UNIVERSITY OF CALIFORNIA

Santa Barbara

"Donde Usted Vaya, Tiene que Demostrar lo que es Usted": A Phenomenological Approach to Migration, Aging, Mental Health, and Cultural Identity Experiences Among Older Bolivian Immigrants in the United States

A dissertation submitted in partial satisfaction of the

requirement for the degree Doctor of Philosophy

in Counseling, Clinical, and School Psychology

by

Isabel López

Committee in charge:

Professor Andrés J. Consoli, Chair

Professor Miya Barnett

Dr. Alison Cerezo, Researcher

September 2025

The dissertation of Isabel López is approved.

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Miya Barnett

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Alison Cerezo

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Andrés J. Consoli, Committee Chair

June 2025

"Donde Usted Vaya, Tiene que Demostrar lo que es Usted": A Phenomenological Approach to Migration, Aging, Mental Health, and Cultural Identity Experiences Among Older Bolivian Immigrants in the United States

ACKNOWLEDGEMENTS

First and foremost, I want to thank my father, Luis Manuel López, and my mother, Carmen Marlene Tapia-Reyes. Without them, their unwavering support, and their motivation, I would not be here today. This journey started since Head Start, and we have been on this road with no stops, from grade school to my bachelor's education, to my master's years. It has been a long trajectory, and we have finally made it to the end of the enrolled-student role. *El destino los trajo a los EE.UU. y luego luego tuvieron que encontrar la manera de salir adelante. Sus sueños se convirtieron en mis sueños, y espero que se sientan igual de orgullosos que yo. Este doctorado tiene el apellido López y Tapia, y lleva el legado de los López, Tapia, Guerrero, Reyes, García, Ramírez, Morales y Salamanca. Es con mucho orgullo que les dedico este último (les juro que es el último) diploma.* To my sister, Andrea López, thank you for being a therapist-in-training with me, and for knocking sense into me with gentle yet direct reminders that I am capable of seeing this degree through. You did not choose this life of the supportive sister who sees all the schooling that her sister decided to go through, but you have been a fundamental support system in everything I do. To my *tíos, tías, primos*, and *primas* on both sides of the family, I admittedly am choosing an "easy" route and thanking you all together in one. Giving an individual thank you to each one of you would honestly be a dissertation on its own. Know that I am grateful for the moments you have heard me vent, for the compassion you gave when I would stress out in my doctoral program, and for the opportunities to share with you more and more details of the work I am doing. I know it can be a lot to take in, and so I am grateful you all always make the time and space to offer me support. *También les agradezco mucho a mi Papito Carlos y mi Mamita Wilma. Como la primera nieta de la familia,*

siempre he querido hacerles sentir orgullosos por todo lo que hago. Ustedes siempre me han apoyado sin fallar. Sé que mis años de estudio ha interferido con viajes a la Pachamama, y les he quedado debiendo viaje tras viaje, pero ahora espero llegar y presentarles mi título oficial. A mis abuelitos que me han estado guiando desde el cielo por los últimos 13-23 años, no saben qué tan difícil es no poder celebrar este logro con ustedes en persona. Los llevo en mi corazón siempre, y sé que también estarán orgullos por este logro que les presento. Como dije anteriormente, este doctorado lleva nuestro nombre.

To my academic families that I have been beyond blessed to find along this journey, I could not have done this without all your support. Dra. Gabriela Chavira, you are forever my academic mom and everyone who knows me, knows you. Thank you for being the representation I did not know I needed in my undergraduate studies. I saw you, a first-generation, Latina scholar/researcher, child of immigrants, and I felt I too could make it far in this field. Drs. Abe Rutchick and Scott Plunkett, thank you for forming part of my village in ways that you have. Thank you for being fundamental to my career explorations and part of the process in deciding next steps in my academic paths. Dr. Jonathan Martínez, thank you for guiding me throughout my master's journey and for helping me get to this point of the doctorate. It is an honor to be among the first of your students who can share that they are now doctors. Dr. Mark Otten, thank you for staying by my side throughout my doctoral education. Thank you for your continued mentorship and intentionality with checking in on life updates throughout these past six years. Drs. Andrés J. Consoli, Miya Barnett, and Alison Cerezo, thank you all for your support since the moment I entered CCSP. Andrés, thank you for the opportunity to demonstrate my capabilities in a doctoral program. Miya and Alison, thank you for serving as models and examples of how I would like to further

develop professionally. Thank you three for forming part of my milestones and for making me feel more and more like a colleague, ready for this next professional chapter of my life. To my C-Lab, PUENTE Lab, and TBBC family, you all have seen me in different stages of my personal and professional development. You all have seen me through the highs and the lows. You all have been there since our respective day ones. You all mean so much to me that I really cannot find the words for it, but I hope it is never a question just how grateful I am for you all.

Lastly, to all my friends and family made over the years (naming you all would expand this to another page alone), thank you for sticking by my side throughout this chaotic journey. You all know exactly who you are. Thank you for not judging me when I felt overwhelmed with school. Thank you for offering a helping hand when I felt consumed by stress and anxiety; and thank you for your kindness when life would feel harder than usual. Thank you for being the ones I can turn to who could relate to stressors on a different level. I only hope I have been just as helpful to you all in same times of emotional needs.

To everyone in my village, *gracias por existir.*

Additionally, I would like to express my gratitude for the Ray E. Hosford Memorial Fellowship for contributing funding to support my dissertation. I would also like to thank funding supports from the Eugene Cota-Robles, Louis H. Towbes, and Chancellor's Doctoral Incentive Program throughout my doctoral studies. Lastly and far from least, I would like to thank my participants for sharing their stories and for graciously allowing me the opportunity to learn from and highlight their experiences.

Dedication

I dedicate this dissertation to other Latina researchers, Mexican and Bolivian scholars, bilingual (Spanish-English) clinicians, children of immigrants, and first-generation college students. Becoming part of the less than 10% of Latines with a doctorate, and specifically part of the 1% of Latinas who hold a doctoral degree, is not something I take lightly. *Aquí estamos y no nos vamos.*

Isabel López, M.A.

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EDUCATION & TRAINING

Predoctoral Clinical Intern (August 2024 – August 2025)
Arizona State University (ASU)
Counseling Services

Counseling, Clinical, and School Psychology – Ph.D. (June 2025)
Dissertation: Older Latine Immigrants in the United States: Understanding Migration Experiences, Migration and Aging Influences on Mental Health, and Cultural Identity Among Older Bolivian Immigrants
University of California, Santa Barbara (UCSB)
GPA: 3.90/4.0

Clinical Psychology – M.A. (May 2019)
Thesis: Acculturation and Help-Seeking Attitudes: Examining the Influence of Mental Health Literacy and Perceived Access to Services
California State University, Northridge (CSUN)
GPA: 4.0/4.0 – *Graduated with Distinction*

Psychology Honors – B.A. (December 2016)
Honors Project: Acculturation, Identity, Stress, and Help-Seeking Attitudes
California State University, Northridge (CSUN)
GPA: 3.97 out of 4.0 – *Summa Cum Laude*

AWARDS

Eugene Cota-Robles Award (2019-2024) – UCSB
Chancellor's Doctoral Incentive Program (2019-2024) – CSUN
Student Equity Award (2024) – Recognition of a student of color from Santa Barbara County in efforts to widen diversity, equity, and inclusion among community of psychologists in the area – Santa Barbara County Psychological Association (SBCPA)
Student Equity Award – Honorary Award (2023) – Santa Barbara County Psychological Association (SBCPA)
Ray E. Hosford Award for Excellence in Professional Behavior (2020-2021) – Department of Counseling, Clinical, and School Psychology Award – UCSB
Louis H. Towbes Fellowship (2019-2020) – UCSB Graduate Division
Robert Rainy Award (2019) – Most outstanding student in Clinical Psychology, who represents the highest levels of academic, research, and clinical skills – Psychology Departmental Award – CSUN
Graduate Equity Fellowship (2018-2019)– Funded by the Office of Graduate Studies – CSUN
Sally Casanova Pre-Doctoral Scholar – Honorable Mention (Fall 2018) – CSUN
Delmar Nicks Award (Spring 2017) – Demonstration of exceptional scholarship and some service to the Department of Psychology – Psychology Departmental Award – CSUN
Dean's List (multiple semesters) – Undergraduate Studies – CSUN

PUBLICATIONS

Martinez, J. I., Saravia, D. H., **López, I.**, Bridgewater, J. M., Aguirre, S., & Fuentes, J. A. (submitted). Parent vs. provider perspectives on parent engagement in school-based mental health services for minoritized families.

Consoli, A. J., Anaya-López, M., **López, I.,** Meléndez, A. E., Ramírez, Y. (submitted). La supervisión y su prestación en los servicios destinados a las poblaciones latinas en los Estados Unidos de América [Supervision and it's provision in services for Latines in the United States of America].

Consoli, A. J., Ramírez-Gutiérrez, Y., Anaya-López, M., **López, I.**, & Meléndez, E. A. (in press). *El entrenamiento*: Training necessities and opportunities to advance bilingual mental health competencies. In M. Campos, Y. Mejia, & A. J. Consoli, *Forging caminos: Pathways to becoming a bilingual (English-Spanish) mental health professional*. American Psychological Association.

Vasquez-Salgado, Y., Camacho, T. C., **López, I.**, Chavira, G., Saetermoe, C. L., & Khachikian, C. (2023). "I definitely feel like a scientist": Exploring science identity trajectories among Latinx students in a critical race theory-informed undergraduate research experience. *Infant and Child Development, 32*(3), 1-21. https://doi.org/10.1002/icd.2371

Consoli, A. J., & **López, I.** (2021). Alternate cultural paradigms in Latinx Psychology: An empirical, collaborative exploration. *Journal of Humanistic Psychology,* 0(0), 1-24. https://doi.org/10.1177/00221678211051797

RESEARCH PRESENTATIONS

Oral Presentations

López, I. (2024, October 17-19). Immigrant Mental Health: Perspectives from Older South American Adults Living in the United States. In Edward Delgado-Romero (chair), *Navigating Cultural Microsystems: Exploring a Cultural Paradigm in Latinx Adults' Identity and Values in the U.S.* [Symposium]. Annual conference of the National Latinx Psychological Association. San Juan, Puerto Rico.

López, I., Ogbeneme, K., Gutierrez, J., Murakami, N., & Miller, E. (2019, April 25-28). President Trump's Controversial Tweet: On Pitching Decisions in the Baseball Postseason. In Mark P. Otten (chair), *Sport Psychology in 2019: Motivation, Anxiety, and Clutch Performance*. [Symposium]. Annual meeting of the *Western Psychological Association*, Pasadena, California.

López, I., Assadollazadeh, J., Alvarez, K., & Chavira, G. (2018, May 1). Effectiveness of a College Knowledge Program for Latino Parents and Youth. *Civil Discourse and Social Change Student Symposium Panel.* [Symposium]. Civil Discourse and Social Change. California State University, Northridge.

Poster Presentations

López, I., Meléndez, E., Ramírez, Y., Lopez-Anaya, M., Flores, I., & Consoli, A. J. (2024, October 17-19). *Es Nuestro Entrenamiento: Needs and Opportunities to Develop Professional Bilingual Competencies* [Conference presentation]. National Latinx Psychological

Association, San Juan, Puerto Rico.

Lopez-Anaya, M., Flores, I., **López, I.**, Meléndez, E., Ramírez, Y., & Consoli, A. J. (2023, October 26-28). *La Supervisión y su Prestación en los Servicios Destinados a las Poblaciones Latinas en los Estados Unidos de América* [Conference presentation]. National Latinx Psychological Association, Chicago, IL, United States.

Saravia, D. H., **López, I.,** Orozco-Perez, P., Venegas, C., Gomez, G. J., & Martinez, J. I. (2022, November 17-20). *Increasing mental health service engagement among Latinx adults: A focus on mental health literacy* [Conference presentation]. Association for Behavioral and Cognitive Therapies*,* New York City, NY, United States.

López, I., Consoli, A. J. (2022, October 20-22). *Social representations of psychotherapy by low-income Mexican/Mexican Americans who accessed specialty care for clinical depression* [Conference presentation]. National Latinx Psychological Association, Denver, CO, United States.

Sharma, H., **López, I.**, Ramirez, Y., Anaya-Lopez, M., & Consoli, A. J. (2022, August 4-6). *Serving the Underserved: Assessing the Access and Utilization Model Through Three Studies Centering Minoritized Communities* [Conference presentation]. APA Division 17 social hour at the American Psychological Association, Minneapolis, MN, United States.

Saravia, D., Orozco-Perez, P., **López, I.**, Palacios, M., & Martinez, J. (2021, November 16-21). *Stigma, mental health literacy, & help-seeking intentions: Promoting mental health services among Latinx undergraduate students at a large public university* [Conference presentation]. Association for Behavioral and Cognitive Therapies, online.

Saravia, D., Orozco, P. **López, I.**, Palacios. M., Gonzalez, S., Martinez, J. I. (2020, November 17-22). *Examining perceptual and structural barriers as moderators on the relationship between psychological distress and mental health service use* [Conference presentation]. Association for Behavioral and Cognitive Therapies, online.

López, I. & Consoli, A. J. (2020, November 17-22). *Knowledge and Attitudes about Psychotherapy: Perspectives from Mexican and Mexican American Adults in Treatment* [Conference presentation]. Association for Behavioral and Cognitive Therapies, online.

López, I. & Consoli, A. J. (2020, October 29-30). *Alternative Cultural Paradigms in Latinx Psychology: An empirical, collaborative exploration* [Conference presentation]. National Latinx Psychological Association, online.

Arreola, J., Venegas, C. L., Orozco, P., Saravia, D., **López, I.**, & Martinez, J. I. (2020, March 19-21). *Racial/Ethnic Differences in Assessing Pathways from Community Violence to Psychological Adjustment and Mental Health Service Use* [Conference presentation]. Society for Research on Adolescents, San Diego, CA, United States.

López, I., Venegas, C. L., Arreola, J., & Martinez, J. I. (2019, November 21-24). *Depressive Symptoms Among Latinx and Asian Immigrants: Examining the Influence of Acculturative Stress and Reason for Migration* [Conference presentation]. Association for Behavioral and Cognitive Therapies, Atlanta, GA, United States.

Saravia, D., Orozco, P., **López, I.**, Venegas, C., & Martinez, J. I. (2019, November 21-24). *Examining race/ethnicity as a moderator to the relationship between depressive symptoms and counseling service use* [Conference presentation]. Association for Behavioral and Cognitive Therapies, Atlanta, GA, United States.

Venegas, C. L., Arreola, J., **López, I.**, & Martinez, J. I. (2019, October 17-20). *U.S. citizenship differences among Latinx and Asian immigrants: Examining acculturative stress, discrimination, internalizing symptoms and mental health service utilization* [Conference presentation]. National Latinx Psychological Association, Miami, FL, United States.

López, I., Venegas, C., Saravia, D., Orozco, P., Arreola, J., Martinez, J. (2019, October 31-November 2). *Acculturation and Help-Seeking Attitudes: Examining the Influence of Mental Health Literacy and Perceived Access to Services* [Conference presentation]. Society for Advancement of Chicanos/Hispanics and Native Americans in Science, Honolulu, HI, United

States.

Otten, M. P., **López, I.**, Miller, E., Swinney, K., Paz de la Vega, L., Mejia, R., Humphrey, R., & Treleven, T. (2019, October 23-26). *Icing the Kicker Revisited: Does it Really Work in the NFL?* [Conference presentation]. Association for Applied Sport Psychology, Portland, OR, United States.

Venegas, C. L., **López, I.**, Arreola, J., & Martinez, J. (2019, May 23-26). *Psychological Well-Being Among Latinx and Asian Immigrants: Family Cohesion as a Protective Factor on Acculturative Stress and Discrimination* [Conference presentation]. Association for Psychological Sciences, Washington, D.C., United States.

Arreola, J., **López, I.**, Venegas, C. L., Villegas, A., Martinez, J. (2019, February 13-16). *Assessing the Impact of Neighborhood Disorder on Mental Health Adjustment and Help-Seeking Outcomes* [Conference presentation]. Society for Cross-Cultural Research, Jacksonville, FL, United States.

López, I., Moran J. A., Aguirre, S., Bridgewater, J., Martinez, J., Lau, A., Bear, L., & Escudero, P. (2018, November 15-18). *Perceived Barriers and Strategies for Promoting Parent Engagement in School-Based Mental Health Services* [Conference presentation]. Association for Behavioral and Cognitive Therapies, Washington, D.C., United States.

López, I., Assadollazadeh, J., Alvarez, K., & Chavira, G. (2018, May 24-27). *Effectiveness of a College Knowledge Program for Latino Parents and Youth* [Conference presentation]. Association for Psychological Sciences, San Francisco, CA, United States.

Alvarez, K., Hernandez, G., **López, I.**, Chavira, G. (2018, April 26-29). *The Effects of School Context on Academic Performance, Well-Being, and Delinquency in Adolescence* [Conference presentation]. Western Psychological Association, Portland, OR, United States.

Alvarez, K., Hernandez, G., Rios, D., **López, I.**, & Chavira, G. (2017, May 25-28). *Latino Parental Involvement and College Knowledge as predictors of Adoelscent Education Aspirations* [Conference presentation]. Association for Psychological Sciences, Boston, MA, United States.

Hernandez, G., **López, I.**, & Chavira, G. (2017, May 25-28). *Latino Parental Involvement and Academic Support: The Effects of Participating in a Pre-College Empowerment Program* [Conference presentation]. Association for Psychological Sciences, Boston, MA, United States.

López, I., Carrera, A., Hernández, G., Alvarez, K., & Chavira, G. (2017, May 25-28). *Parental Involvement and College Knowledge: Differences in Parent-Child Communication and School Involvement* [Conference presentation]. Association for Psychological Sciences, Boston, MA, United States.

López, I., & Rutchick, A. M. (2016, April 29-May 1). *Acculturation, Identity, Stress, and Help-Seeking Attitudes* [Conference presentation]. Western Psychological Association, Long Beach, CA, United States.

RESEARCH EXPERIENCE

Dissertation (Spring 2023-Spring 2025)
Title: *"Donde Usted Vaya, Tiene que Demostrar lo que es Usted"*: A Phenomenological Approach to Migration, Aging, Mental Health, and Cultural Identity Experiences Among Older Bolivian Immigrants in the United States
Chair: Andrés J. Consoli, PhD., UCSB
Conducted qualitative study on migration experiences of older Bolivian immigrant adults and exploring impacts of acculturation and cultural identity development on mental health. Using a transcendental phenomenological approach to capture rich descriptions of shared experiences among nine older adults.

Pre-dissertation (Qualifying Exam requirement)
Title: Social representation of psychotherapy among low-income Mexican Americans who accessed specialty care for clinical depression
Chair: Andrés J. Consoli, PhD., UCSB
Analyzed qualitative data focused on knowledge and attitudes about psychotherapy from active consumers of mental health services in the public sector. Used thematic analysis to summarize findings and interpretations of experiences across participants.

The Building Bridges Collective (TBBC) (Fall 2019-present)
PI: Dr. Andrés J. Consoli, Ph.D., Education Department, UCSB
- Collaborated on chapter on opportunities for bilingual (Spanish-English) clinical training for bilingual graduate students enrolled in counseling, clinical, and/or school psychology graduate programs
- Collaborated on chapter written in Spanish about clinical supervision in the U.S.
  - Presented chapter information at national conference
- Drafted manuscript submissions
  - Co-authoring project on counseling psychology identity – similarities and differences with clinical psychology
  - Study on access and utilization of mental health care among Mexican/Mexican-American adults
- Published article on study of alternative cultural paradigms in Latinx Psychology
- Conducted qualitative analyses on archival data and submitted abstracts for national conferences

P.U.E.N.T.E. Research Lab (Fall 2017-Summer 2019)
PI: Dr. Jonathan Martinez, Ph.D., Psychology Department, CSUN

Southern California Regional Partnership Grant (Summer 2018-Summer 2019)
- Assisted in trainings and focus groups (FGs) conducted with mental health practitioners
- Identified and distribute assessment tools to measure level of cultural sensitivity for treating diverse populations
- Contributed to the development of needs assessment report (results of FGs and trainings)

Development of Mental Health Care Toolkit
Composing different worksheets to make up a toolkit that would be easily accessed and referred to by school-based mental health practitioners.
- Reviewed research on questionnaires examining families' expectations about therapy
- Developed worksheet that addresses therapy expectations
- Assisted in development of other worksheets included in toolkit

LAUSD School-based Mental Health Services Study
Study focused on highlighting barriers to parent involvement in school-based mental health services within the Los Angeles Unified School District and suggesting ideas for improving parent involvement in such services.
- Transcribed focus group interview conducted with social workers within the LA school district
- Used qualitative coding software (Nvivo) to code transcription

"Logrando Bienestar" ("Achieving Well-Being") *Program*
Collaborative study with Ventura County Behavioral Health, focused on providing psychoeducation to the community and promoting use of services made available to them.
- Reviewed and modified previous workshop PPT presentations

- Developed summary and informational resource handouts of workshop presentations
- Created PowerPoint presentation on how to analyze and present focus group data

CSUN Sport Psychology Lab (Fall 2018-Spring 2019)
PI: Dr. Mark Otten, Psychology Department, CSUN
- Collaborated on project examining nuances between "flow" performance and "clutch" performance in efforts to highlight unique differences in athletes' experiences during different critical moments in their respective sports
- Conducted performance analysis on NFL kicker statistics to determine the effectiveness of opposing teams "icing" the kicker and whether or not this has a significant change on the kicker's accuracy
  - Poster presentation at annual national conference
- Ran performance analysis on relief pitchers to study the nuance between "choking" under pressure versus demonstrating "clutch" performance
  - Symposium presentation at annual regional conference

Pathways to Higher Education Research Lab (Fall 2015-Spring 2019)
PI: Dr. Gabriela Chavira, Psychology Department, CSUN
- Assumed role of Lab Manager
- Delegated lab tasks and mentor undergraduate research assistants
- Conducted mixed-methods research and analysis
- Developed a sub-project from lab study using focus group data:
  - Coded and analyzed qualitative data for a symposium and conference presentation

Parental Involvement & College Knowledge Research Project
An intervention research project that provides parental involvement and college information to low-income Latino families in a community-based organization, MEND (Meet Each Need with Dignity).
- Conducted pre- and post-intervention adolescent interviews in English, and administered surveys after interviews
- Called families to remind them of upcoming workshop sessions and assignments that were due
- Assisted in monthly parent (Spanish sessions) and adolescent (English sessions) workshops
- Cooperated in creating a codebook of the data in preparation for data analysis
- Developed a sub-project from this project:
  - Coded and analyzed qualitative data in preparation for a conference presentation
- Recruited new participants for following group participation
- Facilitated adolescent workshop session
- Organized, trained for, and co-facilitated adolescent focus group (in English and Spanish)

Cultural Discontinuity Research Project
Funded by the National Institute on Minority Health and Health Disparities (NIMHD)
A longitudinal study on the mismatch between home and school cultures in preparing youth for adult roles in a predominantly Latino high school.
- Trained on transcribing and translating semi-structured interviews
- Transcribed, verified, and translated (to English) Spanish language parent interviews
- Verified English language parent interviews

Mentoring Matters Research Study
A quantitative research study focused on examining different mentoring faculty-student relationships in STEM and STEM-related disciplines at CSUN.

