the following regions of Mexico: Central Mexico (N = 5), The Pacific Coast (N = 4), The Bahío (N = 2), and Northern Mexico (N = 1) (See Figure 1). About half of the women had come from urban areas and the other half from rural areas or small towns in Mexico. The participants arrived in the U.S. between the ages of 16 and 41 (median age 26) and had lived in Western North Carolina for three to 18 years (median 13.5). Their ages at the time of the interviews ranged from 32 to 54 with a median age of 36.5 years. All the women at the time of their participation in the study

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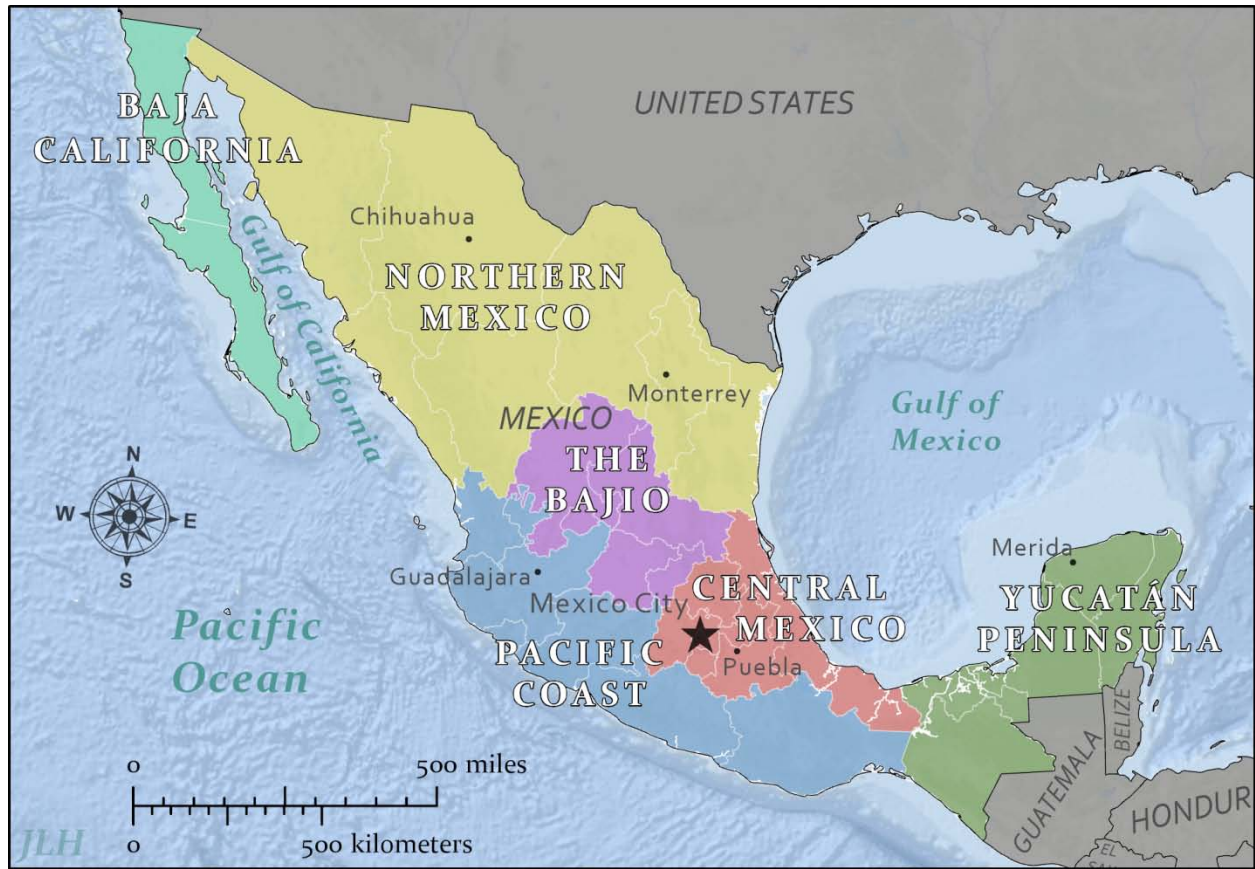
Figure 1. Regions of Mexico (Map created by Hansen, J. April 7, 2020. GIS Helpdesk, Department of Geosciences, East Tennessee State University.)

lived in rural or small communities spread across three different counties in Western North Carolina.

By and large, the women in this study reported being married or partnered (N = 9). The remaining three women reported being either widowed or divorced. For four out of the seven women who were married/ partnered prior to immigration, their spouses/partners had lived and worked in the U.S. before them. Most of the women (N = 8) did not have close family such as parents and siblings in Western North Carolina. The majority of the women indicated that they communicated with close family members in Mexico daily by phone and/or social media platforms, most often Facebook and Facebook's WhatsApp Messenger.

Overall, this purposive sample was fairly well-educated. Three participants had completed nine, one participant 10, and the other eight participants 12 or more years of education in Mexico. Two had attended some college and two had obtained four year college degrees in Mexico. One was in the process of completing and three had completed General Education Diploma (GED) programs and two had taken some college courses after coming to the U.S. With regard to occupations, four stated they currently worked in housekeeping, two in seasonal nursery/agricultural work, one as an in-home caregiver, two in management level/ leadership roles, and five as homemakers. All but one of the women identifying as homemakers noted that they assisted their husbands with work outside the home or did seasonal work. The household income per year for the participants ranged from $15,600 to $57,600 per year (median income $28,800) with anywhere from three to seven people depending on that income. One participant did not report her annual household income. Household incomes for five of the participants fell below the 2019 federal poverty guideline (See Appendix C), and for five others within 150% of this guideline (Health and Human Services Federal Poverty Guidelines, 2019).

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Though none of the socioeconomic or interview questions centered on migration journeys or documentation status, several women voluntarily discussed these topics. Four of the participants reported migrating to the U.S. over land without documentation. Four others stated that they came by airplane with a visa. Three of the women who came with a visa ultimately overstayed their visa and the fourth woman who came with a visa renewed hers and later attained citizenship. The other four women did not specify how they had come to the U.S., but ten of the participants openly stated or alluded to the fact that they currently lived in the U.S. without documentation. One of these ten women, who had overstayed her original travel visa, was in the process of legalizing her status and expected to receive permanent residency status soon.

Of the women who were married/ partnered before coming to the U.S. (N = 7), three reported making their migration journeys alongside their spouses/partners; the other four came on their own to join their spouses/partners in the U.S. Four participants migrated with their children. Two brought toddlers, one school-age children, and one an adolescent. Three women were pregnant when they came to the U.S. Two of them migrated over land while pregnant and the other by airplane. Just three women either initially or currently lived in the U.S. without one or more of their children.

Of the participants who migrated over land, only one described significant difficulty in making it into the U.S. She made more than one attempt, was detained and deported, and had to spend several months in a border town in Mexico before finally succeeding in crossing over to the U.S. She briefly mentioned experiencing a traumatic encounter with ICE agents during one of her attempts. All the women who migrated by airplane denied experiencing any major difficulties.

Face-to-face individual interviews took place between February and June of 2019, were conducted in Spanish, and lasted from 45 minutes to two hours. The participants selected a pseudonym—the name of a flower in Spanish—from a list provided by the researcher to use during the interviews to protect their privacy. Each recorded interview was transcribed into Spanish and then translated from Spanish into English with an emphasis on translating meaning rather than literally word-for-word. The semi-structured open-ended interview guide began with asking participants to talk about what it had been like to live in Western North Carolina. Probing and clarification followed this initial question to ascertain major worries or difficulties and opportunities in living here; feelings or emotions about these worries, difficulties, and opportunities; and coping strategies used to manage worries and difficulties. Additionally questions about expectations for life here, their fulfillment or lack of fulfillment, and hopes for the future were posed.

Immediately after the interviews, the researcher made field notes to capture environmental conditions, participant non-verbal and emotional responses to questions and probes, and feelings about the flow and quality of the interview. Analytic memos on initial impressions of meanings shared and whether the questions resonated with participants were made within a few days of the interviews. This researcher did member checking both during and after the interviews. She either clarified the meaning of statements soon after they were made or summarized the meanings she had understood at the end of the interviews and asked participants to confirm, correct, and/or add to these summaries at that time. She offered a copy of the Spanish interview transcript to each participant and sent the copy to those who desired one (N = 9). She encouraged each participant to read the transcript and reach out to clarify or expand on anything within it. None of the participants gave any feedback on the transcripts that

substantively changed them. Upon doing in-depth analysis of the transcripts, this researcher

contacted all 12 participants to clarify and/or expand on aspects of their interviews. She received

clarifications and expansions from ten participants face-to-face, by email, or by phone.

Findings

The first-level analysis began with making field notes about the interviews and interview

settings, jotting initial impressions about meanings or concepts shared in the interviews,

transcribing interviews in Spanish and translating them to English, and reading through the

transcripts several times to become familiar with them (Thorne, 2008). Once familiar with a

transcript, this researcher engaged in open coding of it to identify meaningful codes. She then

reflected on these codes in terms of the study questions and recorded these reflections in analytic

memos. She repeated this process several times to refine the codes and continually question

whether or not codes were the same or different from one another and whether or not each code

was supported by text. She wrote the codes next to supporting text for later reference. Second-

level analysis involved making codes more abstract and grouping and organizing them into

categories (Thorne, 2008). The latter analysis required looking across the transcripts to identify

common and unique codes, collapsing similar codes into one, and identifying the most

representative text supporting the codes. Creating and reviewing a document with all the codes

and categories, this researcher then began to elucidate themes (See Appendix D).

Ultimately, five themes about the experience of immigrating to and living in Western

North Carolina for this sample of Mexican immigrant women emerged from the analysis. The

themes were as follows: 1) Difference and Disruption; 2) Losing to Gain; 3) Living with Risks

and Limitations; 4) From Lost to Found; and 5) Resilience and Adaptation. Together the above

themes conveyed the breadth and depth and the commonalities of and variations in participants'

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experiences and well-being in immigrating to and settling in Western North Carolina. They reflected discrete aspects of these phenomena but overlapped and related with one another. The theme of Resilience and Adaptation encompassed and connected all the themes as a meta-theme.

Difference and Disruption

At the beginning of each interview, the researcher and her research assistant asked participants to discuss what it was like coming to and living in Western North Carolina. Most of the women mentioned differences they encountered and disruptions in their lives and expectations as a result of coming to this area. The women perceived some of the differences and disruptions negatively and others positively. As might be expected, most recalled much more difficulty and/or distress and more negative differences and disruptions at the beginning of their immigration trajectories. The categories supporting this theme of Difference and Disruption include 1) Different, unfamiliar environment and culture, 2) Disruption in social status and standard of living, 3) Disruption in self, roles, and expectations, and 4) Disruption in social life and support networks.

Different, unfamiliar environment and culture. Most of the participants related experiencing difficulty upon first arriving and getting settled in Western North Carolina due to encountering several environmental and cultural differences. Several women felt shocked due to leaving a place where they easily got around on public transit or on foot, took for granted eating certain foods, had comfortable routines, effortlessly communicated, and confidently sought help to live in a completely foreign context where there was little or no public transportation, the people and places were spread far apart, the food was unfamiliar, they had little or no family, and they encountered few or no Latinx people or Spanish speakers. One participant, Violeta (P1) mentioned several of these differences and the difficulty she experienced from them. She said:

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When I got here, um, honestly it was like everything was very different. I come from a city where everything is at hand, where the customs are different starting with food eaten in Mexico….So that part was a little complicated. Also it was complicated due to the fact that my wings were cut off…because in Mexico, well, you go out and take a taxi, you take what we call a "combi" to go any place and here, well, the only thing we have is a car [and I'm afraid of driving]….if you need to go somewhere, well, there aren't any sidewalks, there are no places to walk….

Violeta and another participant talked about their difficulty in adjusting to the types of food available and eaten at meals in Western North Carolina. Violeta had been accustomed to eating multiple, varied home cooked foods rather than eating large portions of single foods. She felt like she had to overeat in order not to end up hungry all the time. Gardenia (P3) felt bad that, during her first year living in Western North Carolina with her in-laws, she did not know how to cook non-spicy dishes that her American mother-in-law would enjoy. She wanted to contribute something to the household but could not due to this difference in taste and cuisine. Even after living in Western North Carolina for a decade or more, two participants still longed for unique and traditional Mexican foods that they either could not access or afford in the U.S.

Participants highlighted discomfort or shock due to encountering a different language and people in their receiving communities in Western North Carolina. Clavel (P2) commented on the notable absence of Spanish speakers and Latinx people. She said:

Well, every immigrant, at the beginning when they arrive here, you arrive in a place that is not yours. Um, it's not your language and especially when I arrived here and only knew two people who spoke Spanish….And it was that there were very few Latino people in this county….So that's why it was a bit difficult….

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Some participants mentioned more positive, welcome differences they observed either initially or over time between Western North Carolina and Mexico. Several noted that healthcare and education were more accessible and better overall and that they experienced more peace and quiet and felt more secure in Western North Carolina than in Mexico. Iris (P7) expressed the latter observations saying:

> …it's very different from Mexico. In Mexico, we didn't have medical services….Even though you have to pay for medical services here, you can pay for them in installments and this isn't possible in Mexico….and tranquility. Because there are places in Mexico where—they're very unsafe. And here education and safety—It's very, very peaceful….Well, that gives me a lot of peace and my family peace….

Others emphasized that goods and services, while not necessarily less expensive than in Mexico, were overall easier to access. They pointed out that the U.S. had more discount stores and had second hand stores selling like new items. Additionally, they noted that U.S. retail stores offered more sales than those in Mexico. One participant exclaimed that even people with very little money in the U.S. had cars, something that would not be the case in Mexico.

Disruption in life. For most participants the disruption in their lives due to immigrating, though difficult, was buffered by the fact that they had hope that leaving Mexico and coming to the U.S. offered them, and especially their children, better futures. They felt that they had some control in their decision to immigrate to the U.S. and looked beyond the difficulty to the potential rewards of this decision. For two women, though, coming to the U.S. was not at all a desired change. Both left Mexico feeling that they had no control in the decision to emigrate, and they perceived the disruption in their lives more negatively. Clavel (P2), whose parents had gone to the U.S. and who had been living with several siblings and her grandmother in Mexico, felt

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abruptly and unwillingly uprooted from all she knew when her parents sent for her and her siblings to join them in the U.S. She said:

> …it was not my plan to come, but my dad had already come here almost four years before and my mom had been here for a year….Then, after a year went by, she just called me…and said, 'You will come on Monday….you're going to bring this, you need this and this, and you're going to go to such and such a place, and you're coming here….

And Tulipán (P11) emphasized several times that she did not want to leave Mexico but had no choice due to conflict with her family of origin. She felt quite sad and hopeless after arriving in the U.S. due to all the disruption in her life, not the least of which was being separated from her children.

Disruption in social status and standard of living. Many participants discussed experiencing disruptions in their social status and/or standard of living as a result of coming to Western North Carolina. In one sense, disruption in social status occurred for all the women. As one participant expressed, a consequence of leaving a place where you belong to immigrate to a new country where you do not belong is that you go from being known, valued, and respected to being unknown, not valued, and not respected—from existing to not existing. Notwithstanding this assertion, this participant emphasized that over time she and other Latinx immigrants could and had experienced improvements in their social status as a result of slowly building relationships and participating more fully in their Western North Carolina communities.

A few participants experienced more unique disruptions in social status, one of which was leaving their middle class professional/para-professional social circle in Mexico and joining that of the working class in the U.S. One participant, Gardenia (P3), had lamented this change and recalled how distressed she felt by it. She recounted:

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…I remember the time that I worked there in housekeeping at the hotel….Yes, at that

time I…did get depressed saying to myself, 'Oh my gosh', to be there bent down on a

bathroom floor and I, well, I said, 'What am I doing here cleaning? Me! (voice gets

louder). What am I doing here?' I said, 'Really?'

And Violeta (P1) expressed:

Eh, I think I had never in my life done physical labor. As I said, I was a teacher and did

other things. So, I came here to, well, literally clean bathrooms, kitchens, clean

floors….in the beginning, at the end of each day, I would cry….I would say, 'What am I

doing here (emphasis)? Like, I finished a career. I have a bachelor's [degree]….'

A few participants reported that their standard of living had declined in coming to

Western North Carolina but for most of the women this increased at least somewhat due to

greater availability of work and better wages. Even those who experienced a decline in their

standard of living indicated that this largely occurred at the beginning of their life in Western

North Carolina and had improved over the years. These participants noted that, had they

remained in Mexico or were they to return to live there now, making a living there would be

much more difficult.

Difference and disruption in self, roles, and expectations. Several participants

recognized that immigrating to the U.S. had changed them as individuals in terms of what they

had become accustomed to, tolerant of, and comfortable with. Two of the participants had

returned to live in Mexico after being in Western North Carolina for a relatively short time and

decided to come back to Western North Carolina, in part, because they felt uncomfortable with

the crowding, crime, lack of work, and/or difficulty accessing services in their hometowns. One

of these two participants, Camelia (P12), explained how she felt changed by her immigration experience. She said:

> … here I had gotten used to earning my own money, being more independent because I had to—I had to be responsible for myself—And as you get used to this, um, having your own things and everything….I went back to Mexico and I was there for a year before returning here again. It was no longer the same to be there in Mexico—Here everything is more peaceful and….there in Mexico everything's really expensive and what—the little money you have—it gets spent quickly. There's no hope of getting more because you're not working. And here you work…and you get paid….And that's the bad thing—that life there is no longer the same for you….you get used to life here….

Others, in merely contemplating returning to live in Mexico, echoed the above sentiments that they wouldn't find life there the same as before because they had adjusted to and formed new expectations of life in Western North Carolina and/or had developed independence and freedom that might be difficult to exercise in Mexico. Most emphasized acclimating to and preferring the peace and safety of their Western North Carolina communities and valuing the educational and career/work opportunities, in particular for their children, that wouldn't be available, or at least as accessible, in Mexico.

Participants, who had lived quite a long time in Western North Carolina, described disruptions and changes in themselves in terms of beliefs, behaviors, values, and practices. They clearly identified these disruptions and changes to have come from American culture. Many of the disruptions and changes were perceived by participants as positive and welcome. For example, Clavel (P2), after living in Western North Carolina well over a decade and working and raising children as a single mother, recognized and valued her liberation from men and from the

gender constraints of her Mexican culture. She drove herself and her children places, began to wear some make-up and dress less conservatively, and made her own decisions rather than deferring to her parents with whom she lived. When describing her liberation, Clavel beamed broadly and her voice became more animated. Iris (P7) recounted how she and her husband had learned from her husband's American employer the value of building credit and getting preventive health screenings. She stated that both practices were quite foreign to her and her husband but adopting them had helped their family get ahead in life and stay healthy. Finally, Orchídea (P4) came to value, practice, and gain a great deal of meaning from doing volunteer work. She asserted that she learned this value and practice in her community in Western North Carolina.

The most common role disruptions reported by participants were developmental and occupational ones. Participants who came to Western North Carolina as adolescents or very young adults and who left the direct protection, care, and support of close family in Mexico abruptly entered adulthood, which meant managing a household and finances, having and raising children, working, and/or dealing with a whole host of adult worries and difficulties. Iris (P7) emphasized that coming to Western North Carolina forced her and her husband to mature. She said:

> We were very young and immature when we came here. We had to deal with the fact
> that our parents weren't here to solve our problems and fix our life—that they couldn't
> give us a hand when we needed one. And—and, well, that made us mature. That made
> us face the fact that only between the two of us would we go forward and come out well.

Camelia (P12) talked about leaving behind a fairly carefree adolescent existence in Mexico and

entering an adult reality of working and paying her own way in Western North Carolina. She stated:

> …in [Mexico] I would go out with my friends. I arrived here….and, um, yes, it was really different because in [Mexico] I didn't work. So I liked going out and having fun….And coming here, well, here…you have to work to pay for everything….and, yes, it was a big change…because at home, well, my mother—I was always at home, well, she didn't make me go out and work….

Several participants, in committed relationships for just a few months or years when they came to Western North Carolina, had to adjust to being a spouse or domestic partner and, soon after, to being a mother in this new environment and culture. Becoming a mother, in particular, brought about significant disruptions in self in terms of priorities and expectations. Two participants experienced quite radical disruptions in the latter, i.e. shifting from prioritizing themselves and their careers to prioritizing their children and motherhood. Violeta (P1) reported making a dramatic change in her plans and expectations when she learned she was pregnant. She shared:

> When I got here it was like, 'Ay, I don't want to be here, I don't want to be here' (frustrated tone). But a couple of months went by and I found out I was pregnant, and, well, everything changed. So, now I work, and my expectations changed completely from working really hard to return to Mexico to now working really hard so that my [child] has better opportunities….

Violeta also changed her perspective on doing low-status work now that she had a new purpose in life—that of raising and giving her child a good future. She went from crying daily about working as a housekeeper to feeling fulfilled by and grateful for this job. Similarly, Gardenia (P3), who expressed a great deal of difficulty over leaving her career in Mexico to come to

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Western North Carolina, now largely expressed feeling contented as a mother and wife. She conveyed this shift in perspective saying:

> …I worked—I worked [in Mexico] almost seven, eight years. I would have liked to continue working in that. Uh (pause), maybe this has been part of my, um—not frustration—but I liked that contact with people….but also one of the things that—that—that makes me feel fulfilled is seeing my girls, having a partner….

Difference and disruption in support networks, social life. Responses to the socio-demographic questions, aspects of the open-ended interviews, and member checking revealed differences and disruptions in participants' support networks and social life upon immigrating to Western North Carolina. As noted previously, most of the participants reported having few or no close family or friends in Western North Carolina. Their social support networks mostly included their spouses/partners, children, and/or spouses'/partners' family members. Even participants who had one or more close family members other than their spouses/partners and children living nearby had quite small and less supportive social support networks compared to what they had in Mexico.

Many participants reported that living far away from and having different schedules than others and having quite busy lives inhibited developing large support networks and having active social lives. A few participants shared that they had made few or no close friendships living in Western North Carolina due to the latter. For example, Clavel (P2), after talking about how she handled her problems, noted she did not have close friends from whom she could seek support. She said:

> …friends—I don't have friends. Maybe because I've dedicated myself a lot to other things, I have not created a friendship like that. Acquaintances, yes, but someone to talk

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to a lot, no. And it's not only me but also many women who, because of their work, their

children, house duties, don't form a close friendship to let off steam (long pause).

A few participants noted that the disruption in their social lives did not merely stem from

the smaller size and scattered nature of social networks and their busy schedules but also from

cultural differences between Americans and Mexicans. In Mexico, they had been accustomed to

spontaneous, frequent socialization with extended networks of family, friends, and neighbors. In

Western North Carolina, they observed Americans to be reserved or "closed" and to have more

boundaries and rules about socializing. One participant, Gardenia (P3), remarked that a major

reason she and her husband did not like their predominantly American neighborhood was that

she did not perceive it to be warm or friendly. She commented:

> …and saying something about my neighbors—all are Americans so it's very difficult.
> Like in Mexico—That is, it's more difficult here because everyone is so closed. Everyone
> has their doors closed. They only greet you with a 'Bye'….That's very different—very
> different….

Losing to Gain

Participants reported a number sacrifices or losses they had made and struggles they had

endured in coming to and living in Western North Carolina. Some of these sacrifices and

struggles related directly with being an immigrant while others were more universal in nature.

Immigration-related sacrifices and struggles combined with more universal ones resulted in quite

stressful life experiences for this sample of Mexican immigrant women. Nevertheless, all the

participants expressed feeling like their sacrifices and struggles had not been in vain. They

reported a number of gains or rewards they and their families had enjoyed over time as a result of

immigrating to and settling in Western North Carolina. One participant summed up this feeling

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stating "Ha valido la pena todo", which means in English "It has all been worth it", when she reflected on the life she and her husband had created together in Western North Carolina. The categories for this theme Losing to Gain are as follows: 1) Sacrifices and losses; 2) Struggles; and 3) Rewards and gains.

Sacrifices and losses.

Separating from close family. Participants reported separating from and loss of regular, face-to-face contact with close family in Mexico as their biggest sacrifices in deciding to immigrate to and settle in Western North Carolina. Nearly all of the participants stated that they had not seen their close family members in Mexico, i.e. grandparents, parents, siblings, and/or children, for as long as they had been in the U.S., which ranged from three to 18 years. In most cases, participants had little hope of seeing some or all of their close family in Mexico ever again. Camelia (P12) articulated the deep sense of loss and sadness she and many other participants felt in living far away from family and not being able to see them for so long:

> …life here comes at a cost—Yes. It comes at a cost because you have to lose….You have
>
> to be here and, um, ….you have to be here—that is to say, that is the great sacrifice of an
>
> immigrant I think. That—mmm—you lose….that is, you lose your family….You lose it
>
> in the sense that many years go by without going back to see them. Many years go
>
> by….the U.S. is nice but you make a sacrifice being here. And (long pause)—Yes
>
> (whispers)….

In addition to sadness, participants described feeling a loss of protection and comfort, loneliness, and frustration in being separated from close family. For many of the women, difficulties with and negative feelings about this separation occurred most strongly at the beginning of their lives in Western North Carolina. In the initial months here, some spent a lot

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of time alone, lived in isolated settings or in other people's homes, knew few or no people, and/or did not receive the support they expected from their spouses'/partners' families. Clavel (P2) and Gardenia (P3) initially lived in quite remote settings and knew very few people. The isolation they felt intensified their distress over being so far away from family in Mexico. Dalia (P10) experienced a lot of discomfort and sadness in staying with some of her husband's relatives in their first weeks in the U.S. because they did not treat her, her husband and their child like family but rather as a burden. Violeta (P1) described the difficulty of leaving the emotional protection of her family of origin in Mexico and then coming to a situation where she felt rejected by her in-laws in Western North Carolina. This mistreatment affected her so negatively that she isolated herself for a time, avoiding going places or speaking with anyone. Though she emerged from this isolation out of necessity, she emphasized that it took two years for her to move past all of the negativity and feel more hopeful and happy.

After settling in to their homes and communities, having children, and getting to know more people, several of the participants adjusted to being separated from close family and reported feeling distressed about this loss more intermittently. Iris (P7) indicated at times feeling a great deal of sadness due to not being near her mother when she needed her physical presence the most, saying:

> I can, of course, speak with my mother over the phone and everything, but to hug her or, um, to feel her palm on my shoulder when she tells me everything will be all right—I haven't had this….

She then quickly asserted that she did not allow this loss to overwhelm her chronically

> …maybe I've become really tough—a tough person (laughs). But I have to go forward— to end up in a better place. I have to do this for my children's sake.

A few participants, by contrast, expressed more on-going, frequent and profound difficulty and sadness about their separation from family. Pensamiento (P8), who had been separated from her older child for two years, had little hope of bringing him from Mexico to Western North Carolina to live with her. She felt tremendous loss in not raising and protecting her child. She cried as she talked about how she called him daily and tried to convey to him how much she loved and missed him. Dalia (P10), who had not seen her mother for over a decade, frequently wiped away tears and her voice cracked with emotion when she talked about how she had tried and failed to bring her mother to Western North Carolina even just for a visit. As her mother got older, Dalia felt an increasing urgency either to go to Mexico to live with her or to find a way to bring her to the U.S. She emphatically stated her plans with regard to her mother:

> I've talked a lot about this with my husband and I tell him that maybe it's time—it's time to return….I say that if my mother can come [to the U.S], well, it would be different because I could continue on here and see her. But if she can't—if there's no possibility for her to come—Yes—yes, I'm going to return [to Mexico] because she doesn't have anyone else other than me….she's already getting to the age when—I think that at some point she's going to need me. Yes (whispers)….

Finally, Camelia (P12) conveyed both an on-going strong feeling of emotional loss but also a more practical loss of instrumental support due to being separated from her family for so long. She explained that having children and no family nearby meant that she had to take all of them with her to places like to the hospital when just one of them was sick. She did not have anyone with whom she felt comfortable leaving her children or who would be willing to take care of them for very long. She said:

…if you had your parents here, it would be a big support in so many ways. Because being here, they would make things less difficult for you—less—a little less hard, I think….you have to struggle quite a bit here. Life's very difficult when you don't have family and support—it's very, very difficult….

Major life events such as childbirth, illnesses, and deaths of family members as well as intermittent challenges with child-rearing and marriage tended to re-activate or worsen participants' sense of loss and their distress and difficulty over separating from close family in Mexico. When the life events and difficulties involved the participants themselves, they greatly missed having close family present with them to provide direct care and support. When the life events and difficulties involved their loved ones in Mexico, they deeply regretted not being present there with family to give them direct care and support. Camelia (P12) talked about how difficult it was not to have close family present for life events like giving birth. She said:

And…what is bad too about here—that when you have children or even when you're about to give birth, you have to take or—because—You can leave [your children] with someone but they're only going to take care of them for a little while not for a whole day….That's also what's bad about being here with children….here, yes, you know that if you have children that you alone are responsible for them. And in Mexico, no—In Mexico, your parents, after you give birth, your parents help you a lot….

Gardenia (P3) emphasized how much help her mother gave her after the birth of her first child in Western North Carolina. She contrasted this positive experience with her overwhelmingly difficult experience after the birth of her second child. None of her close female relatives could visit at that time, and she not only had to care for her newborn but also manage her older child who was acting out in jealousy. Gardenia also related feeling overwhelmed with parenting at

other times and missing having relatives living nearby to help and guide her more directly. Gladiola (P5) described feeling distressed over not having family, in particular female family members, present with her in Western North Carolina when she worried for a period of time about a lump she felt in her breast. She indicated that sitting and talking about this concern with these close female relatives—being in their presence—would have helped her cope better.

The inability to visit ill or dying relatives or mourn with loved ones after the death of a family member in Mexico caused the most distress for participants. The women who discussed this cited lack of documentation as the primary reason they could not travel to Mexico to be with family during these major life events. They emphasized that re-entering the U.S. after traveling to Mexico was far too expensive and dangerous without documentation. Iris (P7) shared that when she and her husband learned that his mother was seriously ill and did not have long to live, her husband wanted to go and see her but, ultimately, felt he could not risk crossing into Mexico and not being able to get back to his family in Western North Carolina. Iris and, in particular, her husband experienced a period of deep sadness over this loss, and it took a long time for them to recover. Gladiola (P5), who had two close family members pass away in Mexico since immigrating to Western North Carolina, felt incredibly depressed about their deaths but especially about not being able to go to Mexico to give direct comfort and care. She exclaimed:

> The two died in the same year. How horrible, right? And, um, and well, that was it—I felt
>
> so sad. Well, with my oldest sister…it's that I couldn't be there supporting her while she
>
> was sick. I would have liked to take care of her or help with her care….So, I would have
>
> liked this because, well, we were always (pause) very close….

Some participants who had not yet lost family members in Mexico worried about this eventuality as their relatives there were aging and developing health problems. These participants expressed

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little or no hope of seeing these family members before they died. Camelia (P12) conveyed this distressing worry saying:

> …if they get sick, you want to be near them and you can't—you can't. You can't be there. It's either being there or here because if you go there you know that you're not going to be able to return—who knows if you can get across the border again.

Gladiola summed up her and other participants' loss and resultant sadness and frustration over separating from and not being able to travel to be with close family when they wanted or needed to:

> …I think that the only thing that I'd really like to change is that we would be able to (pause) to go—like with my [siblings] I'm never going to see them again—Never—but that we would be able to come and go between here and Mexico. That is, that there was an opening up [between the U.S. and Mexico] so that you can be where you want to be (emphasis and higher pitch on *be*)….Because this would make you feel happy, right? That you can go and see your family—We would feel at peace….

Though several participants mentioned that talking with family long-distance helped them cope somewhat with the loss incurred by separating from them, this communication did not by any means compensate for this loss and, in some cases, made it worse. For example, a few participants asserted that if your family in Mexico told you about new illnesses or problems or deaths of family members, you could not do anything except give emotional support over the phone and subsequently would worry and feel sad and frustrated about not being able to provide more direct comfort and help. Likewise, participants sometimes withheld information about their own problems and worries because they did not want to cause their family members in Mexico worry, sadness, and frustration over not being able to help in a direct sense. This

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tendency to withhold such information could result in long-distance communication being less helpful and meaningful. A quite poignant reminder of the limits of long-distance communication came through Gladiola's sad recollection about not being able to speak to her sister during her last days of life. She recounted:

> So, we were in communication as long as she was able to hold her phone—After that, well, no more. Our communication ceased. I called her that day saying 'I love you so much' and all, but she had by then become unconscious and that was it….

The inability of participants like Gladiola to give meaningful comfort to a dying relative had a lasting negative impact on their well-being.

Other sacrifices and losses. Leaving Mexico to come and live in Western North Carolina meant making other sacrifices or incurring other losses besides those related to separating from family. In leaving their home environments where they knew how to get around, get assistance, communicate, and otherwise function and coming to places where they did not have such knowledge, participants sacrificed comfort, confidence, competence, and independence. Clavel (P2) articulated these losses saying:

> …there [in Mexico] I knew all the people and if I needed something I went to a neighbor, or when my mother went [to the U.S.], we stayed with my grandmother. But— although my aunts lived about two kilometers away, I walked with confidence to go see my aunts and asked them if I needed anything….I knew where to go if I needed something, but here I didn't know anyone.

Violeta (P1) emphasized her loss of confidence, competence, and independence in moving from a big city in Mexico where she could go any place to do what she needed using public transit and arriving to such a small town where you had to drive a car to function, something she could not

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do. Gardenia (P3) shared that she struggled initially, in part, due to her loss of independence. She had been single and a professional in Mexico, where she supported herself and took care of most of her needs. During her first year in Western North Carolina, she lived in a remote location without a car and with no knowledge of English, and she felt uncomfortably dependent on others and depressed about this. Others noted how the language barrier they encountered contributed to loss of comfort, confidence, competence, and independence.

Dalia (P10) talked about a loss or sacrifice in immigrating to and settling in Western North Carolina that none of the other participants mentioned —the loss of your culture and customs. Though she and her family participated in a growing number of Mexican cultural events and increasingly engaged with other Latinx and Mexican people in her settlement community, Dalia insisted that leaving Mexico for life in Western North Carolina had meant sacrificing the essence of her general and more local Mexican culture. She argued that one could not satisfactorily replicate important customs in such a foreign setting. She was one of the few participants who yearned to go back—and was seriously considering going back—to live in Mexico because she dearly missed the culture, the environment, and the people there.

Participants mentioned a number of material sacrifices they made in immigrating to Western North Carolina, some clearly identifying these as sacrifices causing distress and others saying little about them and their impact on well-being. As discussed under the theme *Difference and Disruption*, two participants in particular felt quite upset, sad, and frustrated when they realized they could not obtain employment that would make use of their prior education, certifications, skills, and work experience. They had to sacrifice credentials they had worked hard to earn as well as vocational goals and dreams. Three other participants discussed either themselves or their spouses/partners giving up skilled, middle class employment and

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having to work in housekeeping, home care, and/or agriculture in Western North Carolina.

Participants spoke about leaving or selling assets in Mexico to pay to come and settle here.

Gardenia (P3) had to empty her bank account and sell all her possessions in Mexico to help her

husband buy their trailer home in Western North Carolina. She lamented the fact that the money

from these assets dramatically lost value in U.S. currency. She said:

> …I had to sell my things, my car, things, take money out of the bank account. I had to be
>
> able to help him have enough because, uh, uh, he says, 'I need this much but what I have
>
> isn't enough'. So I said, 'Well, I'm going to go live there so I'm going to help him some,
>
> right?' That was very difficult because to pay—with the dollar in Mexico, you pay
>
> double the amount—so it was something….

Finally, many participants mentioned the expense of immigrating, especially migrating over land

with the help of a coyote. No one specified how much this cost them nor did they talk about

what they had to sacrifice or who bore the brunt of the sacrifice to come up with the money

needed to migrate.

Struggles. Whether documented or undocumented, participants experienced a number of

struggles in making a life in rural and small towns in Western North Carolina with few Latinx

people and few Spanish speakers. Getting established in a new area including finding stable

housing and work, purchasing a car, setting up utility accounts, and enrolling children in school

and healthcare clinics required much effort and time. Most had financial constraints and limited

or no English proficiency and knew little or nothing about the culture, norms, people, systems,

and institutions where they settled. Though some participants mentioned getting help from

family already established in the U.S., most indicated that such help was short-lived and limited.

In a few cases, participants described family in the U.S. treating them badly and harming rather

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than helping them. Generally speaking, participants had fairly limited social support networks even after a number of years living in Western North Carolina.

Struggles in getting established. Most participants described struggling a great deal in the early part of their immigration trajectory before they secured work and housing. Clavel (P2) and her family had very little income for the first couple of years largely because they had unstable work and their boss cheated them out of their wages. Likewise, Jazmín (P6) reported struggling financially because her employer withheld her wages until she had worked for six months. Dalia (P10) remarked that getting established in the U.S. was the hardest part about immigrating, much more difficult than the migration journey which she undertook over land with her husband and young child. She recalled having to stay with people in their homes temporarily and not always feeling welcome. For instance, after staying a few days with a particular set of her husband's relatives, they stopped offering her and her family food. Consequently, in order to feed herself and her family, she had to walk a couple of miles, pregnant and carrying her toddler, to buy instant soup and a few other food items with her WIC coupons at a convenience store. She said that her family lived on instant soup for a few weeks and that sometimes she put her child to bed early so he would stop asking for something to eat. Finally, Tulipán (P11) and Camelia (P12) also emphasized having many struggles, including difficulty affording basic needs like shelter and food during their first few years living here.

On-going financial struggles. Though participants indicated that they currently generally could afford basic necessities like shelter, clothing, food, and gasoline, factors such as bad weather limiting work hours could easily upset their financial stability. For example, Violeta (P1) mentioned that her husband had been out of work recently and that they owed their landlord rent for the current and previous month. A number of participants mentioned enduring more

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financial insecurity in the winter months when work in housekeeping, construction, and agriculture slowed or halted. Both the women who worked outside the home and those who were homemakers worried about being able to pay for their families' expenses. This was especially true for participants who were single working mothers. Most participants emphasized that they closely monitored their income and had to prioritize paying for basic necessities like shelter, utilities, and food.

Due to limited income, some participants lived in housing in poor condition and/or in crowded or less safe areas or neighborhoods. Orchídea (P4) and her husband lived with their children in a crime-ridden trailer park for their first couple of years in Western North Carolina. Since then they had lived in trailer homes in more remote, private areas, but had to settle for somewhat dilapidated trailers that were affordable. Gardenia (P3) noted that she and her husband did not like the trailer park where they lived because of the crowding and all the vehicle traffic and due to not knowing or trusting the neighbors. Unable to afford to get their own property and house, they had to continue living there. Likewise, due to financial constraints, many participants purchased inexpensive used cars, which were vulnerable to breakdowns or malfunctions.

Participants whose children had started college had to make sacrifices to help pay a little towards their tuition. Their children could not go to college unless they received significant scholarships and/or worked their way through school. Only one participant and her husband reported having health insurance, and she indicated that her husband's employer had assisted them with purchasing this. None of the others could afford health insurance and obtained healthcare in free or low-cost clinics. One participant, though grateful for access to affordable clinic care, noted the difficulty in getting timely appointments and, along with another

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participant, recognized how limited the care provided in these clinics was. A number of participants indicated that they avoided getting care in emergency departments or from a specialist unless absolutely necessary due to the high cost of such care. One participant currently struggled with paying for a number of expensive specialty, diagnostic testing, and hospital bills.

  Struggles with work conditions and work-life balance. By and large, participants could only secure low-status and low wage work in Western North Carolina. A few participants commented on how difficult this work could be. Jazmín (P7) and Camelia (P12), who both did farm work when they first arrived, spoke in particular about the physical demands and harsh conditions they had to endure. Clavel (P2) recounted experiencing physical discomfort but also humiliation in the work she did her first couple of years here. Tulipán (P11) talked about her current employer mistreating her and how much this upset her but she argued that she had to put up with poor treatment because she had no other job options. Pensamiento (P8), who was fairly unique in this group in that she had higher status better paying job than most, still contended with working long hours in a quite intense, stressful environment.

  The single working mothers struggled in particular with making ends meet and fulfilling work and home responsibilities. Whether single or not, participants with young children who worked outside the home found it difficult to arrange acceptable and affordable daycare and meet the demands on them from family and their outside work. Four participants in particular talked about their struggles with or concerns about work-life balance. They made different compromises that had, in some cases, negative financial consequences for their families. Violeta (P1), who was currently working and had a young child, had arranged to get affordable and trustworthy childcare with a friend but she and her husband had to adjust their work schedules to hours their friend was willing to keep their child. Since Violeta did not drive, the burden fell on

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her husband to leave work to pick up their child, resulting in him losing significant earnings. Gardenia (P3) and Camelia (P12), ultimately, opted not to work because they felt they would take better care of their children than a daycare, and they knew that what they earned would barely cover childcare expenses. Camelia did work a night shift job for about a year because her husband could be home with their children during those hours. She described this period as extremely stressful because she struggled to fulfill her family responsibilities of cooking, washing clothes, cleaning, and taking sick children to the doctor with her work schedule. Despite needing the extra income, she decided to quit that job. Finally, Tulipán (P11) purposely limited herself to lower paying jobs with schedules that enabled her to spend more time with her children.

Struggles with communication. Nearly all of the participants talked about struggling with learning and speaking English and feeling afraid and distressed when having to use it in various situations, especially at the beginning of their life in Western North Carolina. The lack of Spanish-speaking people in their communities made getting services more challenging, and sometimes resulted in services being less satisfying or less reassuring. Not understanding and not being understood, especially when they or a family member had an illness or other problem and needed care or assistance, was quite distressing.

A few participants described unsatisfactory encounters with healthcare personnel and/or providers due to the language barrier. In a couple of cases, this dissatisfaction with healthcare encounters arose from a lack of interpretation services. For example, Iris (P7), when accompanying her son to a specialty appointment in medium-sized city in Western North Carolina, discovered after arriving there that they offered no interpretation services. She had to

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rely on her son to interpret and came away from the encounter feeling she had not understood all that had been said. She remarked:

> …it's strange not to be able to speak with people—for them to be able to explain things to you because sometimes I say to my son, 'Ask this' and he's like, 'Oh, Mom (imitates son's impatient tone), I already told you what the doctor said'. 'No, but I didn't understand. Ask.'….But they [your children] don't want to….But I don't want to have any doubts….You really have to fight because sometimes you understand some things— many other things you don't (pause)….

Camelia (P12) expressed a great deal of frustration and distress at her inability to communicate with her child's psychologist. The psychologist's office did not provide interpretation, and she felt uncomfortable getting community interpreters or friends to help her due to the nature of the encounters. Not being able to communicate with the psychologist about her child's mental health left her feeling impotent to help and support him fully.

Rather uniquely, Gladiola (P5) expressed dissatisfaction with and distress from the unwillingness of healthcare providers to listen patiently to her without an interpreter present. She neither trusted nor had confidence in the interpreters who were working in her community, noting that they were just regular people who had no professional interpretation training and who might not interpret accurately or maintain confidentiality. Iris (P7), who generally felt interpreters provided good quality service, noted that a number of her husband's family members actively avoided getting healthcare in their Western North Carolina communities due, in part, to not wanting to speak through an interpreter.

Not knowing English led to distress, frustration, and dissatisfaction in domains other than healthcare. Jazmín (P7) knew absolutely no English when she arrived in Western North

Carolina, and, as a result, her supervisors and coworkers had been able to mistreat her. Orchídea (P4), who also knew no English upon arriving here, felt distraught by this and had to be, in her word, "forced" by her husband to start taking English classes. Before learning some English, Orchídea and Gardenia (P3) noted that they felt badly about not being able to communicate with their children's teachers and actively contribute to their children's education. Camelia (P12), one of the few participants who still only spoke and understood very little English, emphasized how the language barrier limited her ability to help her children with homework and otherwise participate meaningfully in their education. Even when she had access to an interpreter, such as the one employed by the school system, Camelia found communication difficult and dissatisfying. She noted that the school interpreter was not Mexican-origin and used a lot of different words when speaking Spanish, and she did not feel like what she wanted to express was getting through to the interpreter much less the teachers and school therapists. Her inability to express herself, understand, and thus contribute meaningfully to her children's growth and development made Camelia feel badly about the quality of her parenting.

Bridging the language barrier could also be financially costly and complicated in other ways for participants. Jazmín (P7) initially had to pay people to interpret for her at various appointments. And Camelia (P12) noted that she and her husband once hired an interpreter for $350.00 for an encounter they thought would be particularly challenging to navigate with her husband's limited English. Additionally, Camelia explained that when she could not find an interpreter in the community to help her, she had to rely on her husband or her older children. If her husband helped her out, he had to sacrifice a day's wages. Having her children interpret could be complicated for a number of reasons. These included the following: 1) their Spanish was somewhat limited and they often did not know certain terms used in Mexico; 2) they often

could not understand terms or meanings being conveyed in English; and 3) the topics being discussed were not appropriate for them to hear. Additionally, if she wanted to discuss her children's performance or health with a school teacher, therapist, or healthcare provider, it was awkward and counterproductive for them to interpret.

Participants like Violeta (P1), Gladiola (P5), Jazmín (P6), and Pensamiento (P8), who currently had some competence with speaking English, all emphasized that lacking English proficiency resulted in more struggles for Latinx immigrants. Violeta asserted that not speaking English "dragged [Latinx immigrants] down". Gladiola (P5) and Jazmín (P6) felt that Latinx immigrants who spoke little or no English were more vulnerable to discriminatory treatment and/or exploitation. And Pensamiento noted how lacking English proficiency compromised Latinx immigrants' healthcare. She said with emphasis:

> …it's very, very hard. I see that with—with the young men and women who come here to work seasonally—They've been coming here for many years….and sometimes they have urgent medical problems. There often aren't nurses or doctors who speak Spanish and, um, it's complicated….

Though these women all agreed that Latinx immigrants needed to learn English to improve their situations in Western North Carolina, they also felt that their communities should have more and better quality interpreters and/or many more culturally competent and bilingual healthcare providers to help reduce Latinx immigrants' difficulties and promote their well-being. Pensamiento went as far as to propose that all healthcare workers—especially nurses and doctors—should be required to learn a second language and learn about another culture in their training programs.

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Struggles with norms, systems, and institutions. Lacking understanding of societal norms, systems, and institutions contributed to some participants' difficulties and distress. Clavel (P2) described two instances when social workers nearly took her siblings into custody. In the first instance, she and her siblings had stopped going to school because their family's boss had told her father that it was too expensive. Her parents did not know that school attendance was mandatory for children and that public school was free in the U.S. The social workers assumed that her parents were willfully breaking the law and thus unfit to keep their children. In the second instance, social workers had paid a visit to the family home and found they lacked electricity and running water. Not knowing that as tenants they had the right to demand these basic amenities, her parents again appeared neglectful and unfit. These negative encounters with social services also stemmed from and were exacerbated by her family not understanding English and relying on their unscrupulous boss' interpretation. Both times this boss misrepresented her family, causing them a great deal of distress. Tulipán (P11) did not understand or agree with some of the norms of the social service system, and this resulted in some difficulty and distress for her. She recounted how social workers once tried to remove her husband from their home because they said his drinking was putting their children at risk. She opposed his removal telling them that he was a good father and never drank inside the house.

Struggles due to limited social support networks. Having quite small and/or dysfunctional social support networks exacerbated participants' struggles in establishing themselves and living their lives in Western North Carolina. For some participants, the very small numbers of Latinx people in their communities made them feel more isolated and lacking in social support. It took quite some time for most of them to build and rely on social support networks made up of some locals and other Latinx immigrants. A few participants, even after

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living multiple years in North Carolina, still had quite small family and social support networks and largely relied on themselves and their nuclear families for support.

Orchídea (P4) recalled that their only social support network after arriving in Western North Carolina consisted of her husband's cousins. Though his cousins helped them out some at the beginning, she noted that their busy lives limited the amount and duration of assistance they provided. Violeta (P1) both initially and currently largely relied on her husband for support. From the time she and her husband arrived in Western North Carolina, she felt rejected and mistreated by her in-laws, which ultimately led her and her husband to stop interacting with them. Camelia (P12) reported her social support network to include a couple of her husband's brothers and their families. She stated that the wife of one of her brothers-in-law, an American, had from time to time helped her out with interpreting but that she no longer asked her for help because she was bad-natured. Though her husband and children enjoyed spending time with this brother-in-law and his American wife, who were also their neighbors, Camelia avoided gathering with them because of her discomfort with this woman.

Jazmín (P6) and Pensamiento (P8), by and large, felt like outsiders vis-à-vis both the local Latinx immigrant community and local American community. Thus, they mostly spent time with and relied on their small families. Both reported not connecting with local Latinx immigrants because many of them were transient and, in their view, not making efforts to learn English and better their situation. Jazmín attributed her lack of connection with Americans to the racism in the culture. She indicated not feeling genuinely accepted and supported by anyone beyond her husband and children at this point in her life. Pensamiento felt she had nothing in common and nothing to talk about with Americans and thus did not try to engage with them.

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She acknowledged her limitation in expressing herself in English might be one reason for not expanding her social support networks with Americans.

Struggles due to family conflict or dysfunction. A few participants discussed struggles due to conflict or dysfunction in their relationships with their spouses/partners, which ranged from periodic disagreements to more on-going problems. One of these women confided that she and her husband had recently had a bad verbal argument and she noted that he had been drinking when it occurred. Though she stated that they had worked things out, she admitted that this conflict had negatively impacted her well-being for nearly a month. Other women spoke more generally about occasional minor disagreements with their spouses/partners that had not affected their well-being overall. Only one participant mentioned a spouse coming close to abusing her physically. She attributed this to his drinking problem. She endured a lot of difficulty, disappointment, and sadness due to his inability to attain sobriety, his many healthcare and law enforcement encounters, and, ultimately, his deportation. She stated that people had urged her to get help from a domestic violence shelter but she resisted seeking this assistance due to concerns that her information would end up in the hands of a lawyer and get her deported. Another participant talked about being used and exploited by her spouse, whom she had since divorced. She indicated that he used alcohol and drugs, and during the time they were together, she took care of him, the children, and the house and, in turn, got little or no support from him. This and another participant spoke about the emotional and financial costs and difficulties they experienced in getting divorced and fighting for custody of their children.

Three participants talked in general terms about the struggles of Latinx immigrants due to relationship conflict and dysfunction. Iris (P7) asserted that many of the Latinx immigrant couples she and her husband knew had gotten separated after living for a time in Western North

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Carolina due to being "neglectful" of their relationships and families. Gladiola (P5) suggested that some Latinx immigrant couples did not communicate well and suffered psychologically as a result. She noted that typically the men in these couples worked outside the home for long hours and the women stayed at home and took care of the children's needs, and, therefore, they experienced totally different worlds and alienation from each other. She indicated that Latinx immigrants needed healthcare and other social service providers who were more culturally and linguistically competent to help them. Finally, Pensamiento (P8) remarked:

> …the people I work with, um, many women, um, Mexican women…suffer a great deal
> from abuse and often there's no place where they can go for help. Many suffer from
> depression (pause). Um, some—Like we don't know how to look for help or what
> activities to do to try to, um, help raise our spirits, uh, recover….

She agreed with Gladiola that Latinx immigrants needed access to culturally and linguistically competent service providers.

Struggles with raising children. Participants described difficulties they experienced with child-rearing, promoting their children's development and learning, and coping with adolescent rebellion. Some of them felt badly about their parenting ability at times. They missed having extended family, and especially close female family members, nearby to help them parent. They struggled to balance giving their children joy and better lives but also instilling in them the importance of family, hard work, and respect. Gardenia (P3) shared her insecurity and worry about raising her children saying:

> …each time I make a mistake sometimes I say, um, am I doing well, am I raising them
> well, am I—Sometimes I feel this way like, um, bad when I scold them or focus attention
> on them, or I spank them, too—Well, there are things they shouldn't do and they do them

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and—but sometimes I say to myself, 'Am I doing things right?' Like—like—like my

mother did with me….

As mentioned earlier, Camelia (P12) worried about her children's development in light of the

fact that she could not help them with homework or relate meaningfully with their teachers or

school therapists. A few other participants mentioned their children having developmental

delays, which challenged them further as parents and caused some worry about whether or not

their children would succeed in the future.

Clavel (P2), Pensamiento (P8), Tulipán (P11), and Camelia (P12) all expressed worry

about their adolescent children getting on the wrong path. Pensamiento, whose older child was

living in Mexico, noted that she had difficulty getting him to talk to her in any meaningful way.

She wished she could be present with him as he went through the changes and challenges of

adolescence. Camelia had already begun to have some minor conflict with her oldest child over

video game use and his general behavior. She noted that he had some other problems that had

led her to get him counseling. She conveyed her worry about her children maturing and getting

older when she said:

…I, right now, just worry about them—that they keep studying and that they become

good people and don't get involved in bad things or with bad people….

Though Clavel and Tulipán noted that their pre-teen and adolescent children had not been

rebellious thus far, they emphasized how troubling this would be for them and how they tried to

instill good principles and values in their children to prevent problems. Of note, both of these

participants had been married to/partnered with men who had substance abuse problems, and one

of them explained that her father had also been an alcoholic.

Struggles due to mistreatment by locals. Mistreatment by locals rarely came up in the interviews as a factor adding to day to day struggles of life here. In fact, just one participant, Jazmín (P7), asserted that she had endured a great deal of prejudice and discrimination living where she did and that this took a toll on her well-being. There came a point when she could no longer put up with the unequal treatment and exploitation she experienced in her job so she resigned. She shared that for a time she focused on the discrimination and frequently confronted people who mistreated her. She realized, ultimately, that this focus on the negative and her reactive approach had only added to her difficulty and harmed her well-being. A few participants noted that other Latinx immigrants had talked with them about experiences of discrimination by locals that had made their lives more difficult but these women emphasized that they themselves had not encountered such mistreatment. Tulipán (P11) described some instances of mistreatment by different Americans, including healthcare providers, a social worker, police officers, and her current employer. The most traumatic of these experiences by far occurred when her husband was hospitalized in a medical center in a large city for complications from alcoholism. She recounted through tears how the nurses and a social worker all urged her to give up on her husband because he did not want to get better and was only causing harm. This lack of compassion hurt and angered her. The negative effects of this experience remained with her years later.

Struggles with health problems. Many of the women reported concerns about their own and/or their family members' health during their time living in Western North Carolina. Violeta (P1) talked about her significant weight gain after immigrating and how this not only worried her but made her uncomfortable about her appearance. Gardenia (P3) had a couple of health conditions that flared up from time to time. She indicated that these were manageable overall

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but, sometimes, she would worry about getting a more serious medical condition and not having her family around to support her. Lila (P9) worried about herself and her husband as they both had been diagnosed with a chronic medical problem within the past year or so. She had also had some health problems the year before and ended up needing a great deal of specialty care. Tulipán (P11) had chronic conditions and some on-going concerning symptoms. Both she and Gladiola (P5) confided that sometimes they felt overwhelmed by fear that they would get a serious medical problem and die.

Rewards and gains. When talking about their sacrifices, losses, and struggles, participants invariably reported gains or rewards that offset or made up for these negatives. The gains or rewards most commonly mentioned included those regarding standard of living and access to goods and services, educational opportunities for their children, and peace and safety. A few participants reported other gains relating to personal growth and development.

Standard of living gains. A few participants talked about the fact that in the U.S. you could earn in an eight-hour day the same amount of money it took a week to earn in Mexico. Most recognized that they would not be able to afford basic necessities having one child much less two or more children in Mexico. Iris (P7) and Dalia (P10) asserted the latter observation the most strongly. Three participants, Iris, Gardenia (P3), and Camelia (P12), emphasized as benefits of living in Western North Carolina being able to have the number of children you wanted and being able to stay at home and raise them because your spouse's income could cover the family expenses. Participants like Gladiola (P5) and Dalia (P10), who worked outside the home and had children, recognized as another valuable gain of living in Western North Carolina that, though you had to work hard, life was not as consumed by work as it was in Mexico. Thus,

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you had some free time to enjoy as you pleased. Gladiola, when asked about any opportunities she had had living in Western North Carolina, said:

> …work, economic independence…and time because when you have a job that also gives you—Well, it's economically beneficial, you also get time to enjoy yourself. In other words, you aren't, um, you aren't a slave to a job…and you can enjoy some time, enjoy everything around you….

And Dalia asserted:

> …I think I came [to the U.S.] with the idea that it would only be work—work—work—work. And at the beginning it was that way. But, now, no. Now, I think that (pause) there's a little more balance. Work and life with our children. Yes….

Gains in access to goods and services. Several participants viewed as a gain in living in Western North Carolina having increased access to goods and services, ranging from certain foods, clothing, shoes, and cars to healthcare and education. Gardenia expressed up this viewpoint saying:

> …what I have noticed is that you can get more things [in the U.S]. In Mexico, everything is expensive. Everything's expensive….you eat meat maybe once a week—here, well, it's every day. It's like you can buy more things that are cheap—well, cheap in the sense of getting things more easily. In other words, um, you can find new, pretty clothes at yard sales, in second hand stores, or sometimes, you know, you go to a store and they're on sale….a car….Over there, if you have some money you can have a car but if you don't, well, you walk, you use public transportation, and here you see that even those with very little have cars, right?....when I get sick, well, uh, I go to the health department and maybe I pay a minimal fee but—but…I have that, um, option to go….I feel that I haven't

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had to struggle to get this care. I haven't had to struggle to get food or to get life's

necessities here….

Participants emphasized that in Western North Carolina they had access to free or low cost

prenatal and basic outpatient care and their children born in the U.S. could get free healthcare

services. They noted that even if they could not afford health insurance and avoided seeking

high cost emergency and specialty care, at the very least, they had the option to receive such care

and pay for it in installments. By contrast, some explained that in Mexico many people—even

children—could not get healthcare without paying up front. Violeta (P1) expressed appreciation

for both the accessibility of healthcare services and kindness of healthcare providers in Western

North Carolina. She said:

So, I think that's the opportunity or the part that I am most thankful for in this country—

for the access to healthcare above all—that they worry about kids, that they worry about

you—Because I know that I can go to the hospital right now, and I don't have to pay

anything—Well, a bill comes later—But they'll help me and they're not going to first ask

me how much money I have….something that happens in Mexico….Here there's

help….Regardless of someone's immigration status, they're not going to ask, 'Do you

have papers?'….I believe that it's very inclusive. I think that the work that the

government does is noble, saying that everyone has the right to be healthy….

Educational opportunities for children. Nearly all the participants recognized and felt

grateful for gains in educational opportunities for their children in Western North Carolina.

They viewed education as crucial to their children's future success in life. Clavel (P2) felt

thankful for the good quality of her children's education. She noted that her oldest child had

taken honors classes and received assistance with making future educational plans by guidance

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counselors. Her two younger children, who had some learning problems, received therapies in their public schools and she felt hopeful about their future success with this on-going support. Orchídea (P4), who emphasized leaving Mexico in large part because of the declining quality of and violence in the schools there, was elated about the public education her children had gotten in Western North Carolina. She recalled with gratitude how her children had received free after school tutoring so they could catch up with their peers and how they both ended up getting full scholarships to universities. Many participants talked excitedly about their children's future educational and career plans. Iris contrasted her children's ability to stay in school and make such plans with her and her husband's limited educational opportunities in Mexico. Participants, when talking about their children's academic achievements and/or future career plans, beamed and laughed conveying their happiness that all their struggles had truly benefitted their children.

Peace and security, better quality of life. Participants considered living in peaceful, safe, and naturally beautiful communities to be a significant gain or reward of immigrating to Western North Carolina. A number of participants commented on how their hometowns in Mexico, either when they first emigrated from them or more recently, were crowded, polluted, and/or insecure or violent. Jazmín (P6), who returned to Mexico after being in Western North Carolina for three years, found it intolerably crowded and crime-ridden and looked forward to returning to Western North Carolina to get back to peace and safety. She said about her community in Western North Carolina:

Here, this place is extremely peaceful. I can go and leave the doors open and nothing

happens or leave my keys in my car there and nothing happens—absolutely nothing….

Camelia (P12) stated that she was enticed to come to Western North Carolina to experience its incredible beauty, which she had heard about from people who had migrated to the area before

her. She said that she was not disappointed and, to this day, despite the many difficulties she had living here, appreciated the beauty and the calmness of the area. She laughed saying that it was almost too peaceful at times. Pensamiento (P8), who also struggled a lot in her rural community in Western North Carolina, nevertheless felt satisfied due to its tranquility and beauty. She said:

Um, I—I think the reason I chose to live where I do is because it's so calm here. It's, um, easy to raise children here without having to be in a place full of violence like big cities. Um, you can breathe clean air (pause). You have the advantage of—of being able to see nature rather than merely advertisements and buildings and smog and all that (laughs)….

Opportunities for personal growth. Though some participants stated they had few opportunities or lacked time or resources to take advantage of opportunities for personal growth and nearly all focused on gains for their families and children, several recognized that immigrating to Western North Carolina had benefitted them as individuals in meaningful ways. They expressed feeling happy and proud of personal gains, which included completing adult education programs and/or learning English. Clavel (P2), who had been in Western North Carolina since adolescence and had not been allowed to finish high school, happily reported how close she was to getting a general equivalency diploma (GED) and how much she looked forward to training for a modest career. She clearly saw that these accomplishments and plans would not have been possible for her in her small village in Mexico. Orchídea (P4) felt quite satisfied with improving her English and getting a GED.

…I took English classes for two years—two and a half years. Then, I took GED classes and that took me almost three years but I did it (emphasizes *did it* then smiles and laughs). Yes….

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She emphasized how these personal gains opened doors and gave her confidence to engage in community activities.

Though clearly happy about her own accomplishments, Orchídea also expressed being particularly glad about speaking more English because this enabled her to communicate well with her children's teachers and contribute substantively to their academic growth and development. She said:

> Well, it's that opportunities to speak the language open many doors. Uh, I think we had the opportunity to—to—to interact with the children's teachers—Yes. And that, I think, also helps a lot. To be able to express yourself to them, to be able to talk with them about worries about our children and all that. I think that is a great opportunity (pause) to be able to talk with them. Yes (pause)—and see how we can help both of our [children]. Um hmm. I think that's the greatest opportunity we've had.

Gardenia (P3) beamed when she talked about how she had gone from not talking at all to her children's teachers to communicating with them regularly and volunteering in her children's classrooms. She felt proud when these teachers told her how much her English had improved.

Jazmín (P6) expressed making personal gains in a number of domains including learning English, running her own business for a time, buying a home, and starting college. She spoke most ecstatically about her educational achievements saying:

> …I, eh, applied to college. It was something quite amazing because I still couldn't believe it. I said, 'Am I really in college? (laughs)—Seriously' (emphasizes *seriously*)….Of the Hispanic people who live here in this area….It's rare the person who decides to go learn English decides to do something more. So, eh, when I, eh—The first class I took in college—I don't know—I felt like, 'Wow, incredible'. For me, it was

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a pretty big thing….I don't know. It seems so nice…something that, well, perhaps, in

Mexico, I would never have been able to do.

Like Jazmín, Clavel (P2), Iris (P7), and Lila (P9) all mentioned being able to work toward

owning their homes as an important gain. Two participants emphasized that they had gained

valuable new skills and felt increasingly independent in and/or proud of their work outside the

home. One of these two, Gladiola (P5), felt fairly certain that her growth and independence in

her work and her and her husband's ability to make a living with the type of work they did in

Western North Carolina would not have been possible in Mexico.