- Assisted in recruiting professors to participate in anonymous online survey of mentoring relationships
- Processed participation incentives for participants who partook in mentoring research and filed participant payment forms

Applied Social Psychology Lab (Spring 2016 – Spring 2017)
PI: Dr. Abraham M. Rutchick, Psychology Department, CSUN

Hospital Gowns and Medical Decision Making Study
Study focused on participants' health decision making and risk-taking in medical contexts, when wearing a hospital gown or usual street clothing.
- Directed participants accordingly to their assigned condition (gowns or casual clothing) and instructed them to complete an anonymous online survey
- Granted credit to participants through department subject pool

Formal Clothing and Temporal Discounting Study
Study focused on participants' sense of power, cognitive functioning and decision-making behaviors when exposed to researchers dressed in either casual or formal clothing.
- Randomly assigned order of decision-making tests and instructed participants to complete tasks
- Granted credit to participants through department subject pool

College Student Identity and Well-being Study
Study focused on using linguistic markers to evaluate students' sense of identity and how it may predict academic success in first-generation college students.
- Conducted literature review
- Extracted response data from open-ended survey questions
- Developed codebook and Excel spreadsheets for specific survey questions examined
- Combined response data processed and analyzed through the Linguistic Inquiry Word Count (LIWC) program to Excel spreadsheet mentioned above
- Developed a sub-project from this project:
  - Designed anonymous online survey
  - Combined aspects of study presented at WPA convention
  - Analyzed data in preparation for presentation

JOURNAL SERVICES

2022 Ad hoc Reviewer, *Psychology of Sport and Exercise*
2020 Ad hoc Reviewer, *Journal for Social Action in Counseling and Psychology*
2019 Ad hoc Reviewer, *Journal of Latinx Psychology*

TEACHING EXPERIENCE

Teaching Associate – Instructor of Record (Fall 2022 – Spring 2023)
CNCSP 102: Intro to Research Methods in Applied Psychology, Counseling, Clinical, and School Psychology Department, UCSB, Santa Barbara, California
- Taught class enrollment of 60-149 students over course of year
- Delegated tasks and providing support to Teaching Assistants
- Held office hours for students, for both course-related and graduate school-related questions

- Developed and modified course webpage throughout academic year, including transitioning to new university portal for the Spring quarter

Teaching Assistant (Spring 2021)
CNCSP 101: Intro to Helping Skills, Counseling, Clinical, and School Psychology Department, UCSB, Santa Barbara, California
Instructor: Dr. Jon Goodwin, Counseling, Clinical, and School Psychology Department, UCSB
- Developed section slides and facilitated four discussion sections
- Graded student assignments
- Recorded weekly section attendance

Teaching Assistant (Winter 2021)
CNCSP 101: Intro to Helping Skills, Counseling, Clinical, and School Psychology Department, UCSB, Santa Barbara, California
Instructor: Dr. Avery Voos, Counseling, Clinical, and School Psychology Department, UCSB
- Developed section slides and facilitated four discussion sections
- Graded student assignments
- Recorded weekly section attendance

Teaching Assistant (Fall 2020)
CNCSP 102: Intro to Research Methods in Applied Psychology, Counseling, Clinical, and School Psychology Department, UCSB, Santa Barbara, California
Instructor: Dr. Alison Cerezo, Counseling, Clinical, and School Psychology Department, UCSB
- Developed section slides and facilitated four discussion sections
- Graded student assignments
- Recorded weekly section attendance

Co-Instructor (Summer 2020)
Summer JumpStart Research Methods – Virtual Instruction, Building Infrastructure Leading to Diversity (BUILD) Promoting Opportunities for Diversity in Education and Research (PODER), CSUN, Northridge, California
Supervisor: Dr. Gabriela Chavira, Psychology Department, CSUN
- Updated and developed weekly lessons covering different research designs and statistical analyses
- Assigned and evaluated student in-class assignments and homework

Co-Instructor (Summer 2019)
Summer JumpStart Research Methods, Building Infrastructure Leading to Diversity (BUILD) Promoting Opportunities for Diversity in Education and Research (PODER), CSUN, Northridge, California
Supervisor: Dr. Gabriela Chavira, Psychology Department, CSUN
- Updated and developed weekly lessons covering different research designs and statistical analyses
- Assigned and evaluated student in-class assignments and homework

Graduate Teaching Assistant (Fall 2018)
PSY 534/534S: Latent Variable Analysis, Psychology Department, CSUN, Northridge, California
Instructor: Dr. Mark Otten, Psychology Department, CSUN
- Graded homework and exams
- Converted homework assignments from EQS to R program

Undergraduate Teaching Assistant (Fall 2015)

PSY 321L: Psychological Research Methods Lab, Psychology Department, CSUN, Northridge, California
Instructor: Dr. Sun-Mee Kang, Psychology Department, CSUN
- Conducted exam review sessions for students
- Graded research assignments
- Created spreadsheet to record grades and attendance

CLINICAL EXPERIENCE

Counseling Services – (APA-Accredited) Predoctoral Clinical Intern (August 2024 – August 2025)
Arizona State University (ASU)
Supervisors: Adisa Haznadar Megna, Psy.D. (Fall 2024) *& Lilia Miramontes, Ph.D.* (Spring 2025)
Patient Population: Emerging to Older Adults
Interventions:
- Providing short- and long-term individual psychotherapy in English and Spanish languages via telehealth and in-person for university students
- Collaborating with campus organization that serves immigrant, DACA-recipient, and mixed-status students
- Conducted initial consultations for individual sessions in English and Spanish
- Co-facilitated Dialectical Behavioral Therapy group during the Fall 2024 semester

Academic and Staff Assistance Program (ASAP) – Practicum Clinician (Fall 2021-Spring 2023)
Santa Barbara, California
Supervisors: Melissa Cordero, Psy.D. & Pati Montojo, Ph.D.
Patient Population: Adults
Interventions:
- Provided short- and long-term individual psychotherapy in English and Spanish languages via telehealth and in-person for university staff and eligible family members
- Developed and facilitated campus-wide presentations for university faculty/staff
- Conducted intakes for individual and group sessions, including monolingual Spanish-speakers

Hosford Counseling and Psychological Services Clinic – Clinic Trainee (Fall 2020-Spring 2021)
Santa Barbara, California
Supervisor: Jon Goodwin, Ph.D.
Patient Population: Adolescents and adults
Interventions:
- Provided weekly long-term individual psychotherapy to adolescents and adults (via telehealth, due to health risks regarding COVID pandemic)
- Conducted intake sessions and shared case presentations to clinical team

Assessment Clinic – Clinic Trainee (Fall 2017; Fall 2018 – Spring 2019)
Northridge, California
Supervisor: Gary S. Katz, Ph.D.
Patient Population: Children, adolescents, and adults
Training:
- Co-wrote integrated case reports with colleagues
- Administrative intellectual and cognitive assessments

INVITED TALKS

Sullivan, Q., **López, I.**, Ulerio, G., Green Rosas, Y., Jenkins, J., Sánchez, A., Faison, A. D., Gomez, S. (moderator), & Sánchez, A. (moderator). (2024, October 19). Internship Application [panelist]. National Latinx Psychological Association. San Juan, Puerto Rico.

López, I., & Venegas, C. L. (2019, July). *Are you proficient in Microsoft PowerPoint?* Workshop for undergraduate students participating in the NIH-funded BUILD PODER Summer Jumpstart Program at CSUN, Northridge, California.

López, I., & Venegas, C. L. (2019, July). *Are you proficient in Microsoft Word?* Workshop for undergraduate students participating in the NIH-funded BUILD PODER Summer Jumpstart Program at CSUN, Northridge, California.

DEPARTMENTAL SERVICES

CSUN Sport Psychology Lab – Co-developed and co-facilitated team building retreat for CSUN Women's Tennis Team (January 28, 2024)

UCSB CCSP Interview Day Organization – Participated in student panel discussion for applicants (Winter 2024)

CSUN Psychology Alumni Chapter member (Fall 2023 – present)

CSUN Psychology Alumni Mentoring Event – Serve as mentor role (November 4, 2023)

CSUN Psychology Alumni Mentoring Event – Serve as mentor role (April 29, 2023)

UCSB CCSP Interview Day Organization – Participated in student panel discussion and research team meeting for applicants (Winter 2022)

UCSB CCSP Interview Day Organization – Participated in student panel discussion and research team meeting for applicants (Winter 2021)

UCSB CCSP Graduate Student Representative for Graduate Program Committee (2020-2021 academic year)

UCSB CCSP Interview Day Organization – Hosted applicant's stay the night before interviews, organized applicant social gathering the evening before interviews, and facilitated student panel discussion for applicants on interview day (Winter 2020)

SPECIAL INTEREST GROUPS (SIGS)

National Latinx Psychological Association Immigrant Collaborative (Winter 2024 – present)

National Latinx Psychological Association Bilingual Issues in Latinx Mental Health (Fall 2022 – present)

SKILLS

Fluent in Spanish and English

Proficient in SPSS, AMOS, EQS, R, Nvivo, MS Excel, Word, and PowerPoint, MPlus

Certifications

- Human Participants Protection Education for Research Teams – *National Institutes of Health (NIH)*
- Biomedical Research Training – *Collaborative Institutional Training Initiative (CITI Program)*
- California Child Abuse Mandated Reporter – *California Department of Social Services (CDSS)*
- Skills for Psychological Recovery (SPR) – *The National Center for Child Traumatic Stress (NCTSN)*
- Cultural Considerations in Working with Latino Clients Using the Child-Parent Psychotherapy

Model – *The National Center for Child Traumatic Stress (NCTSN)*

- Immigration and Trauma: Clinical Observations of Four Immigrant Psychotherapists Working with Latino Immigrant Families – *The National Center for Child Traumatic Stress (NCTSN)*
- Stigma Surrounding Trauma Treatment in the Hispanic Community and Recommendations for Engagement in TF-CBT Treatment – *The National Center for Child Traumatic Stress (NCTSN)*
- Clinical Implications of Spirituality, Religion, and Child Trauma Recovery – *The National Center for Child Traumatic Stress (NCTSN)*

ABSTRACT

"Donde Usted Vaya, Tiene que Demostrar lo que es Usted": A Phenomenological Approach to Migration, Aging, Mental Health, and Cultural Identity Experiences Among Older Bolivian Immigrants in the United States

By

Isabel López

Latine older adults (i.e., 65 years and older) comprised about 9% of the older adult population in the U.S. in 2019 and are projected to increase to 22% by 2060, making them the fastest growing older adult population (Administration for Community Living, 2020). Approximately 3.4 million South Americans lived in the U.S. in 2019, most of which immigrated during the 1960s-1980s (Montalvo & Batalova, 2024). Bolivians specifically accounted for 140,000 Latines in the U.S. in 2022, making up about 0.2% of the Latine population (Krogstad et al., 2022). Researchers have conducted studies to understand migrant mental health yet have primarily focused on new and/or young adult immigrants.

The current study utilized Moustakas' (1994) Transcendental Phenomenological approach to explore the migration, aging, mental health, and cultural identity experiences of nine Bolivian immigrants in the U.S. who migrated when they were 20-39 years old and are currently 65 years or older. Five themes explained the phenomenon of migration experience, which include *mirando hacia los EE.UU, "un cambio bien fuerte", oportunidades brindadas por estar en los EE.UU., "donde usted vaya, tiene que demostrar lo que es usted": logros en los EE.UU.,* and *recordando lo bueno de haber inmigrado.* The essence of

these themes underscores trajectories of what participants experienced before, during, and after immigrating to the U.S. Four themes explained the phenomenon of migration and aging influences on mental health, including *"no sabía cómo iba a ser la vida aquí",* difficult to be in "Gringolandia", *"había que enfocarse más en la vida aquí y listo": saliendo adelante en los EE.UU.,* and *cuidando la salud física y mental: atentos a cambios con la edad*. The essence of these themes highlighted well-being experiences over the course of participants' adapting in the U.S., while also recognizing current health needs. Lastly, three themes explained the phenomenon of cultural identity development over time in the U.S., including *manteniendo identidad boliviana, expandiendo identidad boliviana,* and *conexión cultural con Bolivia hoy en día*. The essence of these themes captures changes in participants' cultural identity over the course of their residency in the U.S.

Findings provide a unique developmental perspective to the phenomena of migration, aging, mental health, and cultural identity development among older Bolivian immigrants in the U.S. Participants not only spoke of initial experiences in the U.S., but also reflected on the years lived in the U.S. until the present day. Researchers are encouraged to take a life course perspective on topics of migration experiences, mental health, and cultural identity development, in addition to recognizing strengths in each phenomenon. Researchers are also invited to consider broader definitions of cultural identity that are not specific to ethnicity and nationality. Study findings may additionally benefit clinicians working with older immigrant adults, particularly regarding care for an aging population's physical and mental health needs.

Keywords: immigrant mental health, Bolivians, older adults, qualitative research, phenomenology

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CHAPTER 1: JUSTIFICATION AND PURPOSE OF STUDY

Background and Context

Latines[1] are a growing population in the United States (U.S.; Jones et al., 2021). In the 1980s and 1990s, Latine immigrant arrivals primarily drove the growth over Latine births in the U.S. More recently however, Census data from the 2000s and 2010s reveal that newborns have driven the growth of the U.S. Latine population, averaging one million births each year (Krogstad et al., 2022). Between 2010 and 2020, the Latine population grew by 23%, and accounted for 51.1% of the total U.S. population growth (Jones et al., 2021). National data projections on the older population in the U.S. (i.e., aged 65 years and older) anticipated an increase of older Latine adults, from 8% of the country's older population (as reported in 2014) to 22% by the year 2060 (Federal Interagency Forum on Aging-Related Statistics, 2020). This projected growth makes Hispanics the fastest growing older adult population, from approximately 3.6 million people to 21.5 million people between the years 2014 and 2060.

People of Mexican origin account for nearly 60% of all U.S. Latines, according to Pew Research calculations based on the American Community Surveys (ACS; Krogstad et al., 2022). The number of South American Latines, while smaller in comparison, have

[1] The term Latine will be used throughout this dissertation. The "e" at the end is gender inclusive, in contrast to the binary "Latino/a."

steadily increased over time. There are approximately 4 million South Americans living in the U.S. as of 2022 (Montalvo & Batalova, 2024). Many of those 4 million South Americans migrated during the 1960s to the 1980s, due to factors like authoritarian regimes, challenging economic situations, and armed conflicts across South American countries. The welcoming ease of U.S. immigration policies at that time also helped foster migration. From 1980 to 1990, there was an 85% increase in South American populations in the U.S., rising from 561,000 individuals in 1980 to 1,037,000 by 1990 (Gibson & Jung, 2006). Complex social and economic situations during the 1990s and 2000s (e.g., recession, inflation, unemployment) further drove immigration from South American countries to the U.S. (Montalvo & Batalova, 2024). The population grew by 86% between the years 1990 and 2000. In 2000, about 1,930,000 South American immigrants resided in the U.S. (Gibson & Jung, 2006). The population of South Americans in the U.S. grew another 41% between the years 2000 and 2010. In 2010, the American Community Survey (ACS) reports showed that about 2,730,000 Latine immigrants identified South America as their region of birth (Grieco et al., 2010). From 2010 to 2022, the number of South Americans in the U.S. grew by 45% (Montalvo & Batalova, 2024), from about 2.7 million to nearly 4 million. Bolivians specifically make up 140,000 of the total 63,555,000 Latine population in the U.S. (about 0.2% of all U.S. Latines; Krogstad et al., 2022).

In this dissertation, I intended to explore migration stories across South American populations in the U.S. Despite multiple efforts to invite immigrant participants from all countries in South America, all participants in the study are from Bolivia. Nonetheless, the dissertation includes research pertinent to other South American nationalities, to increase representation of the diversity within the Latine communities and their acknowledgment in

the academic and scientific literature. Several researchers have reviewed patterns of migration across South American populations that occurred during the 1980s and 1990s, identifying economic and political factors driving relocation to other countries (see Arredondo, 2018). For example, a focus on Chilean and Colombian migration patterns showed that increased desires for employment, educational opportunities (Gomez, 2018), and rising concerns with political upheavals (Miville et al., 2018) strongly influenced decisions for migration. Similarly, social and economic crises in the 1990s and 2000s fueled departures from regions such as Argentina and Chile to the U.S. (Montalvo & Batalova, 2024). Most recently, the Venezuelan-origin population showed the fastest growth rate in the U.S. from the years 2010 to 2021 (Krogstad et al., 2022).

Older Latine Immigrant Mental Health

There is limited research currently available on older adult immigrant mental health, especially South American immigrants. Those who have lived over three to four decades in the U.S., away from their countries of origin, establishing a home in a new setting, developing cultural identities, and all with varied journeys of documentation may experience an impact on their mental health (Balidemaj & Small, 2019; Cervantes et al., 2019; Chavez-Korell et al., 2014). This study advances the literature focused on migrant mental health among an older immigrant population. In particular, the current study sheds light specifically on Bolivian immigrants' experiences and provides a unique account of a South American population not widely studied in psychological research.

Since the early 2000s, researchers have done comparative analyses of mental health prevalence rates among older Latine and non-Latine White adults (Alegría et al., 2008; Jiménez et al., 2010; Jiménez et al., 2020; Woodward et al., 2011). For example, Jiménez et

al. (2010) highlighted similarities in lifetime diagnoses of any psychiatric disorder between older Latines and non-Latine White adults, yet Latines reported higher 12-month prevalence of depressive disorder compared to non-Latine White counterparts. Conversely, Woodward et al. (2011) underscored comparable rates of any mood and anxiety disorders between Latines and non-Latine White adults, and also found that Latine immigrants are at lower risk for psychiatric disorders compared to non-Latine White and U.S.-born individuals. Further, Woodward et al. highlight variations in prevalence rate across age (i.e., higher prevalence for older adults). Findings underscore the importance of conducting research that considers immigration- and age-related variables that impact Latine immigrant mental health.

Researchers have historically aggregated all Latine groups into one generalized Latine identity and have oversimplified mental health findings among Latine communities (Jiménez et al., 2020). For example, some researchers have made conclusions that foreign nativity serves as a protective factor for mental health concerns – also known as the immigrant paradox (Alegría et al., 2008). The immigrant paradox posits that Latine immigrants report lower prevalence rates of mental health concerns like anxiety, depression, and substance use compared to U.S.-born Latines and non-Latine White individuals. However, when researchers disaggregated data on Latine mental health to include age as a factor, they found higher prevalence of depression (either dysthymia or major depression) and generalized anxiety disorder among immigrant Latines ages 60 years and over compared to their U.S.-born counterparts (González et al., 2010; Jiménez et al., 2010). Additionally, Jiménez et al. (2020) highlighted how older Latines in general are more likely to experience social inequalities (i.e., discrimination), which in turn may be associated with increased risks

for mental health concerns across the lifespan. In other words, risks of facing social inequalities increase with age, and may therefore impact older Latine mental health.

Additional considerations for research centered on older Latine immigrant mental health may include knowledge of psychological symptoms. Two articles in the special issue of *Innovation in Aging*, focused on cultural background and mental health, provide more specific information on mental health attributions and symptomatology (Gutierrez et al., 2020; Mendez et al., 2020). For example, Mendez et al. (2020) found that more Mexican-origin older adults attributed mental health symptoms to spiritual and/or supernatural causes, and that women were twice as likely as men to make this attribution. Gutierrez et al. (2020) reported increases in depressive symptomatology with age and specified how women and those 80 years old or older were at an increased likelihood of reporting elevated depressive symptoms. While researchers in both studies specifically sampled Mexican adults, it nevertheless provides valuable information with regards to diverse older populations. General findings from both articles may be relevant to other older Latine adults and are worth exploring with other Latine groups, like that of South American immigrants.

Problem Statement

As reviewed by Jiménez et al. (2020), researchers studying Latine immigrant mental health have often grouped all Latine populations into a monolith. Diverse Latine participants and/or samples are usually classified generally under the term 'Latine,' and do not identify specific characteristics (e.g., nationality, intersectionality). It is appropriate that studies on Latine immigration include mostly individuals of Mexican origin – given that they represent a majority of the Latine population in the U.S. – yet it nevertheless overlooks other Latine populations who also reside across the nation. While immigrants from South America

comprise only 7% of Latine immigrants in the U.S. (4,345,000 out of 61,535,000; Krogstad et al., 2022), the U.S. remains a top destination for South American immigrants outside of migration to other South American countries (Montalvo & Batalova, 2024).

The American Psychological Association's (APA) Presidential Taskforce on Immigration (2012) underscored the dearth of research considering a life span, developmental perspective on immigrant populations. One may take on a particular focus on immigrant adults who migrated to the U.S. in their 20s-30s and have lived more of their lives in the U.S. than in their home countries. Understanding this population's experience may have important implications for clinical care and for advocacy on best supports for this population's socioemotional needs. The Migration Policy Institute (MPI) tabulation of data from the 2019 ACS showed that 79% of South American immigrants reported being between the ages of 18 and 64 years old, and that 15% indicated being 65 years and older (Montalvo & Batalova, 2024). While there is a wide range in ages 18 and 64 years, a median age of 46 years old was calculated based on the available data of age. Despite comparatively small numbers of South American immigrants in the U.S. to other Latines – and the small number of older South American immigrant adults – this group is still just as deserving of representation in literature. It is not enough to have open calls for Latine populations to participate in studies. It is imperative there are calls for specific Latine communities, in efforts to especially target that population of interest. It is not only important for researchers to explore South American immigrants' mental health; it is also of value to highlight South American immigrants' migration experiences and the impact their migration experiences had on their emotional well-being.

Researchers have used developed theoretical frameworks like acculturation and cultural learning, in addition to attachment theory and ethnic identity, to understand immigrant psychological well-being (Hernandez, 2009). Other researchers have articulated theoretical perspectives of life-course and lifespan that address patterns of change throughout the process of aging (Fuller-Iglesias et al., 2010). While these frameworks are informative on their own to understanding both phenomena separately – immigration and aging – few researchers have developed frameworks that address both constructs for immigrants in the U.S. (Jasso, 2003; McDonald, 2011; Rumbaut, 2004). Jasso (2003) considered aspects of the life-course perspective in migration research by identifying overlaps between central migration-related questions and key life-course themes. For example, migration-related information can include describing a cohort of immigrants who arrived at a destination at the same time; and a life-course theme can consider historical contexts like immigration laws at that point in time (Jasso, 2003). McDonald (2011) reviewed how principles of life-course theories may integrate with immigration theories to better understand the lives of immigrant families, such that measurements of time, aging, and values over one's life-course can be explored within the context of one's residency in their country of origin and in a host country. Moreover, Rumbaut (2004) critically examined how cohorts of immigrants are defined (e.g., first- and second-generation), and how educational, occupational, and language attainment vary between generational cohorts. That is, Rumbaut examines aspects of immigration within the context of life-course differences between individuals who migrate to the U.S. and U.S.-born children of immigrants.

Most recently, Meca and Schwartz (2024) formally introduced cultural stress theory (CST), providing the history of the theory, the theory's major tenets, and future directions

for research on cultural stress. Schwartz et al. (2015) and Salas-Wright and Schwartz (2019) have appeared on the forefront of contributions focused on cultural stress. For example, Schwartz and colleagues (2015) researched the effects of cultural stressors (i.e., perceived discrimination, negative reception from others, and bicultural stress) on health outcomes in the lives of Hispanic adolescents. An examination of the longitudinal trajectory of cultural stress predicted developmental changes including self-esteem, optimism, aggression, and rule-breaking behaviors. Moreover, early experiences of cultural stressors predicted maladjustment in the U.S. and risky behaviors. Salas-Wright and Schwartz (2019) expanded upon impacts of cultural stressors (i.e., discrimination, negative context of reception, and bicultural stress) and risk behaviors, specifically misuse of alcohol and other drugs. Salas-Wright and Schwartz argue how the co-occurrence and accumulation of multiple cultural stressors overtime can be damaging and more impactful on youths compared to other stressors. While relevant and pertinent to a developmental framework, cultural stress theory mainly concerns itself with how migration-related stressors may increase stress among immigrant parents and children (Salas-Wright et al., 2021). Nonetheless, it is worth considering how this theory may be applicable to older adult immigrants in the U.S. who have lived more of their lives in a country different from their country of origin. Furthermore, Salas-Wright and Schwartz call for a transnational approach to cultural stress theory (i.e., connections to one's country of origin) that may further advance literature on mental health impacts of cultural stress. This point is especially relevant to the current study, considering possible connections participants may still have with Bolivia over the course of their residency in the U.S.