A few participants mentioned helping others and doing community service since living in

Western North Carolina as rewards or gains. Three women, in particular, seemed to view

engaging in these types of activities as a valuable practice or value that they had learned or

gained from the culture in Western North Carolina. Orchídea (P4) stated this view the most

explicitly:

My experience of living here….it's something very different from Mexico….it's a

community in which everyone helps each other. It's something I learned here. There, in

Mexico, it doesn't happen….Really, it was here where we learned to help

others….There's very little of this in Mexico. Many people don't—aren't conscious of

what you can do by helping. And that's something I learned here. Definitely. And, I like

it….

Participation in volunteer activities appeared to increase participants' self-esteem and sense of

self-efficacy, both important personal gains and ingredients for healthy well-being.

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Living with Risks and Limitations

Many of the struggles detailed in the previous section included ones that both documented and undocumented immigrants—and even native born residents—can experience living in the U.S. and Western North Carolina. The participants in this study also talked a great deal about struggles relating specifically to being undocumented immigrants, and they explained how these negatively impacted their well-being. Their accounts revealed how they had lived with risks and limitations both before and after their unauthorized immigration and how continuing to live and work in Western North Carolina without documentation kept them at risk and restricted their lives. The categories for this theme include the following: 1) Risks and limitations before immigration; 2) Risks and limitations relating to deportation potential; 3) Risks and limitations relating to not having a license; 4) Other risks and limitations; and 5) Undocumented status limiting well-being.

Risks and limitations before immigration. Many participants described how various frightening or difficult circumstances in Mexico had motivated them to immigrate to the U.S. without authorization. These included personal experiences of violence and/or harassment, the potential risks to their children and themselves from the growing drug trade and its violence, and the struggle and potential risks to health and well-being from economic instability. Such risks and negative circumstances overshadowed the perceived risks of migrating to the U.S. without authorization. In a few cases, participants admitted not truly understanding the risks involved in immigrating illegally or the negative consequences of living and working in the U.S. without documentation.

Orchídea (P4) mentioned during her interview that harassment and threats by government agents prompted first her husband and then her and her children to immigrate to the U.S. The

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harassment and threats were in retaliation for her husband reporting government corruption. She explained how the retaliation continued even after her husband went to the U.S.:

> …I had to quit work because—because they started harassing me….they put a lot of obstacles in my way at work—caused me many problems….So, I decided to resign. And, after I resigned, they continued harassing us at home. They ordered patrols, uh, to pass by our house. Many times, they would just stop in front of the house—to harass us. So we decided to come here.

She reported that the growing violence from the drug trade in their community also convinced her and her husband to leave Mexico. They believed that their children would be safer and have better futures in the U.S. She explained:

> …what we came for was to get our children a better education because in Mexico things were getting very, very difficult—very bad with respect to the, um, ah, drugs, uhh (pause)….There were many problems. There were many, many homicides. It was getting very ugly….In schools—the schools, there were also a lot of drugs….Yes, and we didn't want the children to go through that. So those were the reasons we decided to come here.

Violeta (P1), after initially stating that she did not know why she came to the U.S. so impulsively, later shared a compelling reason for making this decision. She said:

> Um, one of the reasons I came here was because of the insecurity in Mexico. I was a victim of what they call an 'express kidnapping'—24 hours. So, after that, I was being harassed, and I had to change my phone. I had to leave my house for about a month and a half. I couldn't get on social media, nothing. Eh, because I was continually being harassed. So, I think that's when we decided, 'Let's go!'

Two participants described family conflict or discord to have made living in Mexico impossible in one case and intolerable in the other. Neither of these women truly wanted to leave Mexico but these negative circumstances compelled them to do so. One of these two women described being at risk of abuse if she had stayed in Mexico. The other, though not at risk of abuse, had to tolerate a lot of restrictions by her in-laws when her husband left Mexico to go to the U.S. to work. Additionally, she and yet another participant talked about the fact that their husbands had to spend several months each year working in the U.S. in order to support their families. These family separations caused distress, and ultimately, helped motivate the decision for all of them to risk immigrating to the U.S. together. Other participants, who had not yet had children, saw that social and economic conditions in Mexico were worsening. In order to escape lives of struggle and potential victimization and deprivation, they opted to take the risk to immigrate to the U.S.

Participants, by and large, did not describe their migration journeys from Mexico to Western North Carolina in much detail. Only two women stated they had made more than one attempt to cross the border and mentioned a great deal of difficulty and some trauma from one or more of the attempted crossings. Whether or not participants had difficult or frightening migration journeys, all of them currently perceived that the U.S.-Mexico border was dangerous and that traveling back and forth across it without documentation was too risky. They stated that crossing back into Mexico would be relatively easy but getting back in to the U.S. incredibly difficult. Thus, none of the participants without documentation had much hope of traveling back to Mexico for visits.

Risks and limitations relating to deportation potential. Participants asserted that they felt at risk for and worried and fearful about getting deported. A few, who had been living in

Western North Carolina more than a decade, noted that the risk of deportation and their worry and fear about it had increased in recent years. The heightened sense of risk, worry, and fear placed limitations on their lives, particularly with regard to going out to places and traveling to other areas. A few participants linked their increased risk of and significant worry and fear about deportation with the policies of the Trump administration. For example, Orchídea (P4) responding to a question about her major worries in living in Western North Carolina said:

> Right now, the problem is with ICE—with the immigration police—because right now with the new government—this [is] much more of an issue. Before—yes, yes, there was—yes, we were aware that they [ICE] were in some places—They would come to some counties but they would go only to pick up people who had problems—who were in jail….they would take them somewhere else to deport them….Back then, it—it wasn't so aggressive like it is now. Now, wherever you have to like—have to go, you have to be careful, you go around with fear—Now you can't go out in peace because—because you're afraid that immigration could be anywhere and they're going to detain you….

Dalia (P10) similarly asserted that risk of detention and deportation had increased and caused her and other Latinx immigrants much worry and fear. Central to their worry and fear about deportation, according to Dalia and others, was their children's safety, security, and well-being. Dalia clarified this saying:

> …if they take you away—what do I know—maybe if they take us both away—my husband and me—maybe they'll let us contact someone who can come take the children. But sometimes it doesn't happen this way and to have to—and to think that you don't know where your children are going to go—it's—it's difficult….I hope that this doesn't—doesn't ever happen.

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Camelia (P12) pointed out how the increased risk of deportation and their children being left alone not only caused worry, fear, and distress but limited her and her family's life. She stated:

> …you can't go visit your family. For example, they're in [two U.S. states several hours away by car] so if you want to go either place you can't because what if there's a raid and you're so far from home. If they're all here….the ones we've put on that paper and they have the signed paper in case they come and deport us—they're the ones who will come and get the children….that's why we don't want to go so far away for visits. That is, if we've gone away, well, they have to come find us to get the children….

Orchídea (P4) echoed Camelia's experience of limitation. She described how she and her husband rarely if ever would travel together outside of their area because of the risk of and fear about being deported and separated from their children. She explained:

> My husband says to me [about visiting their children who now lived in other areas of North Carolina], 'Either you go or I go'. That one or the other of us goes—that we don't go together because that way they won't—they won't detain and deport us both. So, um, it's a little bit—it's a little bit too much fear that if we both go that they're going to deport both of us and we'll have to leave the [children] alone.

Orchídea later expressed empathy for undocumented immigrant parents of very young children. She noted that at least her children were old enough and had the ability and means to defend themselves alone in the U.S. if she and her husband were deported.

Participants whose children were born in Mexico and had tenuous immigration statuses in the U.S. lived with worry and fear about these children's risk of being deported back to Mexico. A couple of participants stated that one or more of their children had Deferred Action for Childhood Arrivals, or DACA, status. This special immigrant status for children who were

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brought by family to the U.S. without documentation arose from an executive order by President Obama and has provided benefits including: 1) prevention of deportation, 2) access to higher education, 3) access to a driver's license, and 4) a work permit ("Resources on Deferred Action for Childhood Arrivals", 2019, August 7). The Trump Administration has opposed and tried to dismantle this immigration program, and the uncertainty about whether it will continue has led participants to worry and fear that their children could be subject to deportation and could lose valuable gains and future opportunities.

Factors potentially heightening deportation fear. The difficult situations and limitations participants experienced in Mexico and their current perceptions of the risks and limitations of life in Mexico have likely exacerbated their sense of the risk of and fears about detention and deportation. Many expressed worry and fear about how they would be able to ensure their children's safety and security in Mexico if they and their children were deported. Iris (P7) and Camelia (P12) described how dangerous their hometowns had become and felt distressed thinking about their children and themselves being exposed to environments rife with violence and drug use. Other participants reiterated these same concerns but also worried about infrastructural and other limitations negatively affecting their families' and children's economic well-being and futures. They doubted that they would be able to provide financially for their children and themselves. One participant in particular noted that she and her husband, if deported, would lose property and goods they had worked hard to gain in the U.S. and would not be able to regain them in Mexico. Several participants worried that their children would struggle to adapt and have fewer opportunities for better futures. They noted that their children would not fare as well as other youth in Mexico due to their limited fluency in speaking, reading, and writing Spanish and due to there being less educational opportunities and career options there.

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Risks and limitations from not having a driver's license. Nearly every participant talked about how not having access to a driver's license in Western North Carolina put them at risk, limited them, and caused them worry and difficulties. Participants emphasized the necessity of driving to get around and live their lives since their communities had little or no public transportation and people and places were spread far apart. Not having a driver's license and having no choice but to drive required participants and their spouses/partners to take the risk of driving unlawfully sometimes multiple times in a day. They felt frustrated and distressed over the cost and inconvenience of being detained and getting tickets when stopped by law enforcement. In some cases after issuing a ticket for not having a license, the officer who detained them would not allow them to drive their cars home, further adding to the cost and inconvenience. Orchídea (P4) articulated quite well the risk, difficulty, and limitations of not having a driver's license and having no choice but to drive. She stated:

> They don't allow us to have a driver's license and, well, without a driver's license, we can't get a license plate for a car. So these are the problems of being undocumented immigrants….they're a little strict with regard to these issues, which really negatively affects us….We have to drive because there's no public transportation here. So, we have no choice—We have to drive to go buy food, to pick up our kids at school, to go to work, and, in this regard, it's a bit difficult because if we don't have a license, and they stop us for anything….maybe because one of the car lights isn't working…and then give us a ticket. And they're—this costs a lot of money. It's—it's almost a week's salary what we have to pay for a ticket….

Participants described becoming quite preoccupied with knowing the whereabouts of law enforcement and traffic stops and feeling frequent worry about being detained and getting

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tickets. Camelia (P12) described feeling like she constantly had to be on alert. Since her husband drove more regularly that she did, she worried about him getting tickets, both because this was a financial hardship and bad for his "record". She complained that the police in her town conducted a lot of traffic stops, which increased the risk of getting tickets. Tulipán (P11) recalled the first time she was stopped and ticketed by the police for not having a driver's license. She felt in that particular instance that she had been stopped for no reason; in essence, that she had been profiled as an immigrant. She felt very upset because she had not been driving recklessly and didn't feel she deserved to get a ticket. Finally, Lila (P9) talked about the distress she felt when she was ticketed for not having a driver's license and was not allowed to drive her car home after getting the ticket. Later, after having her driver's license reinstated, she, on numerous occasions, received calls from distressed Latinx immigrant women asking her if she could pick up their spouses who had been stopped, ticketed, and prohibited from driving. She would pick them up, take them home in their cars, and then walk back to her car which she had to leave on the side of the road where the traffic stop occurred.

Being stopped, getting expensive tickets, and not being allowed to drive after getting a ticket not only caused distress but also limited productivity, earnings, and movements. The women in this sample talked most about the last of these limitations. Orchídea (P4) explained how she and her husband had learned to take measured risks with regard to going places and doing errands. They knew from experience the most likely places and times that police would conduct traffic stops and planned their driving routes and timing of their outings to avoid getting caught in a traffic stop. Other participants noted how they largely limited the number of their outings and avoided as much as possible going places they did not know well.

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Several participants emphasized having not just difficulty, worry, and limitations but also a lot of fear due to not having a driver's license. The backdrop for and likely significant contributor to this fear was that in some counties/municipalities in North Carolina, local law enforcement officials had been "deputized" to collaborate with ICE agents to enforce immigration laws (Arriaga, 2017). Thus, participants feared and limited their travel to places where they did not know the practices of local law enforcement. Gardenia (P3) stated that she was reluctant to drive to a city about an hour and a half from her home when family or friends suggested they go shopping or on an outing with their children due to her fear of getting stopped by police and then getting detained and deported as a result of being identified as undocumented. Camelia (P12) expressed a lot of fear about driving to that same city for a recent specialty healthcare visit for her oldest child because she believed they conducted a lot of traffic stops and ICE raids there. She noted that her fear of driving increased when she learned about legislation (HB 370) that had recently passed in the North Carolina legislature that would require sheriffs and their deputies across the entire state of North Carolina to cooperate with ICE. Dalia (P10) and her husband avoided taking their children on fun outings for nearly seven years because of uncertainty and fear about law enforcement practices in places just a couple of hours away from their homes. Finally, Tulipán described being frightened about taking her children to a small city an hour and a half from her home as she could be detained and deported during such a trip.

Other risks and limitations. Participants described feelings of being limited with regard to pursuing certain types of education and training and obtaining more fulfilling and better paid employment due to their undocumented immigration status. Iris (P7) pointed out how costly higher education was for their oldest child, who had DACA status and had to pay out of state tuition rates. She had to work, get help from her parents, and progress through her program of

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study much more slowly than her U.S.-born or legal resident peers to be able to pay for it. Camelia (P12), who was interested in becoming a beautician, could not do so because the training program at her area community college required proof of legal immigration status. A few participants, in particular Violeta (P1), Gardenia (P4), and Tulipán (P11), struggled with their limited employment options. They experienced sadness and frustration when they realized that they could not obtain employment that would put their professional skills and knowledge to good use. Violeta in particular lamented not being able to obtain work as a teacher who could help other Latinx immigrants gain literacy. She stated:

> I think the big worry of an illegal immigrant is, um, 'What can I do here?'….Eh, sometimes I think that, if I am on this side and I have knowledge, I should do something, but I don't know how to do it because I don't know how close to the law I can get because of my, eh, migratory status….

Jazmín (P6), Pensamiento (P8), and Camelia (P12) all made reference to the fact that there were few employment options for undocumented immigrants in their communities, which were all located in the same very rural county. Both Pensamiento and Camelia emphasized that they could not relocate to other areas and pursue more satisfactory work due to lacking documentation. Others noted their limitations with getting better paid more fulfilling work due to lacking a social security number and not wanting to risk providing false documents.

Surprisingly, only a very few participants talked about limitations with regard to help-seeking due to lack of documentation. Tulipán (P11), who had experienced domestic violence in the past with family in Mexico and whose now deceased partner came close to abusing her physically, stated quite directly that she decided not to seek help from domestic violence professionals and lawyers for fear that her information, including the fact of being

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undocumented, could end up in the wrong hands and she could be deported. She also mentioned several times refusing offers of financial, food, and other types of assistance, but she did not specifically attribute this to her documentation status. Instead, she simply stated that other people needed this help more than her. Camelia (P12) noted that there was no longer private financial assistance available in her community to pay for medical care for Latinx immigrants who were ineligible for government funding, i.e. undocumented. Consequently, she emphasized that she and her husband avoided seeking healthcare and simply used home remedies to get over illnesses. Finally, Pensamiento (P8) asserted that many of the Latinx immigrant women she worked with experienced domestic violence and did not seek help for this serious problem. Though she largely blamed the lack of culturally and linguistically appropriate services for this fact, fear that help-seeking could lead to deportation may have factored in to their limited help seeking like it did for Tulipán (P11).

Though not discussed by too many participants, being an undocumented immigrant could limit housing options to those in poor condition with significant deficiencies. This certainly was the case for Clavel (P2) and her family for their first two years living in Western North Carolina when they had little to no control over their lives due to their undocumented status. They did not know anything about tenants' rights but, more importantly, feared losing their housing and their employment and possibly getting deported for complaining about the housing they were provided by their boss. Having a low income, a frequent consequence of being an undocumented immigrant, also limited housing options to cheaper, less desirable housing and neighborhoods.

Undocumented status limiting well-being. In light of their undocumented status and the accompanying worry and fear of detention and deportation, many participants described

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feeling impotent, targeted or hunted, stressed, and misrepresented or misjudged, feelings that at times may have reduced or harmed their well-being. Clavel (P2) and Jazmín (P6), who reported experiencing poor work conditions and wage theft, felt impotent to report their employers' misconduct because of the threat of losing their jobs, not having access to other jobs without work visas, and fear of retaliation such as being turned over to ICE by their employers. Violeta (P1) and Orchídea (P4) conveyed feeling hunted and impotent when they heard reports and rumors about ICE activity in their local areas or even more distant parts of North Carolina. Orchídea summarized her and her husband's feelings in hearing more and more reports about ICE raids on social media:

> …We don't know how long they'll [ICE] be around—whether they'll be here two days, three days, a week. And, still, a week or a month—and we have this fear—We're going in circles. We're like, 'Let's see. Who's hunting you?' (laughs) You feel—you feel that way. Let's see—like you're being hunted. Where can you run to? There's nowhere to run, no way out, or something….

Violeta echoed Orchídea's feelings over the increase in ICE operations and reports and rumors circulated about them. She noted that she felt "hunted", "impotent", and "stressed". She also conveyed a feeling shared by other participants, which was that undocumented Latinx immigrants had been misrepresented by politicians and the media as criminals or bad people. She exclaimed:

> Eh, this weekend it was incredible. People were calling me saying, 'Hey, ICE is at Walmart. Don't go out, don't do this, don't do that'. And it was like, 'What?' (Says *what* in a higher pitch and louder voice). So I say to my husband, 'If we don't need to go out we shouldn't'….this situation made me feel hunted. It's like, 'I honestly didn't do

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anything wrong!' (says in a higher pitch, louder voice) I promise you all that it was only—Yes, it's bad (laughs) not coming to this country legally. But, from that point forward, I have tried to be a good citizen….

Some comments made by Iris (P7) indicated that she, too, felt misrepresented or misjudged as an undocumented Latinx immigrant. After talking about some incidences of discrimination her children experienced at school, she said:

This is what frightens me a little. The people who—They either don't like us or are threatened by us. And we're really not a threat. Like with all groups—in all cultures—in all countries—there are good and bad people. Yes. But this doesn't mean that all people are bad or all people are good.

Later, towards the end of her interview, Iris described how she had conducted herself since living in Western North Carolina. She presented her own case as evidence of the many good people counted among undocumented Latinx immigrants. She emphasized:

I try to follow the government's rules—those of—those of society—to be, um, well, calmer. I'm not doing anything bad. I'm not taking anything from you. So we try to contribute more than we take….

From Lost to Found

For this theme, the words *lost* and *found* each encompass several different meanings. *Lost* refers to being disoriented, isolated and alone, being invisible and voiceless, and not feeling or being accepted and not belonging. *Found* represents becoming familiar with and understanding better settlement communities, situations/systems, the language, and people, becoming visible and appreciated, feeling and being accepted and increasing belongingness, and discovering meaning, purpose, and hope. Most participants, in describing their immigration

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trajectories in Western North Carolina, conveyed the following pattern: that of feeling and being lost initially to feeling and being found over time. Thus, the categories for this theme are feeling lost and feeling found.

Feeling lost.

Feeling disoriented, isolated, and alone. Participants described feeling disoriented, isolated, and/or alone and consequently having a great deal of distress mostly at the beginning of their experiences of living in Western North Carolina. Generally, these feelings and the accompanying distress resolved or at least lessened in intensity and frequency over the years, although in a few cases they resurfaced quite often or persisted. Feeling disoriented largely stemmed from all the differences encountered, changes experienced, and the lack of familiarity with and understanding of the people, language, situations, and systems. As discussed previously, Clavel (P2) described two occasions when social workers nearly removed her siblings from the home because her parents did not understand English or societal norms and rules. Also due in part to not understanding societal norms, she and her family tolerated substandard housing conditions and got into further debt with their boss when he made them pay for repairs they were not responsible for. Several other participants commented on how unsettling and disorienting it was to arrive in a place where you knew very few people, did not speak the language, and did not know how to get around much less navigate foreign systems and institutions. To an extent, Camelia (P12), who represented a unique case in this group of participants, still felt disoriented because she could speak and understand very little English and two of her children were enrolled in unfamiliar "systems", i.e. allied health and mental health, that she did not understand or know how to navigate.

Feelings of isolation and being alone or lonely stemmed from separation from close family in Mexico; living physically far apart from other people, and especially from other Latinx people; having minimal contact and/or little in common with locals; and having limited family and social support networks. Clavel (P2) recounted how isolated she felt after arriving in Western North Carolina. She stated:

> …we arrived at night….the car took us into the mountains and more mountains until we ended up in [name of her small town]. But up, up, up, up (moves her hands up higher and higher and voice gets more and more quiet as she says *up, up, up*)….And after this, I did not see any people…for probably a month.

Clavel and her family also felt isolated and alone during their first couple of years in Western North Carolina because their boss prohibited them from speaking and interacting with other people. Gardenia (P3) and her husband lived for the first year in her father-in-law's house in a remote area. She recalled feeling very isolated and alone and depressed living there, especially in the first few months. She recounted:

> … I arrived and lived with my father-in-law, and my father-in-law lives far away from the…center of town. So around there, there are only like two houses, and the rest of the area is a forest….So all of this on top of also missing my family, eh, I remember that I was depressed for three months and there was not a day that I didn't cry….My husband, he left at eight o'clock [a.m.]—We only had one car—He left for work at eight…and he got out of work at about five. So I was alone all day. My father-in-law he also worked— and [my mother-in-law] worked too….And there I was like, well, alone (pitch and volume increase when saying *alone*]….

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Gladiola (P5), who now felt comfortable in and acclimated to her town, noted that after first arriving, she felt lonely. The town was smaller at that time and did not have many Latinx residents. Jazmín (P6), Pensamiento (P8), and Camelia (P12), who all lived in different rural communities in the same county, felt isolated and lonely both initially and currently. Camelia described her community's members as nice but distant. She said a couple of times that no one bothered you but no one helped you either. Pensamiento stated that she did not feel comfortable talking or interacting with the Americans in her community. Jazmín characterized the locals in her area more negatively, asserting that they were racist. All three in their own ways explained that they did not have anything in common with the people in their communities and thus had lived quite separately.

 Feeling invisible and voiceless. When they knew little or no English and engaged minimally in their communities, participants indicated they felt invisible and voiceless. Clavel's (P2) accounts of her family witnessing but not understanding or being able to participate in back and forth discussions about them exemplified how she and her family felt both like they were invisible and voiceless. The people engaging in these discussions—their boss, his superior, and social workers—never acknowledged her family and left them feeling powerless to voice their side of the story. She shared several other anecdotes revealing how she and her family were kept invisible and voiceless by their controlling boss. Jazmín (P6) also described feeling invisible and voiceless in her workplace. She noted that not speaking English and thus not understanding anything said about her made her vulnerable to misrepresentations and exploitation. Additionally, Jazmín expressed frustration that neither she nor her children, who worked extremely hard and contributed a great deal to the success of the company employing them, ever got the recognition they deserved. She explained that they could not voice this unfair treatment

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because, as undocumented immigrants, they had no recourse if they were fired and no other job opportunities.

Camelia (P12) expressed feeling "shut in" in her trailer home due to her local community being "nice" but distant and unhelpful and due to the police there conducting numerous traffic stops. Her experience of being "shut in" could be interpreted as being or feeling invisible. Likewise, this participant conveyed a feeling of being invisible and voiceless when she described how she tried and failed to communicate her questions and concerns about her children with their therapists and teachers. Gladiola (5), noted earlier to have expressed strong reservations about her community's interpretation services, at one point in her interview exclaimed with frustration that most service providers only wanted to speak through interpreters and not directly with Latinx immigrants themselves. She felt that this practice made Latinx immigrants, especially those who lacked any English proficiency, invisible and voiceless in many of their day-to-day encounters. She believed that such invisibility and voicelessness, ultimately, harmed Latinx immigrants' physical and psychological well-being. She said:

> …you have to face the fact that here there's no one who understands you and there's no one you can express yourself to and there's no one who will listen to you without another person translating. And—and, no….the Hispanic community needs to be able to express themselves….with that, many things can be fixed, psychologically, many illnesses….

Not feeling accepted, not belonging. Most participants expressed feeling different from the locals and like they did not belong to their communities at the beginning of their lives in Western North Carolina, largely because there were so few Latinx people living in this region. They perceived that being different could result in mistreatment. Lila (P9), who had come to her community to work with a particular group of local people, initially worried that her dark skin

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tone might cause her some problems with being accepted and belonging. Gladiola (P5)

recognized that Latinx immigrants who looked and sounded the most different from locals

seemed to invite more negative treatment, i.e. those who were dark-skinned, short, and stout and

spoke only Spanish. She said:

>…we—or me at least—haven't felt any racist treatment—someone looking at me in a
>
>negative way—but I understand that since I have light colored skin and I am tall—This
>
>makes them look at me differently than they do at my countrymen—people in my
>
>community who are darker-skinned, short, stout….

Violeta (P1), who reported once having a very uncomfortable experience in which a man

wearing a "Make America Great Again" cap glared at her for a prolonged period of time, shared

the negative thoughts that ran through her mind:

>What's going on? What do I have on me? I'm not some weird bug. It's just that my skin
>
>tone and features are not the same as yours….

Iris (P7) commented on how her children, in looking different, had experienced a few instances

of discrimination by other students. In one of these instances, some students yelled at her oldest

daughter when she passed by them, 'Oh, yes. This Mexican is going back to Mexico.' Iris noted

that this incident had occurred right after the Trump administration took power.

As mentioned earlier, there were three participants who described their communities as

less than accepting of Latinx immigrants. Not surprisingly, they conveyed continuing after many

years to feel different from and not belong with the local people. Pensamiento (P8) and Camelia

(P12) largely refrained from engaging with locals due to these feelings. Jazmín (P6), who

reported having numerous personal experiences of prejudice and discrimination in her

community and feeling like an outsider, was actually starting to make efforts to belong there.

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Once she recognized that she would most likely never return to live in Mexico, she decided that she had to try to make the best of her situation in Western North Carolina for the sake of her and her family's well-being. She had begun to practice kindness and engage more frequently with locals. Despite these efforts, she found herself to be in a difficult situation of no longer belonging in Mexico and still not belonging in her Western North Carolina community. She said about this:

> Life changes, people change, things change. And now we neither belong here nor there. Too Americanized to live in Mexico, too Mexican to live in America (big laugh). It's—it's—it's incredible. It's sad what happens to people like us who immigrate here (laughs)….

Feeling found.

Gaining familiarity and understanding. Gaining familiarity with and understanding of English, the amenities in their communities, and the cultures of their local organizations and systems, service providers, and law enforcement officials helped a number of participants begin to feel less lost, isolated, and alone and less sad and fearful. Additionally, for a couple of women, the growth in Latinx populations and businesses and cultural events in their communities added to an overall feeling of belonging more. Participants reported things as simple as gaining familiarity with the types of questions asked of you when making or attending medical appointments and the processes involved in being seen by a healthcare provider reduced a lot of anxiety even with their continued limitations with English. Violeta (P1) felt more comfortable and contented once she learned about the existence of and how to use her community's public transit. Several of the participants felt happier once they discovered and accessed many free community amenities such as parks and libraries. Many participants asserted

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the positive impact that learning English had on their understanding and functioning and, in turn, on their well-being. Clavel (P2) also noted the benefits of learning how to do things like fill out job applications and forms at the pediatrician's office and how to write checks. Iris (P7) felt more at ease knowing the community norms and rules since adhering to these reduced the chances of having negative encounters with law enforcement. Dalia (P10) and Tulipán (P11) both expressed how much more peacefully and happily they lived after positive encounters with local police officers. Dalia emphasized that she no longer went around with so much fear after getting to know police officers better and becoming more informed about their genuine interest in protecting the public, including undocumented immigrants. She said:

> We began to understand that (pause)—that sometimes, well, we're not—not—not well informed. We would say—That fear that when a patrol car passes by and then turns around and you don't know if it will come back to you maybe because you're profiled as a Latino…and it could come back to you. But little by little, we got to know some—some police officers from here (pause)….So now we don't have that fear of—of driving or going out….

Becoming visible. Several participants conveyed that over time they had become visible in positive ways, i.e. recognized, respected, and appreciated, in their Western North Carolina communities. This positive visibility arose from improving their communication in English and having more meaningful interactions with people, engaging in community service, and, to a small degree, the growth in the Latinx population. Gardenia (P3) and Orchídea (P4) felt increased happiness and comfort due to communicating better in English with their children's teachers. This improved communication allowed them to have meaningful interactions and build good relationships with teachers and play an important role in their children's education.   In the

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case of Gardenia, praise from one of her children's teachers for her efforts and progress with English gave her confidence to get more involved as a classroom volunteer. She, ultimately, felt recognized, respected, and appreciated for this involvement. Violeta (P1), who had initially lamented working in housekeeping, over time cultivated good quality relationships with her boss, coworkers, and clients. She came to feel recognized, respected, and appreciated by all of these people, which overshadowed the fact that she was doing low-status work. Gladiola (P5) felt that she and her husband had over the years gained recognition, respect, and appreciation, in particular from the growing Latinx community, for the creative and specialty repair work they did. She clearly felt pleased about and proud of their positive visibility.

Orchídea (P4) and Iris (P7) beamed when they talked about doing community service. They implied that this service work made them visible to others in positive and meaningful ways. Finally, Dalia (P10) clearly felt happy and proud of the recognition, respect, and appreciation she had gained among Latinx immigrants and others in her community for her activism and community service. She said:

I like being there to—to help—to meet more people or maybe, um—It's that sometimes we go do something and I say, um, maybe I can do this or contribute an opinion that sometimes they take into account. This helps you feel better about yourself. Yes, hmmm. There's a person who called me one day when there was all the back and forth on social media about ICE raids….And it made me laugh because that—that person says to me, 'Hi, are you Dalia?' And I say, 'Yes'. 'You're the one…who's always involved in everything (laughs)….

Feeling accepted, belonging. Nine out of twelve participants reported reception and treatment by locals in their communities as accepting. They described feeling accepted over

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time at the community level as well as experiencing earlier on acts of kindness, assistance, and

generosity by individual Americans in Western North Carolina. In a couple of cases, participants

described being treated like family by some locals. Individuals whom participants mentioned as

the most welcoming and kind included teachers, social workers, church parishioners, a landlord,

healthcare providers, and employers. Though most participants clearly conveyed overall feelings

of acceptance in their communities, they described more nuanced senses of belonging in them.

The strongest statements about community acceptance came from the women who lived

in the most politically and socially liberal communities. Violeta (P1), said about the acceptance

she felt in her community:

> …I think that everyone who I have crossed paths with here, eh—I’m talking about people
>
> from this country not my fellow Mexicans who are here—the people here have been
>
> really good—people in whom you see goodness. I hear a lot of people say, ‘but they
>
> discriminate, they look at us negatively because we’re Mexican with the current
>
> politics’, and that has never happened to me. In fact, as proof, my boss is a Republican
>
> and she adores me (laughs)….

Gladiola (P5) corroborated Violeta’s sense of being treated well by locals and made an even

stronger statement about her community’s acceptance of her and her family. She emphasized:

> …it’s a very open-minded town. There’s a lot of diversity so you feel accepted
>
> (emphasizes *accepted* in a higher pitch, louder volume) and free because you get exposed
>
> to other cultures and other races and [the people] make you feel free and calm in the
>
> sense of being able—We can be here. By comparison, other towns [in Western North
>
> Carolina] are more conservative or they are towns, um, that only have Americans living
>
> in them where perhaps you would feel strange but not here. Here…you feel accepted….