Objective of the Study

Based on the existing gaps in the literature and the importance of understanding aging and migration theories to explore older immigrant mental health, I conducted the following study to explore the impact of migration on Bolivian immigrants' mental health, having resided in the United States for decades after leaving their countries of origin – otherwise known as the immigrated elderly (Min, 1998). Of note, the term 'elderly' is referenced as a form of respect for older adults. I explored how phenomena like migration experience, resettlement and adaptation to the U.S. (i.e., acculturation), and cultural identity impact the mental health of older Bolivian immigrant adults.

Migration experiences can be conceptualized into three different stages: pre-migration, migration-specific, and post-migration phases (Arredondo, 2018; Sluzki, 1979). These stages encompass reasons one decides to migrate to another country, their actual migration from their country of origin to a host country, and how one resettles in another country, respectively. Moreover, each stage of migration may influence health consequences for immigrants. Often, researchers underscore emotionally challenging and/or trauma experiences during each stage that result in negative mental health outcomes, like symptoms of depression and anxiety (Peña-Sullivan, 2019; Pinedo et al., 2021). The conceptualization of these stages is of particular interest in the current study, as participants 65 years old or older were invited to reflect on their migration experience in the U.S. over the course of their residency in the country. As such, I anticipated that there would be some insights into participants' lived perspectives within each phase of migration, from decisions to leave Bolivia, to the actual migration journey from Bolivia to the U.S., to the years experienced post-migration that has impacted participants' lives in the U.S. Moreover, I was interested to

know how stories of participants' experiences would compare with existing literature highlighting emotional struggles in immigrants' adjustment to the U.S.

Acculturation refers to cultural and psychological changes that occur due to contact with different groups of people and social influences (Berry, 2005; Schwartz et al., 2013). In earlier works, Berry (1992) reviewed acculturation as group- and individual-level phenomena. Group-level experiences include physical changes (e.g., residing in new area), biological changes (e.g., new nutrition and disease exposure), political changes (i.e., minoritization of cultural groups), and cultural changes (i.e., learning new language and customs), among others. Individual-level experiences include psychological and behavioral changes like values, attitudes, and identities (i.e., personal and ethnic identities). In line with research on acculturation are works on acculturative stress, which refers to the taxing exposure and response to situations occurring before, during, and after immigration (González-Guarda et al., 2012, 2016). Researchers document discrimination, economic hardships, limited healthcare access, and trauma as examples of experiences of acculturation stress (Li, 2016), and that undocumented Latines may be particularly susceptible to such stressors (Ornelas et al., 2020). Moreover, studies have documented a relationship between acculturative stress and negative behavioral health outcomes (González-Guarda et al., 2012, 2016; Lai et al., 2017).

Regarding identity, Hernandez (2009) reviewed how Phinney's (1990) and Tajfel's (1978) theories of ethnic identity are particularly relevant to immigrants' continued development of self, especially when within a new, host country of residence. While there is limited research on ethnic identity specific to older Latine adults (Smith & Silva, 2011), Chavez-Korell et al. (2014) found that older adults endorsed ethnic affirmation (i.e., feelings

about ethnic group membership), exploration (i.e., knowledge development of ethnic group), and resolution (i.e., commitment to ethnic group membership) to varying degrees. That is, ethnic identity development seemingly continued to unfold and change throughout one's life-course; and ethnic identity affirmation and resolution significantly related to lower depressive symptoms. The concept of ethnic identity may fall under a broader scope of cultural identity, focusing on cultural values and practices, and the ways one regards the cultural and ethnic groups they belong to (Schwartz et al., 2008). This concept of cultural identity was even more fitting for this dissertation as it not only encompasses aspects of ethnic identity, but other salient aspects of identity as well that resonated with participants. Further exploring this among older Latine immigrants may help in advancing understandings of how mental health is impacted by continued identity development.

Significance of the Study

Much of the literature on Latine immigrant mental health has appropriately focused on Latines from México or of Mexican origin, given that they make up about 37,415,000 (58.9%) of Latines in the U.S. (Krogstad et al., 2022). Meanwhile, South American immigrants make up 4,345,000 of Latines in the U.S. Since much of the literature on Latine immigrant mental health combines Latines into one, all-encompassing category and is predominately sampled by adults from México or of Mexican origin, it leaves a gap in understanding experiences of other Latine groups. South American immigrants are ever present in the U.S., and like other immigrant populations, they experience dynamic changes in adapting to the U.S. Adding to the growing body of literature focused on older immigrant mental health, a closer examination of people within this specific group is important in understanding diverse older Latine immigrant mental health experiences.

Exploring the migration experiences of older South American immigrants in the U.S. and its impact on immigrant well-being enrich current findings on older Latine immigrants' mental health. Accounts of the growing older adult population partly reflect the length of stay in the host country. Considering factors of acculturation, cultural identity, and the way both align with life-course experiences of Latine immigrants in the U.S. provides one avenue for exploring older adult immigrant mental health. There is limited research on older Latine immigrant mental health compared to literature on adolescents and/or emerging adults. Therefore, the following dissertation was originally designed to explore the migration experiences of South American immigrants who are now older adults, by asking about their acculturation experiences, cultural identity development, health experiences over the course of years lived in the U.S. As mentioned previously, all participants included in the current study are immigrants from Bolivia. I am not aware of psychology-related research articles that focus specifically on Bolivians in the U.S. Therefore, I believe this is the first psychological research on the mental health of Bolivian immigrants in the U.S.

Research Questions

This dissertation sought to explore the following research questions among South American immigrants to the U.S. who arrived as young adults (20-39 years of age) and are currently 65 years or older. Since all participants are originally from Bolivia, the following questions are specific to Bolivian immigrants' experiences:

1) What has their migration experience in the U.S. been like?
2) How has their migration and aging experiences influenced their mental health?
3) How do they identify culturally over time in the U.S.?

CHAPTER II: LITERATURE REVIEW

This chapter examines the existing academic literature on migration, aging, and cultural identity experiences within the context of immigrant adults who are now older adults, while also offering specific information related to South American immigrants in the U.S. I first provide a critical review of theories of immigration and aging separately, including research on mental health implications within each, before reviewing theoretical perspectives of both constructs altogether. I then review academic literature on Latine mental health more broadly, before reviewing psychological theories of cultural identity and how they inform mental health outcomes. Next, I provide a brief, general landscape of South American immigrants, to honor the intended population of interest for this study. Finally, I offer a specific focus on Bolivian migration patterns, referencing sources and knowledge from other disciplines to understand the history of the Bolivian diaspora; yet also focusing particularly on Bolivians in the U.S.

Theories on Immigration

The following theories included in the review are not an exhaustive list of all theoretical perspectives on immigration. I highlight prominent works that align with the central topics within this dissertation, yet I recognize that additional works in disciplines outside of psychology may also be helpful. Much of the literature on psychological theories of immigration center experiences of individuals adapting to a new country and ways in which they uphold their cultural values and traditions or replace their home practices with that of a new, host culture. The processes of resettlement raise the question of psychological outcomes and impacts on immigrants' well-being. Below, I review prominent works that

focus on stages of migration, the processes of acculturation, experiences of acculturative stress, and cultural stress overall.

Stages of Migration

Arredondo (2018) and Sluzki (1979) described the migration experience according to pre-migration, migration-specific, and post-migration stages. Conceptualizing the migration experience in stages has allowed researchers to explore the complex impact different phases of migration may have on one's mental health. For example, the pre-migration stage consists of motivations for migrating from Latin America to the U.S. (e.g., more job opportunities, pursuing an improved quality of life, safety). Sluzki (1979) adds a perspective of parents making decisions for their children to also migrate, which impacts children's own acculturation process, and subsequently, their own health. Both Arredondo and Sluzki offer health implications (mental and physical) at the outset of one's migration experience, before the actual journey of migration. That is, they both underscore just how impactful the decision-making process of migrating is.

The migration-specific stage entails how migrants arrived in the U.S.; that is, the migration journey itself. It is within this stage that many researchers have documented trauma and difficult psychological experiences, like that of loss, grief, and depression (Perreira & Ornelas, 2011; Potochnick & Perreira, 2010; Solheim et al., 2016). Both the pre-migration and migration-specific stages impact an immigrant adult and/or child. Lastly, the post-migration stage includes how immigrants adapt to their new setting within the U.S. The post-migration stage encompasses continuous experiences with adapting to life in the U.S. – acculturation, relationship with family in country of origin, employment, healthcare access, and social dynamics like racism and discrimination (Arredondo, 2018; Sluzki, 1979). This

stage has implications for later immigrant generations, for example children of immigrants and subsequent generational distinctions. This last stage was also of particular interest for the current study, to explore how the migration experience of immigrants from South American countries impacted their lives over the course of decades living in the U.S.

Considering the first stage of migration, Peña-Sullivan (2019) reviewed how pre-migration trauma (i.e., political oppression, war, interpersonal violence) impact Latine immigrant mental health, and how such pre-migration trauma can be exacerbated with acculturative stress in the U.S., as individuals are adapting to a new life in a new country. Similarly, Perreira and Ornelas (2011) identify health implications of pre-migration poverty, family separation, and political violence among immigrant children. Difficult experiences such as racism, discrimination, and prejudice have a notable impact on an individual's well-being. In the context of migration, negative rhetoric (i.e., immigrants seen as threatening) against immigrant populations can have negative effects on their mental health. That, coupled with the challenging experiences already undergone before migrating, may exacerbate mental health concerns. These noted examples of pre-migration stressors are important to recognize, yet little attention is given to favorable decisions to migrate to another country, like desires for educational or occupational opportunities elsewhere. Even in the case of needing to flee one's country of origin, researchers can still highlight one's agency with decision to actively find a solution for their circumstances (de Haas, 2021). In this way, scientific literature can also approach migration research as an empowering experience and underscore intrinsic motivations for migrating, as opposed to responsiveness to difficult sociopolitical and/or socioeconomic circumstances in one's home country. Recognizing both favorable and difficult experiences before the journey of migration is

important to provide a more comprehensive understanding of Latine migration experiences in the U.S. and its relation to mental health.

Researchers who have explored migration-related stressors have documented how social and structural factors impact migrant behaviors and health (Pinedo et al., 2021). Structural level factors include immigration detention and deportation policies, in addition to federal, state, and local policies that determine migrant access to health care services, higher education, housing, and beyond (Gurrola et al., 2018; Philbin et al., 2018; Viruell-Fuentes et al., 2012). In the case of families migrating and/or children migrating on their own, the migration-specific phase can also include cases of children traveling with a trusting family member and/or children experiencing assault or detainment in a refugee camp (Perreira & Ornelas, 2011). Interestingly, Perreira and Ornelas identify a rather favorable migration experience of traveling with a trusted family member yet underscore physical and emotional hardships. Emotional challenges are also commonly identified within the post-migration phase. For example, the structural issues highlighted by Pinedo et al. (2021) may encompass migration-specific and post-migration factors (Arredondo, 2018), such that structural policies impact the migration journey, and social factors influence how immigrants adapt to their new settings. Specifically, findings from Pinedo et al. (2021) underscore migration-related stressors at the structural (i.e., feelings of persecution, emotional distress of deportation, worry of anticipated deportation) and social levels (i.e., fear of deportation based on perception of being an immigrant, anti-immigrant rhetoric, exposure to negative migration experiences, inability to help other immigrants). Pinedo et al. (2021) noted how these stressors induced a sense of daily-living fears among Latine immigrant adults. While difficult experiences are important to take note of, scientific literature on the experience and

health outcomes associated with the migration-specific phase may also reasonably benefit from a strengths-based approach to recognize immigrants' agency in their migration experience (de Haas, 2021), just as Cigrand et al. (2021) did when identifying immigrant resiliency and perseverance across migration phases. Scientific literature may also highlight immigrant's capabilities of experiencing favorable circumstances within the post-migration phase, like accomplishments and successes of being in a host country (as opposed to solely focusing on hardships experienced).

Acculturation

Hernandez (2009) offered an extensive review of existing frameworks on immigration, with a particular focus on John W. Berry's works on acculturation as it relates to immigrant well-being. Berry's (1980) earlier model of acculturation identified four strategies: assimilation (i.e., adopt host culture and discard heritage culture), separation (i.e., reject host culture and maintain heritage culture), integration (i.e., adopt host culture and preserve heritage culture), and marginalization (i.e., reject host and heritage cultures). The complex interplay of one's cultural identification between home and host cultures was missing from this earlier conceptualization of acculturation. According to later works by Berry (1992, 2005), acculturation refers to how one adapts culturally and psychologically to a different social group from their own. It is a dynamic process that not only includes the acquisition of new beliefs, values, and practices from a new, host culture, but may also include the adherence to one's own cultural upbringing. Berry (2006) additionally noted that not all immigrants share an interest in increasing cultural resemblance to the dominant cultural group they migrate to. Immigrants are also less likely to acculturate when

experiencing rejection from the larger society based on ethnic or physical features they possess (i.e., considered threatening to larger culture).

Van Oudenhoven et al. (2006) described acculturation as a unidimensional, bidimensional, or multidimensional approach. Like assimilation (Berry, 1980), the unidimensional approach posits that an individual replaces their original cultural identity with that of the new culture. The bidirectional and multidirectional approaches are both like integration (Berry, 1980), in that a bidirectional approach posits that one finds a balance between accepting a new culture without losing identification with their original culture; and the multidimensional approach reflects how one adjusts the values of their country of origin while adapting to those of a new country. Schwartz et al. (2010) summarized consistent findings across researchers that the integration category relates to favorable psychosocial outcomes. Positive outcomes include higher self-esteem, prosocial behaviors, and lower indices of depression. Feeling an increased capability to function within a host society, while also honoring cultural values and traditions of one's home country can understandably influence favorable mental health outcomes. Schwartz et al. (2010) highlight, however, that most studies use a unidimensional approach of acculturation which results in challenges with discerning what aspects of acculturation relate to favorable or unfavorable behavioral health outcomes.

Utilizing a unidimensional approach limits a researcher to a dogmatic view of an immigrant's adaptation to a new country. On the one hand, researchers could possibly argue for a parsimonious or proxy approach to measuring levels of acculturation (in reality, measuring assimilation); yet on the other hand, researchers would lose an opportunity to explore and examine nuances with how an immigrant adopts and maintains certain cultural

views of their host and home countries, respectively. The report of the APA Presidential Taskforce on Immigration (2012) underscored that exact point – the use of assimilation measures assume acculturation to host and home cultures are mutually exclusive. As such, negative psychological outcomes may not necessarily be a sole result of one acculturating to a new culture but may rather also be due to the loss of their native culture.

Other researchers have examined how levels of acculturation and enculturation (i.e., retaining heritage culture) impact mental health outcomes. Yoon et al. (2013) conducted a meta-analytic study among an ethnically diverse sample of immigrant adults (i.e., Latine and Asian Americans were most frequently studied groups; average age of 31 years old) and found that acculturation to the U.S. related to both positive (i.e., self-esteem, positive affect) and negative (i.e., depression, psychological distress) mental health. Enculturation, however, did not relate to negative mental health. Notably, bilinear measures of acculturation were associated with positive mental health characteristics, while unilinear measures were not. Furthermore, acculturation through forms of language acquisition and behavior changes, and internal enculturation (i.e., preserving one's cultural identity) related to positive mental health outcomes. These studies demonstrate how more comprehensive measures of the acculturative process will yield incisive results that better explore how acculturation relates to various mental health outcomes.

As alluded above, the acculturation process is complex and influences an immigrant's overall well-being. Specifically, negative experiences like rejections from the host country and challenges with acculturating may manifest as acculturative stress (Wei et al., 2007). Wei et al. describe acculturative stress as the phenomenon in which one experiences stress as it relates to their adaptations to a new country with traditions and

values different from their country of origin. Berry (2006) also identified this form of cultural stressor, finding patterns of negative psychological responses to acculturative stress, including anxiety and depression.

Patterns of acculturative stress are noted within literature examining migration experiences (i.e., migration-specific and post-migration phases) and subsequent impacts on immigrant well-being. Researchers have often examined the impact of migration among youth and/or young adults, such that different migration stages related to various favorable and unfavorable mental health outcomes (Barton et al., 2022; Diaz & Fenning, 2021; Talleyrand et al., 2022). For example, Barton and colleagues (2022) found that pre-migration resources like family cohesion and social support served as buffers for acculturative stress at the post-migration stage; yet pre-migration trauma may increase acculturative stress at later migration phases. Understandably, protective factors like a support system may help mitigate negative mental health impacts of acculturative stressors when adapting to a new country. Conversely, initial stressors at the pre-migration phase may risk an exacerbation of psychological distress, particularly for immigrants facing challenges adapting to a new country. Similarly, Li (2016) examined how pre-migration trauma exposure predicted multiple forms of acculturative stress, including guilt of leaving loved ones, social isolation, difficulty communicating, discrimination, difficulty with employment, and legal-status stress. Li found that previous trauma exposure related significantly to increased likelihoods of social isolation, difficulties communicating, legal status stress, and discrimination based on race, among a Latine immigrant sample (average age of 49 years). Lai et al. (2017) conducted a systematic review of suicidality among Latine adults and found that lower levels of acculturation reportedly increase suicide risks (i.e., thoughts and

attempts). González-Guarda et al. (2012, 2016) found that acculturative stress domains like discrimination, economic and occupational factors, and challenges with immigration, strongly predicted substance use, intimate partner violence, and HIV risk for Latines.

Few studies have specifically researched immigrant adults closer to 65 years of age; most studies on non-emerging adults include samples averaging 45 years of age (Becerra et al., 2015; De Trinidad Young et al., 2022; Deniz-Zaragoza et al., 2024). De Trinidad Young et al. (2022) studied a national sample of Latine and Asian immigrant adults (average age of 49 years) to assess the relationship between immigration-enforcement experiences (i.e., surveillance, racial profiling, deportation) and its impact on their physical and mental health. They found that the accumulation of immigration-enforcement experiences had a detrimental impact on Latine immigrants' self-reported health and psychological distress. Similarly, Becerra and colleagues (2015) sampled Latine immigrant adults (i.e., average age of 65 years old) and found that hardships associated with immigration-enforcement experiences related to lower quality of life. Moreover, Deniz-Zaragoza et al. (2024) found that immigration integration (i.e., sense of belonging, language, access to resources) related to favorable health and well-being among Latine immigrants (most from México; average age of 43 years old). For example, feeling welcomed in one's state of residence may foster sense of identity and community connection, which may relate to overall positive health and well-being. Conversely, threats of deportation (either own or family members') related to declines in self-rated health and increases in emotional distress.

Other researchers studying the impact of acculturation on mental health have found mixed findings between negative and positive psychological outcomes (Bridges et al., 2021; Chavez-Korell et al., 2014; Hahn et al., 2011; Kwag et al., 2012; Lara et al., 2005). For

example, among an older Latine immigrant population specifically, Kwag et al. (2012) found significant associations between levels of acculturation and depressive symptom endorsement, such that lower acculturation levels related to increased depressive symptoms. However, Hahn et al. (2011) found inverse relationships, such that high acculturation levels among older Mexican American caregivers related to increased endorsement of depressive symptoms. Caregivers with low acculturation levels demonstrated otherwise. Literature on Latine acculturation and mental health outcomes are vast, yet there are methodological issues with how acculturation is measured, what outcomes are specifically observed, and who comprises the samples studied. Bridges and colleagues (2021) conducted a meta-analysis that exclusively focused on Latine adults in the U.S., and specifically examined depression outcomes. Bridges et al. defined acculturation as the extent to which participants adapted to the host U.S. culture (i.e., assimilation), and found a positive association between acculturation and depression in samples with mostly foreign-born participants. Also, samples of older adults reported lower likelihoods of a positive relationship between acculturation and depression, compared to younger samples. Furthermore, Bridges et al. found that studies with adults ages 50 years and older showed a negative association between acculturation and depression. Moreover, Bridges et al. noted that most studies using dichotomous measures of acculturation revealed a small, positive relation between acculturation and depression, while studies using continuous measures did not.

Similarly, Lara et al. (2005) found no consistent definition nor measure of acculturation in their review of the literature, which could methodologically have an impact on findings. Another possibility is the direction in which researchers associate acculturation – often focusing on the concept of assimilation – with negative mental health outcomes. A

unidimensional conceptualization of acculturation like this, limits the understanding of what factors impact health-compromising behaviors and adverse mental health outcomes. For example, Chavez-Korell et al. (2014) measured acculturation by the extent to which immigrant adults preferred mainstream U.S. culture (i.e., assimilation), and found that acculturating (by that definition) significantly related to depressive symptoms among a sample of older Latine adults. It is worth noting this study's sample resided in a predominantly Latine area and reported low levels of acculturation overall. Distancing themselves from this community to a more mainstream U.S. one would understandably have an impact on their mental health.

Despite inconsistencies across studies on the negative and positive relationship between acculturation and mental health, research on the matter continue to provide new insights on the myriad of impacts the acculturative process has on Latine populations. While unidimensional measures of the construct may allow for feasibility to study factors of assimilation, multidimensional models seem better suited for understanding nuances on how adapting to a new host country may impact immigrant well-being. Taking a more open-ended approach to exploring the impact of acculturation and its dynamic processes may allow for positive perspectives to emerge. Thus, the current dissertation inquired about both positive and challenging experiences with acculturation, and its impact on older adult immigrant mental health.

Cultural Stress

Immigrant populations experience a myriad of unique cultural stressors, that have been studied across time and across immigrant populations. The accumulation of various theories, including theories presented above, have led to the development and naming of

cultural stress theory (CST; Salas-Wright & Schwartz, 2019; Schwartz et al., 2015). Fundamental to CST is the understanding that migration-related stressors may exacerbate distress and strain among individuals and various members of a family, negatively impacting well-being (Salas-Wright et al., 2021). A few terms specific to CST (italicized for ease in identifying them) are defined next, to better understand the conceptualization of CST, especially as it relates to psychological outcomes. *Migration-related stressors* refer to discriminatory experiences one faces directly and/or perceptions of social rejections (i.e., negative context of perception). *Discriminatory experiences* entail unfair treatment because of one's identity and differences with a host culture. *Negative context of reception* refers to perceived othering by the dominant cultural group, such that one feels they are not welcomed in the country and/or they do not have similar opportunities to others. *Bicultural stress* refers to generational differences between children of immigrants (either immigrants themselves or citizens of the new host country) and their parents in culturally adapting to the U.S., whereby children are adapting at a faster rate than their parents. The difference in assimilation rate to practices and values of a new country often results in parent-child conflict. Lastly, *family functioning* refers to family dynamics and quality of family relationships that foster communication about life's challenges they are experiencing as outside members (i.e., immigrants to the host country) of the dominant society. The first three terms are specific to an individual perspective (i.e., an immigrant's direct experience), while the last two terms consider a family systems approach to CST.

Meca and Schwartz (2024) offer a timely and thorough review of the roots of CST, its current use, and calls for further elaboration of the theory and its implications on immigrant well-being. Meca and Schwartz highlight the relevance of works on

acculturation, ecodevelopmental theories, and cultural development and psychopathology as perspectives to understanding complex stressors experienced by immigrant populations. They identified four main tenets as key in understanding CST: 1) conceptualization of cultural stress and detrimental factors, 2) augmenting factors (as influenced by social environment), 3) underlying mechanisms of detrimental impacts of cultural stress, and 4) broader sociohistorical context.

The first tenet of CST honors terms such as negative context of reception, perceived discrimination, and bicultural stress. Literature specific to adult populations have shown associations between cultural stressors and adverse psychological outcomes (Lorenzo-Blanco et al., 2017; Montero-Zamora et al., 2023). For example, Lorenzo-Blanco et al. (2017) examined the impact of cultural stressors on Latine parents' (74% mothers; average age of 41 years old) well-being and overall family functioning, which in turn impact Latine youth emotional well-being. Lorenzo-Blanco et al. found that cultural stress endorsed by parents predicted greater depressive symptoms, and that parent cultural stress and depressive symptoms predicted lower family functioning. Furthermore, lower family functioning mediated the relationship between parent cultural stress and depressive symptoms to youth risk behaviors. Similarly, Montero-Zamora et al. (2023) studied a sample of Puerto Rican adult survivors of Hurricane Maria (71% female; average 38.5 years old) using latent profile analysis and multinomial regression to identify latent stress subgroups (i.e., hurricane and cultural stress) and see how they related to sociodemographic characteristics and mental health indicators. Results identified four latent classes: low hurricane and cultural stress; low hurricane/moderate cultural stress; high hurricane/moderate cultural stress; and moderate hurricane/high cultural stress. Findings also revealed that the moderate hurricane stress/high

cultural stress class endorsed adverse mental health outcomes (Montero-Zamora et al., 2023). Moreover, results showed that chronic stress (i.e., cultural stress) predicted worst mental health outcomes compared to acute stress (i.e., hurricane stress).