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Gladiola went on to describe how locals' positive treatment of her and her family was not conditional upon them blending in. She explained that even when she and her family spoke Spanish in public spaces, they never had any problems. She stated emphatically:

> We've never had any experience where people have looked at us in a negative way for speaking Spanish—nothing like that. Never. Never. What we've experienced instead is like, 'Oh, what a lovely family'….

Iris (P7) and Dalia (P10) also expressed feeling accepted and content with their treatment in their communities. Iris said:

> …I really do like life here. It's…very tranquil. And I've encountered people who are— Well, for me, they are like family in spite of not even being Mexican or Hispanic. In the case of my husband's boss, he loves my children like his own grandchildren….

And Dalia asserted:

> …I've never had a bad experience with people from here—always very, very friendly. The people in the church where they taught us English and the people I've met—all of them—have been very, very friendly to us. We've never had a bad experience with anyone here….we've always gotten really good people when—when receiving medical services….at the school they've always been really good with my kids. All the teachers (smiles and laughs) know us and speak to us in a friendly way….

Feeling accepted by their communities did not necessarily mean that participants always felt a full sense of belonging in them. Lila (P9), a unique participant in terms of her immigration trajectory, felt immediately and fully accepted by the locals she had come to work with. Their shared vocational passion made her feel like she belonged here as much as anywhere else. Most of the other participants, who also felt quite welcome and happy here, did not express as strong a

sense of belonging as Lila. Many suggested that cultural and language differences interfered somewhat with full belongingness. For example, though many of them had meaningful encounters with Americans, they, nevertheless, felt these interactions were constrained. A few participants specified that Americans tended to be more closed and have more rules about socializing and interacting than Mexicans. Others added that Americans had busy lives and focused more of their energy and time on their own nuclear families than on extended social networks. Finally, not being able to express themselves fully in English and not having a lot in common with Americans also seemed to prevent the sense of belonging they had back in Mexico. Dalia (P10), more strongly than any of the participants, conveyed that she still felt she belonged much more in her hometown in Mexico than here. She asserted that her culture and customs simply could not be satisfactorily practiced in Western North Carolina.

Despite not feeling a complete sense of belonging in Western North Carolina, many participants recognized that they increasingly belonged here more than they did in Mexico. Clavel (P2), Jazmín (P6), Iris (P7), and Camelia (P12) all talked about how their hometowns in Mexico had changed and how they no longer felt they could live happily in them. They emphasized preferring and feeling more comfortable in their safe, calm communities in Western North Carolina. Clavel stressed that her hometown in Mexico would now be unfamiliar to her and that she preferred to continue to live in the U.S. and only visit there. She said:

> I want to go [to Mexico] but only to visit…my parents thinking that we would return there, they got rid of our little house…and made a better one. So even my old house isn't there….It's that, the people…the ones closest to me…most of them are gone by now. So it's like I [would] go back but [wouldn't] know anyone anymore….

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Also later through member checking, Clavel explained that she no longer felt she belonged in her hometown because her expectations regarding her future had changed and her hometown lacked educational and employment opportunities that would help her fulfill these expectations. Western North Carolina had over the years become more familiar and comfortable to her and more compatible with her future plans.

Another factor contributing to participants feeling that they now belonged in Western North Carolina more than Mexico was that their children belonged in this place much more than in Mexico. Clavel (P2) stated that up until five years ago she had seriously planned to return to Mexico. One of the main reasons she changed this plan and decided to stay in the U.S. was her realization that it would be unfair to take her children away from their home and way of life. She did not want them to suffer like she did when she was uprooted from her life in Mexico. She said:

> …[I was] not going to take them to a world where—It would be like taking them to a world like the one they brought me to. So [I was] not going to take them somewhere where they [would] go through what I went through, too. It wouldn't be all bad but still difficult to move to another country…It's like they'd arrive not speaking much Spanish to a country that is only Spanish so…[I wasn't] going to take them to that….

Orchídea (P4) asserted that her children were "already used to being here because of the language above all". When asked where she would prefer to live if she had the choice and the ability to travel freely, Orchídea readily responded that she would choose to live where her children lived, which she assumed would be in the U.S. Tulipán (P11) and Camelia (P12) expected their children would ultimately end up living in the U.S. even if they themselves were deported to and had to remain in Mexico. They realized that their children were accustomed to

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life in the U.S. and had more opportunities to succeed here. Therefore, one of their biggest dreams was to get authorization to live here so they could be close to their children.

The fact that the number of Latinx immigrants had increased in their Western North Carolina communities was mentioned by only two participants to have contributed somewhat to their sense of belonging. Clavel (P2), who emphasized how rare it was to see a Latinx person when she first came to live in Western North Carolina and how hard it was to be different from everyone around you, felt better and more at home when Latinx people started moving into the area. As a result of the increase in this group's presence in her town, she and her family got to know more people and they finally had a local Mexican store where they could purchase familiar Mexican-origin products. Like Clavel, Gladiola (P5) had lived in her town long enough to notice and to appreciate the growth in the Latinx population. She similarly suggested that having more Latinx people in the area increased her and her family's sense of belonging in the area.

Having purpose and hope. Most participants described having purpose in their lives and hope for the future, another aspect of feeling and being found. Though for most of them, purpose and hope centered on their children's well-being and better futures, a few described finding purpose and meaning in and/or having hopes for themselves apart from their children. Participants had overcome significant struggles and fears, managed current ones fairly well, had availed themselves of good opportunities, reshaped their perspectives and expectations, and/or engaged more meaningfully with others in their communities. Having purpose and hope both grew out of and supported the latter achievements, adjustments, and interactions and these taken together promoted healthy well-being.

Nearly all of the participants emphasized how their children had given their lives in Western North Carolina purpose and made them hopeful. Clavel (P2) talked about her many

struggles and the suffering she endured in her life with a serious tone and flat affect but then suddenly brightened and sounded joyful when she noted how her struggles and suffering had paid off in so many ways. She described, for example, how well her oldest child was doing in school and how she had ambitious plans for the future. She had hope, too, for her younger children and intended to keep working hard for them to pursue education and career goals. Other women emphasized that having children and wanting the best for them kept them motivated and energized in the face of many struggles. They credited their focus on and dedication to their children with their success in managing difficulties and getting ahead in life. For example, Dalia (P10), upon being asked how she coped with difficulties and worries, responded saying:

Focusing on my children—focusing on my children. [They are] the motor that keeps me

going—that keeps me going forward to (pause) fight so that they have a better life….

Having the on-going purpose of making a better life for their children not only motivated and enabled participants to keep going forward but also kept them from dwelling in negativity or feelings of depression, frustration, and fear. Clavel (P2) articulated the latter sentiment quite aptly and succinctly:

…I can't stay with the negative because my children depend on me….

And Camelia (P12) asserted that she could shake off depressive feelings and cope with difficulties better by reminding herself that her main purposes were to make a better life and secure a better future for her children.

When asked specifically about their hopes, participants readily shared those they had for their children's futures. The most common hope centered on their children continuing to get education beyond high school and establishing themselves in good careers. A few of the women expressly stated that they wanted their children to be "better" than them—to achieve more than

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they would ever be able to achieve. Both Dalia (P10) and Camelia (P12) recounted how they and their husbands had told their children numerous times to aim high and work hard so they would not be relegated to physically arduous, unstable, and poorly paid work like their parents. Participants, whose children had the still uncertain DACA status, held out hope that the U.S. government would finally decide to grant DACA recipients legal permanent residency so that their children would not be deported and would continue to have educational and work opportunities in the U.S. Beyond education, career, and legal status, participants hoped that their children would become good people, be financially secure, be free and able to travel to other countries, and have good relationships and families of their own. Many participants, whose children were coming of age, believed that these latter hopes would likely be fulfilled because their children had already proved themselves to be good students, kind and compassionate young people, ambitious, and capable of hard work.

A few participants described having purpose, meaning, and hopes for themselves in their lives in Western North Carolina. Clavel (P2) and Jazmín (P6) had been pursuing education for the past several years and felt that getting educated gave them a lot of purpose and both created and maintained hopes that they personally would end up in good careers. Besides getting further education, Jazmín had in recent years also found another purpose in her life—to counter negative stereotypes about herself and other Latinx immigrants in her community. She hoped that her efforts would someday lead to more equal treatment and harmony between Latinx immigrants and Western North Carolinians. She said:

…what I would like so much is…for the Hispanic community to be accepted in this area (pause)….I try to visualize this—Why not? I love everyone and everyone loves me (laughs). Yes. And one day—one day this will happen.

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Gladiola (P5) and Lila (P9) found purpose in their current work, which they asserted would not have been available to them in Mexico. Having purpose in their work led them to make efforts to expand their skills and knowledge. As mentioned in earlier sections, some of the participants had found purpose and meaning in volunteer work and community activism. They all hoped to continue to engage in these meaningful activities, which they felt made an important difference in others' lives but also contributed to their own sense of value and well-being. Finally, a few participants emphasized as an important purpose in their lives that of achieving and maintaining healthy relationships with their spouses. They hoped to make their relationships stronger, deeper, and more meaningful over time.

Resilience and Adaptation

Participants' accounts of their background experiences in Mexico and their immigration to and lives in Western North Carolina revealed varying degrees of resilience and adaptation. For this study, *resilience* was defined as "…the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress…." (American Psychological Association [APA], "The Road to Resilience", para 2) and *adaptation* as "…a clear sense of personal and cultural identity, good mental health, and the achievement of personal satisfaction in [a] new cultural context" (psychological adaptation) and "…the ability to deal with daily problems…in [a] new cultural context" (socio-cultural adaptation) (Berry, 1997, p. 14). Factors that contribute to or influence resilience and adaptation include interpersonal, personal, and community strengths and resources and healthy coping behaviors (APA, "The Road to Resilience"). Participants in this study reported a number of the latter factors and the gestalt of their accounts as well as particular anecdotes or statements from these accounts demonstrated them to be a

resilient and adaptive group of women. The categories for the theme Resilience and Adaptation are as follows: 1) Strengths and resources and 2) Healthy coping, resilience, and adaptation.

Strengths and resources.

Caring relationships. Most participants reported having caring relationships inside and/or outside their family. These relationships generated positive feelings including happiness, peacefulness, fulfillment, gratitude, and hope, supported resiliency and adaptation, and contributed to overall well-being. Caring relationships with close family, i.e. parents, siblings, spouses/partners, and children, served as the greatest sources of strength and most helpful resource for most participants.

Several women emphasized having caring relationships with their families of origin both before and after they immigrated to the U.S. These relationships helped participants make and accept the difficult decision to immigrate to the U.S. and continue struggling to create a better life in their new country. Dalia (P10) described how sad her parents and grandmother felt about her and her husband's decision to immigrate to the U.S.; yet, they set aside their sadness and focused on encouraging and supporting this decision. Iris (P7) discussed how her and her husband's parents supported their decision to come to the U.S. and continued to encourage them to stay and work hard to ensure good futures for their children. They told Iris and her husband things like, 'Your children are your reason for being. Your place is with them' and 'Take care of your family—your children. You are doing well there.' This advice and encouragement from afar helped them remain strong even after being separated for so long from their parents and facing numerous difficulties.

 Gardenia (P3) described how much it meant to her to receive emotional and instrumental support from her mother who visited Western North Carolina when her first child was born.

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Camelia (P12) felt much happiness, comfort, and better able to manage work and family demands when her siblings and their spouses lived for a time with her, her husband, and children. Clavel (P2), one of the few participants who had her mother, father, and siblings in Western North Carolina, expressed gratitude for having close family nearby and good relationships with them. She and her children lived with her parents; thus, she had extended family support in raising her children and daily in-person family interactions that other participants yearned for.

Caring spousal/partner and positive parent-child relationships helped buffer feelings of distress due to worries, fears, and difficulties, especially for participants who did not have any other close family support locally. Thus, these relationships contributed to resilience, adaptation, and well-being. Gladiola (P5), despite dearly missing her family of origin in Mexico, commented on how much she liked her life with her husband and two children; they had formed a close bond and spent a lot of quality time together. She felt genuinely happy living here with them and focused her attention and efforts on promoting their health and well-being. She noted, in particular, how her husband contributed positively to her well-being. She said:

So, um, well, what has helped me is my husband. That is, we can talk about everything. I tell him everything I'm feeling. We live the same life each day so that is a great psychological help….

In member checking with Violeta (P1), she expressed how connected she felt with her husband and child. She noted that her good relationships with both of them helped her heal from the hurt and disappointment of not receiving care and support from her in-laws and enabled her to manage and overcome difficulties and worries in her life. She concluded that she felt genuinely contented and grateful for her life, in large part, due to her bonds with her nuclear family.

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A few participants pointed out that good relationships with their spouses/partners did not merely support them emotionally but also helped them function more effectively in their new communities, which increased self-esteem, led to a sense of self-efficacy, and enhanced resiliency and adaptation. Gardenia (P3) and Orchídea (P4) credited their husbands with pushing them to learn English when they felt afraid and lacked confidence to do so. Both of them now realized that learning English had enabled them to participate meaningfully and satisfactorily and manage day-to-day problems in their communities. Gladiola (P5) stated that her husband had taught her—and they had learned together—a number of skills through their work and that he had welcomed her taking the lead on some of their projects. She felt contented with and proud of her personal growth and development and had formed a clear, personally satisfying identity in her new cultural context. Finally, Tulipán (P12) recalled how her husband had helped her learn to function independently, which greatly benefitted her after he was deported. He had pushed her to go to school, helped her find employment, and made her overcome her fear of driving to other towns. She now felt capable and confident in raising and supporting her children and handling daily challenges on her own.

Good relationships with their children emerged as particularly valuable sources of strength and a resource supportive of resilience, adaptation, and well-being. Iris (P7), Dalia (P10), Tulipán (P11), and Camelia (P12) explicitly credited their children with keeping them going—giving them the energy, motivation, and will to keep struggling, to overcome negative feelings, and to strive toward a better life. Participants viewed their children as blessings and felt grateful and fulfilled in being able to have them. Tulipán, who described through tears the many difficulties she had endured and her sadness over having to leave her children in Mexico, suddenly brightened, smiled, and laughed when she recalled how joyful and hopeful she became

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and how she rebounded from all the negativity in her life after being unexpectedly blessed with two more children in Western North Carolina. She exclaimed:

> When I realized that I was two months' pregnant and—Well, I was happy (pitch and volume of voice go up significantly when she says *happy*) because when my last child was born the doctor said I wouldn't be a mother again….And God brightened my life giving me not just one but two (smiles and laughs) and, well, my life changed….

The joy and meaning from her relationships with her children persisted even after her spouse was deported and she had to support her family on her own. She indicated that her day-to-day struggles in being a single working mother, having an unkind boss, and being undocumented could disappear into the background when she was with her children. For example, after talking at length in a sad tone and with a flat affect about various struggles, her face lit up and she smiled saying:

> When I arrive [home from work] at 3:30 p.m., the three of us [my children and I] are all here. We all come home at that hour and our life together is nice (smiles broadly). We eat together. We talk. We [take walks together]…and we come home at night, bathe, and go to bed—We sleep all three of us in one room (smiles and laughs). We live together in harmony and—and I'm very grateful for this….

In addition to caring, supportive, and good quality family of origin and nuclear family relationships, a few participants reported having relationships with family-in-law and other individuals that served as sources of strength and resources positively impacting their lives. Gardenia (P3) described getting much needed relief from her initial sadness and loneliness due to being welcomed and accepted by and having pleasant conversations with her father-in-law. She noted, too, that over time she had begun to gain strength from and feel comforted by talking over

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difficulties and worries with her sister-in-law who lived nearby. Dalia (P10) spoke about the

benefits of developing a friendship with her boss, who had become like family to her. She

emphasized that her boss had helped her manage and overcome practical and emotional

difficulties. She shared:

> …I talk a lot with my boss—more than my boss she's my friend (laughs and smiles).
> With her—with her—She helps us a lot. She helps me a lot. Sometimes when I have
> financial problems, she says to me, 'No, well, cheer up. We'll see if we can work an extra
> afternoon this week or we'll do this or we'll do another thing'. Mm hmm. And she helps
> me a lot….She's the one who helps me or supports me the most or who supports me
> sometimes….

What seemed particularly powerful and meaningful for Dalia about this relationship was its

mutuality. She remarked:

> …I can tell her a lot of things. And she can do the same with me (laughs)—I think—
> Because sometimes when she's sad or worried sometimes it's me who cheers her up
> (smiles and laughs)….So we support one another. Yes (whispers).

Upon asking her if this relationship reflected the Latinx cultural concept of *confianza*, or a

relationship characterized by commitment, respect, and trust (Fitts & McClure, 2015), she agreed

that it did. She noted the difficulty of developing *confianza* with people in a different culture and

environment and, in particular, with Americans. She recognized the *confianza* she had with her

boss to be a rare and important source of strength and resource.

Despite Dalia's observation about the difficulty of developing *confianza* with Americans,

some participants reported forming quite meaningful and rewarding relationships with individual

Americans. Violeta (P1) described how kindly and respectfully her landlord had treated her and

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her family. Smiling broadly, she talked about how he brought her child fresh apples and never entered their apartment without them being present because he said it was their property as long as they were renting it. Violeta's feelings of gratitude toward and connection with her landlord helped motivate her to work hard, plan, and prioritize spending so that her family could pay the rent to him on time. Iris (P7) stated that her husband's boss loved their children and treated them like his own grandchildren. He had also taken her and her husband under his wing teaching them how to build credit and making it possible for them to get health insurance through the company. This caring and supportive relationship helped Iris and her family rise above daily struggles and get ahead in life. A few participants discussed how ESL and school teachers and particular social workers or health care providers had made efforts to support and care for them. These relationships and interactions contributed importantly as strengths and resources helpful to coping effectively with struggles, overcoming them, and making a better life.

   Personality traits. Drawing from the American Psychological Association, Skodol (2010) defined *personality* as "constellations of traits or attributes that determine how people perceive, think about, and relate to themselves and the environment" (p. 113). Thus, personality traits influenced, among other things, belief in self, self-appraisals, coping behaviors, and, ultimately resilience and adaptation. Several personality traits highlighted by Skodol to promote resiliency and adaptation were ones that participants in the current study demonstrated through their accounts, demeanor, and body language: being sociable, unselfish, and empathic, having a positive future orientation, being self-confident and goal-directed, being responsible and conscientious, being able to regulate negative and experience positive emotions, being humoristic, having insight into motivations, emotions, strengths and weaknesses, and being hardy or hardiness. These all emerged as personal strengths and resources.

Participants, whose overall accounts revealed them to be sociable, unselfish, and/or empathic, reported strong family bonds and friendships and meaningful engagement in their communities. Violeta (P1), Clavel (P2), Gardenia (P3), Orchídea (P4), Gladiola (P5), Iris (P7), Lila (P9), and Dalia (P10), who strongly exhibited these latter traits, described remaining in frequent contact with family in Mexico, benefiting a great deal from giving emotional support to and receiving emotional support from family and friends, developing some new close relationships locally, and finding purpose and meaning in their community activities. These women also demonstrated resiliency and adaptation. For example, they asserted that they effectively managed day-to-day challenges, communicated well enough to meet most of their families' needs, and had developed clear senses of identity and competence and personal satisfaction in their new cultural contexts.

Participants who displayed or communicated self-confidence, goal-directedness, and a positive future orientation tended to report more personal growth and enrichment, such as completing education and training courses and gaining valuable skills. The latter pursuits opened up other opportunities and led to a greater sense of self-esteem, self-efficacy, and personal satisfaction, all of which contributed to resiliency and adaptation. Though many participants demonstrated one or more of the above traits, Clavel (P2), Gladiola (P5), and Jazmín (P6) exemplified them particularly strongly. Clavel, after much time, effort, and frustration, had nearly achieved her goal of getting a GED and had plans to get more education and training and work toward her dream of opening a business or having a career. Her baseline self-confidence, goal-directedness, and positive future orientation simultaneously promoted and were strengthened by her accomplishments. Gladiola attributed her current vocational skills, competence, and independence to her goal-directedness, positive future orientation, and her

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husband's support of and confidence in her. She continued to set and strive to achieve new goals and had gained increased self-confidence and greater hope along the way. And Jazmín, who quite early on in her immigration trajectory set goals to learn English and adapt to her new cultural context, was currently pursuing a college degree and looking forward to having a career in the future. Her self-confidence, goal-oriented approach, and positive future orientation served her extremely well, and with each achievement, these traits grew stronger.

Other traits promoted participants' resiliency and adaptation. These traits included being able to regulate negative and/or experience positive emotions, being humoristic, having insight into motivations, emotions, strengths and weaknesses, and being responsible and conscientious. Many participants and their families of origin in Mexico appeared to have regulated negative emotions quite well in the midst of difficult circumstances. Participants who experienced violence, threats, and/or poverty in Mexico had hope and made plans for a better future in the U.S. rather than getting mired in fear and despair. Likewise, participants and their families of origin tempered their deep sadness over separating as they collectively agreed that immigrating to the U.S. could bring about many benefits for the youngest and future generations of the family. As already mentioned above, Dalia (P10) described how her family managed their sadness over separating and expressed their strong emotions to one another constructively when they said their goodbyes. When overcome by worry, Clavel (P2) noted how she successfully calmed down her emotions through listening to music, dancing, and positive self-talk. She could then go on to function and move ahead in life. Iris (P7) emphasized the importance of crying when she became overwhelmed by sad events or difficult problems but she stressed that she would only allow herself to cry for so long. She would make herself stop crying and move on to ask for support and calm herself down in order to think of solutions to problems.

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Each and every participant conveyed an ability to experience positive emotions despite the many difficulties in their lives. They described feeling happy, contented, fulfilled, and energized when spending time with their families and friends. Most of the women expressed positive feelings from seemingly simple and/or mundane activities with their partners/spouses and children and from their children's accomplishments. Some participants also reported feeling contentment, fulfillment, and renewed energy in volunteer work and helping others. It seemed for this group of women that the accumulation of struggles and the on-going worries and fears they had during their lives had not eroded their ability to enjoy life and experience positive emotions.

By and large, the women in this study had a great deal of insight into the motivations for their actions, their emotions, and their strengths and weaknesses. Most conveyed being motivated primarily by desires for safety, happiness, and opportunity for their children and their families. They understood that they had consciously made difficult choices and remained in uncertain situations in exchange for these potential worthwhile rewards. A few quite openly admitted that entering the U.S. illegally or remaining in the U.S. without authorization was wrong, but they felt that their motivations for these actions were honorable and defensible.

Participants, likewise, had insight into their emotions. They understood what prompted their negative and positive emotions, and the emotions they articulated were appropriate to the situations and events they encountered or endured. For example, they spoke of being sad and depressed over their long separations from family of origin and family illnesses and deaths; isolated and alone when they first arrived and did not know many people; frustrated about getting tickets and being detained by police during traffic stops for not having a driver's license; and frightened when hearing about ICE raids and deportations. In addition to understanding why

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they felt particular emotions, participants often reported finding ways to cope such that they could regulate negative emotions, function effectively, and experience well-being.

Finally, many of the women had insight into their strengths and weaknesses. Most acknowledged how strengths such as their work ethic, honesty, dedication to family, faith, and/or ability to communicate benefitted their situations. Likewise, a few admitted that weaknesses like not speaking better English or being reluctant to engage more with locals had not served them well.

Several participants discussed being responsible and conscientious and the importance of these personality traits to functioning well, and in particular, to functioning well as parents. Participants mentioned the value to their lives and well-being of being responsible and conscientious in their work outside the home, about paying rent and other bills promptly and consistently, about establishing and maintaining good credit, and about respecting the laws and rules of their new communities. Iris (P7) quite directly asserted that responsible and conscientious behaviors like the latter prevented having negative, potentially damaging encounters with officials like police or sheriff's deputies. With regard to responsibility and conscientiousness about parenting, most of the women prioritized raising their children over working long hours outside the home and made efforts to teach their children good values and behavior. They generally felt good about their child-rearing efforts and the positive impacts on their children.

A number of the women attributed overcoming negative events and situations and enjoying well-being to their ability to find humor in stressful situations and to laugh. Noting that as an undocumented immigrant you lived with chronic fear as well as worry and frustration and that such chronic negative emotions harmed health and well-being, many stated they had to find

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and practice a variety of strategies, like humor and laughter, to reduce these emotions or let off steam. Reducing negative emotions and letting off steam protected participants and their families and helped them carry on with their lives as constructively and positively as possible.

Another trait some participants demonstrated was hardiness, a trait that strongly promotes resilience and adaptation. Defined as "an ability to adapt easily to unexpected changes combined with a sense of purpose in daily life and of personal control over what occurs in one's life" (APA Dictionary of Psychology, n.d.), this multi-faceted trait involves viewing difficulties or problems as challenges that can be overcome and being active, engaged, and committed to overcome and grow from challenges ("Turning Lemons into Lemonade", 2003). Clavel (P2), in particular, seemed to exemplify this trait and its positive outcomes of resilience and adaptation. She discussed a number of difficult, negative experiences she had endured living in Western North Carolina and then talked about how she had not merely survived these but had struggled through them purposefully with an aim to thrive in life. She said at one point:

> Well. I feel that experiences—You have to decide if you are living them for something
> good or something bad….You can decide to stay the same or to change your life and
> destiny. So, yes, I have had many—As they say, I've been beaten up a lot—but, well
> (pause), I have to come out of this well….the opportunities may not come. You have to
> look for them. And bad experiences, you have to make them good to get ahead….

Belief in self and self-appraisals. Some participants began their immigration trajectories when they were quite young and had not yet been on their own or had not been parents for long or at all. Other participants came to the U.S. as mature adults already married, raising children, and/or independent and working for a number of years. Though differences in age and life experiences no doubt influenced beliefs and self-appraisals, all participants revealed having to

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adjust and reshape these to an extent due to living in a new cultural context. Not surprisingly, belief in self and positive self-appraisals contributed to resiliency, adaptation, and well-being.

Clavel (P2), who arrived as an adolescent and did not understand what was going on around her for quite some time, ended up developing a great deal of belief in herself and a number of positive self-appraisals. She viewed herself as someone who had worked hard and achieved much success despite encountering many obstacles. She described playing a crucial role in her daughter becoming an honors student, winning custody of her children, pursuing her own education, and increasing her standard of living and future opportunities. Jazmín (P6) also clearly believed in herself and appraised her abilities and accomplishments positively. From the very beginning of her life in Western North Carolina, she recognized the importance and took on the challenges of learning English, saving money, and purchasing her own car. After she had accomplished the latter and had ultimately moved up in her company, feeling undervalued and mistreated in her job, she had the confidence to resign and start her own business. She recounted quite proudly her many achievements and credited her own initiative, hard work, and abilities for them. Finally, Iris (P7) conveyed belief in herself and positive self-appraisals. At one point in her interview, she acknowledged that she had not gotten much formal education and still did not speak much English but she felt that she had contributed importantly to her children's good character and academic achievement. Additionally, she felt proud of and contented with how much she had contributed to her husband's and family's overall well-being.

Participants who had studied English either in Mexico or in the U.S. and who positively appraised their ability to speak English tended to engage with and adapt to their communities in healthier, more meaningful ways. They got involved with community activities and, through these activities, strengthened existing abilities or developed new ones. For example, Orchídea

(P4), who already knew how to cook, took a course in safe cooking practices so she could serve as a volunteer for a food insecurity program. And Dalia (P10) had learned over time new leadership and event planning skills due to her involvement with a community group. For these two women, exercising these new abilities purposefully and getting acknowledgement or feeling appreciated for them fostered belief in themselves and positive self-appraisals.

Belief in agency, responsibility for own health. Most participants expressed the general belief that they had some control over and responsibility to protect and promote their health and well-being. A number of them asserted that worry, fear, and stress about problems harmed health and well-being. Overall, they concluded that solving problems, managing worries well and reducing fear and stress levels helped prevent illness and promote better health and well-being, and they overwhelmingly believed that they could and should take actions to achieve the latter.

In discussing their role and responsibility in protecting and promoting their health and well-being, a few participants made quite strong statements about the connection between stress and poor health and well-being. Jazmín (P6) talked about how her three adult children all worked long hours in quite demanding jobs and asserted:

> …I see that the stress is killing them. All three of them have important positions in that place. The stress is killing them. It has made them sick. All the illnesses that come from stress….

And Orchídea (P4) asserted that some Latinx immigrants "get really sick from their nerves" from chronically listening to reports of ICE raids on social media.

Some participants gave specific examples of physical and emotional symptoms and health problems that they personally experienced as a result of worrying too much and letting

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stress overwhelm them. For example, Violeta (P1), after discussing all the worries and difficulties she had due to mistreatment by her in-laws and hearing reports of ICE raids and deportations, blamed the stress from these worries and difficulties for her significant weight gain during her first couple of years here. She recognized that if she did not manage stress better she could potentially develop other health problems. She said:

…I swallow my emotions too much, and, well, this (points to her stomach) wasn't here when I arrived. I would say that I don't feel comfortable with my current weight. It's not like I want to be a supermodel, but I do wish that at least I didn't have so much weight here….I think I that I handle my worries really well, but sometimes I think I hold them in too much and I think that's not good because it's like holding everything in a pressure cooker and inevitably at some point it's going to explode and I don't want it to explode as a health problem….

Clavel (P2), Gardenia (P3), and Gladiola (P5) reported that when they allowed problems, worries, and stress to overwhelm them they also could have unpleasant physical symptoms. For Clavel, the symptom that indicated health-threatening stress was her hair falling out. She stated:

If you live focused on worries and keep thinking and thinking [about them], your hair falls out (laughs). I notice when I start to worry a lot and stress, the first thing is my hair begins to fall out….[when I see that my hair is falling out] I say, 'No, Clavel, you have to stop, calm down, do something else'

For Gardenia, stress triggered and/or aggravated headaches and a skin disorder. She noted that keeping busy and distracting herself reduced tension and that, in turn, prevented or helped her symptoms. Finally, Pensamiento (P8) described going through a long series of diagnostic tests and having to see a specialist for quite concerning abnormal laboratory results. In the end, she

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emphasized, these abnormal labs had all been due to high levels of stress she experienced when she became separated from her child in Mexico. She concluded after experiencing that health scare that she had to manage her stress levels much better to protect her health and well-being.

Along with recognizing the connection between overwhelming stress and poor health and the need to cope in healthy ways and reduce negative stress, a few participants shared the belief that they should and could take additional actions to promote their health. This belief added positively to resilience, adaptation, and well-being. After some frustrating experiences with health care providers during her time in Western North Carolina, Gladiola (P5) became convinced that she needed to educate herself and her family about healthy lifestyle changes and to incorporate these changes into their lives. She felt empowered by taking on this responsibility. Iris (P7) talked about how she and her husband and now her children believed in the importance of getting regular wellness check-ups and taking an active role in self-care. She credited these beliefs with revealing silent health problems and motivating them to make healthy changes in their lifestyle. Finally, Lila (P9), who discussed how she and her husband had been diagnosed with chronic medical conditions, how difficult it could be to access low-cost health care in a timely manner, and how expensive specialty care was, had taken it upon herself to learn as much as she could about lifestyle changes important to controlling their conditions and preventing complications.

Positive reception and treatment, sense of belonging. Other strengths and resources supportive of participants' resilience, adaptation, and well-being included living in communities that were largely accepting of Latinx immigrants. Those participants who experienced mostly kind and generous treatment in their settlement communities expressed having at least some sense of belonging in them. Likewise, participants living in the most welcoming, caring and

supportive communities tended to experience more expansion and deepening of their social support networks and improvements in self-esteem and self-efficacy. They also appeared to have made more efforts to engage with community members and adapt to the local culture. Violeta (P1) saw her social support network expand to include her boss, her coworkers, her clients, and her landlord. She asserted that these relationships involved mutual caring, respect, and kindness and helped her well-being and functioning. Clavel (P2) over many years had experienced kindness and generosity from a number of locals and accessed a variety of educational opportunities and now felt good about herself and confident in her abilities. She also felt hopeful about the positive changes she had seen in her community which, in her view, now seemed to embrace Latinx immigrants. Orchídea (P4) perceived her community in Western North Carolina to be overall generous and compassionate. She had come to know a number of community members who volunteered their time and resources to help others. She felt cared about and inspired to care for others and thus began to engage in community service herself. Helping others in her community and beyond gave her a sense of purpose, happiness, and self-efficacy.

Healthy coping, resilience, and adaptation. As just discussed, varying combinations of interpersonal, personal, and community strengths and resources influenced participants' resilience and, ultimately, their psychological and socio-cultural adaptation, i.e. achievement of a clear sense of identity, good mental health, personal satisfaction and successful management of day-to-day difficulties in their new cultural context. A particularly important personal strength and resource valuable to the latter resilience and adaptation outcomes was coping. The many strategies that participants used to manage and overcome losses, struggles, and limitations will be discussed in this section. After discussing the coping behaviors that promoted resilience and

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healthy adaptation, a few anecdotes and quotes that particularly conveyed these processes and outcomes well will be shared.

All of the participants talked about at least a couple of strategies they used to manage and reduce worry and stress effectively, adapt to challenging situations, and promote and protect their well-being. Even when women acknowledged engaging in unhealthy, ineffective coping, such as self-isolation, most demonstrated flexibility in their coping repertoire and, ultimately, an ability to shift away from an unhealthy or ineffective behavior to a healthier and more effective one. The coping behaviors which emerged from most of participants' interviews fell into the following categories: healthy distraction, focusing on children, maintaining and nurturing transnational relationships, seeking help and support, problem-solving, using humor, laughter, and optimism, faith and spirituality, preserving and transmitting valued aspects of culture, and adopting and integrating new practices and values.

Healthy distraction. Nearly all of the women used distraction to escape from problems and worry and reduce stress temporarily. Rather than signifying an overall negative or unproductive strategy of avoidance and on-going neglect of problems, distraction provided a necessary reprieve from negative thoughts and situations and, in many cases, led to a boost in energy or optimism helpful to returning to problems and managing them better. Because the type of distractions that the women described using were not in and of themselves harmful and could be healthy (e.g., exercise), this researcher interpreted their use of distraction as *healthy distraction*. In particular for stress due to increasingly frequent reports of deportations, not having access to driver's licenses and work permits, and long separations from family in Mexico, healthy distraction served participants well because the reality was that there was little they could

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do to solve the central problem underlying this stress, i.e. being undocumented. They did not have many options or practical steps to take to regularize their immigration status.

Examples of healthy distraction employed by participants follow here. Some participants mentioned using exercise as a way to get away from problems. For instance Dalia (P10) said:

….We like to play soccer. Doing this helps you forget your problems a little. Um, it distracts your mind. So we go out…to play soccer or sometimes on the weekends when we're free we get together with our friends at a park and we all play soccer….

Clavel (P2) enjoyed dancing and listening to music, and she asserted that these activities not only shifted her focus away from her worries but also reinvigorated her. She shared:

And the worries, well, I try to push them away….I like music a lot and I like dancing a lot….when I have the opportunity to go dancing, I go, because it's what—My mother says, 'but you come home tired from work and you want to go dancing and then you have to get up early…the next day'. But it does not tire me. On the contrary, it revives me and refreshes me (laughs). And music, well, if I'm at home and I have a lot on my mind and I don't know what to do, I go close myself in my room and I start listening to a lot of music….And…I'm calming myself down….

Pensamiento (P8), who primarily felt distressed by being separated from her oldest child, used school as means to distract her from this distress.

…I started school…so that I could escape from reality. I was trying to keep my mind occupied so I wouldn't go crazy (laughs). It was my way of distracting myself— saturating myself with information or doing—Not leaving any time to think. Really, it was an escape….

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Orchídea (P4) mentioned as healthy distractions things like taking walks in nature, going to the library, or visiting friends. She stated that engaging in these activities made it possible at least to take a break from the increasingly frequent worry and fear about detention and deportation.

Focusing on children. Focusing on their children served as another healthy strategy to manage problems and worries. Because ensuring their children's well-being and working for their better futures gave participants a great deal of purpose in their lives, focusing on them not only provided relief from thinking about problems and worries but also helped them reframe their thinking more positively and feel hopeful as well as fortify them to tackle their problems, worries, and fears more effectively. Tulipán (P11) reported experiencing a boost in happiness and a sense of relief from her day to day difficulties and big worries by simply spending time with her children each afternoon, talking, eating meals, and going on walks. She recharged each afternoon and evening and could endure another day of work with her unpleasant boss. Gardenia (P3) mentioned how things like searching for pebbles outside with her children and then helping them paint these or taking them to their grandfather's house to play with his puppy helped get her mind off of problems and worries. Dalia (P10) noted how driving her children around to various activities served as a welcome reprieve from day-to-day stress and energized her. Camelia (P12) made the most poignant of connections between focusing on your children and escaping worries and negative feelings. After speaking for some time with a flat affect and tone about her struggles, she noticeably brightened when she started to talk about her children's futures and about playing at home with or taking them out to the park. She said:

> …you get depressed but, well, with them only—for them, you make an effort—for your
>
> children—thinking of them, well, you're here for them so that they will have a better

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future and thinking like this—like—well, distracts you or helps you deal with things better….

Participating in more unique or special activities with their children benefitted participants' well-being particularly strongly and enduringly. Gardenia (P3) beamed as she talked about taking her older child to the library and discovering how much this meant to her. She felt fulfilled in that moment as a parent and elated to have found a practical way to promote her child's happiness, growth, and development and to be a better mother in the process. Clavel (P2), who had finally achieved the financial stability and independence to be able to take her children on spontaneous outings, felt happy and excited because the joy they experienced signified her success in giving them a better childhood than she had. Dalia (P10), after explaining how she and her husband had for several years limited their lives to a joyless routine of work and home chores, asserted that they finally broke out of this routine in order to give their children some excitement and amusement. Ultimately, this shift in their routine benefitted them as much as their children. Dalia explained:

> Well, at the beginning—like—I think like with all Latinos—sometimes we were afraid to drive or go somewhere far away….So…our friends were talking to us about [going places like an amusement park a few hours away] and my husband would say, 'No, I won't drive so far. No.' And one day, a friend says, 'Well, it's that—it's so the children will have fun and, well, we've gone and nothing's happened'. That day my husband came to life. It was the first time we went more—we drove a little farther away from here. And—and—and we had, well, already lived here a long time….

After going out of their comfort zone and overcoming their fear on this one occasion, Dalia and her husband began to go out more regularly to amuse their children but also themselves. She

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suggested that this shift had helped them deal better with the many difficulties in their lives and had enhanced their life and their well-being long-term.

Maintaining and nurturing transnational relationships. Participants valued their relationships with close family living in Mexico and many of them made efforts to maintain and nurture these relationships through long-distance communication. This researcher interpreted these efforts as a coping strategy that contributed to participants' resilience and overall well-being. Nearly all the participants reported talking by phone or communicating via social media applications with family in Mexico or in other states in the U.S. quite frequently. Staying in such regular touch helped them remain informed about one another's lives, maintain strong bonds, share in each other's joys and sorrows, and give and receive support. It also helped participants connect their children with relatives they had never met in person, which was important to them and to these relatives. The best example of the latter came out of the interview with Gladiola (P5) who explained how she, her husband, and children made videos of their activities and shared these with their families in Mexico. She and her husband felt they were maintaining their existing bonds with family and, at the same time, creating new bonds between their children and their families of origin and felt satisfied and happy about these achievements.

Seeking help and support. As mentioned above, engaging in meaningful long-distance communication facilitated the giving and receiving of help and support between participants and their families in Mexico. Help and support seeking in general represented a healthy coping strategy used by many participants. By and large, participants sought and benefited from help and support—emotional, informational, and/or instrumental—from family. In a few cases, participants sought help and support outside family and from service providers, which proved beneficial as well.

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Orchídea (P4) mentioned talking with her family in Mexico and her friends here as helpful to her coping and well-being. When Gladiola (P5) worried about a potential personal health, she reached out by phone to talk with her sister in Mexico who was a physician. Getting information, guidance, and reassurance from a trusted, caring, and knowledgeable relative reduced her anxiety and fear and helped her get through a long and somewhat frustrating and frightening diagnostic process. Iris (P7) described how she coped with stress and worries and the particular benefits of seeking guidance and emotional support from her parents over the phone. She said:

> We've gone through some difficult things and what I do first is get things off my chest—I cry a lot….Uh, but when I take a breath, I speak with my mother or my father and I explain to them what's happening. They try—not to fix my life but to give me advice. When I feel that I can talk about what worries me, I calm down and I can think of solutions.

She added a few moments later that the loss of her mother-in-law and her husband's deep depression over this loss overwhelmed her capacity to cope and support him. She did not want to upset her parents so she turned instead to her siblings for support, also talking with them by phone. She asserted:

> …I talked things over with my siblings—talking with them and they listened to me. They didn't say 'Do this'. No. But them listening to me helped give me strength to try again to support my husband.

Finally, Lila (P9) reported how much her frequent phone conversations with family in Mexico, especially with her younger sister and her father, helped her cope with difficulties and worries.

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These communications provided a mix of emotional and informational support and advice. She said about her long-distance communications with family:

My sister….I know that talking to her about things that she will pray for me and she'll support me….And my mother—I can talk with her. And when my father was living….I could at any hour call him and….I would call and talk to him and that helped me a lot….

Gardenia (P3) and Dalia (P10), both of whom were strongly connected to family in Mexico but did not want to burden them with certain problems and worries, felt grateful to have developed increasingly trusting and comfortable friendships with women in Western North Carolina. Gardenia discussed how helpful it had been for her to talk over problems and worries with her brother's wife and another woman who lived nearby her, and Dalia expressed getting the same benefit from interacting with her boss. Seeking help and support from these new close friends became an important coping strategy for both of these women.

Though many participants discussed receiving support from new acquaintances and individual service providers in their communities, only a few mentioned that they had initially reached out to ask for support from these people. Clavel (P2) indicated seeking help and support from teachers, local law enforcement, and social service providers to get through some quite difficult situations. And Dalia (P10) talked about being part of a community service group and getting their help with launching a program to bring family members from Mexico for visits and with getting reliable information about ICE and local law enforcement activities to disseminate to the Latinx immigrant community. That these two women reached out to service providers, law enforcement, and a local group for help—effective help-seeking—demonstrated a growing

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sense of trust in systems and people in their communities and a broadening of their healthy coping strategies.

Problem-solving. Participants discussed yet another healthy coping strategy helpful to managing problems, worries, and stress—that of *problem-solving*. This strategy involved confronting a problem directly and taking steps to resolve or at least circumvent it and move forward in a more positive way. A good example of an effective use of problem-solving came from Jazmín (P6). Emphasizing that she came to Western North Carolina not knowing any English to work in agriculture, a particularly exploitative employment sector, she said:

> …when we got here not knowing a single word of English, we didn't believe everything
> we were told….So, um, when I decided to study English, it was because the manager
> went and told the boss things that weren't correct—things that weren't true. And that got
> me—caused me problems and that was a constant worry—a constant worry that I would
> end up without a job because people who supposedly knew English and things that I
> didn't know—eh, they did these kinds of things. So, the moment came when I said, uh, 'I
> have to learn English. I have to learn English, to adapt to this place….'

Participants mentioned using a number of other concrete, practical actions, closely related to or a component of problem-solving, to deal with and overcome difficulties and worries effectively. These included seeking information, being organized, using time wisely and productively, setting priorities, and planning. Orchídea (P4), her husband, and their older son, who were repeatedly told by school counselors that there was no financial assistance for higher education for children with DACA-status, persisted with seeking information about scholarships from every organization they could think of. Their efforts paid off as both of their children ended up getting full scholarships to reputable universities. Violeta (P1) asserted that being

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organized and prioritizing how her family spent money helped her cope with financial difficulties. She figured out which expenses and bills needed to be paid first to keep herself and her family safe and well and then made sure she set aside money to pay these first each month. Finally, Gladiola (P5) stated that using her time wisely and productively made her feel calm and helped her cope with worries and problems more proactively.

Using humor, laughter, and optimism. Most participants felt that humor and laughter and/or optimism helped keep them resilient and able to manage and overcome difficulties, worries, and fears and remain mentally healthy. Their ability to employ these as coping strategies in and of itself signaled good mental health. Iris (P7) described how she and her husband combated their deep sadness over his mother's death by recalling and laughing about some of her personality quirks. Dalia (P10) joked with her husband about going directly to the police chief if she got a ticket to demand special treatment and visualizing her doing this to no avail made them laugh heartily. And Violeta (P1), when discussing how stressed out and afraid she felt when her phone and social media sites repeatedly alerted her to ICE detentions and deportations, demonstrated her use of humor saying:

There are times that I joke saying, 'Ay, hopefully ICE gets me and deports me back to

my country. I won't have to pay for the plane ticket (big laugh) and I'll go there for free'.

Likewise, Orchídea (P4), describing the often relentless and fear-inducing social media reports and rumors about ICE operations, noted that sometimes she and her husband just ended up laughing to break the tension and this reduced their fear and anxiety.

Several participants reported using optimism as a coping strategy. Violeta (P1), after talking about her distress over her husband's recent lack of work and her frustration over complicating her family's life due to her fear of driving, concluded on a positive note saying:

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> At the end of the day (pauses and breathes), I breathe and I trust in the fact that I'm trying to get better....I trust that everything that I encounter in life—that there will be a thread that brings it all together and puts everything in place....I try to go to the extreme of being an optimist. I try to be really positive....

Clavel (P2) explained her approach to managing worries as reframing her focus to the future and its possibilities. She stated:

> I do not say that we should not be alert and look at what—neglect our worries—but we do not have to live only for that. But rather try to focus and move forward because (pause) being worried all the time, it's like going backwards and not forwards. I want to go forwards not backwards....

Participants' use of optimism to cope and move forward productively and positively in life manifested itself through the many hopes and dreams they formed and kept alive despite difficult experiences, worries, and fears. Those with children expressed being able to keep going and fighting for a better life because they had so much hope for their children's happy futures. Orchídea (P4) smiled and laughed as she explained how her hopes for her children had thus far been more than fulfilled and how optimistic she was that they would continue to succeed and enjoy life. Several participants smiled and expressed feeling optimistic and hopeful because their children had thus far demonstrated good characters, were loyal to and interested in family, were doing well in school, and/or had started to make plans for their future careers. Other participants shared various hopes and dreams they had for themselves and how these also helped energize them and get them through hard times.

Faith, spirituality. Having faith in God (in the Catholic and/or evangelical Christian traditions) and maintaining this faith emerged as helpful to coping, resilience, adaptation, and

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well-being for several participants. A few of these women mentioned going to church and/or

praying as important to overcoming or dealing with worries, functioning well, and achieving

well-being. Pensamiento (P8), who felt largely out of step with her settlement community,

remarked that she experienced genuine belongingness with God when she went to church. She

gained strength and hope from this spiritual connection. Clavel (P2), Lila (P9), and Tulipán

(P12) similarly felt fortified and fulfilled by their faith and connection to God. When asking Lila

about how she managed worries and difficulties, she readily responded saying:

> Praying—asking for God's help….one of the verses (in Philippians) it says that you can
>
> face any situation because Christ gives the power to do so. That's something that has
>
> helped me—that is, depending on Him. Reading the Word, memorizing and reciting the
>
> Word….that has helped me a lot.

Whether or not participants expressed such strong religious faith as Lila, most did not leave

things entirely up to a higher power. Bolstered by their faith, all took action themselves to try to

get through difficulties and make their lives better. Violeta expressed this balance between faith

that a higher power would protect and help you and the need to protect and help yourself. After

emphasizing that she trusted in her higher power to get through stressful times, she later said:

> Obviously, well, I can't leave everything up to God because He's there (points upward)
>
> and I'm here (laughs). So, I have to take care of my problems….

Engaging in meaningful activities. Though participants did not necessarily characterize

their engagement in meaningful community activities and service as coping strategies, such

engagement distracted them from their problems, promoted their self-esteem and self-efficacy,

and gave them purpose, all of which supported resiliency and well-being. Clavel (P2), Orchídea

(P4), Iris (P7), and Dalia (P10), smiling broadly, reported feeling nourished, energized, and/or

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happy about helping others in their communities. Clavel noted that helping others made her feel fulfilled and took her mind off of her worries, and Orchídea and Iris discussed feeling similarly fulfilled and good about helping others in need. Iris said about this work:

> …we like sharing with people even though I sometimes don't understand them (laughs)….Helping another person nourishes you and gives you satisfaction. Sometimes people give you a hug that's so sincere that you feel that something—that something within you moves. Something moves within you. And so I like feeling these things. So I'm going to try to keep helping people who need me….

Finally, Dalia shared her delight both from finding purpose in helping Latinx immigrants in her community and being recognized and appreciated for her efforts by these immigrants as well as local people. She additionally expressed gaining a sense of self-esteem and a feeling of self-efficacy from her community activism.

Preserving and transmitting valued aspects of culture. Participants talked about values and components of their Mexican culture that they had preserved and implied that this maintenance of cultural integrity contributed to their resilience and adaptation and benefited their well-being. The cultural values and components they mentioned preserving included familism (*familismo*), respect (*respeto*), a strong work ethic, their Spanish language, and their religious faith and traditions. They expressed feeling particularly proud of and happy about maintaining *familismo,* and closely related to that, their prioritization of and sacrificing and struggling for their children's well-being and futures. They had learned from their parents and grandparents and their culture in general to value family and children above all else.

Each and every participant expressed maintaining the cultural value of *familismo,* "the importance of strong family loyalty, closeness, and getting along with and contributing to the

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well-being of…family….” (Ayón, Marsiglia, & Bermudez-Parsai, 2010, pp. 744-745). They described how their lives centered on spending time with family and making choices and taking actions that would benefit their family as a whole. Additionally, when discussing their hopes and dreams, these always included the well-being and success of their family and the ability to gather and be with family without restrictions and limitations. Iris (P7) articulated this valuing of family quite succinctly when she said “The basis of everything for us is family….” She reinforced this assertion later when she stated “…I think that putting family first—like his parents and mine did—was what unified us and made us who we are now….” As mentioned in earlier sections, a number of participants spoke about how much they enjoyed and benefited from spending time with their family—even if just doing the most mundane of activities. They conveyed that supporting, caring for, encouraging, and being with family were not merely important obligations but valuable gifts in their lives.

Several participants talked about how they had honored and maintained their culture’s valuing of children, an aspect of *familismo*. For the majority of the participants, their main motivation for immigrating to or staying in the U.S. was to give their children better lives and futures. This same motivation helped them to endure day-to-day difficulties, risks, and limitations in their lives in this country.

Some participants described how valuing their children shaped their decisions regarding working outside the home. Gardenia (P3), who had worked for several years in Mexico, felt compelled to get a job in Western North Carolina to satisfy personal expectations as well as contribute financially to her nuclear family. She discussed how her desire to work outside the home surfaced periodically but, ultimately, she decided that her children would be much better off in her care than in a childcare facility. She stated that she could not find a job with flexible

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scheduling that would enable her to meet the needs of her children, and she refused to compromise their needs. Tulipán (P11), who was a single mother and worked outside the home, would only accept jobs with schedules that would enable her to arrive home at the time her children got out of school. She emphasized that these parameters limited her options as well as her earnings but she valued her children too much to place them in the care of others. Finally, Camelia (P12) left a job because she rarely got to see her children. She realized she was missing out on the most important aspects of mothering—spending time with your children and taking care of them when they were sick or otherwise in need. This decision to quit her job meant more financial struggle for her family but proved better for her and her family's overall well-being.

The cultural value, *respeto,* has many dimensions including obedience to authority, deference to elders, and behaving properly and politely in social interactions (Calzada, Fernandez, & Cortes, 2010). In describing their own behavior, most participants emphasized how they followed the rules of and obeyed authorities in their settlement communities and how they treated people with politeness. They viewed both demonstrating and being treated with *respeto* as important. Iris (P7) and Tulipán (P12) talked about how they modeled and taught their children *respeto*. When discussing incidences of discrimination her children experienced at school, Iris noted that at least one of the children who had committed the discriminatory acts had come from a troubled home without proper parenting. She contrasted this child's upbringing with that of her children. Acknowledging how fortunate she had been to be able stay at home and focus on raising her children, she took this role and responsibility seriously and actively guided them to ensure that they treated people well but also received good treatment in return. She gave an example of this guidance saying:

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…what I have always emphasized to them is the importance of respect—respect—'If you show them respect, they will show you respect. If they don't show you respect, then defend yourself'….And I've always instilled this in them. Uh, the—the most practical way to defend themselves is to tell someone. 'You don't need to insult—You don't need to hit anyone….Talk to your teachers….They're going to help you….'

Tulipán told many anecdotes about other people's disrespectful behavior. She explained that she would often point out this lack of *respeto* to her children and then urge them to learn and practice being good respectful people.

Participants universally conveyed valuing hard work, taking advantage of opportunities, and earning your way through life. Each of them talked about how hard they and their spouse/partner or other family members worked to achieve what they had in life and how important this was to them. Lila (P9) quite emphatically asserted that Mexicans were particularly hard working people and should be treated better in this country due to their strong work ethic. Those participants with children frequently mentioned teaching them the value of having a strong work ethic and advising them not to squander the opportunities available to them in the U.S. For example, Tulipán (P11) recounted telling her children things like:

'Study—You have social security numbers. You can do something in life. I can't…because I don't have a social security number but you do. Work hard. See how beautiful it is to do something important with your life'

Clavel (P2) related how she tried to instill in her children the value of work and earning things while also giving them some small pleasures. She seemed satisfied with achieving a balance between these two efforts when she said:

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…If they want ice cream, and I have money for ice cream, we go for ice cream. If they want a hamburger, and I have money, we go for a hamburger….They know that I don't have the money to buy things for them all the time…or they know that, for example, if they go with me to clean [where] I clean and they help me, they know that after we finish we'll go out to eat...and that's why they go with me happily because they know they will get a reward. And then at home if they…want french fries, they come and say to me, 'I cleaned my room....'….In other words, they know that you have to work to earn things, but I will not make them work and suffer like I suffered. They have to be taught but in a more normal way….

When sharing their hopes and dreams for the future, many participants expressed a common hope that their children would work hard, study, and make the most of opportunities available to them. A few participants specifically wanted their children to work hard in school so they could obtain higher status employment than they themselves had.

Many of the participants emphasized the importance of preserving their Spanish language and ensuring that their children spoke Spanish. Some stated that they only spoke in Spanish in the home. Those whose children spoke Spanish well felt proud and satisfied about this. When probing women further about why this was important, most responded saying that speaking Spanish well helped their children communicate with their family in Mexico and form stronger bonds with them. A few agreed that the communication between their children and themselves would be richer, too, if their children were fluent in Spanish. A couple of women stated that they felt relieved that their children were bilingual because they could "defend" themselves in both languages. This seemed to suggest that they viewed bilingualism as a vital skill and resource in case their children were separated from them for a time due to parental deportation or if their

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children had to live in Mexico due to deportation. This researcher never got satisfactory clarification about the meaning of "defend" despite trying. Also, no participant volunteered that ensuring their children spoke Spanish was motivated by their desire to preserve their cultural heritage. What seemed most salient was its contribution to *familismo*.

Several participants reported having Catholic religious backgrounds. Only two participants discussed belonging to Catholic churches and regularly attending mass in their communities in Western North Carolina. One of these two women made sure no matter how busy she was that she always went to mass at least once a week. The other one noted that her children were more genuinely committed to Catholicism than she ever was, and they had helped motivate her to rekindle her faith. She and her husband, who had a civil marriage ceremony in Mexico, renewed their marriage vows in their Catholic church in Western North Carolina a few years after settling here. She felt happy about this and proud of her children's religiosity and hoped they would continue to be devoted Catholics.

Just two participants, Iris (P7) and Dalia (P10), talked about maintaining important cultural customs or practices, beyond speaking Spanish and practicing Catholicism. In discussing how she and her family coped with the loss of her husband's mother, Iris noted that they kept a photo of her mother-in-law displayed in their living room and that they spoke directly to her photo after her death as if she was alive and present in the room. They drew this practice of interacting with dead loved ones from their Mexican culture. She explained:

…we believe that our loved ones who die remain in contact with us. They visit us. That's why we make altars for the dead and all of that. And—and we always have—He always tells his mother goodbye before he leaves for work. He says, 'Mom, I'm going to work.

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Please send me your blessings.' And he goes to work. My children do the same. They say

goodbye to her as if she were here….

Dalia discussed involving her children in Mexican folk dance lessons and performances, and she

dreamed of traveling with her family to another U.S. city where members of her husband's

family lived and where they could participate in an important cultural festival.

Adopting and integrating new values and practices. A number of participants reported

openness and efforts to adapt to their new cultural context even as they maintained important

Mexican cultural values and practices. They viewed adapting to their new environment as

crucial to overcoming day-to-day difficulties and promoting personal and family well-being.

Clavel (P2), in her first few weeks living in her new community, endured some distressing

experiences but resolved to move past her distress and make an effort get used to the way things

were. When recalling how she knew no one in and nothing about her new community and the

difficulty this caused, she implied that what helped her overcome these disadvantages and make

her way forward in life was her determination to adapt. She asserted:

I am one of those people who believes that if you are in this country you have to adapt,

you have to follow their rules, adopt their traditions….

Her openness to adapting, along with other factors, helped Clavel later become a self-assured,

engaged, and hopeful person with a number of impressive accomplishments.

The participants who made efforts to adapt to their new communities by learning and

improving their English enjoyed significant gains in their functioning and well-being. They

could successfully make appointments and, with little or no use of interpretation services,

communicate well enough to get basic needs met. Likewise, in learning, accepting, and

following the norms and rules of their communities, participants conveyed better functioning and less distress and conflict.

Some participants highlighted new values and practices they had adopted and new skills they had learned from their Western North Carolina communities' cultures and emphasized that these had benefitted them. As mentioned previously, Iris (P4) and her husband learned the value of getting preventive health care and screenings and she felt this had helped them avoid potentially serious health problems. They transmitted this value to their elderly relatives in Mexico who had long avoided getting any healthcare. Iris noted that they were able to purchase their trailer and contribute some money to their daughter's tuition due to adopting and practicing the American value of building credit. Finally, she asserted that she and her husband, in adopting this country's value of education, had encouraged and supported their children's efforts in learning. She proudly stated that all of their children were doing well in school and were motivated to continue studying beyond high school.

Gardenia (P3) noted that she had adopted the practice of exercising regularly in a local gym. She believed that this promoted better health and well-being. Orchídea (P4), who had previously shared how she had adopted the American value of volunteering and helping others, felt this value enhanced her well-being a great deal. In fact, she and her husband felt so positive about this new value that they encouraged their children and other family members to adopt and practice it as well. She proudly reported that her children now participated in community service of their own accord. Finally, Gladiola (P5), Jazmín (P6), and Pensamiento (P8) all reported adopting self-help and mindfulness practices that were widely available in their new cultural context such as yoga, breathing relaxation, meditation, and/or reading inspirational books. They cited these as helpful coping behaviors, supportive of resilience and well-being.

Participants' simultaneous preservation of Mexican culture and identity and openness to engaging in and adapting to their new context reflects quite well the acculturation strategy of *integration* conceptualized by Berry (1997, 2006). Berry emphasized that truly successful integration required the above mentioned actions and characteristics of immigrants but also acceptance by the dominant culture in immigrants' settlement communities. He went on to assert that immigrants who pursued and attained full integration more likely experienced positive adaptation outcomes including a clear sense of identity, good mental health, personal satisfaction, and success in overcoming daily challenges. In this sample of Mexican immigrant women, those whose accounts revealed the healthiest psychological and socio-cultural adaptation and well-being reported all three of Berry's integration requirements: 1) preserving cultural integrity, 2) integrating satisfactorily in the new cultural context, and 3) being accepted and treated well by their communities.

Anecdotes and statements conveying resilience and adaptation. This researcher largely interpreted participants' resilience and adaptation from their entire accounts rather than from particular parts of these accounts. In essence, a gestalt view of the transcripts revealed an overarching pattern of participants encountering many difficulties, enduring a great deal of hardship, and largely overcoming these difficulties and hardships and coming out changed and better off. There were, nevertheless, a few anecdotes and quotes from participants' interviews that reflected or supported this pattern of resilience and adaptation quite well.

Clavel (P2) described a number of experiences of hardship she and her family experienced as a result of being subject to the control of an unscrupulous boss in all aspects of their lives. She explained how they always found ways to survive and move forward through their own hard work, determination, and ingenuity, being unified as a family, and seeking and

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receiving help at crucial times. Once, after the family had worked hard for a period of time and looked forward to being paid a significant sum of money, their boss only gave them a fraction of what they were owed. She recounted what happened after this injustice saying:

> Then, my mother, who couldn't take it anymore, said [to the boss], 'No. This cannot be. This is not sufficient. We worked a long time. My children and I and, no….' The fact is that he said—it was about 11 o'clock at night—and he said 'If you don't like it, you can go ahead and get out of here.' And he kicked us out of the house at that hour of the night, and I remember it was snowing. And we just grabbed—My mother told me, 'Cover up the little girl well'—and I wrapped her in a lot of blankets and we put a jacket on her and we started walking. Then (pause) we arrived at a house near the school. There was a teacher there [and my younger sister] told the teacher what had happened and…we ended up spending the night there….

Clavel and her family ultimately got support from a number of teachers after their unjust eviction and yet another person helped them get free lodging for a year in an empty house. After relating this anecdote, Clavel detailed all the progress she and her family had made and noted that they had come out well in the end. They all learned English, currently had work and vehicles and were paying off a mortgage on a house, and the little girl they had wrapped up in blankets and a jacket the night they were evicted was now an honor's student looking forward to a bright future.

Orchídea (P4) revealed her and her husband's resilience and openness to and facility with adapting through a number of anecdotes shared during her interview and responses during member checking questions. She described how her husband went to the U.S. after being harassed and forced out of his job in Mexico, and she stayed behind with her children continuing to work and earn money for her family there. Altogether, she and her husband were apart for

about a year. When she herself experienced harassment in her job, she ultimately decided to resign and moved with her children to a different, more rural area near family. When the harassment continued and the situation there became increasingly difficult, she made the decision to migrate over land with her two school-age children to the U.S. She and her husband, after arriving in Western North Carolina and experiencing a period of difficult adjustments, gradually built a good, meaningful life. For example, their children, despite financial obstacles, had both gotten quality education and had succeeded in going to universities. And when asked how living the first couple of years in a trailer park where drug use and crime were prevalent affected their well-being, Orchídea responded that rather than depressing and overwhelming them this experience motivated them to work harder and adapt, which, in turn, helped them move out of that area.

Tulipán's (P11) account of her migration experiences showed her to be resilient and able to adapt to changing, challenging circumstances. She explained that she never had any intention of leaving Mexico but a rift with her family of origin compelled her to do so. She described making a long journey by bus to a border town in Mexico and then having to remain in that town for several months due to numerous failed attempts at crossing the border into the U.S. She befriended some people in that town, put her vocational skills to good use, and even secured a job with the thought of remaining in this area but, ultimately, continued fallout from her family dispute forced her to keep trying to cross the border until she succeeded. Once in the U.S., she quickly found a job, and she found purpose and motivation to keep going by earning money and sending it to her children in Mexico. Gaining the love and support of a partner and later having two more children in the U.S. added immensely to her purpose and motivation to overcome difficulties and get ahead in life.