The second tenet of CST highlights social environmental factors that either augments or buffers impacts of cultural stress (Meca & Schwartz, 2024). Cano et al. (2017) took this perspective to examine how gender, immigration status, and social support moderated the relationship between immigration stress and alcohol use among recently immigrated Latine adults (less than a year in the U.S.). Cano et al. found that immigration stress was significantly related to alcohol use severity among men. Additionally, they found that social support reduced damaging effects of the association between immigration stress and alcohol use severity. Other studies, like that of Argote et al. (2024) present a theoretical framework that considers a workplace context when conceptualizing cultural stress among immigrant populations. The authors' perspectives serve as examples of efforts to focus more on adult populations, particularly those who's social environment is centered around the workplace. The proposed framework considers strategies to mitigate impacts of cultural stress in the workplace (Argote et al., 2024). Aligned with the considerations of an ecodevelopmental perspective, Argote et al. suggest how fostering diversity and inclusion in the workplace, addressing othering behaviors (i.e., discrimination and biases), and promoting employee mental health may reduce cultural stress in such setting.

The last two tenets of CST further honor an ecological perspective to conceptualize cultural stress, by means of underscoring psychopathological and sociohistorical impacts of cultural stress (Meca & Schwartz, 2024). Commonly, the third tenet reflects a systems perspective, like family being a fundamental factor for psychological maladjustment (Salas-

Wright & Schwartz, 2019). Salas-Wright and Schwartz propose a framework for alcohol and other drug misuse, that is more attuned with what they term as pre-, transit-, and post-migration stressors, and underscores transnational dynamics in migration. For example, while acknowledging that factors associated with the acculturation process are important in research regarding cultural stress, it is imperative to also consider factors such as family, peers, neighborhood, and other relevant social contexts. All such factors are present within the stages of migration (i.e., pre-migration, transit-migration, and post-migration). Similarly, Berry and Sam (2014) underscore how societal views and expectations impact cultural adaptation, and in turn, influences cultural stress. Society overall may adopt a range of accepting views or disdain towards immigrants. An immigrant's own experience of how welcoming versus unwelcoming a society is certainly will impact the level of cultural adaptation to the host country. Moreover, experiences of welcoming versus unwelcoming environments have major psychological implications for immigrant mental health.

Findings from the articles in this section are useful in developing an understanding of theoretical perspectives on immigration, particularly immigration to the U.S. While most of the literature reviewed among the tenets of CST do not particularly survey or include older adult participants in their study or proposed frameworks, they nevertheless address a developmental perspective on factors impacting cultural stress. That is, researchers recognize a life course perspective of how premigration factors influence one's migration experience, and in turn, how migration-related stressors are relevant even after the initial period of migration (Chiang et al., 2024; Salas-Wright & Schwartz, 2019). Understanding the continuous process of cultural adaptation, social environmental augmenting or buffering factors, developing psychopathology, and relevant sociohistorical contexts allows for

contributions that specifically focus on older adult immigrant populations, and shed light on their own experiences with cultural stress over time of residence in a country different from their country of origin.

Psychological Perspectives on Aging

Wernher and Lipsky (2015) offer a summary of psychological theories of aging, that encompass both 1) psychological changes due to age, and 2) how individuals cope with age-related losses. Using this review, I highlight some theoretical examples to set the stage for understanding an older adult population, underscoring one's cognitive, emotional, and behavioral domains.

Erikson's theory of psychosocial development is among one of the classic references in the context of a life course perspective, which has honored lifelong processes of one's aging experience (Erikson et al., 1986). At each of Erikson's eight stages of development, one faces a challenge that must be resolved before successfully moving onto the next stage of development. The eighth stage addresses a post-retirement stage, whereby one reviews their life trajectory in the face of their final years of life (Hearn et al., 2011). Within this eighth stage, one is subjected to find a resolution between integrity and despair, meaning one evaluates a balance between successes and challenges throughout their life, in efforts to reach a compassionate understanding of what their life has meant (Erikson, 1950). Hearn and colleagues (2011) conducted two studies with participants 65 years and older (mostly Caucasian sample) to determine how statuses of integrity related to well-being. To start, there are four integrity statuses: 1) integrated (i.e., affirm life's worth, at peace with life), 2) despairing (i.e., ruminate on life's upsets), 3) nonexploratory (i.e., general contentment with life but closed off to further growth), and 4) pseudointegrated (i.e., recalling positives of life

with no recognition of life's challenges; attempting to appear a positive way). Hearn and colleagues found that integrated and nonexploratory individuals scored positively on measures of subjective well-being. Pseudointegrated individuals did not score as favorably on measure of perceived health (i.e., well-being), and despairing individuals demonstrated a negative correlation with the measure of subjective well-being (i.e., the more endorsement of despair status, the lower the well-being). Specific literature exploring Erikson's stages of psychosocial development on immigrant populations mostly focus on adolescent or emerging adult age groups. Therefore, there seems to be a dearth in literature considering Erikson's perspective as it relates to the life course of older immigrant adult populations.

In reviewing cognitive theories of aging, it is important to draw from Cattell's differentiation of fluid and crystalized intelligence (Horn & Cattel, 1967). Wernher and Lipsky (2015) review how fluid intelligence captures an individual's ability for cognitive flexibility, whereby they can solve novel problems. Crystalized intelligence on the other hand, entails acquired knowledge that one may refer to in different situations. Wernher and Lipsky further reference how older adults perform at the same level or even better than young adults in tasks requiring the use of crystalized intelligence; while older adults fare less favorable compared to younger adults in tasks involving fluid intelligence. This phenomenon of favorable crystalized intelligence over fluid intelligence among an older adult population is commonly referred to as a classic aging pattern (Hooyman & Kiyak, 2010), acknowledging age-related declines in one's information processing speed. Additionally, research examining cognitive functioning among older Latine populations found associations with discrimination (Wang et al., 2022) and ethnic differences among immigrant communities (Saadi et al., 2021). For example, Wang and colleagues (2022)

found that higher levels of discrimination related to lower cognitive function among older Puerto Rican adults. Experiences of depression in turn, mediated the relationship between perceived discrimination and cognitive functioning. Saadi and colleagues (2021) found that older Latine samples demonstrated more cognitive impairments compared to older Asian immigrants. Conversely, higher post-traumatic stress symptoms related to cognitive impairments among older Asian migrants, but not among older Latine samples.

An emotional focus in the context of aging captures aspects of emotional self-regulation and emotional well-being (Wernher & Lipsky, 2015). There is an understanding that emotions are regulated differently across age, and older adults may regulate conflict and general emotions better than younger counterparts. That is, one's ability to experience and regulate emotion continues to develop throughout the life course. For example, this may relate to social supports and coping mechanisms older Latine immigrant adults lean on. Rojas-Lizana and Cordella (2020) found how older Latin American immigrants in Australia identified family connection as an active coping skill to manage stress, particularly stress related to future care. Additional coping skills included community support from religious centers. More specifically, Rojas-Lizana and Cordella noted that family connection and community support were considered an active strategy (i.e., individual directly engaging with supports) to cope with emotional difficulties, while religious comfort was considered a passive strategy (i.e., seeking indirect, spiritual support).

Curtin et al. (2019) also noted value of religious beliefs to help older Latin Americans cope with emotional difficulties, in addition to social support, medication, and professional mental health supports. Similarly, Plasencia (2022) underscored the importance of *age-friendly* communities, which entail the adequate infrastructure and service support of

older adults that appropriately accommodate their changing needs. Plasencia offers insights into older Latine immigrant adults' perception of what age-friendly communities mean to them, highlighting a peaceful environment that includes a sense of personal safety, social ethnic connectedness (i.e., sense of community with others of similar cultural backgrounds), and spatial and cultural accessibility (i.e., participants' expressed preference for an accessible, urban landscape). Findings from Plasencia's work suggest that older Latine adults benefit from physically, emotionally, and culturally supportive environments, including infrastructural objectives like newly paved streets and the development of senior centers; in addition to social events that promote cultural heritage.

There is certainly value in accounting for ecological changes that appropriately adapt to an aging population need, particularly among historically underserved and minoritized groups. Additional scholarship may continuously focus on ever-changing needs of aging Latine immigrant adults, to better inform updated policies that foster their well-being. Considering a different perspective, a behavioral focus on aging recognizes the model of selective optimization with compensation (SOC; Baltes & Baltes, 1990). The SOC model posits that older adults can modify goals they have for the rest of their lives, adapting to newfound circumstances due to age. Martinez and Baron (2020) underscore cultural contexts to understand this perspective in aging among Latine adults, particularly Latine adults in the U.S. Cultural contexts may include ideas of what is considered proper activities to engage in as one gets older, accounting for normative changes in physical and cognitive capacities with age.

It is important to acknowledge that the references mentioned within this section reflect Western, mostly non-Latine White perspectives on aging – though I included

research relevant to Latine adult populations. Gelman (2012) provides an example of an alternate framework to examine aging among the Latine population, specifically referencing values of *familismo* (close family ties), *personalismo* (trusting people over institutions), *respeto* (respecting others), *confianza* (trust), and *dignidad* (dignity). In Gelman's work, these values arguably influence caregiver perceptions of appropriate care for their older family member(s) with Alzheimer's disease. Martinez and Baron (2020) offer an interesting critique on the value of familism and healthcare implications. Notably, they argue that familism may lead to an unhelpful assumption that older Latines may not need much support from health and social systems of care. That is, assuming that older Latines are undoubtedly cared for by their families, and therefore not in need of systemic supports, may result in increased healthcare service-use gaps. Ideally, culturally congruent care can reflect Latine values in healthcare systems, and foster commitment to culturally humble services especially considering the projected rise of older Latine adults in the U.S. (Federal Interagency Forum on Aging-Related Statistics, 2016). Academic literature on aging Latines may reasonably honor these values, whether in study designs to intentionally examine the association between these values and health/healthcare implications; or in qualitative data analysis to underscore the emergence of these values among older Latines, if applicable.

It is also important to consider common physical health changes that Latine adults experience with age. For example, older Latine adults demonstrate higher prevalence rates of asthma, diabetes, hypertension, and stroke, compared to non-Latine White counterparts; yet lower prevalence of chronic conditions like arthritis, heart disease, and pulmonary disease (Federal Interagency Forum on Aging-Related Statistics, 2016). Daviglus et al. (2012) examined the prevalence of major cardiovascular risk factors among Latine adults in

the U.S. (ages 18 to 74) and found that obesity was more common among older Latines than non-Latine White counterparts, matching known statistics of diabetes being a major health issue for Latine adults (Federal Interagency Forum on Aging-Related Statistics, 2016). Daviglus et al. (2012) additionally found that the prevalence of stroke was higher among men from the Dominican Republic and women from Puerto Rico, underscoring differences across Latine communities, considering that their study included a sample of Caribbean, Central American, Mexican, and South American adults. Understanding common mental and physical health circumstances of older Latine adults better informs scholarship on aging experiences among these communities, which subsequently may inform improved policy and practice regarding appropriate healthcare for this rapidly increasing population. In fact, the APA Taskforce on Immigration and Health published a report of *Psychological Science and Immigration Today* (2024) calling for a population health approach to studying and reducing health inequities across populations, including immigrants.

Perspectives on Immigration and Aging

Researchers who focused on developing theories to understand immigration experiences tended to overlook older adults in their studies (Hernandez, 2009). Similarly, researchers who specialized in ethnic differences in aging have not often considered migration-related factors, as in experiences specific to an immigrant identity (Fuller-Iglesias et al., 2010). While researchers studying immigration and aging separately have informed scholarship to understanding immigrant mental health and older adult mental health, few (Jasso, 2003 McDonald, 2011; Rumbaut, 2004) have developed guidelines that inform older immigrant adult mental health.

Considering Jasso's (2003) framework specifically, they examined migration from a life-course perspective and posed four central topics: 1) migrants at entry (i.e., migrant characteristics), 2) progress of migrants (i.e., post-migration processes), 3) migrant children and children of immigrants (i.e., characteristics over time), and 4) impacts of migration (e.g., remittances). Additionally, Jasso (2003) highlights the parallels between migration and key themes of life-course perspectives in the social sciences, as originally identified by Elder (1994). These include an interaction between lives and historical contexts (i.e., time and setting), linked lives (i.e., immigrant and others around them, whether acquaintances, family, or other migrant), timing of lives, and human agency. For example, descriptions of cohorts of immigrants at a given time can be explained by the central topic "migrants at entry." A life course perspective adds context to the description of the cohort of immigrants, like including the historic context in which the cohort of immigrants arrived at their host country. A historical context may include specific immigration policies at that point in time that would certainly impact the cohort's migration experience. Jasso (2003) takes these four themes (as informed by a life course perspective) in addition to the four central topics (as informed by a migration perspective), providing an enriching view of both topics.

For example, the first topic of migrants at entry may be shaped by social, political, and legal contexts which would fall under the life-course theme of lives and historical time and place. As such, this would describe the cohort of migrants who arrived in the U.S. around the same time (i.e., lives), and with the contexts of emigration and immigration laws (i.e., historical time and place). This additionally aligns with relevant works by Meca & Schwartz (2024), and Berry and Sam (2014), as described in prior sections (i.e., sociohistorical contexts impact cultural stress experienced by immigrants). To that end,

cohorts of immigrants are also characterized by the timing in which the migration occurred, which would fall under the life-course concept of the timing of lives element. Relevant laws would also be applicable here. An example of the life-course perspective of linked lives could include the relationship between the individual immigrating and their sponsor (i.e., family or employer who establishes visa eligibility for the migrant), whereby their lives are connected to support the migration process. Lastly, the concept of human agency would encompass individuals' decisions to migrate, for example, in search of a better life. Agency would also be noted within the process by which immigration was achieved (Jasso, 2004). Within all these elements are positive outcomes, just as much as challenges, that may shape a migrant's experience in their new setting. The remaining three topics similarly have their own overlap with the life-course perspective themes and may likewise be analyzed together.

Understanding migration and aging through Jasso's (2003 comprehensive lens may inform research on older immigrant adult mental health. The four topics central to migration analysis and the four key life-course themes underscore the continuous process of both phenomena – immigration and aging. Such topics would not only impact immigrants at the time of their migration, but for years to follow as residents in the new host country. Similarly noted above, Salas-Wright and Schwartz (2019) acknowledge impacts of cultural stress at pre-migration, transit-migration, and post-migration timepoints. It may be of interest and benefit to further consider how life perspectives may apply particularly to an older immigrant adult population, expanding upon common literature on adolescents and emerging adults. Accordingly, understanding these viewpoints inform directions to take when exploring the mental and physical health experiences of older adult immigrants who have lived in the U.S. for a significant period.

To provide an example, Markides and Gerst (2011) reviewed literature and trends on immigration, aging, and health in the U.S., focusing attention on Latine immigrants. Like the immigrant paradox noted in the literature on migrant mental health, Markides and Gerst share how immigrants to the U.S. seemingly demonstrate a health advantage compared to those born in the U.S. These advantages, however, notably change over time to less health advantages (comparable health levels to U.S.-born individuals) throughout residency in the U.S. Markides and Gerst reported that changes are seen more rapidly among female identifying adults, compared to male identifying ones. Additionally, they highlight that rising obesity rates among Latine communities may be a driving force of why health advantages change over time. This point of increased obesity rates reiterates scholarship reviewed in previous sections and underscores the health implications older Latine immigrant adults experience. Moreover, other factors like socioeconomic disadvantages and substandard medical care also contribute to poorer health among an aging immigrant population in the U.S.

Latine Immigrant Mental Health

Researchers have extensively examined prevalence rates of mental health concerns for Latine immigrant populations. Throughout this literature review thus far, I have highlighted works that demonstrate mixed findings of prevalence of certain mental health conditions among Latine communities. Similar to what has been noted above, Jiménez et al. (2010) analyzed a nationally representative cross-sectional study between 2001 and 2004 and assessed both lifetime and 12-month prevalence rates of mental disorders among older Latines and non-Latine Whites (i.e., ages 60 years and older). The researchers determined that both groups did not differ with regards to lifetime diagnoses of any psychiatric disorder

but did differ with 12-month prevalence rates of depressive disorder. Older Latines reported higher 12-month prevalence of any depressive disorder. In addition, older immigrant Latines reported higher lifetime, and 12-month prevalence of dysthymia and generalized anxiety disorder compared to Latines born in the United States.

Woodward et al. (2011) analyzed a national dataset of older adults aged 55 years and older and found that Latines and non-Latine Whites reported high prevalence of any mood and any anxiety disorder (i.e., social phobia, generalized anxiety disorder). Such results seemingly contradict notions that Latines, and immigrant Latines in particular, are at lower risks of psychiatric disorders compared to non-Latine Whites and/or U.S.-born individuals (Alegría et al., 2008). These findings contribute to the literature that notes inconsistencies with reported protective effects of immigration (i.e., immigrant paradox) across Latine groups and psychiatric disorders, which notably seems to vary by age (Alegría et al., 2008; González et al., 2010). Woodward et al.'s (2011) findings (i.e., comparable mental health prevalence among older Latines and non-Latine Whites) support the understanding that lower risks for disorders are noted more among younger populations. That is, generalized statements about Latines not reporting higher levels of mental health concerns do not accurately capture nuances of age. In this case, older adults demonstrated high prevalence rates of mental disorders. Moreover, their work underscores the value of considering additional immigration-related variables (e.g., migration-related stressors and protective factors) to further understand older Latine immigrant mental health.

Hormazábal-Salgado et al. (2024) summarized literature from 1995 to 2022 on older Latine-American immigrant mental health into categories of depressive symptomatology, coping skills, cognitive status, and relation of English proficiency to mental health. In the

context of depressive symptoms, Camacho et al. (2018) offered an interesting perspective of how Spanish-speaking older Latine immigrants diagnosed with major depression (who sought care within a public sector), described their emotional well-being using various idioms and words to describe depression in a general way (e.g., lack of interest, low in spirits, disappointed). Regarding care for depression, Camacho et al.'s qualitative findings underscore participants reporting effectiveness of antidepressants for reducing symptomatology, and benefits of bilingual therapists for fostering a welcoming environment to improve psychological well-being. Curtin et al. (2018) interviewed older Latine immigrants from the Dominican Republic, Colombia, and Guatemala to gain insight into their perceptions of mental health issues, particularly stress, anxiety, and depression. Curtin et al. found that participants did not describe emotional distress or mental health issues in response to significant tragedies experienced; yet participants recognized depression when specifically asked about it. Like Camacho et al.'s (2018) findings, participants often described depression as 'sadness.'

Mendez et al. (2020) explored how Mexican-origin Latines in the U.S. (i.e., aged 55 years and above), differed from non-Latines (majority of which identified as non-Latine White) with regards to perceived causes of mental health concerns. Mendez et al. found that Mexican-origin older adults were more likely to attribute mental health symptoms to spiritual causes. Additionally, women were reportedly more likely than men (2 times as likely) to make a supernatural attribution. Gutierrez et al. (2020) examined the relationship between involvement in social activities and depressive symptomatology among older (i.e., 60 years and over) Mexican adults in México. A comparison of data waves collected from 2012 to 2015 revealed that older Mexican adults who reported low or no depressive

symptoms in 2012 (via scale responses), reported elevated symptoms in 2015. Adults 80 years or older and those who identified as women were more likely to report elevated depressive symptoms. While researchers in both recent studies mentioned here specifically sampled Mexican adults, it nevertheless provides valuable information with regards to diverse older populations. General findings from both articles may be relevant to other older Latine adults and are worth exploring with other Latine groups, like that of South American immigrants.

Psychological Perspectives on Cultural Identity

The concept of cultural identity largely focuses on values and practices, as well as on how individuals regard the ethnic and cultural groups they belong to (Schwartz and colleagues, 2008). Schwartz et al. (2007) argue that numerous constructs like acculturation orientations, ethnic identity, traditional values, and community structures (i.e., individualism vs collectivism; independence vs interdependence) may be included under the overall rubric of cultural identity. These constructs relate closely to how individuals interact with each other and how they perceive their sense of belonging in different groups they identify with. I will first review academic literature specific to ethnic identity, given how prominent ethnic identity research is as part of a cultural identity construct.

Phinney (1990) conceptualizes ethnic identity as the extent to which an individual 1) explores their own meaning of their ethnic group (i.e., exploration), and 2) values their ethnic group (i.e., affirmation). That is, ethnic identity is one's sense of self within the context of membership in each ethnic group. Feelings of belongingness, self-identification, and commitment to a group includes evaluations of shared values and attitudes towards an individual's own ethnic group (Phinney et al., 2001). Umaña-Taylor et al. (2004) later added

a component of resolution which refers to an individual's decision of what their ethnic group means to them after having explored their identity. This sense of clarity fosters an individual's ability to articulate their personal meaning of their ethnic identity in their lives, as their beliefs and attitudes about their ethnic identity develop over time.

Phinney et al. (2001) reviewed the relevance of immigration (like acculturation) when examining the concept of ethnic identity. Acculturation is a dynamic, multidimensional process (Berry, 1980, 1992, 2005) that certainly impacts ways in which immigrants explore and affirm their membership within cultures of origin and new host cultures. In fact, the process of acculturation itself reflects cultural identity development, especially when considering how individuals fit within strategies of integration, assimilation, segregation, and marginalization orientations. In reviewing the conceptualization of identity within the context of immigration, Verkuyten et al. (2019) noted how identifying with two communities does not necessarily equate to one having a bicultural identity. Similarly, endorsing a sense of belonging to a second ethnic group or national community may not necessarily be the same as establishing an inner sense of self with said group or national community.

To that end, Verkuyten at el. describe immigrants as having multiple social identities (i.e., ethnic, national, religious, local, etc.). An example of a salient social identity for immigrants may include taking a particular focus on language proficiency in the new country one migrates to (Shang et al., 2023). Language proficiency in a new, host country allows immigrants increased opportunities to interact with locals, broaden their social networks, access social resources, and foster success in the workforce. In fact, Shang et al. (2023) examined how language proficiency and cultural identity (i.e., important aspects of

acculturation) influence work-family conflict among Chinese immigrants in New Zealand. Additionally, they considered how interpersonal conflict at work is also an influential factor. Shang et al. found that language proficiency and cultural identity taken together predicted lower levels of interpersonal conflict at work and, consequently, fully mediated the relationship between language proficiency and cultural identity to work-family conflict. Moreover, their findings provide a concrete example of the congruence or relatedness of language proficiency and cultural identity.

Cultural identity is complex yet understood to include processing of cultural values and ethnic identification that continue to develop, especially in the case of immigrant populations who are adapting to the U.S. (Meca et al., 2021; Schwartz et al., 2010). For example, the work of Meca et al. (2021) provide insight on ethnic identity and national identity (i.e., U.S. identity) for immigrants in the U.S., particularly between recently immigrated Latine parents and their adolescents. Meca et al. found that caregivers' ethnic identity belonging (i.e., degree to which they identify with their Latine ethnic group) significantly predicted their adolescents' ethnic identity belonging over time (at 1-2 years follow-up), aligning with notions that adolescents mirror their parents' identities. Conversely, adolescents' low ethnic identity belonging and increased U.S. identity belonging (i.e., extent to which they identify with U.S. culture) related to higher ethnic identity belonging among parents' (at 1-2 years follow-up), While Meca and colleagues focused on a family systems approach to identity, they nevertheless provide valuable insight into bidirectional influences of identity among a family unit. The current study does not ask about generational influences on cultural identity, but it does explore changes in cultural identity over time of residence in the U.S., which may possibly allow for stories reflecting

family influences on identity. Regardless, Meca et al. offer a valuable bidirectional perspective that may be considered in research on cultural identity development among Latine immigrant populations. Ethnic and U.S. identity are multidimensional and encompass beliefs and attitudes about cultural group membership; and importantly, are developed over time (Meca et al., 2020). These references are important in further expanding the understanding of cultural identity to include nationality, and by proxy, cultural values, beliefs, and attitudes towards one's own culture of origin and the new, host culture of the country they migrated to (i.e., U.S.). In the current study, I ask participants how they identify culturally to welcome their own construction of the term. This open-ended inquiry provides the opportunity to further gauge how one may identify themselves outside the context of ethnicity and nationality, if applicable.

Cultural Identity and Mental Health

It is appropriate to include pertinent information of ethnic identity and mental health, while also being mindful of the greater scope of cultural identity and its impact on the mental health of older Latine immigrants. It is also important to consider differences between ages and generations of migration. For example, Guglani (2016) noted how Latine immigrants' concepts of cultural and linguistic identities varied between age and migration groups. Older, first-generation immigrants viewed both identities as inextricably linked, whereas younger, U.S.-born Latines and younger migrants prioritized the Latine culture over the Spanish language.

Schwartz et al. (2010) reviewed past studies that demonstrated positive associations between ethnic identity and favorable psychosocial outcomes (e.g., self-esteem, subjective well-being), albeit among ethnic minority adolescents. Researchers have reviewed how

studies on immigrant psychological adaptation cannot be fully understood without the inclusion of ethnic identity adjustment (Balidemaj & Small, 2019). That is, how ethnic identity is formed and changes due to different factors (e.g., changes over time, changes in self-reflections). Ethnic identity may be associated with acculturation in the sense that adjustment to a new country may relate to subsequent adjustments in how one identifies ethnically. While there may be a connection, ethnic identity and acculturation deserve individual attention to illustrate a more comprehensive view of immigrant mental health.

Balidemaj and Small (2019) found that higher levels of ethnic identity (i.e., sense of belonging with one's cultural group) related to higher levels of psychological well-being. Similarly, Kim et al. (2014) examined how ethnic identity impacted the association between acculturative stress and adverse mental health outcomes among a sample of immigrants of Mexican origin. American-based (i.e., pressure to improve English skills and acquire Anglo-American culture) and Mexican-based (i.e., pressure to improve Spanish skills and retain Mexican culture) acculturative stress were examined individually, and researchers found that ethnic identity exacerbated the adverse effects of both types of acculturative stress on mental health. Results did not align with other works that reported a buffering effect of ethnic identity in the relation between these two constructs, yet it did seem to follow other studies' findings that considered how ethnic identity may temporarily increase emotional vulnerability when threats are made to one's ethnic group. While these results have important policy and clinical implications for improving immigrant mental health, what is missing is understanding these relationships among an older immigrant adult population.

Studies on the relationship between ethnic identity and mental health, or well-being, commonly focus on adolescents or young adults. Smith and Silva (2011) conducted a meta-

analysis on the association between the two constructs and found that the relation between the two constructs were stronger among adolescent and young adult samples, compared to samples of adults (40 years and older). They also noted that ethnic identity was more strongly associated with positive mental health (i.e., self-esteem, general well-being) than adverse mental health outcomes (i.e., anxiety, distress, depression). Smith and Silva (2011) reviewed considerations of how adolescents and young adults may benefit more from a strong ethnic identity compared to older adults. Still, ethnic identity formation is a lifelong process and seemingly does have an impact on samples of older adults. Ai et al. (2014) also examined the relation between ethnic identity and subjective mental health, sampling Latine adults (average 40 years old). They noted that ethnic identity significantly and positively predicted subjective mental and physical health, above and beyond impacts of acculturative experiences like discrimination. Perhaps it may be the case that older adults base their well-being or positive mental health outcomes on other factors beyond ethnic identity specifically. Taking a family systems approach, Meca et al. (2021) examined recent migrants' (adolescents and caregiver) ethnic and U.S. identities, and their relation to one another. Caregivers averaged around 41 years of age, and adolescents averaged around 14 years of age. Results revealed caregiver's ethnic identity predicted their adolescent's ethnic identity over time, meaning adolescents' ethnic identity seemingly mirrors that of their caregivers. Results also found that adolescents with lower ethnic identity led to caregivers' higher ethnic identity, whereby parents seemingly embrace their culture more the more they see their adolescents shift away from their ethnic culture. Moreover, similar patterns were noted with adolescents' U.S. identity predicting caregivers' ethnic identity.

Chavez-Korell et al. (2014) studied the relationship between ethnic identity and psychological well-being among older Latine adults. Using a sample of adults aged 65 years and older, Chavez-Korell et al. found that elements of ethnic identity (i.e., affirmation, exploration, resolution as explained by Phinney, 1990 and Umaña-Taylor et al., 2004) applied to an older adult sample as well, given that most previous literature sample young and/or emerging adults. Results revealed substantial variation between the three elements of identity across adults, suggesting that ethnic identity is experienced differently among individuals at an older age. Furthermore, ethnic identity affirmation and resolution significantly related to lower reports of depressive symptoms, suggesting that ethnic identity formation in fact may influence individuals' well-being and quality of life throughout one's life-course. There is extensive theoretical and empirical support for the relationship between ethnic identity and mental health among Latines, yet little has been explored among older Latine immigrant adults. While researchers agree that ethnic identity formation is a lifelong process, limited attention has been dedicated to this development among an older adult sample. Therefore, it is imperative studies explore identity formation among this population and discover more about its impact on older immigrant adult mental health.

Studies on identity in general, and mental health also commonly focus on sense of belonging. Casey and Dustmann (2010) studied identity formation with both home and host countries individuals migrate to, to assess for sense of belonging. They also examined the intergenerational transmission of identity from themselves to their children. Casey and Dustmann found that identity with either country was minimally related to labor market outcomes (i.e., economic success). Economic factors were of interest as it related to one's feelings of belonging and wanting to contribute financially to the community around them.

For example, expressing a sense of belonging to a group may result in supporting that group's networks which can in turn be beneficial for economic outcomes. Aspects of this may be noted with research on South American migrants and migrant remittances. Strunk (2013) documented the migration and connection between Bolivian immigrants in the Washington, D.C. area, and Cochabamba, Bolivia. Strunk explored how Bolivian migrants created close communities in Washington D.C. and the monetary and non-monetary flows on cultural practices and development in Bolivia and the U.S. Strunk noted that collective, monetary remittances to cultural celebrations in Bolivia related to increased feelings of transnational belonging (i.e., belonging across home and host nations). This sense of belonging seemingly strengthened identity with Bolivia and the U.S., given that migrants kept a connection between their country of origin and their new home settlement in the U.S.

South American Immigration Patterns

Arredondo (2018) provided a comprehensive review of Latine heritage in the U.S., highlighting the diverse number of immigrants beyond those of Mexican origin. Additionally, Montalvo and Batalova (2024) reported that about 2.9 million of the U.S. population is composed of South American immigrants, with the larger percentages residing in the states of Florida, New York, and New Jersey, and about 48% of South American immigrants living in New York City, Miami, and Washington D.C. I provide a review of South American immigrants' immigration experiences to further appreciate the diverse representation of Latine immigrants across the world.

Approximately 295,000 Argentines live in the U.S. (Krogstad et al., 2022), a top destination after Spain and Italy (Consoli et al., 2018). Large percentages of Argentines reside in states of California, New York, and Florida (López, 2015). According to Consoli et

al. (2018), some of the reasons for migration by Argentines include economic instability, political struggles and persecutions, military dictatorships, markedly limited job market, opportunities for education and economic growth, and family reunification. While Spain is historically one of the top destinations for Argentine migrants, Spain experiences its own economic struggles (Parella et al., 2017). During Spain's economic recession in 2007/2008, Argentines in Spain reached an unemployment rate of 26.7%. Within the last decade (i.e., 2015 to 2025), Argentines make up the third largest Latin American community to return to their country following economic hardships in Spain.

Close to 190,000 Chileans reportedly resided in the U.S. in 2021 (Krogstad et al., 2022). The economic and political crises that followed Chile's dictatorship in 1973 resulted in Chile becoming a country of emigration, since more than 500,000 Chileans migrated (either forcibly or voluntarily) to countries like Argentina, Australia, France, and Venezuela (Doña-Reveco & Levinson, 2012). Gomez (2018) reported on the presence, integration, and engagement of immigrants from Chile in the United States and reviewed a prominent wave of migration from Chile to the U.S. that started in the late 1990s. The reasons for Chilean migration to the U.S. included business pursuits, and desires for advancing education and/or economic opportunities. Gomez (2018) speculated that the high levels of immigrant integration into mainstream U.S. society came at a cost of their ethnic identities.

The number of Peruvians in the U.S. has steadily and substantially increased over the past few decades (Bergad, 2010). Like other South American country histories reviewed in this section, Peru faced economic and sociopolitical hardships beginning in the 1960s. However, Peruvians dictatorial administrations from 1968-1980 essentially closed emigration opportunities such that many were not allowed to leave the country (Durand,

2010). As such, Durand notes how massive international Peruvian emigration (i.e., scattered across the Americas, Australia, Japan) began the same year Peru became a democracy. Within the context of Peruvian migration to the U.S., reports show how numbers of Peruvian communities in the U.S. increased from approximately 70,000 in 1980 to about 551,000 in 2008. Bergad (2010) reviewed how patterns of resettlement in the U.S. varied between 1980 and 2008. For example, about 30% of Peruvians in the U.S. lived on the east coast (i.e., New York, New Jersey, and Connecticut) in 1980; and these rates declined to about 28% by 2008. The state of Florida experienced large increases in Peruvian populations, from around 9% in 1980, to 19% in 2008.

Regarding other Latine groups, about 1,400,000 Colombians and 660,000 Venezuelans reportedly lived in the U.S. in 2021 (Krogstad et al., 2022). Large scales of Colombians leaving their home country began in the mid-20th century, due to economic difficulties (i.e., lack of jobs and economic opportunities) and armed conflict (Carvajal, 2017). During the late 1960s and early 1970s, many Colombians migrated to neighboring countries like Venezuela or Ecuador, in addition to the U.S. Miville and colleagues (2018) reviewed the waves of Colombian migration between the 1980s and 1990s, driven by rising concerns with violence and political upheavals in their country of origin. Colombians' migration numbers tripled during the 1980s and 1990s, making them the largest immigrant group from a South American country (Carvajal, 2017; Flores, 2017). As armed conflicts progressed in the late 1990s, European countries like Spain became additional popular destinations for Colombian migration (Carvajal, 2017). Venezuela has seen similar, and yet larger, patterns of migration to the U.S. (Amaya & Batalova, 2025). Amaya and Batalova reported 33,000 Venezuelans in the U.S. in 1980; by 2000, they more than tripled. The

Venezuelan diaspora has expanded substantially in the past two decades due to increased sociopolitical tension, economic crisis, and violence in the country (Cadenas, 2018; Páez, 2017). Additionally, Venezuela's increased struggles with economic, political, and health crises over the past decade alone has influenced migration to Colombia and Brazil (Doocy et al., 2019). Of particular attention is Venezuelan migration patterns to North Santander, an open border entry in Colombia. Venezuelan immigrants pursue income-generating opportunities in addition to access to food and primary healthcare. Similarly, Venezuelan migrants have resettled in regions in Brazil with hopes of accessing more economic opportunities (Doocy et al., 2019).

Bolivian Migration: History and Diaspora

Bolivia is considered the sixth-largest country in South America, geographically located in the center of South America, with no direct ocean access (Morales, 2010). Bolivia's topography can be divided into three major regions: the high plateau (also known as *altiplano*), the valleys and steep river valleys (also known as *Yungas*), and the tropical lowlands (Klein, 2003). The Bolivian highlands (i.e., altiplano) is characterized by a leveled tableland at an extremely high altitude. The region begins just north of Lake Titicaca, which is the highest navigable body of water, and extends around five hundred miles to the south, averaging about 13,000 feet in altitude. Major regions in this area include Sajama, La Paz, and Oruro. The valleys and Yungas include regions of Cochabamba, Potosí, Chuquisaca, Tarija, Coroico, Coripata, Chulumani, and Irupana. The valleys of Cochabamba and Chuquisaca, in addition to western parts of Potosí and the Tarija region, are among the most densely inhabited areas (Klein, 2003). These regions were reportedly major areas of production and settlement during the pre- and post- Spanish colonization eras. The Yungas

stretch from 3,200 to 8,200 feet in altitude and are home to tropical and semitropical crops. Areas of the Yungas include regions close to La Paz, in addition to regions of Larecaja, Muñecas, and Inquisivi. These valleys were central to the production of maize and coca, high demand products on the altiplano. Finally, the tropical lowlands include the cities of Santa Cruz, Santiago, and Corumba, to name a few. Klein (2003) describes how the colonization period witnessed coca production and cattle-raising in these lowland areas. With the expansion of human settlement, the twentieth century saw an opening of rail and road transports, which contributed to commercial agricultural production (i.e., sugar, cotton, oil and natural gas deposits) in the region.

As Morales describes in their book (2010), Bolivia was named after Simón Bolivar, the renowned South American fighter for independence from Spain, honoring their attempts for political survival during dangerous postindependence wars. In fact, territorial aggression from neighboring countries reduced Bolivia to half its original size, since gaining independence in 1825. For example, Bolivia's loss of the 1879 War of the Pacific against neighboring countries Peru and Chile resulted in losing its coastal Atacama province. Bolivia's resulting landlock territory was significant, considering how railway lines that served major mining centers were originally directly connected with Pacific ports. As such, Bolivia is one of two landlocked South American countries (Paraguay being the other country) and can only reach world markets through neighboring countries' access to Pacific and Atlantic seaports. Bolivia's geographical presentation is relevant as it relates to economic conditions impacting the country. Morales (2010) reviewed significant years that shaped Bolivia's economic stability. For example, Morales summarizes how Bolivia's gross domestic product (GDP) per capita ranked among the lowest quarter of all other Latin

American countries in 1995. Bolivia's economic situation fluctuated overtime, for example, demonstrating a decreased GDP per capita in 1998, yet an increased in 1999. Arias and Bendini (2006) reviewed poverty rates in Bolivia following economic shocks in the later years of the 1990s, describing how 65% of Bolivians lived in poverty by the year 2002, and 40% lived in extreme poverty. Morales (2010) recognized how many Bolivians were forced to migrate, in efforts to find work and improved economic prosperity and overall well-being. Since 1985, Bolivians demonstrated increased movements to tropical regions, and nearly 20% lived in a neighboring country. This brief account of Bolivia's history and economic situations sets the stage for literature describing Bolivian migration patterns.

It is worth also providing a brief account of sociodemographic variables of Bolivians in Bolivia, to further appreciate their presence outside of their home country. Bolivia is a country where the majority of the population (approximately 40-60%) identify as indigenous (Postero, 2017). Indigenous groups include Quechua (30%), Aymara (25%), Chiquitano (2.2%), and Guaraní (1.5%) (Garcia, 2011). Another 58% of the population identify as a mix of indigenous groups and Spanish colonizers (Garcia, 2011). In 2005, Evo Morales won the national elections, becoming the country's first Indigenous president. He ran on a socialist campaign that underscored indigenous peoples' rights in Bolivia, in addition to decolonization of Bolivia and Bolivia's constitution (Postero & Fabricant, 2019). In 2009, Bolivia was renamed to the Plurinational State of Bolivia, recognizing the ethnically diverse composition of the country and fostering indigenous peoples' rights (Postero, 2017; Postero & Fabricant, 2019); yet governmental propositions in the years following did not seem to adequately honor indigenous peoples' rights and pleads. For example, indigenous organizations initiated the Historic March for Life, for Indigenous Rights, and for the

Environment in 2011 (Laing, 2020; Postero, 2017) in response to governmental plans of welcoming possibilities for trade with Brazil. The plan proposed the construction of a highway connecting the tropics of Cochabamba to the border with Brazil, invading the *Territorio Indígena y Parque Nacional Isiboro Sécure* (TIPNIS; [Isiboro Sécure Indigenous Territory and National Park]), sparking outrage for what indigenous communities were calling internal colonialism (Liang, 2020; Postero, 2017). Indigenous communities felt a loss of territorial autonomy for the purpose of capitalistic gains (Laing, 2020).

Postero (2017) underscores experiences of racism among indigenous populations in Bolivia, first reviewing how the White-Bolivian political class during the 1980s and 1990s initiated the privatization of state-owned enterprises, limits to social spending, and welcoming of foreign capital. These economic decisions resulted in cuts to public sector employment and the termination of mostly Andean miners (i.e., rural and marginalized community), in addition to the devastation of the small-scale farm economy. Political elites benefited from these economical shifts, while the lower socioeconomic class (majority of which were indigenous communities) suffered great economic losses (Postero, 2017). The socialist party of Bolivia began unifying across indigenous populations that ultimately resulted in the election of President Evo Morales, and the profound opposition by White-Bolivian political elites for a decolonized Bolivia (Postero, 2017; Postero & Fabricant, 2019). As such, the country saw a rise in racism against indigenous people, especially among indigenous or rural delegates, and any individual in support of the socialist party (Postero, 2017). However, as noted above, the election of a socialist president who advocated for a decolonized Bolivia did not necessarily result in increased respect for the rights and dignity of indigenous peoples in Bolivia. The 2011 TIPNIS march revealed a

continuation of issues with overlooking Bolivia's indigenous populations and not honoring their sovereignty when making political decisions (Laing, 2020; Postero, 2017). Overlooking this majority, yet marginalized population, certainly perpetuates systemic racism and ethnic divides in what was meant to be a coexistence of multiple national identities within one political order.

Considering current demographics, the total population of Bolivia rose by 44.2% between the years 2000 and 2024 (Pan American Health Organization, 2024). That is an increase from 8,606,326 individuals to 12,413,315 inhabitants. The Pan American Health Organization in 2024 also reported that adults 65 years and older accounted for about 5.6% of the country's total population, demonstrating a 0.4% increase compared to the year 2000. Regarding health factors, life expectancy in 2024 was estimated at 68.7 years, which was a 6.6-year increase from 2000. Of note, the reported age in 2024 was lower than the average of the Americas altogether. Jaen-Varas et al. (2014) reviewed reported data on years lived with disability and summarized five main health concerns as anxiety disorders, major depressive disorder, iron deficiency anemia, and back pain. Jaen-Varas et al. specifically investigated the mental health system in Bolivia, finding shortages in providers and limited psychoeducation. Despite a national plan to address mental health, scarce resources limit effective implementation of mental health policies that improve well-being (for example, only about 2% of medical training focuses on mental health). Moreover, Garcia (2011) and Jaen-Varas et al. (2014) reported common hospitalizations for substance abuse, psychotic disorders, and mood disorders. Additional concerns included women experiencing intimate partner violence, and disproportionately high rates of suicide in Bolivia (Jaen-Varas et al., 2014). Meekers et al. (2013) reported that about 47% of Bolivian women experienced some

form of partner abuse (e.g., physical, sexual, and psychological abuse), stressing the need for adequate mental health services for survivors of intimate partner violence alongside medical care. Understanding examples of social and health experiences in Bolivia is helpful to further appreciate experiences Bolivians face when migrating to other countries.

While accounts of Bolivian migration have been highlighted for decades in academic literature, particular focus is provided to more recent accounts within the past ten years. Bolivian migration patterns reveal a common history of migrating to Europe (Baby-Collin & Cortes, 2014; Martínez-Buján, 2019; Parella et al., 2017) or neighboring South American countries (Molinatti & Peláez, 2017; Pizarro, 2015; Ryburn, 2016, 2018). Baby-Collin and Cortes (2014) reviewed how Spain has been a popular destination for Bolivian migrants since the 2000s (i.e., 4th largest Latin American community to migrate to Spain), in addition to other destinations since the 1980s (i.e., Brazil, Chile, Italy, United States). Given Spain's ease of legal entry for Bolivians in the 2000s, in addition to crises in Argentina and changes in migration to the U.S. since September 11, 2001, Bolivians seemingly appeared more drawn to migrating to European regions. Additionally, there was a notable gender difference, whereby women constituted the majority of those migrating, over men (Baby-Collin & Cortes, 2014; Martínez-Bújan, 2019). Yet, economic crises in Spain affect immigrants with regards to employment opportunities, lifestyle conditions, and social rejections and discrimination (Baby-Collin & Cortes, 2014). As such, Bolivian immigrants faced the decision to either remain and survive Spain's crisis, return to Bolivia (whether permanently or temporarily), or migrate to another country altogether (Baby-Collin & Cortes, 2014; Martínez-Bújan, 2019).

Martínez-Bújan (2019) and Parella et al. (2017) offer a transnational perspective (i.e., connections between country of origin and new country of residence) of Bolivian migrants in Spain. Findings from Martínez-Bújan's (2019) qualitative analysis of 13 men and 25 women revealed obligations to return to Bolivia due to losses in employment, especially for those who did not obtain Spanish citizenship. Bolivian women demonstrated more regret with their return. Similarly, Parella et al. (2017) identified patterns of reasons for return to Bolivia, whereby unemployed Bolivian immigrants were more likely to return to their country of origin. Of note, Parella et al. revealed that men reported greater intentions to return, compared to women counterparts. Martínez-Bújan (2019) also found, however, that rates of Bolivians obtaining Spanish citizenship increased from 2012 to 2015, permitting naturalized Bolivians a transnational lifestyle that allowed them continued connection with their home country, while securing residency in Spain. Parella et al. (2017) added how transnational ties also related to return intentions to Bolivia. For example, having children in Bolivia served as a strong predictor for return to Bolivia, in addition to staying informed with news in Bolivia.

Additional accounts of Bolivian migration reveal common destinations within neighboring countries in South America. For example, Ryburn (2016) reviewed patterns of Bolivian migration to Chile via multi-sited ethnography and semi-structured interviews with 76 participants (60 Bolivian migrants in Chile and 16 representatives of migrant organizations across sites in Chile) to compare economic situations before and after migration to Chile. Findings revealed economic marginalization as a driving force for migration outside of Bolivia, relevant for participants of rural and urban areas. Despite searching for economic prosperity in Chile, findings showed mixed economic outcomes

(Ryburn 2016). For example, some participants acknowledged improved economic situations (i.e., saving money in Chile, sending remittances to Bolivia). Adding onto the note about remittances, Ryburn (2018) found steady increases in remittances from Chile to Bolivia; from 1.6% of total remittances in 2007, to 6.1% in 2013, to 9.5% in 2017. Interview findings from Ryburn (2016) also revealed better employment that was less dangerous and physically demanding compared to some employment in Bolivia. Conversely, employment in the garment industry proved challenging and dangerous for other participants (e.g., sleep deprivation, wage restriction) similar to human trafficking and exploitative strategies. Agricultural work revealed similar exploitative experiences (Ryburn, 2016).

Large numbers of Bolivians resettling in Argentina is common in the history of Bolivian migration (Baby-Collin & Cortes, 2014; Molinatti & Peláez, 2017; Pizarro, 2015; Ryburn, 2016, 2017). In fact, Argentina is historically a common destination for migration among other South American countries like Paraguay, Chile, and Peru (Molinatti & Peláez, 2017). Yet, as Molinatti and Peláez reviewed, Bolivians are the largest and oldest immigrant population in the Argentine city of Córdoba. Additionally, Pizarro (2015) recounts how population percentage of Bolivians showed a consistent growth rate in Argentina, between the years 1859 and 2001. Molinatti and Peláez (2017) offer insights into the association between segregation faced by Bolivian and Peruvian immigrants in Argentina and access to adequate housing. Molinatti and Peláez found that Bolivian and Peruvian migrants are highly segregated into specific areas within Córdoba yet experience nuanced living conditions. For example, Bolivians living in rural areas experience limited access to adequate housing, which in turn relates to structural deficiency of the spaces they reside in.