Finally, the account shared by Jazmín (P6) demonstrated her and her family members' resilience and efforts to adapt to Western North Carolina. For instance, once Jazmín realized how difficult agricultural work was and how vulnerable she and other workers were in her settlement community due to not understanding and speaking English, she took advantage of the first opportunity available to her to learn English. She recalled how her coworkers laughed at her and viewed her as odd because she would study English during her lunch breaks. She emphasized that learning English enabled her to move out of physically harsh work in her company and eventually rise in the ranks to earn a salary and gain valuable skills and later to resign and start her own business. Meanwhile her former coworkers, who had not learned English nor endeavored to adapt to their new communities, remained in the same difficult and dirty work vulnerable to exploitation. Later, Jazmín stressed how pursuing education—beyond English classes—and making efforts to interact with locals had begun to help her and her husband improve their quality of life, including buying their own house and making a living more and more on their own terms. A quote from her interview reflecting her resilience and adaptability follows below:

> And well, well, um, the moment arrived when I decided to leave—to resign from that place because (pause), um, at that point, I didn't feel willing—like they would say to me—all that racism that there was. No more. And with my husband's help, well, I resigned (clears throat). Uh, I started a small business and, um, um, we were—that is, it went very well for me….

Summary

The findings from this study on Mexican immigrant women's experiences of immigrating to and living in Western North Carolina and the impact of these experiences on their well-being

again revealed and supported several themes: 1) Difference and Disruption, 2) Losing to Gain, 3) Living with Risks and Limitations, 4) From Lost to Found, and 5) Resilience and Adaptation. Together these interacting, overlapping themes presented the commonalities and variations and nuances in participants' experiences, the many factors contributing to their resilience, adaptation, and well-being, and the overarching pattern of their experiences and well-being getting better over time. The culmination of this pattern with the theme Resilience and Adaptation highlights that, overall, the findings from this study supported participants having meaningful experiences, resilience, and healthy adaptation outcomes, including healthy functioning and well-being.

CHAPTER 5

DISCUSSION

The primary aim of this interpretive descriptive study was to gain knowledge and understanding of the experiences and well-being of Mexican immigrant women living in traditionally non-Latinx communities in Western North Carolina. Twelve Mexican immigrant women participated in face-to-face individual semi-structured interviews with this researcher and bilingual Mexican American research assistants. This chapter has four major purposes: first, to provide a summary of the themes and categories that emerged from the study participants' accounts of and reflections on their experiences and well-being; second, to examine how the themes and categories corresponded with findings reported in the literature as well as with the theoretical background understandings for this study; third, to discuss implications of the study findings for healthcare practice with Mexican immigrant women in traditionally non-Latinx settings; and, fourth, to discuss implications of the study findings for research and to suggest future research needed to explore and clarify this topic further.

Discussion of Results and their Congruence with the Literature

Many of the participants' descriptions of their experiences and their reflections on how these affected their well-being resonated with those reported in the literature for other Mexican and Latinx immigrants in the U.S. Nevertheless some important differences came to light due to the open-ended, in-depth nature of the data and the unique contexts in which participants lived. This study revealed overall healthy well-being and a variety of helpful interpersonal, personal, and community strengths and resources used by participants to overcome difficulties, take advantage of opportunities, and proactively protect and promote their own and their families'

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well-being. Discussion of the similarities and differences between this study's findings and those of the literature follows here guided by the study themes.

Difference and Disruption

Participants, in reflecting on and discussing what it was like to immigrate to and settle in Western North Carolina, quite often pointed out differences they observed between Mexico and their new communities. They also talked about various disruptions that had occurred in their lives and themselves due to immigrating. Such observations corroborated what Messias (2010), a scholar of immigrant health and well-being, asserted about migration to another country: "… migration may involve radical social, cultural, economic, and environmental changes, as well as potential disruption and difference in a wide range of human interactions and social networks" (p. 226).

This small group of Mexican immigrant women described both negative and positive differences and disruptions resulting from immigration. Some of the negative differences included the lack of Latinx people, Spanish speakers, and familiar foods and the somewhat rigid social interaction and foreign, unfamiliar norms and systems in their traditionally non-Latinx communities in Western North Carolina. The initial and, in some cases, on-going negative impacts of some of these differences corresponded with findings from prior studies of Latina immigrants in traditionally non-Latinx areas of the U.S. (Campbell, 2008; Fitts & McClure, 2015; Ornelas et al., 2009; Raffaelli et al., 2012; Roblyer et al., 2017; Sanchez-Birkhead et al., 2011; Shattell et al., 2009; Villenas, 2001) which reported as potentially harmful and/or significant barriers to optimal health and well-being the lack of Spanish-speaking, culturally competent service providers, limited or no Latinx presence, and/or limited social support networks. Many of the latter studies and others, though, generally did not describe details about

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difficulties and negative impacts on well-being due to encountering different, unfamiliar norms and systems. In this study, a few participants explained through detailed anecdotes how not understanding the norms and systems in their new communities resulted in some quite threatening, distressing encounters with social service officials.

Positive differences reported by many of the women in this study included the following: peacefulness, lack of crowding, safety, natural beauty, and good schools in their communities in Western North Carolina. Several researchers studying Latinx immigrants have suggested that some in this group deliberately choose to live in rural areas or report satisfaction with living in these areas of the U.S. in part due to these latter characteristics (Garcia, 2009; May et al., 2015; Torres, Popke, & Hapke, 2006; Valdivia et al., 2008). Though only one participant asserted that she chose to come to Western North Carolina primarily to see and enjoy its renowned beauty, most of the women mentioned the beauty surrounding and the security, calmness, and good schools in their communities as factors contributing to their desire to remain in them. All of them suggested that living in such beautiful, calm, and safe communities positively affected their well-being.

Not surprisingly, participants reported that immigrating to the U.S. generally disrupted their lives in significant ways. They left behind most or all that was familiar to them, including people, places, cultural practices, language, and norms and systems. Most of the women in this sample accepted these disruptions—albeit not without difficulty—because they looked forward to better lives for their children and themselves in the U.S. Though the decision to come to the U.S. was not completely voluntary for some of these women (i.e. harassment or economic deprivation compelled or heavily influenced the decision), most felt like they, ultimately, had some part in deciding to come to the U.S. to benefit their families. Just two of the women noted

that they neither wanted nor had any control in the decision to immigrate to the U.S. While all the women reported experiencing some difficulty and poor well-being in the first few months or years after immigrating, the two women who emphasized they had no input into their decision to immigrate described the most difficulty and poorest well-being in the early part of their immigration trajectories. Limited research on Latinx immigrants has suggested positive correlations between low control or choice in the decision to migrate to the U.S. and depressive or anxiety symptoms (Hovey & Magaña, 2000; Salgado de Snyder, 1987). The former study involved Mexican male and female migrant farmworkers in the Midwest and the latter Mexican female immigrants in Southern California.

A few of the women in this study reported significant, distressing disruption in their standard of living as a result of immigrating to the U.S. Nevertheless, all of them indicated that their standard of living had gradually improved, and most of them asserted that they would be worse off economically in Mexico if they had remained there. More of the participants emphasized as a difficult or negative consequence of immigrating the disruption in their social status. Five participants described declines in social status due either to having to accept low-status work in the U.S. after completing post-secondary education and/or training and working in higher status jobs in Mexico or due to leaving communities where they were known, valued, and respected to live in communities where they were not known, valued, or respected. Though these social status declines negatively affected well-being, all five of these women ultimately reframed their expectations and found meaning and purpose in their lives. They reported that over time they became known, valued, and respected by others in their new communities. The literature reviewed for this study did not reveal or emphasize impacts on well-being of social status disruptions like the ones that came to light in this study. One inquiry with Brazilian

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immigrant women in the U.S. (Messias, 1997), which was not included in the literature review, did highlight how their declines in social status after immigrating negatively affected their identities and well-being.

Conforming to a great deal of the literature on Latina immigrant mental health and well-being, the participants in the current study reported negative experiences due to difference and disruption in their relationships and social support networks. Most of the women interviewed for this study came to and settled in Western North Carolina without their close family of origin or even extended family and friends. Many came with spouses/partners and/or children and had no or just a few of their spouses'/partners' family members living nearby them. Thus, their social support networks in Western North Carolina were smaller and comprised of different people than in Mexico. These changes in social support networks posed some difficulties and resulted in distress for a number of participants, especially when they had to cope with significant life events like childbirth or deaths of close family. Nevertheless, as reported for earlier studies (Aranda et al., 2001; Roblyer et al., 2017; Salgado de Snyder, 1987; Vega et al., 1986), the quality of support received from local networks could matter more to healthy coping and well-being than their size and composition. For some of the women in this study who had quite small social support networks, receiving good quality, consistent support from their spouses/partners and/or from women with whom they had begun to develop *confianza* contributed a great deal to their resilience and well-being.

Another change or difference in participants' social support networks compared to what they had in Mexico was that these networks were now largely transnational in nature. Nearly all the participants explained that they regularly contacted close family in Mexico using a number of free long-distance services and social media applications. Participants and their family members

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gave and received support, advice, and information, and participants' family members in Mexico and their children got to know one another through these long-distance communications. In most cases, participants reported their transnational social support networks to be their greatest source of support aside from their nuclear family living with them in Western North Carolina. Still, supporting one another long-distance was clearly less satisfying than doing so face-to-face. Some participants lamented not being able to comfort or be comforted physically and not being able to give or receive direct care and assistance when hearing about their families' or relating their own worries and problems. Participants' mix of positive and negative experiences with transnational social support giving and receiving resonated with reports about this type of social support by other researchers (Campbell, 2008; Sanchez-Birkhead et al., 2011; Shattell et al., 2009; Viruell-Fuentes & Schultz, 2009).

Participants experienced changes or disruptions in their roles after immigration; they viewed some positively and others negatively. A couple of women, who had worked in Mexico, shifted their primary role from paid worker to homemaker and mother after coming to the U.S. Others, who had not worked outside the home prior to immigrating to the U.S., added this new paid work role to that of homemaking and raising children. The women who could focus primarily on homemaking and raising their children reported feeling fulfilled and satisfied overall with this role. A couple emphasized that in the U.S. a family could get by with just one income so choosing to be a full-time homemaker did not mean suffering and struggling economically like it did in Mexico. Of the women who reported both working outside the home and fulfilling most homemaking responsibilities, only two talked about significant strain, stress, and/or distress over having these two roles. The latter experience of role strain due to taking on both traditional and non-traditional roles fits with the findings of some earlier research on Latina

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immigrant women (Grzywacz et al., 2009; Hancock, 2007). Where this current study's findings differed from this same research was that none of the women with spouses/partners mentioned any discord or conflict in their relationships due to working outside the home.

Somewhat uniquely, in comparison to previous research, this study revealed substantive characterizations of changes or disruptions in self and expectations after immigrating. Several women asserted during their interviews that they had changed in terms of what they were comfortable with and what they expected in life. Having immigrated to Western North Carolina as older adolescents or young or middle-aged adults, these women were able to compare what life was like in Mexico to what it was like in their communities in the U.S. Some emphasized how dangerous and economically depressed their hometowns in Mexico were either at the time they left or currently. They conveyed that they would no longer be comfortable or happy living in and around such difficult conditions. They preferred living in calm, safe communities in Western North Carolina despite the many difficulties and limitations of living in the U.S. as undocumented immigrants. Other women talked about how they had adjusted to and now preferred other positive aspects of life in Western North Carolina, including being able to work and earn their own money, having the ability to give their children better lives, and/or having some independence and freedom as women.

Finally, this study identified differences or changes in social interactions that women experienced as somewhat dissatisfying. Explaining that in Mexico, where they had family and friends nearby and knew and trusted their neighbors and where the culture promoted informal, frequent, and fluid socializing, a few women expressed disappointment with what they perceived as limited, formal, and/or closed social interaction in their communities in Western North Carolina. In addition to the latter cultural characteristics negatively affecting social interaction,

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women cited as barriers to satisfactory socializing their busier, more scheduled lives in the U.S., the incompatibility of their schedules with those of friends, and living fairly far away from friends. Previous research has highlighted these same barriers to satisfactory social interaction and community building for Latina immigrants (Hurtado de Mendoza et al., 2013; Ornelas et al., 2009; Paris, 2008; Sanchez-Birkhead et al., 2011; Viruell-Fuentes & Schulz, 2009).

Losing to Gain

Participants' interviews revealed that immigration to Western North Carolina involved sacrifices and struggles but ultimately provided important rewards or gains. Family separation, less social support, isolation, family conflict or dysfunction, economic and employment insecurity, poor work and housing conditions, language difficulties, undocumented status, and discrimination emerged as salient distressing sacrifices and/or struggles. The literature on mental health and well-being of Latinx immigrants in the U.S. has similarly supported the latter sacrifices and struggles as significant contributors to mental illness symptoms and poorer mental health and well-being.

Like numerous researchers have demonstrated (Campbell, 2008; Fitts & McClure, 2015; Heilemann et al., 2014; Hiott et al., 2009; Hondagneu-Sotelo & Avila, 1997; Hurtado de Mendoza et al., 014; McGuire & Georges, 2003; McNaughton et al., 2010; Miranda et al., 2005; Ornelas et al., 2009; Paris, 2008; Salgado de Snyder, 1987; Sanchez-Birkhead et al., 2011; Shattell et al., 2009; Sternberg & Barry, 2011; Sternberg et al., 2016; Vega et al., 1987), the sacrifices and struggles relating to separation from family, loneliness and social isolation, and limited social support stood out as particularly distressing for the women participating in this study. Most of the women interviewed expressed feeling especially sad and frustrated by being separated from family and having limited social support when either they or their family

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members here or in Mexico experienced significant life events or problems. Difficulty and distress due to loneliness and isolation generally occurred for participants in their first few months or years living in Western North Carolina, but two of the women reported on-going loneliness or isolation even after living in this area numerous years. Their persistent loneliness and isolation seemed to be exacerbated by discomfort with and resultant limited community engagement. The communities in which these two participants lived were situated in a very rural and politically and socially conservative county in Western North Carolina. Both of them along with a third participant living in this same county described their communities as follows: ranging from tolerant, i.e. the people within them being nice but not likely to give people like them a hand, to outright racist.

Distressing sacrifices or losses which surfaced in this study and either were not identified or fleshed out as completely in prior literature included sacrifices or losses of comfort, confidence, competence, and independence due to immigration. As noted in the previous section, many of the participants described how everything was unfamiliar and unknown when they arrived in Western North Carolina. They discussed struggling with daily activities they had performed comfortably and confidently in Mexico and felt distressed by the shift from feeling competent and independent to incompetent and dependent. One participant noted how distressing it was not to know where to go or whom to ask if she needed help with something. Another struggled with figuring out how to get around her town as she could not drive. A participant, who badly wanted to contribute to her new household, lamented how she could not even cook meals because she did not know how to prepare foods her American mother-in-law would like. This same participant and several others emphasized how dependent they were on others especially at the beginning of their lives in Western North Carolina, in particular, due to

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needing others to transport and interpret for them. They related this dependence on others with feelings of depression.

Several participants spoke about struggling due to family dysfunction or conflict, two important, harmful stressors identified in previous research (Aranda et al., 2001; Bekteshi et al., 2017; Molina & Alcántara, 2013; Sternberg & Lee, 2013; Roblyer et al. (2017). Only three participants discussed conflict with spouses/partners and only one mentioned nearly being physically abused by a spouse/partner and being physically and emotionally abused in the past by her family of origin. This group of women overall may truly not have experienced high rates of domestic violence, or they may not have felt comfortable discussing such a sensitive topic with this researcher and her research assistants. In general, for this group, having family-related problems strongly negatively affected well-being. For two of the women, discord in these relations and resultant alienation from family members took years to come to terms with and still caused pain and distress. Such negative impacts of family conflict on well-being resonated in particular with findings reported by Bekteshi et al. (2017) for their subsample of Mexican immigrant women.

Language difficulties contributed to distress and negatively affected well-being in nearly all of the participants. Nevertheless, most of the women in this sample gradually gained some English proficiency and actually experienced a boost to their self-esteem, self-efficacy, and well-being as a result. A number of them argued that learning English opened many doors, by which they meant it helped them engage more meaningfully with and function better in their communities. Some of the women added to the latter argument their observation that Latinx immigrants who did not learn English had and would continue to have a lot of difficulty living in Western North Carolina. Just one participant still struggled a great deal with speaking and

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understanding English, and she confirmed this observation when she described language difficulties as a major on-going stressor impairing her functioning and negatively affecting her well-being. Several studies have similarly suggested that language difficulties complicate functioning and have negative impacts on well-being of Latina immigrants in the U.S. (Bekteshi et al., 2017; Campbell, 2008; Ornelas et al., 2009; Paris, 2008; Sternberg et al., 2016).

In many ways linked with language difficulties, struggles with parenting satisfactorily and distress over these struggles came through the accounts of a few of the women participating in this study. The perception that they were not parenting well or were not meeting their children's needs and thus not promoting their better futures took a toll on well-being. Some of the struggles described stemmed from being relatively new parents and not having female relatives—mothers, grandmothers, and sisters—physically present to give guidance and support. Other struggles arose from having to parent in an environment that was still foreign and required English proficiency. Three participants mentioned either during their interviews or member checking how difficult and distressing it had been not being able to understand their children's teachers or anything about what their children were learning. Two women felt much relief and happiness once they could finally communicate with teachers and meaningfully participate in their children's learning, growth, and development. The third woman, by contrast, felt frustrated and distressed at her continued inability to help her children with homework, understand school correspondence, or communicate with teachers and school therapists. She expressed feeling responsible for her children's subpar grades and one child's speech and language problems. She felt impotent to help them since she could not adequately pose or get answers to questions in her interactions with teachers and therapists even with the help of an interpreter. Ornelas et al.

(2009) noted similar struggles and concerns over parenting in interviews with Latina immigrants in North Carolina.

Though mentioned as struggles in their lives in Western North Carolina, economic and employment insecurity and poor work and housing conditions appeared to be surmountable, especially after the first few years living in the area; thus, these difficulties did not stand out as significant stressors harming well-being long-term for most of the women in this group. Consistent with some previous literature (Arcury et al., 2014; Heilemann et al., 2004; McNaughton et al., 2010; Molina & Alcántara, 2013; Ornelas et al., 2009; Paris, 2008; Shattell et al., 2009; Sternberg & Lee, 2013; Sternberg et al., 2016), a few of the women did emphasize feeling worried and having stress about finances and poor or unstable work conditions that threatened their well-being at least intermittently. For example, some women talked about having more limited finances during winter months when work opportunities were less abundant. Also, a few explained how they or their loved ones had to put up with stressful, difficult work conditions and/or low paid work because their employment options were limited in Western North Carolina. Two women described distressing and frustrating past experiences of wage theft, a negative stressor highlighted in the literature (Bauer, 2009; Cuéllar, 2002; Fernández-Esquer et al., 2017; Negi, 2013).

Several prior studies on Latina immigrants in the U.S. have identified discrimination as a significant stressor and have correlated it with poor mental health or diminished well-being (Bekteshi et al., 2017; Ornelas et al., 2009; Sanchez-Birkhead et al., 2011; Salgado de Snyder, 1987; Villenas, 2001). To this researcher's surprise, very few of the women interviewed in this study described personal experiences of discrimination in their Western North Carolina communities. As with family dysfunction and conflict, these women may not have had such

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experiences or may have felt uncomfortable sharing them with the research team. Just one participant adamantly asserted that racism permeated her community and its local culture and that she had been harmed by racist treatment and only three others recounted isolated discriminatory treatment they or Latinx immigrants they knew had experienced. One participant argued that discrimination against Mexican and other Latinx immigrants occurred mostly when immigrants looked significantly different from the locals, i.e. those who had dark skin and were very short and stout or *indigenous* appearing. Her argument aligned with those made by some researchers that indigenous Mexican immigrants experience more discrimination in the U.S. than non-indigenous Mexican immigrants (Donlon & Lee, 2010; Holmes, 2006). No other participants discussing discrimination made this same observation.

Despite describing many sacrifices and struggles, the Mexican immigrant women in this sample also spoke a good deal about gains or rewards of immigrating to Western North Carolina. The various gains and rewards they reported contributed, in turn, to numerous hopes for the future. By and large the literature on Latina immigrant mental health and well-being did not emphasize or characterize in any depth gains or rewards of immigration. Studies on this subgroup have largely focused on sacrifices and struggles and negative impacts of immigration. There were, however, a few studies in which researchers highlighted one or more gains and rewards of immigration (Campbell, 2008; Grzywacz et al., 2009; Hancock, 2007). These included Latina immigrants' reported gains in autonomy, sense of pride, and hopes due to learning English, working and earning money, contributing financially to their families, and accessing educational and other opportunities for their children and themselves.

The most valued and appreciated gains shared by the women in this study included the existence and accessibility of good quality healthcare and education for their children. A few

women explained that without health insurance or sufficient money, in some areas of Mexico, it was difficult if not impossible to access healthcare services even for emergencies. Likewise, some women asserted that, in Mexico, access to and/or quality of education could be limited by lack of infrastructure and resources. Upon coming to the U.S. and learning that their children could not only get low-cost or free medical care and go to school and after school tutoring for free, a few women emphasized their simultaneous astonishment and gratitude. For those women whose children had entered, nearly finished, or graduated from high school, most recounted how the good quality of their education and support from teachers as well as their own hard work had resulted in their children succeeding academically and having potential for bright futures. All of the above represented important rewards of immigrating and struggling to make a better life, and these rewards contributed to the women's overall well-being.

Some women emphasized as gains of immigrating the greater availability of work, better wages, and easier access to goods compared to Mexico and the resultant ability to provide better financially and materially for their families. A few emphasized that improvement in family income allowed them to have the number of children they wanted and to prioritize their children over work, i.e. opting to stay at home rather than work for pay or limiting or scheduling paid work to accommodate their children's needs. Overall, the women in this study emphasized that though their families lived modestly in the U.S. they had been able to provide for their children's basic needs and occasionally give them special treats or experiences. Gains in income also resulted in greater access to goods like meat, clothing, and cars, which were quite unaffordable and unavailable to many people in Mexico. In the case of five of the women, gains in income enabled their families to save money, build credit, and eventually get home loans to buy their trailers or houses.

Though participants emphasized happiness due to gains and rewards for their children and family as a whole, a few also talked about satisfaction resulting from personal or individual gains they experienced after immigrating to and settling in Western North Carolina. Most notably, women viewed as gains their growing proficiency with speaking and understanding English and navigating their communities' systems and institutions. Though they had made sacrifices and had to struggle in life as a result of immigrating, several participants asserted that their Western North Carolina communities in a sense rewarded these sacrifices and struggles by offering immigrants a number of opportunities to better themselves such as free ESL and GED classes, other adult education opportunities, and a number of parent support programs and services. Though as mentioned in a previous section several women talked about how they lost autonomy and a sense of confidence and competence after arriving in their Western North Carolina communities, a number of them indicated that over time they did not simply regain what they had lost but advanced more in terms of their independence and abilities. Several women emphasized that if they had remained in Mexico they would not have been able to complete the level of education or build the skills they had in Western North Carolina, and they would not be as independent and accomplished as they were now.

Finally, as previously discussed, another perceived gain of immigrating to the U.S. and settling in Western North Carolina was living in peaceful, safe communities. Many of the women felt particularly grateful for this gain in light of the fact that their hometowns in Mexico had become increasingly violent and unstable. They indicated that living in calm, secure areas benefitted both their children and themselves.

Living with Risks and Limitations

Most of the participants described living with risks and limitations both before and after immigration. The risks and limitations before immigration included personal experiences of physical abuse, kidnapping, and/or harassment, economic deprivation, and limited opportunities and quality of life. While only three participants described personally suffering abuse, kidnapping, and/or harassment, nearly all of them talked about experiencing economic deprivation due to limited employment opportunities, having poor quality of life due to growing drug violence and insecurity, and/or feeling pessimistic about their and their families' futures in Mexico. Due to the latter negative socio-economic conditions, a couple of the participants reported enduring long, recurrent separations from their spouses/partners who had to migrate to work in the U.S. cyclically while they remained in Mexico with their young children. These women discussed how dissatisfying and difficult it was not to be together as a family. Many reports in the literature corroborate the above risks and limitations negatively affecting well-being and quality of life and motivating Mexicans to immigrate to the U.S. (Cuéllar, 2002; Estévez, 2016; Fernández-Esquer et al., 2017; Hondagneu-Sotelo & Avila, 1997; McGuire & Georges, 2003; Miranda et al., 2005; Paris, 2008; Stephen, 2016; Sternberg & Barry, 2011).

As discussed in chapter four, the participants in this study did not provide much detail about their migration journeys to the U.S. Generally speaking, they simply mentioned how they had come, i.e. over land or by airplane. Seven of the women stated that they migrated over land and all of them either directly admitted or alluded to crossing into the U.S. without documentation. Only three emphasized that migrating over land without authorization had felt risky, involved some difficulty and/or trauma, and/or had required more than one attempt. A couple of women shared their surprise at how easy their undocumented migration into the U.S.

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over land had been. One stated that she now realized how lucky she was that nothing bad happened to her as she had heard a number of tragic and traumatic migration stories from other Latinx immigrants. The remaining five women in this study either did not specify how they migrated or indicated they had come by airplane with a visa. They also did not describe any feeling of risk or experience of difficulty with their journeys. The relatively easy over land migration journeys described by most of the women in this sample seemed to belie reports in the literature which asserted that the majority of Latina women who migrate to the U.S. over land endure some type of trauma such as assault, kidnapping, or rape (Amnesty International, 2010; Kaltman et al., 2011; Tello, n.d.). Though it is certainly possible that most of the women in this sample truly did not experience any trauma during their migration journeys, it is also possible some of them did have such an experience and did not feel comfortable discussing it.

Just two women in this sample described ever having a frightening encounter with immigration officials. One woman reported having such an encounter during one of her attempts to cross the border on foot. The other woman was detained and questioned by immigration officials when she returned to the U.S. by airplane with a tourist visa after a visit to Mexico. The first woman alluded to some physical trauma from her encounter with immigration officials. The second woman emphasized that she left her encounter with these officials feeling extremely frightened but otherwise unharmed. She realized after her close call with immigration officials that she could no longer travel back and forth between Mexico and the U.S. with a tourist visa and would need to be more careful in living her life in the U.S.

Whether or not participants reported feeling at risk or experiencing trauma during their migration journeys or having harmful or frightening encounters with immigration officials, all of the women who continued to live in the U.S. without authorization now viewed crossing back

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and forth over the U.S.-Mexico border as incredibly risky and dangerous. Thus, none of them had any plans to cross the border again. Most asserted that the risks and dangers of crossing the border without authorization had markedly increased over the past few years—particularly since the Trump administration came to power and had been fomenting a great deal more anti-immigrant sentiment and border "crises". This perception of increased risks and dangers of undocumented cross-border migration was not unfounded as both have grown over the past couple of decades due to militarization of and increased security at the border and drug cartel violence (Barcus, 2007; Durand et al., 2005; Southern Poverty Law Center, 2010; Stephen, 2016).

For nearly all of the women in this study, making the decision to remain in Western North Carolina as undocumented immigrants brought about a new set of risks and limitations in their lives. These risks and limitations loomed large in their minds due to the increased restrictiveness of immigration laws and federal, state, and local enforcement of immigration laws in the wake of the 9/11 terrorist attacks (Androff et al., 2011; Arriaga, 2017; Martínez et al., 2018). Increased restrictiveness of immigration laws and federal, state, and local enforcement of immigration laws resulted in the following: 1) greater ICE activity in the interior of the U.S.; 2) detention and deportation of undocumented immigrants with no serious criminal records; 3) state and local law enforcement officials reporting undocumented immigrants to ICE and detaining these immigrants on behalf of ICE; and 4) the barring of undocumented immigrants from getting government-issued driver's licenses and/or certain government-funded benefits (Androff et al., 2011; Arriaga, 2017). In North Carolina, two of the latter, in particular, have negatively affected undocumented immigrants, namely collaboration between local law enforcement officials and

ICE in some parts of the state (Arriaga, 2017) and legislation passed in 2006 making it illegal for undocumented immigrants to get government-issued driver's licenses (Denning, 2009).

Several participants in this study talked a great deal about risks and limitations in their lives and resultant worries and fears due to the above consequences of stricter immigration laws and their enforcement. Of note, a few of the women who arrived in Western North Carolina in the early 2000's emphasized that, although they were aware of ICE and the possibility of being detained and deported in those years, they did not have nearly as much fear of ICE and deportation then as they had now. One participant pointed out that ICE raids used to occur in places far away from Western North Carolina and that undocumented immigrants who were detained and deported tended to have serious criminal records. She now saw that ICE raids took place closer by and that undocumented immigrants who had not committed serious crimes were being deported. She and other women also had heard of people getting reported to ICE by local law enforcement officials who had detained them for minor infractions. A few of them expressed feeling like they were being hunted and had nowhere to hide and no way to escape. Others emphasized having to be continually "on alert" and "living with fear". Vargas, Sanchez, and Juárez (2017) found from their research that simply having negative perceptions about immigration enforcement like these women conveyed correlated with self reports of poor health and increased mental problems.

Certainly, the thought of being deported and having to leave behind all they had built in Western North Carolina to live in towns and cities in Mexico they viewed as crime-ridden, violent, and/or devoid of opportunity exacerbated participants' worry about and fear of being identified and detained by ICE. An even bigger fear for most of the women, though, was being separated from their children in the event of detention and deportation. They feared that their

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children would be left in the care of strangers and that it would be difficult to reunite with them. The latter fear led many of the women and their spouses/partners to limit their travel within North Carolina and the U.S. and to avoid travel to Mexico even when close family members were gravely ill or had died. One participant talked about how she and her husband rarely visited their children who lived in other areas of the state. Another participant stated that her family never risked visiting her siblings in other U.S. states because her spouse's family, whom they had designated as caretakers of their children, would have to travel long distances to pick up their children if they were caught in an ICE raid in these other states. Many women talked about carefully considering and often refraining from taking trips to "unknown" places—places where local law enforcement officials might have agreements with ICE to enforce immigration laws. Though these considerations did not always prevent them from taking the risk of traveling, making these trips was stressful.

Another risk with which many of the undocumented women in this study lived—again, related to restrictive immigration laws and aggressive enforcement of these laws—was that their undocumented children could be deported or their documented children would have no choice but to live in Mexico if all their adult family members were deported. Most of the women conveyed worrying that if their children had to live in Mexico they would be exposed to a great deal of danger, lose important opportunities they had worked so hard to gain, and struggle to make a living much less fulfill their current dreams. A few of the women specifically discussed the risk of their children with Deferred Action on Childhood Arrivals (DACA) status losing this special immigration status and being vulnerable to deportation. They knew that the Trump administration had issued an executive order to terminate the DACA program. Though this executive order still faced legal challenges and did not go into effect after it was issued, they

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knew that the validity of the executive order, and indeed DACA itself, was currently under review by the U.S. Supreme Court. If the Supreme Court were to validate Trump's executive order or invalidate DACA, this protected immigration status could be revoked by June of 2020 (DACA Heads to the U.S. Supreme Court, September 25, 2019).

The law in North Carolina passed in 2006 that prohibited undocumented immigrants from obtaining a government-issued driver's license resulted in a number of risks and limitations in the lives of the undocumented women in this study. As several of them pointed out, in order to go to work, grocery shop, and get their children to and from activities with little or no public transit, they and their spouses/partners had to drive cars. This meant that they had to take the risk of driving without a license nearly daily and sometimes multiple times a day. If stopped by local law enforcement for even the slightest infraction (e.g., a broken tail light), participants explained that undocumented immigrants in their communities received tickets for not having a driver's license and, in some instances, were not allowed to drive their cars after getting ticketed. Moreover, if an undocumented immigrant did not have any photo identification recognized as valid by law enforcement officials, at the discretion of the detaining officer, he or she could even be taken to jail. The women emphasized that the time wasted in being detained and the cost of tickets limited their livelihoods and disrupted their schedules. Participants talked about the pains they took to avoid encountering traffic stops. Some mentioned how they limited the number and frequency of their outings and the routes they traveled. Others talked about how they spent time communicating on their phones and looking at social media to determine when and where law enforcement officials were most active. When numerous warnings about traffic stops circulated amongst their contacts or over social media, many participants would resign themselves to staying home and avoiding outings altogether.

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Traffic stops did not provoke worry and fear simply because of the financial burden and the disruption of schedules they caused but also because being detained at a traffic stop could escalate into detention and deportation by ICE if local law enforcement officials were collaborating with this federal agency. As noted in chapter 4, at least one participant was very aware of and frightened about a bill that had recently been passed by the North Carolina state legislature. This bill required all sheriffs' deputies across the state to detain undocumented immigrants on behalf of ICE. Lack of cooperation by any sheriff's deputy would result in punishment. The enactment of this bill as law would have harmed a large number of undocumented immigrants since quite a number of sheriff's departments in North Carolina up to that point in time had not been collaborating with ICE. On August 21, 2019, a couple of months after talking with this participant, North Carolina Governor Roy Cooper vetoed this bill. Nevertheless, following the governor's veto, a senator and three representatives from North Carolina serving in the U.S. Congress participated in drafting the Immigration Detainer Enforcement Act of 2019, a federal measure inspired by the failed NC HB 370 that would require sheriffs' departments in all U.S. states to cooperate with ICE (Boughton, 2019).

Though most participants described either continuing to feel distressed or having significant distress at some point in their lives in Western North Carolina due to having to drive without a driver's license, a few participants emphasized having a great deal less fear about doing so in their particular communities after living in them for numerous years. Some of them had gotten to know or had humanizing encounters with their local law enforcement officials and had learned that the officials in their area were not cooperating with ICE. Though they knew they could still get a ticket for driving without a driver's license, they did not fear that this would lead to detention and deportation by ICE. This lessening of daily deportation fear enabled many

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of the women to engage more often and more meaningfully and to feel less limited in their own communities, both of which supported healthier functioning and well-being.

Participants talked about some other limitations resulting from being undocumented that negatively affected their functioning and well-being. These included not having access to a large pool of desirable jobs or to certain educational and training programs which required having a work permit and/or a social security number. Another consequence of the increased restrictiveness of immigration laws has been that use of false documents to obtain work in the U.S. changed from a low level civil matter to a criminal offense with serious penalties (Androff et al., 2011). One of the women asserted that it was unethical but also too risky to use a false social security number so she had resigned herself to doing low status and low paying work with sometimes poor conditions. Other women shared similar stories of having to settle for less than satisfactory work and/or having to put up with difficult work conditions and low pay due to their unauthorized immigration status and attendant limited job opportunities. With regard to education and training, one participant expressed her disappointment and frustration over the fact that she could not enroll in a community college program since she lacked a social security number. A couple of participants pointed out that financing higher education could be difficult if not impossible for their undocumented children, even those with DACA status, because in most states these children had to pay out-of-state tuition rates.

Research on immigrants in the U.S. has supported that immigration laws limiting both documented and undocumented immigrants' access to government assistance have made immigrants more vulnerable to economic insecurity and poorer health (Androff et al., 2011). Both documented and undocumented immigrants, even when eligible, have refrained from applying for assistance out of fear that doing so might result in detention and deportation or harm

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their chances of later gaining legal status (Androff et al., 2011; Martínez et al., 2018). To make matters worse, undocumented immigrants, in particular, have often avoided seeking help from domestic violence shelters, local law enforcement officials, or labor advocates when victimized, again due to a fear that seeking help could lead to detention and deportation (Androff et al., 2011; Fernández-Esquer et al., 2017; Hancock, 2007; Martínez et al., 2018; Raj & Siverman, 2002). Only three of the participants in this study indicated they had avoided seeking help when they needed it. One of the women avoided seeking help from a domestic violence shelter and law enforcement officials for her history of abuse because she was afraid that her information could end up in the wrong hands and she could be deported. And two participants shared they had refrained from reporting workplace abuses out of fear of being fired and/or deported. By contrast, most of the others reported taking advantage of community resources like health department and free clinic services and free ESL and GED classes, which suggests that they had trust in some local organizations.

With regard to less urgent yet still important requests for assistance, just one participant conveyed discomfort with or reluctance to request or receive charity from community organizations whether governmental or private. She repeatedly asserted that others needed charity more than she. This may well have been her true reason for turning down offers of assistance but her reluctance to accept such aid may have also stemmed from worry that asking for and accepting charity could hurt her chances of getting a legal status in the future. Another possible explanation was that this participant wanted to present herself to others as self-sufficient and hard-working and to counter the stereotype of undocumented immigrants as needy and always taking advantage of charity. Fernández-Esquer et al. (2017) found that their sample of undocumented Latino immigrant men, in order to preserve psychological well-being, distanced

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themselves from "…the embodied vulnerability of an undocumented worker" (p. 11). Since this researcher did not more pointedly probe the above participant's reasons for refusing charity, none of the latter proposed explanations can be asserted definitively.

A final finding, related closely with the discussion in the previous paragraph about countering negative stereotypes to preserve psychological well-being, was supported by comments made by four participants in this study. These participants directly challenged anti-immigrant narratives that threatened their identities—narratives asserting that undocumented immigrants are criminals and that they take from rather than contribute to the U.S. economy and society. One participant stated quite emphatically at various points in her interview that there are good and bad people in all cultures and groups, that the large majority of immigrants in the U.S. are good people, and that she and her husband, both undocumented immigrants, had always worked hard and never expected or asked for handouts in this country. She concluded her interview saying that she, her husband, and other undocumented immigrants had and would continue to contribute valuably to rather than take from their communities in the U.S. Two other participants, acknowledging that entering the U.S. without documentation had been wrong, asserted that they had been hard-working and law-abiding residents and were not doing anyone harm in remaining in the U.S. without authorization. Finally, another participant argued that Mexicans were among the hardest working immigrants, had contributed a great deal to the U.S., and deserved fairer and better treatment by the immigration system. All four of these women believed that the U.S. should embrace hard-working, honest immigrants, regardless of their current legal status, and change immigration policies so that people like them could live with less risks and limitations, live with dignity, and contribute even more to this country.

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From Lost to Found

Immigrating to and settling in Western North Carolina resulted in all of the participants feeling isolated and lonely, largely because they had to separate from some or all of their close family members and social support networks. Additionally, immigrating to communities so different from their hometowns led these women to feel disoriented. Finally, due to not knowing people or the language, many women felt invisible, voiceless, and like they did not belong. All of these feelings added up to a sense of being lost. For most of the women these feelings lessened over time as they gradually gained familiarity with and better understood their communities, the people within them, the norms and culture, and the language. The latter familiarity and understanding, along with kind, accepting treatment by locals and new friends and purposeful community engagement, helped participants to feel more visible in positive ways, to have an increased sense of belonging, and to be hopeful about the future. These latter feelings contributed to an experience or sense of being found.

As already discussed, the literature on Latina immigrants' mental well-being has highlighted isolation and loneliness as significant negative stressors or factors contributing to depressive and other unpleasant symptoms. Because this literature largely reported on quantitative and cross-sectional studies, the findings tended to describe single points in time and discrete concepts about the experiences and well-being of participants. Qualitative studies like this one have revealed more complete, dynamic, and nuanced characterizations of experiences and well-being (Campbell, 2008; Georges & McGuire, 2003). While most of the participants in this study described progressing from feeling and being lost to feeling and being found in Western North Carolina, they expressed different degrees of feeling lost and found and distinct progressions along this continuum. Some felt much more lost initially than others. Likewise,

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some currently felt more found than others. A few women still felt lost in one or more ways. By and large, participants who gained the most familiarity with and understanding of the norms, language, and some of the local people, who engaged the most purposefully in their communities, and who experienced the most positive community reception conveyed feeling and being the most found, i.e. visible in positive ways, belonging, and hopeful about the future.

One of the findings relating to being and feeling found that seemed unique to this study, when compared to previous literature, was participants' discussions about and descriptions of their engagement in their communities and how this engagement made them feel. Four women in particular discussed their community involvement, and they all emphasized feeling a great deal of personal satisfaction and happiness from doing volunteer work and participating in community events. They described these activities as nourishing, energizing, and refreshing. They suggested that these activities and the interactions they had with others through them gave them purpose and senses of accomplishment. They also related feeling genuinely appreciated and respected for their efforts. Meaningfully connecting with others appeared to increase their self-esteem and sense of belonging as well as foster hope, but it may have also given the women a sense of contributing substantively to their communities and countering the negative narrative of immigrants as needy and vulnerable.

Only two of the participants in this study talked about the growth in the Latinx population and/or visibility of Latinx cultural elements in their communities as important to feeling better in general and having an increased sense of belonging. Cuéllar et al. (2004) concluded from their study of elderly Mexican immigrants in Texas that these individuals enjoyed better well-being than expected due to living in U.S. communities with strong Mexican cultural heritage, i.e. with "language, customs, practices, music, and foods highly compatible with Mexican culture" (p.

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463). Thus, it was surprising that more of the participants in this study did not link increased Latinx presence with better experiences and well-being. Perhaps in these Western North Carolina communities there were still too few Latinx people and too few manifestations of important aspects of cultural heritage to have a significant positive impact on participants' experiences and well-being. More than one participant noted that their communities still largely lacked culturally competent, linguistically congruent support and other services which impeded Latinx immigrants' seeking and receiving full benefit from assistance. In contrast to the two women expressing happiness about the growing presence of other Latinx people in their communities, a few participants pointed out that some of their own Mexican-origin people had actually harmed their well-being. This finding aligns with reports by a few of the Mexican immigrant women participating in Campbell's study (2008) that Latinx- and Mexican-origin people in their South Carolina community had been unkind toward them.

Resilience and Adaptation

Resilience and Adaptation emerged as the overarching theme of this study in two regards. First, it reflected and represented participants' overall self-assessment of their lives in Western North Carolina, which was that they had largely adapted well in the face of many changes, losses, difficulties, risks and limitations and had, ultimately, made important gains and grown in positive ways through this process. Second, this theme naturally encompassed, organized, and connected the other four study themes: *Difference and Disruption*, *Losing to Gain*, *Living with Risks and Limitations*, and *From Lost to Found*. The theme *Difference and Disruption* highlighted the many changes women experienced as immigrants and how they, for the most part, adjusted to these and gradually integrated new identities and felt satisfaction in themselves and their lives. The themes *Losing to Gain* and *Living with Risks and Limitations*

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both underscored the initial and on-going challenges to well-being that women had to face and overcome due to deciding to immigrate to and remain in the U.S. Whereas the former of the two themes emphasized that their resilience in the face of sacrifice and struggle yielded important rewards and the latter honed in on the special set of problems for undocumented immigrants that they could not overcome or solve, both of these themes conveyed that these women had purpose in their lives and adaptability that helped propel them through hardship. Finally, the theme *From Lost to Found* illustrated the women's journey toward psychological and socio-cultural adaptation through purposively enduring and striving to overcome challenges in their new cultural context.

Resilience, according to the American Psychological Association ("The Road to Resilience", n.d.), is "ordinary, not extraordinary", is "learned and developed" rather than innate, and people who are resilient often experience negative feelings and difficulties. Thus, it is not an overstatement to conclude that the all of the women in this study demonstrated resilience. Each of them adapted and moved forward in life despite incurring losses, encountering problems, and feeling distressed. Nevertheless, due to their different background experiences and unique interpersonal, personal, and community strengths and resources, participants' degree of resilience and their resultant psychological and socio-cultural adaptation and overall well-being varied from one another. Some participants achieved most or all of the desirable adaptation outcomes for immigrants living in new cultural contexts articulated by Berry (1997), i.e. "…a clear sense of personal and cultural identity, good mental health,…personal satisfaction .... [and] the ability to deal with daily problems…" (p. 14), while others continued to struggle to attain just a few of these. To better understand the variations in resilience and adaptation among the

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participants in this study, this next section will summarize the findings related to each of the above resilience and adaptation factors.

Background experiences. Background experiences equipped women with different skills and confidence levels and influenced their development of resilience before emigrating from Mexico and after immigrating to the U.S. These home country experiences also helped shape their motivations for immigrating to the U.S. and their hopes for their lives in this country.

By and large the women in this study had attained above average educational levels by the time they immigrated to the U.S. The lowest level of education reported was ninth grade, and most had attained 10 or more years of education. By comparison, Drever reported roughly 50% of Latinx immigrants living in many rural towns in Tennessee to have less than a ninth grade education. A few of the women indicated that they had studied some English when they lived in Mexico. Two of them felt fairly competent with their ability to read and write English when they arrived in Western North Carolina. Over half of the women had experience as wives and mothers prior to emigrating, and three of these women had remained in Mexico caring for their children for a year or more while their spouses worked in the U.S. Three women had children and worked outside the home in Mexico to contribute to their families' financial well-being while two women who had no children had careers there and a great deal of personal and financial independence. These educational, life, and work experiences no doubt led participants to learn and develop resilience before immigrating to the U.S. and to continue developing resilience after immigration. Having a foundation of education, some basic knowledge of English, and/or confidence and sense of self-efficacy from the latter experiences translated into helpful strengths and resources in their new cultural context.

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As discussed in chapter four, participants experienced personal trauma (few) and/or economic deprivation (most) in Mexico. These experiences largely motivated their decision to immigrate to the U.S. While it could be argued that these women had no choice but to make this decision, all but two of them asserted that they viewed immigrating to the U.S. as a good and hopeful decision that they had made willingly. Most noted that their families of origin accepted and supported their decision as well. They all agreed that taking this risk was worth the potential rewards, in particular safety, good education, and economic opportunity for their children. The fact that these women endured harmful and difficult situations and then created hope for and took on the risks of immigrating to a new country revealed them to have already learned and developed resilience.

Some of the other women, who did not report personal trauma or economic deprivation in their lives in Mexico, discussed other motivations or reasons for immigrating to the U.S. These, again, mostly centered on family, i.e. family reunification, starting a family, and optimizing family well-being. The women who looked forward to starting a family and/or optimizing family well-being explained that they and their spouses/partners could see that Mexico offered less and less opportunity and security and that they and their children would likely be better off in the U.S. Having and maintaining such an optimistic view, taking the risk to immigrate to a different cultural context far away from close family, and having and maintaining determination to make their hopes come true contributed to their learning and developing resilience after they settled and grew and nurtured their families in the U.S.

Though the large majority of the women in this sample received most of their education in Mexico, a few had gotten GEDs, one was in the process of getting a GED, and a couple had completed some college courses in the U.S. Several participants had lived in Western North

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Carolina for over a decade and during that time had gained familiarity with and understanding of the culture and systems of their settlement communities. Several women had learned new skills such as English which were important to their functioning and personal satisfaction. Most of the women attributed much of their resilience and psychological and socio-cultural adaptation to these gains in education, knowledge, and skills.

Interpersonal and personal strengths and resources.

Caring relationships and social support. The importance of good quality interpersonal relationships and satisfactory social support to well-being has been reported in numerous studies on Latina immigrants (Campbell, 2008; Concha et al., 2013; Fitts & McClure, 2015; Hurtado de Mendoza et al., 2014; Ornelas et al., 2008; Paris, 2008; Roblyer et al., 2017; Salgado de Snyder, 1987; Sanchez-Birkhead et al., 2011; Vega, Kolody, Valle, & Hough, 1986; Vega et al., 1991; Viruell-Fuentes & Schulz, 2009). The current study's data corroborated this general finding and provided additional texture and detail. Participants in this study shared that having caring relationships and good social support helped them express and regulate negative emotions, solve daily problems, laugh and feel happy, set and accomplish goals, and feel hopeful about the future. Several participants emphasized the importance of the latter relationships and support from their spouses/partners and/or their children. A few noted that supportive, caring spouses/partners, in addition to benefiting them psychologically, also motivated and helped them learn and practice new skills, such as communicating in English, which, in turn, enabled them to function well, grow and develop personally, and engage meaningfully their new cultural context.

Participants talked about how having caring relationships, frequent, meaningful interaction or communication, and satisfactory exchange of support with close family of origin helped them manage problems and negative feelings and adapt to change. Sharing worries,

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fears, and problems and exchanging emotional support and practical advice with trusted and respected family provided much needed relief from distress, helped them consider possible solutions to their problems, and gave them energy to tackle these problems. Additionally, a few participants described as important to their sense of purpose and personal satisfaction building new relationships between their children living with them in the U.S. and their families of origin in Mexico. Thus, they involved their children as much as they could in long-distance communications. This effort may have served to bolster resilience and bring about personal satisfaction and hope as it preserved and promoted an important cultural value—*familismo*. Both Campbell (2008) and Bekteshi et al. (2017) found *familismo* or maintenance of close family ties and loyalty to family to promote well-being in Mexican immigrant women in the U.S.

Though rare for this current study's participants another significant source of strength and resource supportive of resilience and adaptation was having close family of origin physically present with them, especially during major life events (e.g., childbirth, the post-partum period, personal or family illness, and deaths of loved ones). A few researchers have highlighted the importance of physical presence with and direct care and support of and by family to mental well-being in Latinx immigrants (Concha et al., 2013; Viruell-Fuentes & Schulz, 2009). According to this study's participants, physical presence with close family of origin allowed for exchanges of both emotional and instrumental support (e.g., hands-on assistance with raising children and direct care of each other when ill or overwhelmed) and both verbal and physical comforting (e.g., through a hug or a calming hand on the shoulder). Two participants conveyed how they benefited from having close family of origin living with or nearby them in Western North Carolina, and two other women related their happiness and relief due to having close family of origin physically present with them during major life events. Most, who could not be

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with close family due to living so far from them, expressed yearning for this physical presence of loved ones.

Finally, several participants drew strength from and considered as helpful resources new relationships they had formed since coming to Western North Carolina. They reported that they had developed meaningful bonds with family in-law or new friends and acquaintances and could depend on these individuals for some support. Nevertheless, only three women reported confiding a great deal in and developing mutual commitment and trust with these individuals. One of the participants agreed that she and her boss had developed the latter type of relationship, or *confianza*, while another participant suggested that she and her new friends were in the process of developing such a relationship. Both women stated that having these good quality relationships helped them get through challenging times and, when they had problems they did not want to burden their parents or other close family in Mexico with, they could turn to these new confidants to discuss them.

By and large, with this group of women, it appeared that good relationships and meaningful communication/interaction with close family (i.e. spouses/partners, children, parents, and siblings) served as the most important sources of strength and valuable resources needed to move forward positively in their challenging daily lives in Western North Carolina. Other relationships, though helpful at various times and contributing to overall social capital, did not provide the same level and quality of support. These findings reflect previous study results emphasizing the importance of family of origin and nuclear family to Latina immigrants' functioning and well-being (Ornelas et al., 2009; Sanchez-Birkhead et al., 2011; Vega et al., 2001; Viruell-Fuentes & Schulz, 2009).

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Personality traits, beliefs, and self-appraisals. The participants in this study conveyed personality traits, beliefs, and self-appraisals that seemed to support their adaptation in the face of difficulties and losses. As noted in chapter four, Skodol (2010) argued that personality traits determine an individual's beliefs (i.e. belief in self and belief about self in relation to the environment) and self-appraisals and that these all interact to influence resilience and adaptation. Two researchers, Villenas (2001) and Fernández-Esquer et al. (2017), reported seeing patterns of belief in self or positive self-appraisals that seemed to bolster their Latinx immigrant participants' psychological well-being. The Latina immigrants interviewed by Villenas cast themselves as moral, competent mothers to counter the negative impacts of overt and benevolent racism that characterized them as vulnerable, incompetent mothers. The undocumented Latino immigrant day-laborers in the study by Fernández-Esquer et al presented themselves as hard workers who contributed valuably to the U.S. economy by doing unpleasant, dangerous, and low-status work that Americans would not or could not do. In asserting the latter, these men psychologically elevated themselves and refused to accept the "spoiled identity" of undocumented immigrants as "criminals and welfareros" (Fernández-Esquer et al., 2017, p. 14). And Latinx immigrant participants have reported satisfaction and pride in working and being able to send remittances to family in Mexico and suggested these feelings and actions helped their mental health (Campbell, 2008; Viruell-Fuentes & Schulz, 2009; Sanchez-Birkhead et al., 2011; Fernández-Esquer et al., 2017).

This current study, though in no way suggesting any direct causal relationships between the above personal strengths and resources and resilience and adaptation, shed important light on their potential complex interactions. Participants who exhibited more positive personality traits, self-appraisals, belief in themselves, and belief in their agency vis-á-vis the environment tended

to recount surmounting numerous problems and obstacles successfully and growing, having purpose and meaning, and becoming better through their struggles. Moreover, these women conveyed that their hope and determination persisted and even strengthened after enduring difficulty. Positive personality traits that seemed particularly supportive of this resilience and adaptation included being sociable, unselfish, empathic, self-confident, goal-directed, having a positive future orientation, being able to regulate negative and experience positive emotions, and being hardy. Likewise, positive self-appraisals of their own characters and abilities and belief that they had some control in their lives and should and could promote their and their families' health and well-being contributed substantially to overcoming difficulties with their mental health and hope intact.

Participants who conveyed being sociable, unselfish, and empathic reported having particularly strong bonds with family and more frequent and meaningful interactions with people in their communities. Many of the women directly stated that having strong family bonds, more expansive local social support networks, and purposeful engagement in their communities gave them strength, purpose, and hope and helped them grow and build skills helpful to functioning, succeeding, and feeling satisfied in their new cultural context. Though many of these same women reported their communities to be overall accepting of Latinx immigrants, their positive personality traits and actions inspired by these traits likely contributed a good deal to their satisfactory interactions at the community level.

Some personality traits seemed to strengthen other personality traits and belief in self as well as promote positive self-appraisals. For instance, being goal-directed and having self-confidence seemed to foster the belief in self needed to surmount obstacles and pursue education, training, and other opportunities. Once participants accomplished a goal, such as graduating

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from an ESL course or earning a GED, they gained further self-confidence and belief in self and formed positive self-appraisals.   They went on to set further goals and engage in additional growth-promoting activities perpetuating a cycle of resilience and adaptation.

Being consistently able to temper negative emotions, experience positive emotions, and maintain a good sense of humor as well as having a positive future orientation both signaled and promoted resilience and mental well-being. Most of the participants shared that past sacrifices and struggles and on-going difficulty and uncertainty could at times depress and frustrate them as well as weaken their hope and resolve. They cried, doubted themselves, worried to the point of experiencing negative physical signs and symptoms, and avoided leaving their homes for periods of time when they experienced these emotions. Yet, all of them—albeit to different degrees—ultimately pushed aside negative emotions and found ways to experience feelings like happiness and hope, reframe their beliefs about their situation more positively, and act in ways that promoted better functioning and satisfaction.

Perhaps the most powerful personality trait conveyed by many of the participants was hardiness. Referring to a combination of adaptability in the face of challenging events and situations, a sense of purpose and control of life, and commitment to getting ahead and growing through change and difficulty, hardiness strongly reflected and supported resilience and promoted psychological and socio-cultural adaptation. The women who demonstrated this trait repeatedly talked about framing difficulties or problems as challenges to be overcome. They also emphasized how they gained strength and motivation necessary to overcoming challenges by having purpose in life and by having confidence that they could control some aspects of their lives. Finally, they all confirmed that their sacrifices and struggles, though wearing and

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distressing, had been worthwhile because they and their families made important gains in life and had grown stronger in the process.

   Coping. Intricately connected to and influenced by personality traits, beliefs, and self-appraisals, coping was another personal strength and resource vital to developing resilience and promoting adaptation (Skodol, 2010). The participants in this study reported a wide variety of actions and activities that helped them effectively reduce and/or manage worries, fears, distress, loss, and/or problems and move forward positively and energetically in life. Though many of the actions and activities they described were familiar coping strategies, this researcher interpreted a number of the actions and activities they discussed as unique ways of coping.

   When asked about how they managed or coped with difficult experiences and feelings, a few participants readily responded by listing familiar coping strategies reported in previous literature on Latinx immigrants (Farley et al., 2005; Shattell et al., 2009; Tran et al., 2014) including self-distraction, expressing emotions, seeking emotional support, positive reframing, planning and problem-solving, and using humor. A small minority of the women mentioned use of mindfulness practices (e.g., yoga, breathing relaxation, and meditation) and prayer. Many of the women, though, seemed to have difficulty answering this question. Whether this difficulty arose because they did not understand the question or because they considered it irrelevant (i.e. what good are coping strategies when you have unsolvable problems due to being undocumented?) remained unclear to this researcher. After some back and forth clarification of this question, most of the women ultimately discussed family- or socially-oriented activities that took their minds off of worries and fears and enabled them to keep moving forward in life or practical strategies that supported the health and well-being of their families. These various strategies included focusing on their children (e.g., giving them joy and generally helping them

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build good characters and futures), working hard each day, nurturing and maintaining existing relationships and support networks and developing new ones, seeking information and instrumental help to solve problems, taking an active role in promoting their own and their family members' health, and building skills necessary to function well in their new cultural context.

In light of the fact that past research and this current study have identified the importance of quality, committed, and reciprocal family and other interpersonal relationships (*familismo* and *confianza*) to Latinx immigrants' resilience and well-being (Bekteshi et al., 2017; Fitts & McClure, 2015; Sanchez-Birkhead et al., 2011; Viruell-Fuentes & Schulz, 2009), it was not surprising that several of the activities mentioned by participants to be helpful to managing day-to-day difficulties, past and on-going losses, and even persistent, unsolvable problems centered on their children, family, and other interpersonal relationships. Activities like enjoying free time with family and friends and taking children on simple outings held special meaning for and gave joy to many of these women since they and/or their spouses/partners often worked long and hard, had minimal disposable income, and desired so much to give their children good lives. Likewise, several of the women emphasized getting significant personal satisfaction from raising their children themselves, promoting their competence with speaking Spanish, and contributing substantively to their education, both academic and moral.

Somewhat surprising to this researcher, given that so much literature has emphasized Latina immigrants' focus on and valuing of children and family, was the finding in this study that several women engaged in activities for the purpose of individual or personal growth and achievement and reported these activities to have helped them cope with difficulties, negative feelings, and losses. This researcher interpreted this as a rather unique coping strategy not

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explored in most previous studies. Several women she interviewed described setting and pursuing personal goals. Many of these women had completed or were progressing through education and training programs in hopes of increasing their own knowledge, skills, and/or future vocational opportunities. A few women had become quite dedicated to particular organizations in their communities through which they did good works for Latinx immigrants and locals. They felt moved, fulfilled, and energized by this volunteer work. Though not explicitly stated by these women, it seemed that engaging in such purposeful individual education, training, and volunteer work helped shift the focus from their vulnerability to their agency. Having agency to help others in their new cultural context, in turn, boosted or built self-esteem, self-efficacy, and personal satisfaction.

Another unique coping strategy supportive of resilience and adaptation emerged from this study. This strategy involved simultaneously and deliberately taking the following actions: 1) maintaining important cultural values and practices, or preserving cultural integrity, 2) adopting and integrating new values and practices from their Western North Carolina communities, and 3) participating meaningfully in these communities. The first of these actions included preserving for themselves and transmitting to their children their Spanish language and cultural values of *familismo* and *respeto*. Preserving and transmitting these important aspects of culture fostered cultural integrity and general satisfaction. Additionally, this action involved countering negative stereotypes and racism by proclaiming and demonstrating themselves and other Latinx immigrants to be hard-working, honest, and good people who contributed positively to their new country. These efforts, likewise, promoted cultural integrity and personal satisfaction and also prevented feelings of marginalization. Meanwhile, the second two actions, adopting and integrating new values and practices and engaging meaningfully in their settlement communities,

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not only helped women understand more and function better in their new cultural context but also made them visible to others in positive ways and earned them respect and recognition that reinforced their personal satisfaction and the positive group identity they sought to proclaim.

Community strengths and resources. Feeling welcomed and treated well by people and having a sense of belonging in their settlement communities added to the above personal and interpersonal strengths and resources in promoting resilience and adaptation of participants. As discussed for the theme *From Lost to Found*, feeling accepted by and being treated with kindness by locals encouraged participants to engage more often and meaningfully in their communities, and this participation, in turn, helped them gain understanding of their new cultural context's language, people, norms, rules, and systems; develop skills useful in this context; and earn respect and recognition. These latter gains buffered anxiety and doubts and promoted functioning and managing problems well and personal satisfaction (aspects of socio-cultural and psychological well-being, respectively). Likewise, these gains increased participants' trust in organizations and systems such as healthcare centers, local law enforcement, and schools, which led to effective help-seeking to meet health, safety, and educational needs.

Most of the participants in this study asserted that their communities as a whole and/or particular people within their communities had treated them with kindness and generosity. Many also reported that they had not personally experienced any instances of discrimination. Though they stopped short of saying that they fully belonged in their Western North Carolina communities, a number of these women did express feeling some sense of belonging and feeling visible to locals and others in their communities in positive ways. By contrast, three participants, who characterized their communities as tolerant at best and racist at worst, reported feeling isolated, invisible, and not belonging and, consequently, had not engaged much in community

activities or with the local people. They continued to feel some dissatisfaction in their lives in Western North Carolina, and they largely relied on their small circle of family members for help and support. Of note, one of these three women had recently started trying to interact with locals to build social networks because she realized that remaining separate and isolated had negatively affected her and her family's psychological and social well-being.

While a number of researchers have explored negative or discriminatory treatment by settlement communities and the negative impact of such mistreatment on well-being of Latina immigrants (Bekteshi et al., 2017; Ornelas et al., 2009; Raffaelli et al., 2012; Salgado de Snyder, 1987; Sanchez-Birkhead et al., 2011; Villenas, 2001), the positive impacts on this group's mental health and functioning of warm, kind reception and treatment by their new communities have received little attention. Roblyer et al. (2017), who did not set out to explore the latter phenomenon, speculated in their discussion of findings that the existence of a program specifically supporting and helping undocumented Latinx immigrants in the city where their inquiry took place—an example of positive community reception and treatment—may have contributed to their undocumented Latina immigrant subgroup reporting less depressive symptoms than their subgroup of documented Latina immigrants. This group of researchers suggested that such potentially important aspects of context should be explored in future studies on well-being of Latina immigrants. This current study has made an important albeit small contribution to this proposed effort to consider the influence of context on Latinx immigrants' well-being, i.e. it revealed a pattern of mostly undocumented Mexican immigrant women feeling welcomed in their communities, participating meaningfully in them, and feeling personally satisfied and hopeful despite many sacrifices and struggles relating to or exacerbated by their unauthorized status.

This qualitative exploration of the lives of 12 Mexican immigrant women before and after immigration to Western North Carolina shed much light on the complex array and interaction of numerous factors and their collective contribution to resilience and adaptation outcomes. Strengths and resources relating to relationships, social support, coping, and settlement context contributed most strongly to participants' success with overcoming struggles and negative emotions, living with purpose, feeling satisfied, and getting ahead in life. Less influential but nevertheless important to the latter resilience and adaptation processes and outcomes were additional factors including background experiences, personality traits, beliefs, and self-appraisals.

Congruence of Themes with Background Theoretical Models

In their model of stress, appraisal, and coping, Lazarus and Folkman and colleagues (Lazarus & Folkman, 1984; Folkman et al., 1986) asserted that background experiences, personality traits, self-appraisals, and beliefs about self in relation to the environment influence individuals' responses (i.e. coping strategies) in the face of difficulties and threats, and that coping strategies, in turn, impact resilience and adaptation. Effective coping strategies served to reinforce positive personality traits, self-appraisals, and future effective coping, to support resilience, and to promote adaptation outcomes such as personal satisfaction, improved functioning, and mental well-being. The acculturative stress model (Berry 1997, 2006), which drew significantly upon the concepts and propositions of the stress, appraisal, and coping model, described and sought to explain coping, resilience, and adaptation for individuals and groups living in new cultural contexts or having new dominant cultures thrust upon them. In the case of immigrants living in the U.S., this framework posited additional factors, beyond those elaborated by Lazarus and Folkman and colleagues, which may variably influence resilience and adaptation.