Peruvian immigrants on the other hand, predominantly occupy the city center, which historically offers better living conditions (Molinatti & Peláez, 2017).

As mentioned in other studies, rates of women migrating from Bolivia commonly surpass that of males. Pizarro (2015) offers insight into border-crossing experiences from Bolivia to Argentina, among Bolivian women. Findings from interviews revealed women felt vulnerable at border checkpoints and within Argentina, particularly as they engaged in the process of obtaining an Argentine identity document. Participants shared high desires of obtaining such identification to seemingly ensure citizenship rights within Argentina. Moreover, Pizarro's (2015) work showcases changes in migration policies within Argentina that impact migrants from South American countries attempting to relocate in Argentina (i.e., inclusive migration rhetoric, yet stricter migration policies).

Bolivians in the U.S.

About 140,000 Bolivians resided in the U.S. in 2022, approximately 0.2% of the Hispanic population at that time (Krogstad et al., 2022). In Washington, D.C. and Baltimore, Maryland (MD) alone, there are approximately 31,200 (1% of area's population) Bolivian residing in the metropolitan areas (Institute for Immigrant Research, 2025). Moreover, the top three counties with the largest number of Bolivian immigrants include Fairfax County, Virginia (VA), Montgomery County, MD, and Arlington County, VA. In 1950, an estimate of 1,643 Bolivians resided in the U.S. (less than 0.1% of immigrant population), and by 1970 the population number increased to 5,900, accounting for approximately 0.1% of the immigrant population (Institute for Immigrant Research, 2025). By 2000, the number of Bolivian immigrants in the U.S. had increased to 61,452. According to summaries by George Mason University's Institute for Immigrant Research, proportions of Bolivian

immigrant employment across Washington, D.C. and Baltimore metropolitan areas are as follows: construction occupation (18%), maintenance occupation (12%), food serving occupation (11%), and STEM occupations (4%). Interestingly, Bolivian immigrants are self-employed at higher rates than other immigrants in the U.S. (9% of Bolivians compared to 6% of all other immigrants), and U.S.-born citizens (around 4%).

Migration from Bolivia to the U.S. in the 1980s reportedly begun because of relatively low job competition from other Latine immigrants and continued growing due to factors such as chain migration, family reunification, and home service jobs (Price, 2010). Expanding on the latter, small Bolivian businesses, especially those related to household care, childcare, and construction, grew steadily through employment of other immigrants. Price reports how the Bolivian community reportedly tripled in size in Washington, D.C. from 1980 to 1990. Steady growth was noted in the following years, such that the Bolivian population in Washington, D.C. reached 20,000, doubling in size from 1990 to 2000. Moreover, the Bolivian community grew by 50% during 2000-2009, such that they made up nearly 40% of the region's national share of the population. These reported numbers of Bolivian communities in Washington, D.C., Virginia, and Maryland are culturally important, considering the traditional connections maintained with Bolivian customs, despite residing in the U.S. (Price, 2010).

Strunk (2013, 2015) provides some insight into such cultural connections between Bolivia and the U.S. Strunk's 2013 publication documented migrant practices between both countries (specifically, Washington, D.C. and Cochabamba, Bolivia), and how monetary and non-monetary flows influenced Bolivian culture (i.e., practices, politics, development). Strunk found that remittances from the U.S. have aided in the physical reshaping of the

landscape in regions of Cochabamba. Additionally, there have been new development initiatives, and migrants have been able to construct homes, collective projects, and festivals that strengthen sense of belonging. Expanding on this sense of belonging, Strunk (2015) presented a case study of Bolivian immigrants' sense of belonging in communities both in Washington, D.C. and Cochabamba, Bolivia. Strunk provides examples of how soccer leagues and folkloric dance troupes foster Bolivian migrants' creation of spaces in which they experience a sense of belonging, while being away from their home country. Additionally, Strunk highlights a shared sense of belonging in the U.S., such that Bolivian migrants underscore their contributions to local communities in the U.S. and challenge negative discourse regarding unauthorized migration to the U.S. While Strunk (2013) recognized positive transformations in Bolivia, by migrant-led developments, a point is also made about conflicts associated with circulating practices between the U.S. and the studied region in Cochabamba. For example, Strunk's (2013) fieldwork findings with Bolivians moving between the U.S. and Bolivia revealed that economic opportunities are limited when migrants return to Bolivia. A sentiment of making enough to make ends meet, but no more than that, was seemingly common among those part of the study.

Summary

Much of the scientific literature on immigration and mental health document emotional challenges immigrants face. At each stage of migration, researchers have documented negative impacts on immigrant well-being (e.g., Arredondo, 2018; Peña-Sullivan, 2019; Pinedo et al., 2021). Meanwhile, researchers have not focused as much on positive gains from the migration experience, for example, financial, occupational, and educational successes; and dreams sought or realized with coming to the U.S. Therefore, it

was of interest to explore positive outcomes of the migration experience, from the pre- to the post-migration phases. Additionally, research on both immigration and cultural identity often focus on young-aged populations and new immigrant arrivals (Balidemaj & Small, 2019; Schwarz et al., 2010), overlooking older immigrants who have spent most of their lives in a country different from their country of origin. The current study provides a developmental perspective of the immigrated elderly (Min, 1998), to offer valuable insight into the continuous migration experience and the mental health impacts of migration, cultural identity, and aging.

Moreover, much of the literature on Latine migration, acculturation, identity, and mental health has combined all Latines into a monolith, thus overlooking diverse experiences of different Latine populations. Most samples and/or participants within studies that do specify national origin tend to be Mexicans and/or Central Americans (Barrio et al., 2007; Bridges et al., 2012; Peña-Sullivan, 2020; Pinedo et al., 2021). There is some knowledge on how migration experience, acculturation process, and identity formation impact the mental health of Latine immigrants in general. Literature on these associations among older Latine adults, however, is not extensive. Given the large numbers of older Latine immigrant adults in the U.S., it is important to explore these factors among older immigrant adults. Doing so qualitatively allows for a rich exploration of these topics. Moreover, less is known about how these aspects apply to immigrants from South America. Despite their small numbers in comparison to immigrants from México and/or Central American countries, South American immigrants are ever present across the U.S., and their stories of migration, acculturation, and identity deserve recognition. The current study focuses on Bolivian migration experiences. While this cannot stand as sole representation of

South American migration experiences, it can certainly offer a step forward for researchers to consider further diversifying accounts of older Latine immigrants in the U.S.

CHAPTER III: METHOD

The current study sought to understand how migration, aging, and cultural identity development have impacted the mental health of older Bolivian immigrants who migrated to the U.S. as young adults. I used Moustakas' (1994) Transcendental Phenomenology to gather and analyze data secured through individual, semi-structured interviews. Transcendental phenomenology focuses on participants' descriptions of their experiences over the researcher's interpretation. In this case, I centered participants' stories of migration, aging experiences, and cultural identity development, and how participants believed these factors impact their mental health.

Theoretical Framework: Research Paradigm

The philosophical assumption that drove this proposed study was that of a social constructivist paradigm, or also referred to as interpretivism, which posits that social groups construct meaning with one another (Creswell & Poth, 2018). This framework explores and facilitates participants' meaning making of their lived experiences. It is based on the philosophical assumptions that multiple realities exist and there is no one universal truth. To that end, the researcher strives to rely as much as possible on participants' views of a given phenomenon or situation, as the researcher is analyzing patterns in participants' responses (Creswell & Poth, 2018; Morrow et al., 2012; Wilkinson & Hanna, 2016). Therefore, power differentials between the researcher and participants are reduced, and importantly, researchers focus on exploring complexities of views.

A social constructivist paradigm involves a highly interactive relationship between the researcher and participants, such that meanings of experiences are discovered together (Ponterotto, 2010). A short interview protocol is developed, and interview questions are

typically broad to facilitate the participants' own reflections and the co-construction of meaning of a situation or phenomenon between the participants and the researcher (Creswell & Poth, 2018; Magoon, 1977).

Researchers actively engage with the participants to facilitate the arrival at an understanding of the participants' experiences. They also invite contextual factors of participants' responses by incorporating settings and other known characteristics to the overall knowledge of participants' experiences. In addition, they acknowledge their own positionalities especially when interpreting data. Further, Ponterotto (2010) argues that the researcher is the only individual to analyze the data, and no additional researcher is particularly needed to agree on a single reality. Yet, efforts to establish trustworthiness may incorporate member checks (i.e., actively involving participants in reviewing findings) (Kornbluh, 2015) and investigator triangulation (i.e., involving a second researcher to verify credibility of findings) (Carter et al., 2014). While a primary investigator may lead the analysis of the data, conducting member checks and including a second researcher as an auditor, both serve to support the rigor of qualitative studies. Therefore, both practices were implemented in the current study.

Research Design

A qualitative design was considered the most appropriate for the current study, given the specific population and topic of interest – older adult Bolivian immigrant mental health – and the exploratory nature of the research questions (Creswell & Poth, 2018). Qualitative research is both idiographic and emic, meaning it views each participant uniquely and focuses on subjective accounts of individuals (i.e., insider perspectives). As such, it can be useful in clinical and counseling psychology, as in the case of studying and understanding

aspects of immigrant mental health (Grzanka & Moradi, 2021; Ponterotto, 2010). Since participants are actively involved in the research process, qualitative research is considered excellent at increasing clinical relevance of findings for both psychologists and clients. Further, since qualitative research is not constrained by variables that are preselected, it is effective in exploring and examining complex psychological phenomena and emerging variables during the discovery process that takes place between participants and the researcher during the interview and subsequent member checks. Moreover, researchers have highlighted the value of qualitative methodologies to multicultural research, including attempts to understand participants' worldviews and respect their own interpretations of phenomena of interest (Ponterotto, 2010; Romero & Umaña-Taylor, 2018).

Phenomenological Approach

Phenomenological studies describe a shared phenomenon, concept, or situation by searching for a common meaning among several individuals' lived experiences (Davidsen, 2013; Morrow et al., 2012). Individual experiences are summarized to a depiction of a universal essence, whereby the main goal is description of participants' experiences rather than interpretations from the sole perspective of the researcher. Phenomenology involves four essential philosophical perspectives: 1) focus on unbiased descriptions of the situation under study (i.e., center on participants' quotes and not researcher's own experiences or previous knowledge); 2) understand invariant characteristics of a lived phenomenon to appreciate its universal essence (i.e., highlight patterns of experiences); 3) intentional analysis whereby the subjective and objective perspectives are not separated (i.e., individual experiences and shared experiences are both described); and 4) recognize unique perspectives (i.e., embrace multiple realities; Wertz, 2005). Using epoché (i.e., bracketing),

the researcher strives to set aside previous knowledge of the phenomenon, and/or their own experiences of the phenomenon (Chan et al., 2013; Creswell & Poth, 2018; Morrow et al., 2012), to perceive the topic under study "freshly, as if for the first time" (Moustakas, 1994, p. 34). While this may be difficult to achieve completely, researchers are nevertheless called upon to describe and bracket their own experiences with the phenomenon of interest before focusing on the experiences of others.

All types of phenomenological methods include fundamental features that differentiate them from other forms of qualitative inquiry. A core principle is to study a psychological concept among a heterogenous group of individuals who have experienced the identified phenomenon or situation (Davidsen, 2013; Levitt et al., 2017; Wertz, 2005). There is a balance between the subjective experiences each individual has with a phenomenon and the objective experience of commonalities with others. Additionally, the researcher brackets themselves out of the study to focus more fully on participants' experiences, and readers can judge for themselves if the researcher was able to describe participants' experiences with little to no biases on their end. Furthermore, the current study included a follow-up discussion as a member check with participants in efforts to ensure information shared by participants during their interviews had been described and interpreted accurately, before finalizing analyses. Phenomenological studies culminate on a descriptive passage that summarizes the essence of participants' experiences (Creswell & Poth, 2018).

Moustakas translated into a qualitative method for psychological sciences the phenomenological principles outlined by Husserl (1970). These include, 1) giving "pure" (i.e., using participants' words) descriptions of lived experiences, 2) understanding experiences by relating it to relevant contexts, and 3) factoring out notable features (i.e.,

commonalities across participants) of accounts shared for further elaboration. According to Moustakas (1994), there is a greater emphasis on the researcher using epoché to openly explore the phenomenon being studied without any biases. Analysis consists of reducing information to prominent quotes and combining significant statements into overarching themes (i.e., phenomenological reduction) to guide the next steps for capturing the essence of the phenomenon. Furthermore, two forms of descriptions are developed – textural and structural. Textural description encompasses relaying *what* participants experienced, whereas structural description entails *how* participants experienced something, considering contexts, conditions, and situations within which the phenomenon occurred. Accordingly, participants will be asked what they have experienced with the phenomenon in question (i.e., migration and mental health) and how different contexts (i.e., resettlement, cultural identity, current older age, migrating from Bolivia to the U.S.) influenced their experiences (Moustakas, 1994). The overall essence of the experience is conveyed when both descriptions are taken together. While bracketing is suggested to occur before the development of such descriptions, Moustakas (1994) recommends that a researcher's own experiences be written up and contextualized as part of the study results.

Strategies for Analysis

According to Moustakas (1994), researchers must first determine if their research problem is best addressed using a phenomenological approach. An ideal fit would be exploring shared experiences among several individuals to develop practices or policies, or a deeper understanding of a phenomenon (Creswell & Poth, 2018). Second, the researcher identifies and describes the phenomenon of interest. I conducted the current study to explore the phenomenon of older Bolivian immigrant adult mental health.

Next, the researcher identifies the broad philosophical assumptions of phenomenology, for example, the combination of an objective reality and individual experiences (Alhazmi & Kaufmann, 2022; Creswell & Poth, 2018). Researchers honor subjective experiences of the phenomenon of interest, while also recognize an objective reality of shared experiences across participants. Further, researchers acknowledge the conscious awareness of lived experiences, meaning contextual factors are considered when understanding participants' accounts of the phenomenon under study (Morrow et al., 2012; Wertz, 2005). Focusing on ontological (i.e., nature of reality) and epistemological (i.e., how knowledge is known) assumptions in particular, qualitative research embraces multiple realities and subjective evidence for conceptualizing knowledge about a topic (Creswell & Poth, 2018). In sharing multiple realities, researchers report themes using actual words of participants to showcase different perspectives. From a phenomenological approach, researchers report the various experiences across participants and see how they compare to each other with regards to noting similarities (Moustakas, 1994). Characteristics of the epistemological assumption include reporting subjective experiences from participants and attempting to reduce the power between the researcher and participants (Alhazmi & Kaufmann, 2022; Creswell & Poth, 2018). The point here is to know what participants know; the researcher accomplishes this by emphasizing participants' words as they analyze findings and interpret patterns of responses.

In phenomenological studies, the researcher strives to bracket out their own experiences. The concept of epoché (i.e., bracketing) is key for the researcher to remove any personal perspectives of the phenomenon to openly explore the topic (Moustakas, 1994). This way, the researcher may gain full awareness of the topic of interest by setting aside any

personal judgements or biases. Despite bracketing understandable challenges (Alhazmi & Kaufmann, 2022; Moustakas, 1994), it allows the researcher a temporary suspension of biases that could limit perspectives of participants' lived experiences of the phenomenon under study. In addition, the researcher begins the project with describing their own accounts of the phenomenon, bracketing out their own views, and then recognizing the experiences of others and focusing more on describing those narratives. Bracketing influences most stages of the research process, from developing bias-free research questions, to engaging with previous work related to the experience under study, to then conducting meaningful interviews of participants' experiences and re-describing such experiences.

In line with Moustakas' (1994) epoché guideline, the researcher practiced reflexivity (i.e., acknowledging the researcher's role) throughout the study process, and remained open-minded to participants' account of their own experiences with migration, and how acculturation, aging, and cultural identity development impacted their mental health. As the lead researcher of the current study, I noted my positionality prior to interacting with participants, and accordingly bracketed out my own experiences, not only when collecting data but also when describing participants' accounts of the phenomenon before synthesizing them into a summary of the essence of their experiences. Interviews were conducted with a small number of participants (Creswell & Poth, 2018) and participants were asked the three essential questions: 1) what they have experienced with migration, 2) how migration and aging experiences influence mental health, and 3) how cultural identity changed over time of residence in the U.S. These three questions accordingly set the stage for textual and structural descriptions of participants' experiences. Additional practices like making internal memos and reflexive notes during interviews and data analysis also aided the bracketing

process. Furthermore, conducting member checks helped confirm accurate descriptions of participants' experiences as it gave me a chance to relay information with participants directly and ask for any clarifications on if, and the extent to which, I understood the experience shared during the interview (Kornbluh, 2015).

Next steps involved generating themes from significant statements in interviews and engaging in phenomenological reduction (Alhazmi & Kaufmann, 2022; Creswell & Poth, 2018; Moustakas, 1994). I built upon data from the two foregoing essential questions by highlighting significant, prominent quotes that informed the mental health of Bolivian immigrants who are now older adults. This step is also referred to as horizonalization (Moustakas, 1994) and was part of the phenomenological process which involves re-describing experiences and developing clusters of meaning among the responses. Essentially, I treated each statement as equal, yet also removed repetitive statements and those that seemed irrelevant to the research questions and phenomenon under study. This allowed me to focus on what participants experienced – the textural description. The structural description then considered the context or setting that had an influence on how participants experienced the phenomenon of interest – immigrant mental health. Moustakas (1994) suggests that researchers also write about their own experiences here as well. I had already done so by making a positionality statement when sharing my role as the lead researcher of the study (Creswell & Poth, 2018). Taking from the textural and structural descriptions, I then formed a composite report that captured the essence of the phenomenon. This final part of the analysis involved synthesizing data to focus on the common experiences across participants.

Lead Researcher's Positionality

I hold insider and outsider statuses that are important to acknowledge before conducting this phenomenological study. I use she/her/*ella* pronouns, I identify as a child of Mexican and Bolivian immigrant parents, and I am a bilingual (Spanish-English) Latine woman. These characteristics resonate with feeling like an insider to the community being studied in the proposed dissertation, particularly my South American heritage. Conversely, I am a 29-year-old adult who was born and raised in the U.S., and I have not experienced living in a different country for an extended period. I also grew up more exposed to Mexican culture compared to my Bolivian culture, and I at times feel removed from some Bolivian cultural experiences. For these reasons, I may be perceived as an outsider to a community of older Bolivian immigrants, or perhaps may be seen as more distant from their respective lived experiences and worldviews. I recognize that this evokes sadness in me as being removed, which resonates with how I would sometimes feel growing up, when I did not think I could relate as much to my Bolivian roots.

While I am not an older adult immigrant from South America, my interest in the proposed dissertation comes from my relationship to my mother's side of the family, who for the most part, migrated from Bolivia to the U.S. during the 1980s and 1990s, and who were adults in their 20s and 30s at that time. I recognize that the migration experience was extensive, whereby my family members first landed in México and then went by varying means of traveling from México to reach the U.S. With all stories, regardless of how they made it to the U.S., there were notable worries and anxieties that could not be thought of for too long, since they had a destination that needed to be reached. Once in the U.S., they underwent the challenging transition of making a life for themselves and navigating the new settings, language, and general culture. I noted that while some of these stories have been

shared, there seemingly was little to no opportunities to reflect on the impact the migration experience and acculturating had on their mental health.

Lastly, I am a doctoral student pursuing a degree in Counseling, Clinical, and School psychology (emphasis in Counseling psychology), and I have a keen interest in Latine mental health. Throughout my professional development, I have worked closely with Latine adolescents and emerging adults, and with a few older Latine adults. As I continue my research and clinical training, I hope to further my experience with diverse communities to inform programs and policies to better serve underserved and overlooked populations.

Dissertation Chair' Positionality

The dissertation chair is a formerly-undocumented immigrant from Argentina, now a citizen of the U.S. and Argentina, who identifies as a heterosexual, cisgender male Latino. Pertinent to this study, he was born and raised in a middle-class family and neighborhood, earned a *licenciatura* degree in 1984, migrated to the U.S. in 1985 at age 24, returned to Argentina in 1986, and returned permanently to the U.S. in 1987. He has extensive experience in studying access and utilization of mental health services among minority populations, specializing in Latine communities. A bilingual (English-Spanish) licensed psychologist, the dissertation chair has accessed and utilized mental health services both in Argentina and the U.S. multiple times. He has also led and mentored numerous qualitative research projects.

Research Recruitment and Participants

The targeted population were immigrants from South America who migrate to the U.S. as young adults and are currently 65 years old or older. As such, inclusion criteria were as follows: 1) self-identify as immigrant from South America (regardless of current

documentation status), 2) immigrated to the U.S. between ages 20-39 years, and 3) is now 65 years or older. All participants provided verbal and written consent to partake in the interview for the study and were allowed to stop their participation at any point during the interview. To ensure participant confidentiality, numbers were assigned to participant interviews, and only I had contact with the participants.

Consideration for Number of Participants

A phenomenological approach values a smaller sample size, as the researcher strives to gain an in-depth, meaningful understanding of participants' lived experiences (Creswell & Poth, 2018). Purposeful sampling was used to recruit participants (Creswell & Guetterman, 2019; Creswell & Poth, 2018), given the selection of a specific group of people. Snowball sampling was also implemented to help increase participant recruitment, in addition to fostering a sense of trust between myself as the lead researcher and the community under study.

I obtained approval from the Institutional Review Board (IRB) to conduct the current study with human subjects. The interview protocol developed for the study was piloted with two individuals who met the inclusion criteria, and their feedback was used to improve the protocol. Recruitment flyers were shared via email (e.g., listserv of the National Latinx Psychological Association) and social media platforms like Facebook and Instagram. I follow Instagram community accounts of Bolivians and Bolivian Americans, have my own network of Latines in professional fields, that additionally helped with recruitment efforts. The flyers included information about the study, participant inclusion criteria, and contact information (available in both English and Spanish). All participants in the study credited the Instagram community account of Bolivians in the U.S. as their source of knowledge

about the current study. I aimed to recruit and interview 10 participants for this study. A total of nine participants were deemed eligible for the study and were interviewed. All were given a $25 gift card for their voluntary participation.

Participants

Pseudonyms are used to identify all nine participants in this study. Refer to Table 1 for demographic information. Participants ranged in age from 65 to 83 years old (M = 72.9, SD = 6.7) and migrated to the U.S. between the ages 20 to 37 years old (M = 25.8, SD = 6.3). Participants reported migrating to the U.S. between the years 1960-1992 and have lived in the U.S. from 34 to 64 years (M = 47.2, SD = 10.04). All nine participants were from Bolivia, four of which identified as women and five identified as men. All nine participants identified as heterosexual, and all reported they are married. Four participants identified their race as mixed or *mestizo* (mix of European/White and Indigenous), two participants identified as Hispanic, two participants identified as White, and one participant identified as Latino. Five participants identified their ethnicity as Hispanic, two participants identified their ethnicity as Indigenous, one participant reported a mix of indigenous and European backgrounds, and one participant responded Bolivian. Of note, two participants additionally shared that ethnicity is understood as pertaining to indigenous populations only in Bolivia, and did not feel they had an ethnic identity (though both provided a response of Hispanic when prompted about ethnicity). Seven participants indicated some form of chronic illness or other health conditions, while two participants reported no concerns with their health. All nine participants reported they are U.S. citizens (eight have been citizens for over 20 years; one participant became a citizen in 2019). Six participants indicated that they are retired, while the other 3 reported they are in the workforce. Eight participants indicated no

dependents, and one participant reported supporting their spouse and two children. Seven participants reported some level of college education in the U.S., two of which had also enrolled in higher education in Bolivia. Two other participants reported higher level education from Bolivia.