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For example, encountering anti-immigrant sentiment or discrimination may threaten resilience and adaptation while being welcomed and developing satisfactory social networks may promote them. Although numerous factors were posited to contribute to whether or not immigrants adapted well in the face of stressors, the nature of their overarching coping strategy, termed acculturation strategy, particularly influenced adaptation outcomes. The acculturation strategy that promoted the best outcomes, according to the framework, was that of integration, which combined maintaining cultural integrity with meaningful engagement in and adaptation to the new cultural context (Berry 1997, 2006).

The findings of this qualitative study, in many ways, supported the concepts and propositions of the stress, appraisal, and coping model and the acculturative stress framework. In discussing what it was like for them to immigrate to and live in Western North Carolina, how they managed their day-to-day problems, losses, worries, and fears, and how they felt about themselves and their lives, participants corroborated the main proposition of both of these theoretical frameworks, i.e. that multiple factors, personal, inter-personal, community, and societal/cultural, present in their pre- and/or post-immigration contexts, interacted to influence their experiences, feelings, actions, and outcomes in Western North Carolina. These factors included but were not limited to the following: their level of education and English proficiency, family bonds, work experience, life skills, experiences of personal trauma or deprivation, and personality traits prior to emigrating from Mexico (pre-immigration factors) and the quality of their transnational and local social support networks, their acquisition of education, English, knowledge, and skills helpful to functioning and feeling confident in a new cultural context, and the nature of their treatment and reception in their settlement communities (post-immigration factors).

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Another proposition of these two models supported by this study's findings was that self-appraisals and appraisals of situations mattered a great deal to how well participants managed changes and problems and maintained and built hope for the future. Participants who framed changes and problems as surmountable challenges and growth opportunities and who generally maintained optimism and hope about the future adapted well to changes and/or satisfactorily solved their problems, resulting in gains for their families or themselves or both. When they could not practicably solve problems, like not having access to a driver's license or a work permit and thus being limited with regard to travel and employment, rather than getting mired in despair, they devised ways to circumvent and/or distract themselves from these problems and live their lives as fully as possible.

Some of this study's findings resonated more particularly with the concepts and propositions of the acculturative stress framework, most importantly those about acculturation strategies and adaptation (Berry 1997, 2006). For example, participants who described maintaining cultural integrity, such as by preserving for themselves and transmitting to their children their Spanish language and important cultural values and beliefs, while at the same time adopting new values, beliefs, and practices and participating meaningfully in their settlement communities (Berry's integration strategy) indicated that this integration of cultures led them to experience personal satisfaction, a clear well-integrated identity (i.e. proud of Mexican heritage but embracing aspects of their new culture), and good mental health and daily functioning (Berry's psychological and socio-cultural adaptation outcomes). By contrast, the few women who described preserving their own culture and either not adopting or only minimally adopting aspects of the settlement culture and not interacting with locals or participating in community activities (separation strategy) shared that they felt isolated, different, and out of place. Though

these women still functioned well in many ways, they did not express the degree of personal satisfaction and mental well-being that those who had pursued an integration strategy did.

Implications for Practice

Meleis and her colleagues (Chick & Meleis, 1986; Meleis, 1997; Meleis et al., 2000; Messias, 2010; Schumacher & Meleis, 1994) have argued that listening to and probing patients' significant life experiences yields important information and understanding about their health and well-being, including their strengths and weaknesses and what they need to maintain and promote optimal health and well-being. Meleis (1997) specified immigration as one such significant life experience that should be explored by nurses with their immigrant patients to help in planning their health care and partnering with them to promote their health and well-being. Embracing the latter propositions, this researcher designed and conducted the current study with the central purposes of exploring and understanding Mexican immigrant women's experiences, past and current, and getting them to reflect on and share the impacts of these experiences on their lives. As the presentation of the findings in chapter four and the discussion of these in chapter five affirmed, the women interviewed for this study, in talking about and reflecting on their immigration experiences, indeed, shared a great deal about their health and well-being and their strengths and resources and vulnerabilities affecting these. Thus, this study has added credence to the above assertions of Meleis and her colleagues.

This study's findings, though limited by the single gender and country of origin of the participants and the context of their settlement, have some important implications for nursing and other health care provider practice. The first is that nurses and health care providers should avoid making assumptions about Mexican immigrant women patients living in traditionally non-Latinx communities, namely that they are poorly educated, lack strengths and resources, are

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completely vulnerable, and are unable or unwilling to learn English, adapt to new situations, or understand and take proactive steps to promote their and their families' health and well-being. The findings in this study, despite shining a light on a number of sacrifices, struggles, risks, and limitations for Mexican immigrant women in Western North Carolina, demonstrated that these individuals also have a number of important strengths and resources and hopes and aspirations that they have used adeptly to develop resilience and adapt well in their new cultural context.

The finding that the participants in this study had numerous valuable strengths and resources that they have tapped into to promote resilience and adaptation suggests a second implication for health care practice, which is that nurses and health care providers should move away from problem-oriented closed-ended questioning and instead engage in open-ended questioning and active-listening when interviewing and getting to know Mexican immigrant women patients. Such an approach to women in this immigrant subgroup could help nurses and other health care providers set aside their assumptions and open themselves up to learning and understanding these women's strengths and resources as well as their vulnerabilities from their perspectives. Knowing about patients' unique strengths and resources, in addition to their vulnerabilities, can promote nurses' and other health care providers' use of a strengths-based or asset-based approach to helping and supporting patients overcome their vulnerabilities and attain better health and well-being (Gottlieb, 2014; Xie, 2013). A strengths-based approach to health care, which "allows practitioners to acknowledge that every individual has a unique set of strengths and abilities…that he/she can rely on to overcome problems" (Xie, 2013, p. 6), has been linked to several positive outcomes for patients with mental health or other conditions. These include life satisfaction, improved functioning, and better general and mental health status (Xie, 2013). Additionally, a strengths-based approach can promote conditions that lead to

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patients empowering themselves and developing self-efficacy and hope, ingredients important to their on-going pursuit of optimal health and well-being (Gottlieb, 2014).

Other findings from this current research not only argue for shifting from a problem-oriented to a strengths-based approach in caring for Mexican immigrant women but also give practical guidance to make this new approach successful. This study revealed that Mexican immigrant women perceived some of their community resources to be helpful and others to be harmful or hard to access, and they explained the reasons for these perceptions. For example, barriers to benefiting from or accessing community resources included the outright lack of interpretation services and/or dissatisfaction with or distrust in these services when available. Other barriers included the difficulty in getting appointments promptly at low-cost or free health care clinics and the fact that services were often rushed and/or limited, making it difficult to feel satisfied with care and to achieve health and well-being. And yet another barrier suggested was that there is fear that accessing certain services, like domestic violence assistance, might expose an undocumented immigrant to detention and deportation risk. Listening to and understanding Mexican immigrant women's or other immigrants' experiences with or concerns about community resources could prompt practitioners to push for relevant improvements such as hiring professional interpreters for services, learning as much as they can about the culture and language of their immigrant patients (i.e. taking formal language courses and participating in community groups with immigrants), and involving immigrants in the design of community services to make them more culturally appropriate and less threatening. Likewise, hearing from these women what they have liked about community resources can prompt practitioners to advocate for maintaining and further strengthening these satisfactory resources.

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Other findings from this study supportive of shifting to a strengths-based approach to care and vital to ensuring the success of such an approach are the following: 1) that Mexican immigrant women value and draw a great deal of support and strength from others with whom they have *confianza*, or a relationship characterized by mutual respect, trust, and commitment; and 2) that, although many of these women have good emotional support from family in Mexico and/or good overall support from spouses/partners in Western North Carolina, their support networks are much more limited and thus more easily overwhelmed in this new context. The lack of physical presence of close family and friends with whom they have *confianza* means that they have to shoulder daily struggles, losses, and distressing emotions without the benefit of in-person direct comfort and emotional and instrumental support from these important people. Gottlieb (2014) and Xie (2013) argued that using a strengths-based approach to caring for patients promotes development of collaborative, compassionate, and therapeutic relationships between practitioners and patients. These relationships can evolve such that practitioners and patients become partners who value and respect one another and are committed to one another's well-being. Developing a number of these *confianza*-like relationships with nurses and other health care providers could build, expand, and fortify effective, personally satisfying local social support crucial to promoting Mexican immigrant women's functioning and mental and physical well-being.

Implications for Research

In conducting this qualitative study, this researcher accomplished her central aim of generating knowledge and understanding of experiences and well-being of Mexican immigrant women living in traditionally non-Latinx communities. Individual interviews with the study participants generated important contextual and experiential details about and demonstrated

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commonalities and nuanced differences in their experiences and well-being. Thus, this study has added substantively to the general body of literature on U.S. Latinx immigrant well-being and more particularly to the less developed area of inquiry on U.S. Latina immigrants' well-being in traditionally non-Latinx communities. Additionally, by exploring experiences and well-being qualitatively and inductively and examining the influence of contextual factors on the latter, this study has also achieved what Roblyer et al. (2017) emphasized had been lacking in their own and others' research with this group. As there has been little research to date on experiences and well-being of Mexican and other Latina immigrants living in traditionally non-Latinx communities and as this current study focused on just one subsample of immigrants in a relatively small geographic area, the knowledge and understanding generated from this study could and should be expanded and enriched by interviewing additional samples of Mexican immigrant women but also women—and men—from other countries of origin.

As pointed out previously, this study revealed many losses, struggles, and vulnerabilities in the lives of its Mexican immigrant women participants. These losses, struggles, and vulnerabilities paralleled those found in previous research for U.S. Latinx immigrants. This study, again due to its qualitative and inductive approach, generated rich detail about the various losses, struggles, and vulnerabilities and their impacts on day-to-day life, functioning, and well-being. Thus, beyond suggesting, for example, that being undocumented correlated with greater stress or depressive symptoms—like much prior inquiry has done—this study showed that being undocumented in this particular context meant experiencing specific day-to-day and long-term difficulties, worries, and fears detrimental to well-being. These included having to drive without a license and worry about getting ticketed; having fear that being detained and ticketed in certain areas could result in being reported to ICE and deported; having fear about being separated from

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children in the event of being detained and deported; and having worry about losing all they had sacrificed and worked so hard to gain. This current study argues for gaining a fuller, more detailed picture of such negative experiences and feelings and their underlying structural causes. The knowledge and understanding from the latter effort could help researchers interested in Latinx immigrant health and well-being reframe their focus of inquiry from vulnerability within this group to contextual factors and forces imposing vulnerability on them. Shifting focus to and exploring the latter more thoughtfully and critically could yield knowledge and understanding vital to redressing structural vulnerability and better promoting U.S. Latinx immigrant health and well-being.

As much or perhaps more than generating detailed, nuanced knowledge and understanding about losses, difficulties, and vulnerabilities of its Mexican immigrant women participants, this study highlighted and described a great deal of strengths and resources, resilience, and adaptation for this group. The personal, interpersonal, and community strengths and resources that each participant discussed more often than not helped them overcome or at least circumvent losses, struggles, and vulnerabilities. They actively worked their way through day-to-day challenges, shifted their focus from unsolvable problems to their purpose in life, and did their best to reduce negative emotions and experience positive ones and keep moving forward toward a hopeful future. The most important of the strengths and resources the women in this study discussed included maintaining existing family relationships and social support, building support networks with new family and friends, working hard to earn money, raise their children well, learn English, and gain understanding of the new cultural context, developing and maintaining hope for the future, encountering overall kindness and acceptance in their communities, and participating meaningfully in these communities. This study, in conveying a

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healthy balance of vulnerability and resilience, joins with a small number of studies to counter the larger body of literature focusing primarily on U.S. Latinx immigrants' difficulties and deficits. Hopefully, research in the future will explore strengths and resources as much as difficulties and deficits to provide more accurate, fuller knowledge and understanding about this group that can be translated into appropriate and beneficial health care and other services.

In addition to the above strengths and resources listed in the previous paragraph, the unique coping strategies interpreted in this study deserve future attention by Latinx immigrant researchers. One of these strategies included participants' intentional and meaningful reciprocation of the kind, generous treatment they experienced in their communities. By responding so purposefully and constructively to their communities, these women contributed to an atmosphere of mutual trust and respect that was vital to building quality relationships and social support. Another positive way that some participants coped was to maintain and transmit to their children important Mexican cultural practices, values, and beliefs and build bonds between them and their families of origin in Mexico while simultaneously adopting and transmitting to their children particular practices, values, and beliefs from their new cultural context. To promote the latter, in particular, participants made efforts to engage meaningfully with local people and community groups. This researcher interpreted these various actions as representative of the acculturation strategy of integration, which was described by Berry (1997, 2006) as a trajectory of adaptation likely to result in a clear personally satisfactory identity, good functioning and management of day-to-day difficulties, and mental well-being.

Among the studies reviewed prior to conducting the current inquiry, just three considered pre-immigration and migration experiences and the influence of these experiences on mental well-being in Latinx immigrants in the U.S. (Campbell, 2008; Hondagneu-Sotelo, 1992; Ornelas

& Perreira, 2011). Focusing on negative pre-immigration and migration experiences, Ornelas and Perreira found that living in poverty in the home country and experiencing trauma during migration each correlated with poor mental health after immigration. Though neither correlations nor causality between pre-immigration and migration experiences and well-being can be drawn from the current study, it is worth noting that the participants who reported living in poverty in Mexico or enduring personal physical and/or emotional trauma in Mexico, on their migration journeys, or both did not describe having poorer well-being than the women with no such reported hardships prior to settling in Western North Carolina. This highlights the possibility that numerous factors, like those posited in the stress, appraisal, and coping and acculturative stress models, interacted to override or buffer quite dramatic and negative ones.

Considering more positive background experiences on post-immigration functioning and well-being, Hondagneu-Sotelo (1992) and Campbell (2008) both suggested that Mexican women whose partners/spouses left Mexico for long periods of time to work in the U.S. gained independence, skills, and confidence due to assuming the role of head of household while their spouses/partners were absent. These researchers then argued that, when some of these women immigrated to the U.S. to join their partners/spouses, their pre-immigration gains in independence, skills, and confidence may have enhanced their resilience and adaptation in their new settlement communities. Several of the women in this study, whether or not their spouses/partners had left them to work in the U.S., described having independence, special skills, and confidence prior to emigrating from Mexico. A few had obtained higher education and/or para-professional and professional training and credentials and had worked outside the home in Mexico. Others had managed family and household responsibilities for some time, and most had enjoyed good relationships and support systems there. All of these positive pre-immigration

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experiences may have contributed to baseline resiliency and adaptability enabling women to overcome hardship and trauma whether experienced in Mexico, during migration, or in the U.S. Since the latter cannot be concluded from this study or the limited prior inquiry, further exploration of pre-immigration experiences and strengths and resources on post-immigration functioning and well-being is warranted.

Sampling and Participants

As prescribed by qualitative research experts (Creswell, 2014; Thorne, 2008), this researcher purposively recruited participants to this study. She advertised the study by reaching out and providing study letters and fliers to gatekeepers working with Latinx immigrants, posting study fliers in health clinics, Latinx community centers, an ESL classroom, laundromats, Mexican stores, and community libraries, distributing fliers and talking with people about the study at community events, during ESL classes, and at community meetings targeted to Latinx immigrants, and posting study announcements on two private Latinx community Facebook sites. All of these efforts were aimed at recruiting Mexican immigrant women living in Western North Carolina who were both able and willing to talk about and reflect on their experiences around immigrating to and settling in this region. To encourage participation by women who spoke little or no English, this researcher emphasized during the recruitment process that the interviews would be conducted in Spanish unless a participant preferred English and made it clear that both she and the research assistants involved in the interviews spoke Spanish. The number of participants recruited to this study was determined by saturation of data (Creswell, 2014). In reflecting on and analyzing all the interview transcripts, field and member-checking notes, and analytic memos, this researcher identified repeated patterns and concepts that ultimately

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supported the study themes. The themes that emerged captured the depth and breadth of the interview data.

Ultimately, 12 participants met the study eligibility criteria and completed interviews. This sample's sociodemographic characteristics differed in important ways from those reported for Latinx immigrant samples in the U.S. South. For instance, they were overall better educated and more proficient with English. Additionally, a number of the women had held professional and para-professional jobs in Mexico and two had fairly high status jobs at the time of the study. That fewer women with less education, less or no English proficiency, and lower status work showed an interest in and agreed to participate in this interview study suggested that these women might have been unwilling or unable to participate due to distrust of or less familiarity with research, lack of time to engage in a lengthy interview, unwillingness on the part of partners/other family members to allow their participation, or lack of trust in or *confianza* with a non-Latinx White researcher (Marín & Marín, 1991). The finding that this sample of women overwhelmingly demonstrated multiple strengths and resources and resilience and adapted well both psychologically and socio-culturally may belie the experiences and well-being of less advantaged Mexican immigrant women in this region. This possibility calls for future attempts to engage and learn from more disadvantaged women from this immigrant subgroup.

Study Integrity and Quality Criteria

This researcher continually consulted with her research team to ensure disciplinary relevance, moral defensibility, epistemological integrity, and rigor of the study and to generate rich, authentic data and credible findings (trustworthiness). At the inception of her work, she reviewed the background research, research problem, and justification for the study with her committee chair and the study design—questions and planned methods and analysis—with her

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methodology expert committee member. During the period of recruitment of participants and conduct of the study, this researcher adhered to the approved IRB protocol and maintained frequent contact with both her chair and her methodology expert to discuss her progress as well as insights and findings. She additionally consulted with two other committee members with expertise in language translation and mental health, her research assistants and participants, and a scholar of Latinx immigrants' experiences in Western North Carolina.

Conducting the individual participant interviews with the help of bilingual Mexican American research assistants, who shared some characteristics and common experiences with participants and who were fully fluent in Spanish and English, enhanced the rigor of the study and data quality in numerous ways. First, it helped build a level of trust and rapport needed to inspire honest, deep sharing. Second, it ensured that the participants understood the purposes and processes and potential risks and benefits of the study. And third, it made certain that Spanish language interviews flowed naturally, conversationally, and comfortably with the questions posed consistently (in the sense of their meaning not their order or exact wording) and the responses understood and sufficiently clarified and probed.

Hiring and training bilingual Mexican American research assistants helped promote study rigor and data quality in other important, unexpected ways. During training sessions, practice interviews evoked powerful emotions, which, ultimately, helped build empathy for what participants might experience as well as highlighted the importance of checking in with participants frequently about whether or not to continue an interview or a discussion of a particular topic. This exercise also taught the researchers that they, too, might experience strong emotions when hearing participants' stories and emphasized the value of debriefing with one another after interviews. Reflecting on the latter impacts on the researcher, building empathy,

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and learning how to monitor for and address distress proved invaluable to conducting respectful, ethical participant interviews filled with genuine sharing and emotion.

Other valuable components of the study design that helped ensure rigor of the study and quality of the study data included the use of systematic, evidence-based Spanish-English translation and analytic procedures. Once the study data were satisfactorily translated to English, this researcher embarked on the main analysis. She familiarized herself thoroughly with all the study data, drew upon multiple data sources, sought input from several experts, including the participants, confirmed support for conclusions by repeatedly returning to the raw data and conducting member checks, considered and set aside assumptions, and documented the evolution of codes, categories, and themes. These many efforts contributed further to credibility, dependability, analytic logic, and interpretive authority.

This researcher modified the IRB protocol to add the mental health expert committee member and a scholar who had conducted research on Latina immigrants' experiences of living in Western North Carolina to the study team. She consulted with the mental health expert committee member to assess the authenticity of the study data. Specifically, she discussed with this expert the non-verbal communication of the study participants recorded in field notes (i.e. their facial expressions, tearfulness, audible crying, affect, and tone, pitch, and volume of voice). The fact that the study participants exhibited a range of affect and emotions and congruence between their affect and other emotional expressions and the nature of the topics discussed (i.e. smiling and laughing and sounding excited when sharing something happy and, conversely, becoming tearful and crying when talking about something sad) suggested to this mental health expert that the participants were, indeed, sharing authentically. When discussing with her the significance of some participants displaying a flat affect, not crying, and speaking in a matter-of-

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fact manner when relating quite difficult experiences, she confirmed that in her professional experience some women, especially non-White women, who have endured a good deal of trauma frequently recount their stories in this seemingly non-emotional way. All the participants in this study who predominantly communicated in this non-emotional manner had indeed experienced past trauma.

The Latina immigrant scholar corroborated that the study findings rang true with her own knowledge and understanding. Nevertheless, she emphasized the need to keep pondering and confirming the findings and to move beyond description to well-supported interpretations of the impacts of the participants' experiences on well-being. Taking her advice, this researcher reflected further on the themes, looked at the data again, and, with help from her methodology expert committee member, made the valuable interpretive turn that Thorne's (2008) interpretive description prescribes. Upon making this interpretive turn, she transformed the themes and systematically confirmed the data's support for them. Quite serendipitously, an opportunity to check whether the interpretive turn and the transformed themes resonated with a study participant arose. During a member-checking session, a participant asked about the study conclusions. After relating to her the study themes, the participant conveyed agreement with them. Her body language (i.e. nodding her head affirmatively) and her verbal feedback provided some assurance that the themes had emerged from the data rather than from this researcher's background understandings and assumptions.

Consulting the literature and the various experts discussed above as well as drawing upon multiple data sources including the interview transcripts, field and analytic notes, and member-checking clarifications and elaborations constituted triangulation. Triangulation added further to the trustworthiness of this study's findings.

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Disciplinary Relevance, Application, and Transferability

Interpretive description as prescribed by Thorne (2008) stands out as a qualitative research method that seeks knowledge and understanding about complex phenomena not solely for the sake of developing new, interesting knowledge and understanding but rather to generate knowledge and understanding that will have practical, positive impacts on the nursing discipline, and, in turn, on the people nurses teach, coach, and care for. Thus, the topic of a research inquiry and the questions posed by that inquiry should have disciplinary relevance and the findings of this research should be applicable and transferable to other contexts and populations similar in important ways to the context and sample in the original inquiry. This study explored phenomena and generated findings that were indeed relevant to the discipline of nursing. Nurses, in particular nurse practitioners, increasingly serve as primary care providers, especially in rural settings. As the population of Latinx immigrants has grown in rural and small traditionally non-Latinx communities, nurses and nurse practitioners have taken on a number of these individuals and their families as patients. Providing good quality, effective, patient-centered care, which is inherently challenging, can be nearly impossible when there are language and cultural barriers and there is a lack of mutual understanding and trust. Studies like the current one, by inductively, qualitatively, and contextually examining experiences, perceptions, reflections, and feelings, advance complex, nuanced knowledge and understanding that can begin to dismantle some of the latter barriers, build trust, improve nurse-patient interactions, and promote health and well-being. Moreover, the contextually rich knowledge and understanding produced in this study should provide valuable information to nurses and nurse practitioners beyond Western North Carolina in other traditionally non-Latinx settings because these settings share some common characteristics potentially relevant to the well-being in Latinx immigrants,

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in particular lack of culturally competent bilingual service providers and the presence of structural restrictions like not having access to driver's licenses.

Concluding Reflections

As a nurse practitioner practicing in Western North Carolina who cares for a number of Mexican immigrant and other Latinx immigrant patients, exploring the experiences and well-being of Mexican immigrant women had particular disciplinary relevance. Despite speaking Spanish fairly well and having a good deal of experience working with different Latinx-origin populations in both urban and rural settings, this nurse practitioner had encountered a number of barriers to understanding fully and to being fully understood by these patients, and this resulted in some less than satisfactory interactions and outcomes. In particular, diagnosing the etiologies for vague, chronic distressing symptoms and creating effective and satisfactory plans of care to reduce and ultimately eliminate these symptoms had often eluded this nurse practitioner, causing her to wonder if she truly understood all the complex factors affecting her patients. These failures to understand and optimally support a number of Latina immigrant patients led this nurse practitioner to take on the role of a qualitative researcher and explore in as open-ended a manner possible significant life experiences that Meleis and colleagues argued reveal people's strengths, resources, vulnerabilities, the nature of their health and well-being, and what they need from nurses to improve health and well-being.

By and large the Mexican immigrant women interviewed for this study opened up quite readily to share their life stories in the context of immigration and to reflect on their experiences and well-being living in traditionally non-Latinx U.S. communities. At some point during their interviews, most of them conveyed how good it felt that an outsider was interested in hearing their stories and understanding their perceptions and feelings. The conversations with these

women, consequently, felt genuine and valuable, and during each and every interview, this researcher realized how privileged she was to be a part of such intimate exchanges. She not only learned a great deal of important information about participants' lives, how various factors affected their well-being, and how nurses and nurse practitioners could change their approach to better meet the needs of Mexican immigrant women, she also gained a great deal of hope and inspiration. She gained hope for these women's futures and her ability to help women like them to heal, grow, and thrive. And she gained inspiration to keep exploring this group's experiences, resilience, and well-being.

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APPENDICES

Appendix A

Socio-demographic Questionnaire

1) What is your age in years?

2) What is your marital status? (Married, Partnered, Separated, Divorced, Widowed, Single)

3) What is your total family income and how many people depend on that income?

4) What is your occupation?

5) How many years of education have you completed?

6) What region or state do you come from in Mexico? Do you come from a rural or urban area?

7) How old were you when you came to the United States?

8) How long have you lived in Western North Carolina?

9) Who do you live with here? (No names just relationships, i.e. partner, mother, etc.)

10) How many children do you have? Where are your children living?

11) Where do your other close family and friends live?

12) How often are you in contact with children, other family, and friends who live elsewhere? And what types of contact do you have with them?

Appendix B

Semi-structured Interview Questionnaire

1) What has it been like for you to live here in [North Carolina/Tennessee]?

2) What expectations did you have about how your life would be here? How have these expectations been met or not met?

3) What worries do you have living here?

4) How do your different worries make you feel?

5) What do you do to manage your worries?

6) What opportunities have opened up for you in living here?

7) How have these opportunities made you feel?

8) What are your hopes for your/your family's future here?

Clarifying/Probing Statements

1) 'I'm really interested in the way you are describing that. Can you give me a bit more detail about how that happened?' (Thorne, 2008, p. 115)

2) 'I've been hearing somewhat similar things from others, and I'd love to better understand it. Can you tell me more?' (Thorne, 2008, p. 115)

Appendix C

HHS Poverty Guidelines for 2019

The 2019 poverty guidelines are in effect as of January 11, 2019.

The Federal Register notice for the 2019 Poverty Guidelines was published February 1, 2019.

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty guideline
For families/households with more than 8 persons, add $4,420 for each additional person.	
1	$12,490
2	$16,910
3	$21,330
4	$25,750
5	$30,170
6	$34,590
7	$39,010
8	$43,430

Appendix D

Chart with Themes, Categories, Codes

Themes	Categories	Codes
Difference and Disruption	*Different, unfamiliar environment and culture*	Less urban, quieter, safer Minimal to no Latinx people Isolated, less interaction with people Different food Different routines Different language Different norms, values, systems
	Disruption in life *Disruption in social status, standard of living*	Disruption in life for all (welcome vs. unwelcome one) Demotion in social status (for some) Improved standard of living (for most) From being known, valued, respected to not From belonging to community to not More work, better wages Easier access to goods, services, education Material losses-- money spent to immigrate; money spent to start new life
	Difference, disruption in self, roles, and expectations	From not working to working From less to more educated Change in marital status (not a result of immigration but contributing to experience) Becoming a parent Prior education, professional training no longer valid Changed by experiences in U.S. (no longer belong in Mexico) Developing independence, self-efficacy

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Difference and Disruption	*Difference, disruption in self, roles, and expectations*	Adopting new values/practices From focus on personal needs/goals to children's From expectation to return to Mexico to making a life in U.S.
	Difference and disruption in social life, support networks	Less spontaneous, less frequent, or no interactions with family, friends, neighbors (compared to open, informal socialization in Mexico) Americans nice but "closed" Few Latinx people, living far from Latinx friends Social/support network mostly partners' family Support network small, less supportive than in Mexico Support network with new Latinx friends and some Americans
Losing to Gain	*Sacrifices and losses*	Separation from/ loss of contact with close family (long separations) Loss of comfort, confidence, competence, independence (due to not knowing place, people, systems, culture, language) Loss of culture/customs Material losses/sacrifices (money, possessions, careers/ professional practice, education and training)
	Struggles	Getting established difficult On-going financial struggles Struggles with poor, harsh work conditions Struggles with work-life balance Communication struggles Struggles with norms, systems, and institutions

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Losing to Gain	*Struggles*	Struggles due to limited social support Struggles with family conflict Struggles with raising children Struggles with mistreatment by locals Struggles with health problems
	Rewards, gains	Standard of living gains Easier access to goods and services Educational opportunities for children Peace, security, better QOL Opportunities for personal growth and development
Living with Risks and Limitations	*Risk and limitations before immigration*	Personal experiences of violence, harassment, threats, family conflict in Mexico Personal experience of deprivation due to economic instability Rising drug and other violence Risky migration due to not having authorization
	Risk and limitations relating to deportation	At risk of detention and deportation due to: Undocumented status Increased detentions and deportations with new federal administration Fear of deportation limiting movements/ travel, limiting visits with family Limited livelihood, risk of harm if sent back to Mexico Risk of children being left unattended/ attended by strangers in event of deportation Children not born in U.S. at risk of deportation, legal status limiting opportunities, limited opportunities if sent to Mexico

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Living with Risks and Limitations	*Risks and limitations relating to not having a driver's license*	Risk of getting tickets, detained for driving without a license Limited productivity, earnings due to cost of tickets, time lost being detained Limited movements due to fear and worry about traffic stops Risk of having a bad record due to getting tickets Risk of local law enforcement reporting them to ICE
	Other risks and limitations	Limits to pursuing certain education, training, or work due to lack of authorization Limits to pursuing higher education due to cost (DACA status = out of state tuition) Limited help-seeking due to immigration status Limited funding for healthcare services for undocumented immigrants Fear of complaining about housing/ workplace violations
	Undocumented status limiting well-being	Frequent feeling of impotence, frustration to protect/ defend themselves or change their legal status Increasingly feeling targeted, hunted by ICE, other law enforcement Feeling misrepresented, misjudged by anti-immigrant rhetoric
From Lost to Found	*Feeling Lost*	Feeling disoriented, isolated, and alone Feeling invisible and voiceless Not feeling accepted, not belonging

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From Lost to Found	*Feeling Found*	Gaining familiarity and understanding Becoming visible Feeling accepted, belonging Having purpose and hope
Resilience and Adaptation	*Strengths and Resources*	Caring, supportive relationships Good relationships with children Positive reception, treatment, sense of belonging Personality traits important to resiliency and healthy adaptation Belief in self, self-appraisals Beliefs in agency, responsibility for own health
	Healthy coping, resilience, and adaptation	Healthy distraction Focusing on children Maintaining, nurturing transnational relationships Seeking help and support Problem-solving, information-seeking Using humor, laughter, optimism Faith, spirituality Engaging in meaningful activities Preserving, transmitting valued aspects of culture Adopting and integrating new values, practices Anecdotes, statements conveying resilience, adaptation

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	Instructor, Walden University, College of Health Sciences, School of Nursing, On-Line (Remote), 2013-present
	Guest Lecturer and Clinical Preceptor, University of Miami, School of Nursing, Miami, Florida, 2001-2006
Publications:	Bogardus, M. (2017). Comparison of the Center for Epidemiology Studies Depression scale and the Beck Depression Inventory for use in research with Latinas. *Issues in Mental Health Nursing*, *38*(2), 145-152, doi: 10.1080/01612840.2016.1251513.
	Bogardus, M. A. (2018). Best practices and self-care to support women in living well with Human Immunodeficiency Virus (HIV)/AIDS. *Nursing Clinics of North America, 53*, 67-82. doi.org/10.1016/j.cnur.2017.10.008
Honors and Awards:	Featured in the ETSU *Illuminated* Magazine, spring 2020 edition for dissertation work
	Received an ETSU Dissertation Scholarship, spring 2019
	Poster abstract and poster entitled *Stress and mental health in U S*

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Latino farmworkers accepted for presentation at the 2018

Western Forum for Migrant & Community Health

Conference in Seattle, Washington