Table 1

Participant Information

Pseudonym	Age	Age of Migration	Year of Migration	Health Conditions	Formal Education
1. Wilma	74	37	1986	Chronic illnesses and other health conditions	Bachelor's from Bolivia
2. Jorge	83	20	1960	None	Community College in U.S.
3. Miriam	76	21	1968	Chronic illness	Certification training from university
4. Samuel	78	20	1965	Chronic illness	3 years University in U.S.
5. Orlando	70	23	1977	Chronic illness	Associate's degree
6. Sandra	65	26	1984	Other health conditions	Community College
7. Carlos	79	27	1971	Other health conditions	Some community college in U.S.
8. Fernando	65	23	1983	None	Undergraduate and Graduate degrees in U.S.
9. Carmen	66	35	1992	Other health conditions	Master's from Bolivia

Procedures

Screening Questionnaire

Adults interested in partaking in the study were prompted to reach out to me as the lead researcher for more information and to be screened for study eligibility. I screened interested participants using a short questionnaire (see Appendix A) that consisted of general questions and asked about their current age, age of migration, country of origin, and whether they have mostly been residing in the U.S. since migrating to the U.S.

Demographic Questionnaire

The demographic questionnaire included questions about participants' gender, sexual orientation, nationality, year and age in which they migrated to the U.S., years lived in the U.S., occupation, etc. (see Appendix B). Participants' demographics were used to further interpretate the findings.

Once determined to be qualified for the study, participants were asked for an email for further communication and were invited for a semi-structured interview that could last up to two hours. Eight interviews were conducted over video calls (i.e., Zoom), and one interview was conducted in person, based on regional availability and adhering to COVID-safety regulations.

Prior to the interview date, participants were sent a reminder email and/or message via social media messaging to confirm the date, time, and location of the interview (in-person or Zoom). Additionally, the consent form (see Appendix C) was sent in an email, via DocuSign, for participants to review prior to the interview. Interviews and all documents were available and offered in Spanish or English. During the interview, the researcher reviewed the consent form and prompted for any questions the participant had about their participation and rights as a research subject, before obtaining their signed and verbal agreement to proceed with conducting and recording the interview. Upon completing the

consent form review, participants responded to a demographic questionnaire and then proceeded with the interview. Finally, participants were invited for a follow-up discussion that served as a member check, whereby the researcher shared preliminary qualitative findings, and asked participants for their feedback in efforts to make corrections as needed to ensure accurate description of participants' experiences.

Semi-structured Interview

Participants engaged in an open-ended, semi-structured interview and were about their experiences with migration, establishing their life in the U.S., and cultural identity (see Appendix D). In addition, they were asked questions about their health experiences (physical and mental). The protocol included 12 questions, and the interviews lasted up to two and a half hours long. Eight interviews were conducted in Spanish and one interview was mostly conducted in English, based on participants' preference. Of note, one participant mostly spoke in Spanish, yet reportedly deferred to English when speaking about emotionally difficult topics. The participant stated expressing more of his feelings in Spanish, and a change to the English language helps him feel a bit more removed from difficult emotions.

Member checks

I engaged in a follow-up discussion (i.e., member check) with five participants at another scheduled time, whereby I relayed initial study findings (i.e., preliminary themes) and asked for feedback on whether they felt the preliminary themes accurately captured their migration experiences and life experiences in the U.S. (see Appendix E). Four participants were not able to partake in the member-check discussions at the time asked. The member checks lasted an hour on average, and the process was guided by strategies outlined by

Kornbluh (2015). The participants were invited and encouraged to share their reactions, impressions, feedback, and offer any corrections as they saw fit. Participants who took part in the member checks were all in agreement with the identified themes, yet also provided information that further described what the themes represented. As such, I incorporated their feedback accordingly in the descriptions of themes, for richer understandings of what each theme entails. Each one of the five participants that engaged in the individual member check received a $15 gift card for their voluntary contribution to the study.

Analysis

Interviews were audio-recorded and transcribed verbatim before being analyzed following Moustakas' (1994) guidelines. All files were de-identified to protect participants' privacy, and original digital documents with identifying information were encrypted and password-protected that only the dissertation chair and I have access to. Interview audio recordings and transcriptions were stored within a secured folder in the university's cloud content management system (i.e., UCSB Box service). The dissertation chair, a part-time research assistant, and I had access to these files for the purpose of transcribing.

The analysis focused on centering participants' accounts of their migration experience as South American immigrants in the U.S. The following steps guided the analysis: 1) I provided a positionality statement of my own experiences with the phenomenon that was then set aside to focus more on participants' experiences; 2) I developed a list of significant statements about how participants experienced the phenomenon under study. This is the horizonalization process, whereby I identified relevant statements and distinguished them from irrelevant and/or repeated statements, before 3) grouping significant statements into meaning units or themes. This helps the following step

of 4) creating textural and structural descriptions to illuminate "what" happened and "how" it happened, respectively. The textural descriptions include verbatim examples (i.e., quoting participants), whereas the structural descriptions involve providing a setting and/or context in which the phenomenon was experienced. Finally, 5) I developed a composite description of the phenomenon that incorporates both the textural and structural descriptions. This step highlighted the essence of the phenomenon, and effectively brought the analysis to a close. Investigator triangulation (Carter et al., 2014) was employed throughout the analysis, with the dissertation chair auditing each phase of the study to strengthen the study's rigor. Furthermore, Moustakas (1994) adds that a follow-up interview may be incorporated to view participants as co-researchers to the study and foster co-creation of meaning. Accordingly, conducting member checks (i.e., follow-up discussions) increased participant involvement in the research. Member checks included sharing preliminary themes and asking participants to confirm responses and/or make corrections as needed. Moreover, summarizing responses to determine accuracy helped strengthen rapport, given that I demonstrated attentiveness to what was shared and cared to ensure that it was understood correctly.

Methodological Integrity

Trustworthiness

Trustworthiness in qualitative research establishes that findings are credible, transferable, confirmable, and dependable (Lincoln & Guba, 1995). A fundamental way to improve trustworthiness is to engage in reflexivity, the act in which researchers share their positionality in relation to the topic under study (Dodgson, 2019). I as the lead researcher engaged in this practice by providing a written positionality statement from the initiation of this project to coding transcriptions and identifying preliminary themes from the data. I

shared my reactions to the data with my dissertation chair, especially when highlighting codes and themes from participants' responses. Engaging in reflexivity fostered the practice of bracketing, whereby I was repeatedly prompted to reflect on their own experiences both during the interview and analysis processes (Chan et al., 2013; Creswell & Poth, 2018; Morrow et al., 2012).

Credibility refers to accurately identifying and describing research participants (Cope, 2014). A common practice for establishing credibility is to engage a process of triangulation (Carter et al., 2014), which may include multiple sources, methods, and/or investigators to obtain qualitative data. The current study's use of demographic information, semi-structured interviews, and member checks ensured that multiple forms of data were collected to provide a more holistic understanding of the phenomena under study. Member checks are especially helpful as they directly involve the participants as active co-investigators in the study and can further detect and address my personal biases as the lead researcher of the study, in addition to gathering more details pertinent to the phenomena under study (Kornbluh, 2015). It also aligns well with a social constructivist paradigm that seeks to co-create meaning with participants and diminish power differentials between the lead researcher and participants (Ponterotto, 2010). Member checks not only improve the study's credibility, but also its confirmability – the extent to which the researcher controlled for any biases in reporting qualitative data.

Transferability concerns how applicable findings are to other situations, populations, or phenomena (Amankwaa, 2016; Cope, 2014). To ensure transferability of the study, participants and I confirmed rich, yet succinct themes that capture the shared lived experiences across study participants. Within the discussion chapter, I additionally provided

thick descriptions of the themes, to share details of findings that may resonate with other populations (e.g., immigrants who came to the U.S. at a young age, immigrants who lived most of their lives in the U.S.). This practice of offering rich description of qualitative analyses fosters the authenticity of study findings, considering that a range of realities are showcased (Elo et al., 2014). Moreover, all five participants who partook in the member-check discussions confirmed feeling represented by the themes and/or subthemes that were identified in the data.

Furthermore, the notion of dependability describes the degree to which data is considered stable over time and across conditions, such that other researchers may repeat study results. While an audit was not necessary with a social constructivist approach to this qualitative study, my dissertation chair nevertheless served as an auditor to help foster the dependability of the data (Amankwaa, 2016). While the dissertation chair is involved in the overall context of the study, he was not as involved with the details of the interviews and coding of statements. As such, the dissertation chair served as both a form of an internal auditor (i.e., some exposure to data gathering manners), and an external auditor (i.e., asking questions about how the findings represent the data) (White et al., 2012). In this capacity, the dissertation chair was able to further inquire about the methodological rigor of the current study as it was being conducted, as someone with experience in qualitative work and research on Latine immigrant mental health.

All these efforts were used to ensure the rigor of this qualitative study's process and findings. Actions like conducting face-to-face interviews (in-person or virtually) and building a strong rapport with participants fostered rich responses, which in turn enhanced trustworthiness since it supports credibility of findings (Knox & Burkard, 2009).

Ethical Considerations

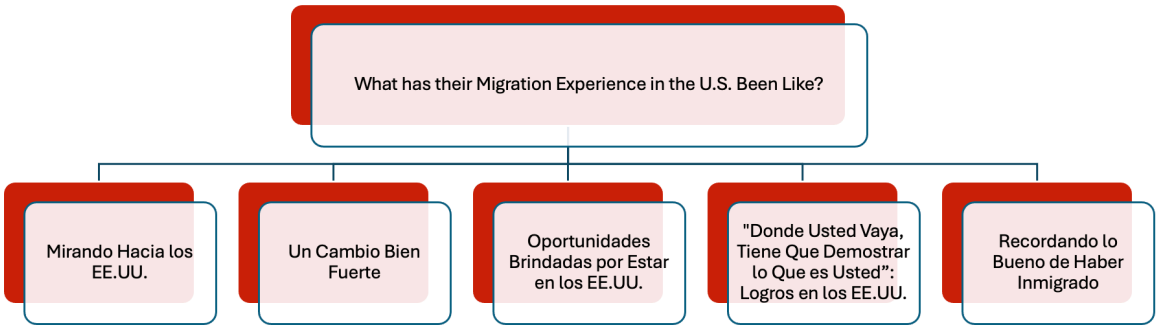
Before collecting any data, IRB approval was granted by the University of California, Santa Barbara Human Subjects Committee (16-24-0025). After recruitment, participants were engaged in an informed consent process that detailed their involvement in the study (i.e., minimal risk, voluntary participation, video recorded interviews, follow-up discussion, incentives), and signed their consent form via DocuSign before the scheduled interview date. At the outset of the interview, I asked for any questions participants may have about their collaboration. Additional questions were welcomed throughout the interview. Participants received $25 for completing the semi-structured interview, and another $15 for completing the member-check discussion.

CHAPTER IV: RESULTS

The first research question asked: What has their migration experience in the U.S. been like? This question focused on exploring the breadth of participants' migration experience from the moment they first came to the U.S. to their present day lives.

Figure 1

Themes of Migration Experience in the U.S.



Essence of Phenomenon: Migration Experience in the U.S.

Participants' recollection of their migration experience reflected a developmental trajectory, such that participants disclosed experiences across and throughout the years of their residency in the U.S. Participants shared varying reasons for migrating in the first place, whether by personal choice or decision by others. Initial experiences in the U.S. included challenges with adjusting to a new environment. For example, participants shared common struggles with adapting to the English language, no matter the level of practice they had in Bolivia. Yet, participants also reflected on increased opportunities experienced with being in the U.S. For example, participants reflected on gains from their migration experience, despite losses they experienced when they left Bolivia to come to the U.S.

Participants highlighted accomplishments as much as they did challenges, and participants commonly mentioned preferring to recall the positive experiences they had. Throughout all reflections made by participants, they underscored both positive and difficult experiences from their migration. Emergent structural descriptions (themes) are showcased below and may further expand upon the explored phenomenon.

Table 2

Migration experience in the U.S. (structural descriptions)

Themes	**Definition**	**Participants' Quotes**
Mirando Hacia los EE.UU./ Looking Towards the U.S.	Reasons for which one decided to move to the U.S. This included both internal (e.g., pursue own interests like education) and external (e.g., economic hardships in Bolivia) reasons for migration. Decisions to migrate were the driving force for which participants left Bolivia and influenced migration experiences.	"And I decided, okay. If I don't do this step, my children probably are gonna blame on me, 'why you didn't want to come?' So that's why I decided to come, and I didn't want to regret staying there. And I am glad I took that um you know, the position of coming here, just because my kids now-, it's rewarding for them. Wilma *"... la situación no estaba muy bien en Bolivia. Había muchos problemas. Habían derrocado al presidente, había problemas económicos en cierta forma...ya no se podía vivir tranquilo en Bolivia."* [… the situation was not too good in Bolivia. There was many, many problems. They had overthrown the president, there were certain economic problems … you couldn't live well in Bolivia.] – Carlos *"Hay otros planes porque siempre he soñado venir a*

		estudiar acá, que esa era otra de las razones que vine de Bolivia para poder estudiar algo." [There are other plans because I've always dreamt of studying here, which that was another of the reasons I came from Bolivia so I could study something.] – Samuel *"Entonces mi hermano me dijo, '[nombre] está buscando una compañera para viajar, no quiere viajar sola, tiene mucho miedo' ... Y me dijo 'anímate, viaja y viaja con la niña,' y pues yo me animé y me vine de esa manera ... yo no pensaba inmigrar ni pensaba viajar ni nada porque no tenía necesidad. Tenía un trabajo muy bueno, tenía estabilidad, tenía una empleadita, tenía todo ..."* [So my brother told me, '[name] is looking for a companion to travel with she doesn't want to go alone, she's really scared' … And he told me 'do it, travel and travel with the girl' and well I went for it and I came that way … I hadn't thought of immigrating not even traveling or anything because I didn't have a need to. I had a good job, I had stability, I had a housekeeper, I had everything …] – Sandra
Un Cambio Bien Fuerte/ A Rough Change	Sudden changes one noted once they arrived in the U.S. From challenges with the change in language, to financial struggles with deciding how to start building a life in the	*"Así que era más o menos imposible para mí continuar estudios de ingeniería y además es la cuestión de hacerlos transferir los créditos de lo que aprendí allí y todo ese era un problema muy serio. Iba a tomar mucho*

	U.S. This also includes a sentiment of lost opportunities having come to the U.S. For example, losing out on the higher education sought out in Bolivia, or jobs that were already undertaken or offered. Encompasses the logistic challenges one faced, which impacted their migration experience as they started settling in the U.S.	*tiempo y mucho dinero."* [So it was more or less impossible to continue my engineering studies and it was also a question of transferring credits of what I learned there and all of that was a serious problem, it was going to take much time and a lot of money.] – Orlando "I wasn't allowed to work. And my husband was only allowed to work for the university ... With assistantships and so forth, so our income was very limited for a family of five." – Wilma *"...todo el mundo que viene acá debe sufrir las mismas consecuencias o quizás debido a mi juventud mis expectativas eran otras, pero me encontré con una realidad que no esperaba ni me había imaginado."* [… everyone who comes here must suffer the same consequences or maybe because of my youth my expectations were different, but I was met with a reality that I had not expected, nor had I imagined.] – Samuel *"Prácticamente yo a mi familia, es como que les he abandonado, ¿no? ... Bajaba la cafetería para llamar de un monedero a mi hija, para que despierte, para despertarla para que salga al bus para que vaya a la escuela. Yo nunca he podido ir a un evento de la escuela de ella. Nunca he asistido a sus*

		reuniones." [I practically like abandoned my family, no? ... I'd go down to the cafeteria to call my daughter from a payphone to wake her so that she can go out to the bus that went to school. I was never able to go to a school event of hers. I never went to her events.] – Carmen *"Debe haber pasado unos 10 años hasta que yo me he sentido lo más cómodo con el idioma y me he dado cuenta de que evidentemente lo tengo bien ... Como yo siempre me he movido en el campo profesional, entonces ese ha sido mi mayor reto como inmigrante ¿no? El, el idioma. La comunicación."* [10 years must have passed by until I felt more comfortable with the language and I came to realize that I evidently speak it well … since I've always moved in the professional field, that has always been my biggest challenge as an immigrant, no? The language. The communication.] – Fernando
Oportunidades Brindadas por Estar en los EE.UU./ Opportunities Provided in the U.S.	Recognizing the new, and often, better opportunities for being in the U.S. compared to their life in Bolivia. Reflecting on the occupational, educational, and financial opportunities they likely would not have had in Bolivia if they stayed there. Includes anecdotes of political and economic	*"Es una oportunidad muy linda, es, es como una lotería. ¿Cuántos miles y millones de personas quisieran venir a este país?"* [It's a really nice opportunity, it's like a lottery. How many thousands and millions of people would like to come to this country?] – Sandra *"Bueno, en lo positivo yo creo que me ha hecho ver cosas que tal vez cuando uno estaba*

	differences noted in their home country compared to the U.S., which impact their migration experience.	*en Bolivia, no las podía ver o no las podía analizar."* [Well, it the positive I think it has made me see things that maybe when one was in Bolivia, they could not see or could not analyze.] – Carlos *"... yo lo que veo es que me ha dado oportunidades de aprender cosas que posiblemente no las hubiera aprendido, porque esas oportunidades no se hubieran dado si me quedaba en Bolivia."* [… what I have seen is that it has given me opportunities to learn things that I could have possibly not learned, because they are opportunities that would not have been given had I stayed in Bolivia.] – Fernando *"Nos brinda este país todas las oportunidades que uno puede aprovechar. Porque si uno vive bajo la ley, respetando la ley de este país, no nos metemos en problemas. Puedes hacer aquí tu negocio, puedes invertir, puedes hacer lo que quieras, mientras respetas la ley, nadie te molesta. Eso es lo bueno en este país, ¿no?"* [This country provides us all the opportunities that one could take advantage of. Because if one lives by the law, respecting the law of this country, we don't get in trouble. You can make your business here, you can invest, you can do whatever you want, as long as you respect

		the law, no one bothers you. That is the good thing of this country, no?] – Carmen *"Yo en realidad no me quejaría de nada de haber vivido en este país. Creo que yo he sido bendecido, afortunado de haber venido a este país. De haber siempre, como le digo, yo he sido muy obediente, yo sigo mucho las reglas de cualquier cosa y eso me ha llevado a ocupar el cargo más alto de mi trabajo".* [I really would not complain about anything living in this country. I think I have been blessed, fortunate to come to this country, to have always, how do I say, I have always been very obedient, I follow all the rules of whatever it is and that has led me to take on high roles in my work.] – Jorge
"Donde Usted Vaya, Tiene que Demostrar lo que Es Usted": Logros en los EE.UU./ Wherever You Go, You Have to Show What You're About: Achievements in the U.S.	Honoring one's accomplishments after years lived in the U.S. Includes own financial and educational accomplishments, in addition to those of their children. Highlighting positive results of their migration, which also influence their migration experience.	*"Y mi trabajo. Para mí ha sido una fuente de vida que realmente me daba mucho orgullo estar en haber alcanzado y hacer todo eso. Porque me daba entera en mi trabajo."* [And my work. For me it has been a fountain of life that really made me very proud in having reached and done all of that. Because I gave myself fully in my work.] – Miriam *"Sino que como le dije anteriormente, donde usted vaya tiene que demostrar lo que es usted. El sentido de tratar de hacer las cosas como deben ser o como son,*

		¿no? No desviarse ... pero lo mejor es sentarse un día en la casa y decir bueno, trabajaba esta semana, y he trabajado tranquilo y he puesto mi esfuerzo que tenía que poner y ahora estoy tranquilo." [If not like I said earlier, wherever you go, you have to show what you're about. The sense of trying to do things like they should be done, no? Not get off track … but the best thing is to sit down one day at home and say well, I worked this week, and I worked well, and I gave my effort that I needed to give and now I am calm.] – Carlos "But another thing that I am very proud about is how I raise my kids ... They are successful in their lives. So, I am very proud of building a family that is really committed to the work and to the family."– Wilma *"Bueno, la experiencia de la cual yo me siento más orgulloso es realmente de haber logrado traer a toda mi familia, o sea, después del fallecimiento de mi papá me tocó a mí trabajar y lidiar para traer a los siete hermanos menores y a mi mamá ¿no?"* [Well, the experience I feel most proud of is really of successfully bringing all my family, like, after my father's passing, I had to work and lead to bring my seven younger siblings and my mother, no?] – Jorge

		"Siempre quería que ellas [mis hijas] hagan sus carreras aparte del negocio que nosotros teníamos. Y eso, eso es la satisfacción mis hijas que han sido, son profesionales." [I've always wanted for them [my daughters] to have their careers separate from the business we had. And that, that is the satisfaction of my daughters, that they are professionals.] – Carmen
Recordando lo Bueno de Haber Inmigrado/ Remember the Good of Migrating	Conscious decision to remember the positive memories of their migration experience. Whether for deciding to not revisit emotionally difficult moments or choosing to not dwell in the challenges experienced. Intentional with recalling more positive experiences, which impact present day migration experience.	"And I very much remember good things about my coming here to the US. Like, we went for the first time next to the hotel, there was a restaurant. We went to the restaurant, and we told the waitress that it was our first day in the US. She brought us cake for free ... And she said, 'this cake is for free for you. Welcome to the US.' Those little details are the ones that I remember the most now ... The happy times that we have." – Wilma *"Si preguntas una experiencia, un niño que entra a una tienda que ya está llena de juguetes, aunque entre solo va a estar un poco tímido por estar solo, pero también al mismo tiempo sorprendido por la variedad de cosas que va a haber."* [If you ask one experience, it's like a kid who goes inside a store filled with toys, even though he goes in alone he will be a bit shy for being alone, but at the same time surprised for the variety

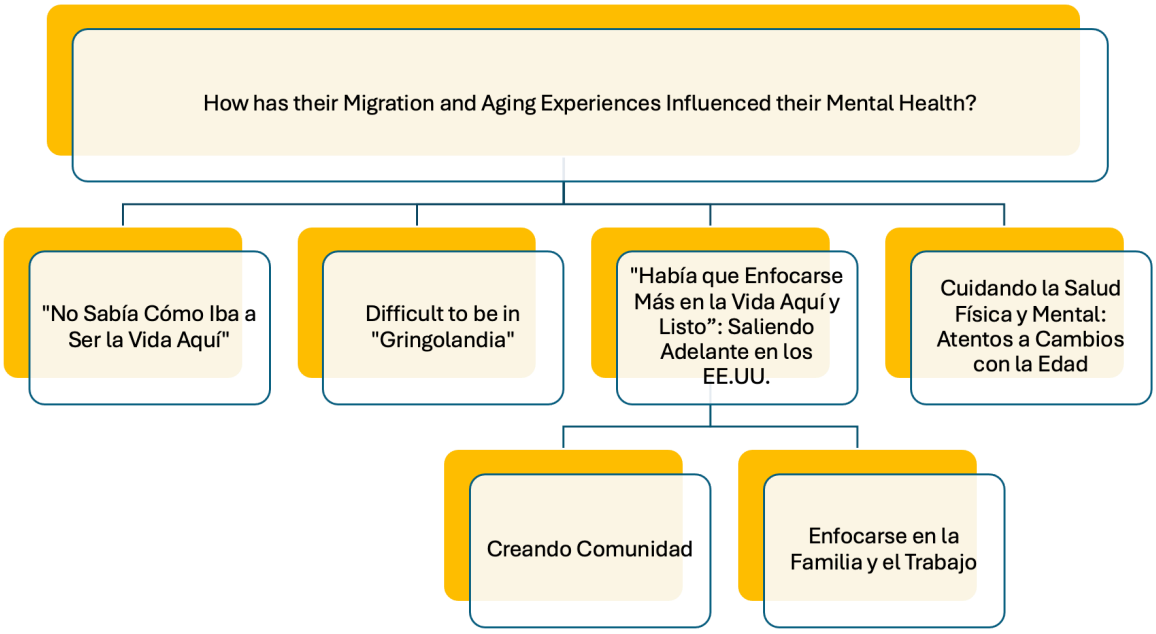
		of things there will be.] – Samuel *"Bueno, me pareció muy, muy lindo porque se aproximaba la época de Navidad y mi hermano, a pesar de que eran las 12 y tantos de la noche, nos llevó a pasear todo el centro de los Ángeles y las vitrinas parecían centros de atracción, hasta con maniqueísmo que se movían, etc. etc. Yo, nosotros maravillados por eso ... Porque parecía que estábamos en otro mundo completamente."* [Well, I thought it was very, very nice because we were close to Christmas time and my brother, even though it was 12 and who knows what at night, he took us around Los Angeles and the glass windows looked like amusement parks, even with mannequins that moved etc. etc. Me, we were in awe with that … because it looked like we were in another world entirely.] – Jorge *"Deben haber cosas negativas. Yo tengo la tendencia a verme, mi experiencia como inmigrante, siempre desde el lado positive".* [There must be negative things. I have the tendency of seeing my experience as an immigrant always from a positive perspective.] – Fernando

		"Pero de las cosas negativas trato de no, de olvidarme porque solo lastiman al recordar ¿no?" [But the negative stuff, I try to not, to forget because they only hurt to remember, no?] – Carmen

The second research question asked: How has their migration and aging experiences influenced their mental health? This question explored how experiences in the U.S. and life changes with age impact participants' overall health, especially focusing on their mental health.

Figure 2

Themes of Migration and Aging Experiences on Mental Health



Essence of Phenomenon: Impacts of Migration and Aging on Mental Health

Participants acknowledged hardships throughout the course of their migration experiences, from their initial arrival to the U.S. to their journey of acclimating to a new country. Participants often expressed saddened emotions when recalling the emotional

challenges faced in their journeys, especially when they first arrived in the U.S. Yet, participants would also dismiss their emotional reactions with anecdotes about how they had to nevertheless persist and overcome their feelings about leaving their homes in Bolivia. Participants recounted ways in which they struggled emotionally (e.g., cultural stress, homesickness), due to their migration experiences. Yet, participants also recalled ways in which they coped as they continued their lives in the U.S. as immigrants from Bolivia. Moreover, participants acknowledged additional ways they care for their physical and mental health, especially throughout the years into their present lives. As such, these stories also follow a developmental trajectory whereby participants reflect on mental health impacts of their migration and aging experiences across time lived in the U.S.

Table 3

Impacts of Migration and Aging on mental health (structural descriptions)

Themes	**Definition**	**Participants' Quotes**
No Sabía Cómo Iba a Ser la Vida Aquí/ I Didn't Know What Life was Going to be Like Here	Initial uncertainties once one has arrived to the U.S. Feelings of contemplations of what life would be like in the U.S. Includes feelings of regret for having migrated, and strong desires to return to Bolivia. Reflects the initial emotional shock once one has arrived and began settling in a new country that is not theirs.	*"El trauma realmente era ese, ¿no? Que caramba, llegar aquí y ... Bueno, ¿dónde empiezo? ¿Cómo hago? ¿Qué no hago, no?"* [That was really the trauma, no? That shoot, come here and … Well, where do I begin? How do I do it? What do I not do?] – Miriam *"Así que era más eso y ya un poco de nerviosismo. Había nerviosismo, ansiedad, porque realmente no sabía cómo iba a ser la vida aquí."* [So it was more that and some nervousness. There was nervousness, anxiety, because I really didn't know what life

		was going to be like here.] – Orlando "So, all my plans were changed all the sudden, and we immigrated to the U.S." – Wilma
Difficult to be in "*Gringolandia*"	Reflects emotional struggles with acculturation, culture shocks, and discrimination for example. Includes emotional struggles of adjusting to life in a new country. Reflective of instances in which one misses their family, friends, and home in Bolivia, and are expressing a difficult time adjusting to the U.S. as they continue to live in the U.S. Also includes stories where one admits that they did not share their struggles with others.	"I was very, very sad. Because I felt like I was, I was in a position that it was very difficult for my children and for me and to be here in this country that was 'Gringolandia.'" – Wilma *"Creo que en algunas ocasiones ... Creo que me arrepentía de haber salido de mi tierra."* [I think that in some moments…I think that I regretted leaving my country.] – Miriam *"Luego un año nuevo que pasamos trabajando, yo en mi vida un año nuevo había trabajado en mi país. Nosotros siempre estamos de parranda en año nuevo. Y me tocó trabajar esa noche en el hotel ... casi hasta las cinco de la mañana nos quedamos trabajando en el hotel y ese día yo lloraba y lloraba. No podía creer que un día festivo estaba trabajando, pero después ya con el tiempo ya te acostumbras."* [We spent a New Years Day working, never in my life did I work on New Year's in my country. We are always partying on New Year's. And I needed to work that night in the hotel … we stayed working almost until 5am in the hotel and that

		day I cried and cried. I could not believe I was working on a holiday, but that becomes more customary with the years.] – Carmen "That we were talking about Christmas and all that. Like, how, how bad it, it was that I was always moody during Christmas, you know. And you know, that's when I really realized that. Yeah. I was moody because I was missing. Yeah. I was missing the family time, I was missing my Bolivian family, you know." – Orlando *"Oh, bueno, hemos sentido en cierta forma discriminación. No por nuestros paisanos que viven muchos años antes que nosotros, pero por otros factores. Por ejemplo, cuando íbamos a buscar trabajo, no nos daban el trabajo a nosotros y daban a otra gente que se, que eran europeos y todas esas cosas, entiende?"* [Oh, well, we have felt discrimination to a certain extent. Not from our countrymen that were here many years before us, but from others for other factors. For example, when we went to look for jobs, they wouldn't give us the job and instead would give it to other people, who were Europeans and all of that, you understand?] – Carlos *"No, no, no. Esas cosas, no, no, nunca les he contado a*

		nadie. A usted uh primera vez. [se ríe] … O sea, yo eso lo considero algo o sea … esa pena que yo tenía, nadie me la iba a poder quitar por más que se lo diga. Entonces ¿para que se pudiera decir a nadie?" [No, no, no. Those things no, I have never shared with anyone. The first time with you [laughs] … Like, I consider that like … that hurt that I had, no one was going to be able to take it away no matter how much I tell them. So, what for, why tell anyone?] – Fernando
"Había que Enforcarse Más en la Vida Aquí y Listo": Saliendo Adelante en los EE.UU./ You Had to Focus More on Life Here and That's It: Moving Forward in the U.S.	Overall theme of moving forward with life despite challenges associated with migration experience (i.e., coping) further explained by the following subthemes:	
Creando Comunidad / Creating Community	Intentions for finding a sense of community and/or belonging in the U.S. Includes moments of reaching out for social supports after migration. Also reflective of meaningful connections that brought about positive migration experiences.	*"... agradezco mucho a todas las personas que me han brindado su ayuda que ha sido inmensamente grande porque cuando hemos venido, especialmente cuando ya vinieron mis hermanos, no teníamos ni camas ni nada sobre qué dormir. Dormíamos sobre periódicos como dos o tres semanas. Pero la comunidad boliviana se ha encargado de amoblar mi casa, o sea que yo había rentado o alquilado y (pausa) y eso me dio mucho orgullo de ser boliviano …"* […] I very much thank all the people who provided me their help and has been huge because when we came here, especially

		when my siblings came here, we didn't have beds or anything to sleep on. We slept on newspapers for like two or three weeks. But the community, the Bolivian community took care of furnishing my house, so like I rented (short pause) and that gave me a lot of pride in being Bolivian …] – Jorge *"He llegado a conocer muchos jóvenes allá de Bolivia … gracias a la identificación de lo que yo le ponía, porque tenía un suéter que obviamente veía, se dice 'o es peruano o es boliviano'. Y en la calle de un domingo que tenía libre, como dije, siempre caminaba, encontré con dos amigos. Bueno, par de jóvenes que manejaban un impala convertible y me preguntaba, '¿eres boliviano?' Obviamente sí, empezamos a hablar. Ya conociendo eso era más llevadero el vivir en este país."* [I have come to meet many youth from Bolivia … thanks to the identification I put on, because I had a sweater that obviously you see it, you say 'he's Peruvian or Bolivian.' And one Sunday on the street, like I said, I always walked, and I ran into two friends. Well, a pair of guys that drove a convertible impala and they asked me 'are you Bolivian?' Obviously yes, we began talking. Knowing that, it was easier to live in this country.] – Samuel

		But my support was, I used to go to the church to, to attend the Bible studies and *talleres de oración* [prayer circles] ... Because it gave me the support to continue. I thought, 'okay if *Virgen María pudo pasar todo lo que pasó con su hijo … lo mío no es ningún problema* [if Virgin Mary could go through all she went through with her son mine is not a problem].*'"* – Wilma *"Y bueno, después de entrenar [fútbol] por 26 años hacia a diferentes niveles de niños y niñas, por fin dejé de entrenar. Pero durante esos años me di cuenta de que realmente el entrenar a niños, eso me abrió las puertas aquí en los Estados Unidos. ¿Por qué? Porque éramos voluntarios … por ejemplo, yo era así voluntario que sabía lo que estaba enseñándoles a los hijos de todos los que vivían aquí, así que me hice conocer así por eso,* yeah*."* [And well, after coaching [football] different kid ages for 26 years, I stopped coaching. But during those years, I realized that training those kids opened the doors for me here in the U.S. Why? Because we were volunteers … for example, I was a volunteer that knew he was teaching the kids of everyone living here, so I made myself known that way.] – Orlando

		"... tenía mi amiguita, una mexicana y había un señor mayor salvadoreño y andaba detrás de ellos. 'Qué es lo que me han dicho? ¿Qué es lo que tengo que hacer?'" […I had my friend, a Mexican woman and there was an older Salvadoran man, and I would be behind them. 'What did they tell me? What is it that I have to do?'] – Carmen
Enfocarse en la Familia y el Trabajo/ Focus on Family and Work	Keeping busy with logistics of finding and keeping a job and/or raising a family in the U.S. Focus on financial stability in the U.S. Includes moments in which one recognizes distracting oneself from difficult emotions related to migration, by focusing on work or family in the U.S. A sense of moving forward with life in the U.S. and persisting despite difficult emotions associated with migration experience.	"But on the other hand, I was also distracted with my kids because, you know, being a full mom, in the U.S. and being, having so many children activities and cooking and doing the laundry, etc. etc., my mind started being busy, you know? ... it faded out, you know, my sadness and so forth. It faded out because I was, I guess because I was a full-time mom and I was busy..." – Wilma *"Es que ya había que enfocarse más en la vida aquí y listo."* [It's cause you needed to focus more on the life here and that's it.] – Orlando *"No yo no más trabajaba, dormía poquito, trabajaba y trabajaba, me pagaban bien poquito."* [No I only worked, slept little, worked and worked, they paid me very little.] – Sandra *"Mi enfoque era más grande en aprender a hablar inglés que las otras cosas. O sea, eso se me venía a la mente de*

		repente, pero inmediatamente yo llevaba la mente a mi enfoque principal de ese tiempo, Así que tal vez esa era la manera como yo aliviaba la pena." [My focus was more on learning to speak English over other things. Like, that came to mind all of a sudden, but I immediately thought about my principle focus at that time. So maybe that way was how I forgot the hurt.] – Fernando *"Ya llegué, ese mismo día que llegué, ya empecé a trabajar en el restaurante de mis hermanos. Sí ... Llegamos en la mañana, ya era fin de semana y ellos necesitaban ayuda y yo ya empecé a trabajar. Sí."* [I came, that same day that I arrived, I started to work in my sibling's restaurant. Yes … We got here in the morning, it was a weekend, and they needed help an di started working. Yes.] – Carmen
Cuidando la Salud Física y Mental: Atento a Cambios con la Edad / Caring for Physical and Mental Health: Aware of Changes with Age	Focus on current care for health. Includes ways one supports their own physical and mental health over the years, and what additional care and/or supports they need to foster healthy life. Highlights one's acknowledgment of physical and mental changes due to age, and ways one is proactive and responsive to such changes.	*"Yo toda mi vida hacía trote, salía a trotar, ese era mi mayor actividad física. Ahora camino bastante y estoy viendo la, siempre estoy viendo las oportunidades para seguir trotando, porque eso es lo que me mantiene, según yo ¿no?"* [I have always jogged all my life, that was most of my physical activity. Now it has changes substantially and I'm seeing the, I'm always seeing the chances to keep jogging because that calms

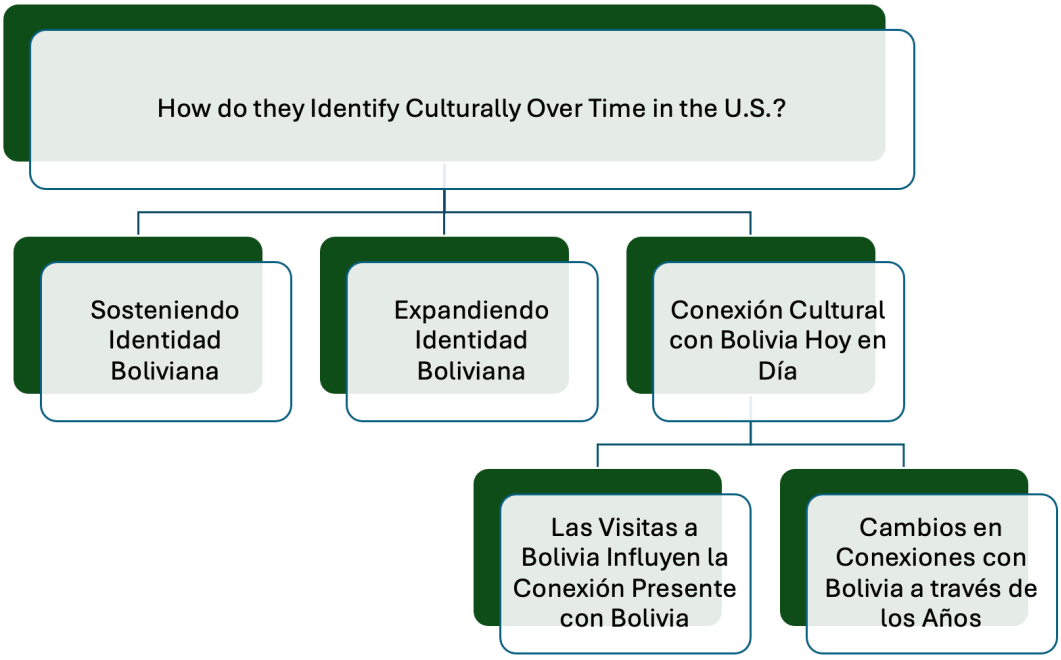
		my mind, I think, no?] – Fernando "And also, I try to eat healthy. I always have a pot of salad with my meal because I know if I don't have the salad, my sugar goes up to the roof. So I have to have my salad in order to keep my health a little better." – Wilma *"Para mantener mi salud física, tengo que tener disciplina, comer bien, dormir bien. Hacer ejercicios, los ejercicios que pueda hacer."* [To support my physical health, I need discipline, to eat well, sleep well. Exercise, the exercises I can do.] – Sandra *"Bastante sana. Soy una persona que tengo mucha serenidad, soy una persona que tengo mucha frialdad, aunque a veces esté sufriendo o me estén martirizando por el momento, yo analizo, pienso, y trato de encontrar la mejor forma de evadir el que dure por mucho tiempo cualquier sufrimiento, cualquier preocupación."* [Very health. I am a person that is very calm, I am a person that is very coolheaded, although sometimes I suffer and they are martyring me right now, I analyze, think, and try to find the best form of keeping whatever suffering or worry from lasting too long.] – Carlos

		"Uno se siente un poco más lenta. Olvidadiza. Lo cual es creo con todos. Para todos los que estamos llegando a una edad más adulta, ¿no? Más mayor." [One feels a bit slower. Forgetful. I think that's something of everyone. For all of us that are reaching an older age, no? Older.] – Miriam *"Yo creo que mi cuestión salud mental es gracias a lo que me gusta leer, como digo, me gusta leer bastante, me gusta escuchar música, escucho música clásica bastante, especialmente cuando pinto. Cuando pinto, hablo conmigo mismo..."* [I think my mental health is thanks to my liking of reading, like I said, I read a lot, I like listening to music. I listen to a lot of classical music, especially when I paint. When I paint, I talk to myself …] – Samuel

The third research question asked: How do they identity culturally over time in the U.S.? This question explored participants' evolution in the way they identify themselves culturally, especially considering the context of having lived an extensive number of years in the U.S. after their migration from Bolivia.

Figure 3

Themes of Cultural Identity Over Time in the U.S.



Essence of Phenomenon: Cultural Identity Evolution

Participants identified their Bolivian nationality as part of their cultural identity. As a gentle reminder, all participants have lived in the U.S. for more years than in their home country of Bolivia and have obtained U.S. citizenship. Regardless of additional cultural factors that may influence identity, participants still identified their Bolivian nationality as part of their cultural identity. Yet it is still important to note that participants also acknowledge how their documentation status as U.S. citizens and other aspects of their identity influence how they identify culturally. For example, participants reported identifying with cultural dances from Bolivia (e.g., *sayas, cuecas, caporales*), and engaging in artistic practices. All these aspects of one's cultural backgrounds were just as salient as their nationalities. Additionally, past and current connections with Bolivia and Bolivian culture also impacted one's cultural identity. For example, returned trips to Bolivia influenced one's decision to fortify a national connection with their country of origin, or influenced a desire to continue residing in the U.S. and establish a physical distance from

Bolivia. Moreover, participants' connection with family and/or friends in Bolivia also influenced their cultural connections with their home country. These experiences also reflect a developmental perspective, as they capture changes in participants' cultural identity and connections with Bolivia from their initial migration to the U.S., to the present day.

Table 4

Cultural identity over time in the U.S. (structural descriptions)

Themes	**Definition**	**Participants' Quotes**
Manteniendo Identidad Boliviana/ Maintaining Bolivian Identity	Participants naming their cultural identity as their nationality (i.e., I am Bolivian) or identifying their nationality as Bolivian while also having U.S. citizenship. Participants identify as Bolivian, regardless of advanced documentation status (i.e., U.S. citizen) and more years lived in the U.S. than Bolivia.	"I would, I will always say I am Bolivian. I will always say that." – Wilma *"Soy inmensamente orgulloso de ser boliviano ... cuando hablo de Bolivia me siento inmensamente grande..."* [I am immensely proud of being Bolivian … when I speak about Bolivia, I feel immensely large.] – Jorge *"No me identifico completamente como una persona que vive o piensa como el americano aquí. Aún sigo siendo muy boliviana."* [I don't identify completely as someone that lives or thinks like the American here. I am still very Bolivian.] – Miriam *"... pero más que todo ya últimamente más jalo por la cultura boliviana."* [… but more than anything I pull more now towards the Bolivian culture.] – Orlando *"A mí me encanta Bolivia, o sea identidad como cultural sería más que todo ligado a mi lugar de origen, de*

		Bolivia". [I love Bolivia, like my cultural identity would be informed more than anything by my place of origin, from Bolivia.] – Sandra *"Bueno, yo lo único que tal vez podría decir que yo soy boliviano y nada más. Que uno puede adquirir ciertas experiencias de otras culturas, una cosa otra cosa, pero eso no quiere decir que va a cambiar."* [Well, the only thing that I could maybe say is that I am Bolivian and that is it. That one can acquire certain experiences from other cultures, somethings here and there, but that doesn't mean that one will change.] – Carlos
Expandiendo Identidad Boliviana/ Expanding Bolivian Identity	Recognition that one's cultural identity encompasses other aspects, such as the arts, folkloric dances, and traditional music. Also includes the recognition of their citizenship in the U.S. and their abilities to function in both countries. Moreover, includes identification of integration of both U.S. and Bolivian identities and cultures.	"In the past, I was more attached to the Hispanic culture, but now I can. I feel I can be integrated in the Anglo culture as well ... So I know I. I like my culture. I like to be Hispanic, but I know also that I can perform well with the Anglos." – Wilma *"¿Nivel cultural? Culturalmente me considero un folclorista del mundo, porque yo conozco el folclor desde Canadá hasta la Patagonia."* [Cultural level? Culturally I consider myself a folkloric person because I know the folklore from Canada to Patagonia.] – Jorge *"Bueno, yo me identifico como una partícipe del arte, esa sería mi identificación*

		*artística. Pintor sería en español, '*artist' *en inglés o artista."* [Well, I identify like one of the arts, that would be my artistic identification. Painter in Spanish, artist in English, or artist.] – Samuel *"Culturalmente yo me siento sudamericano."* [Culturally, I feel South American.] – Fernando *"Vengo aquí, me adapto a este país. Manejo de acuerdo a las reglas de aquí, de manejo. Porque en mi país, manejar, hay que manejar la defensiva tocando bocina. Entonces, aquí no es así. Entonces yo respeto las reglas, me adapto aquí a este país, cómo funciona y sé cómo funciona mi país, o sea que, no hay tanto, tanto problema."* [I come here and I adapt to this country. I drive adhering to the rules from here, for driving. Because in my country, you need to drive on the defensive, honking horns. So, it's not like that here. So I respect the rules, I adapt here to this country, how it works, and I know how it works in my country, so like, there are no problems.] – Carmen
Conexión Cultural con Bolivia Hoy en Día/ Cultural Connection with Bolivia Today	Overall theme of how current cultural connections with Bolivia influences participants' cultural identity. Participants endorsed identifying as Bolivian, and all shared	

	a general pattern of current cultural connections influencing how much they identify as Bolivian or with Bolivia. Theme elaborated by the following subthemes:	
Las Visitas a Bolivia Influyen la Conexión Presente con Bolivia/ Visits to Bolivia Influence Current Connections with Bolivia	Participants noted that a trip back to Bolivia was taken after some time in the U.S., and that this trip impacted whether one decided to ever move back to Bolivia. One either came to the realization that they can no longer live in their country of origin after growing so accustomed to the culture in the U.S. Yet, they express an interest in continuing to travel to Bolivia for vacations. Or conversely, one acknowledges that they would like to return to Bolivia and either live the rest of their life there, or for extended periods of time (e.g., 6 months at a time).	"I got used to the American way of living and that I have a calendar, I have a clock, I have, you know, I respect my timing and my schedule. In Bolivia there is no time. If somebody tells you you have to be here at 3, they show up at 4 or at 5. So that doesn't, doesn't work with me anymore." – Wilma *"Sigo teniendo un 'townhouse.' Sigo viviendo ... O sea que con esa base, nosotros siempre estamos pensando en volver a estar allí una temporada y volver."* [I still have a small townhome. I still live … so like, with that base, we are always thinking about returning there for some time and to come back.] – Miriam *"Ya no. Es un cambio cultural muy grande. La cuestión es de que cuando estaba ahí, me di cuenta de que la mayoría de la gente allí no tiene esa conciencia social como hay aquí*." [Not anymore. It's a big cultural change. The thing is, when I was there, I realized that the majority of people there don't have that social consciousness like there is here.] – Orlando

		"Siempre hemos querido que los chicos conozcan de sus orígenes, de su cultura … Por ejemplo, mi mujer y mis hijos han ido a [ciudad] dos veces al año, casi todos los años. Yo iba una vez al año, todos los años. Entonces desde que tienen seis meses, mis hijos-. Entonces eso ha sido algo que siempre ha estado pendiente." [We have always wanted the kids to know their origins, their culture … For example, my wife and daughters have gone to [city] two times a year, almost every year. I went once a year, every year. So since they were 6 months old, my children-. So that has always been something we've done.] – Fernando
Cambios en Conexiones con Bolivia a través de los Años/ Changes with Bolivian Connections Over the Years	Participants acknowledged how much they keep in touch with Bolivia and Bolivian culture in most recent times. Participants mention how many family members and/or friends remain in Bolivia. There is also mentioning of how one decides to keep up with current events in Bolivia, whether hearing from connections in the country or keeping up with news outlets. Further, there is mentioning of connections to cultural practices and arts that	"My connection with Bolivia is fading out. I mean, I don't go to Bolivia very often anymore, probably, uh, because I don't have family anymore. My mom passed away, and I have only one sister who lives there." – Wilma *"Por muchos años hemos trabajado mucho dentro de la comunidad boliviana. Esa es una forma, según yo, de identificarme y mostrarles a mis hijas lo que es ser una persona, una inmigrante con esa tenacidad de su cultura. Nosotros nos hemos desenvuelto bastante dentro de la comunidad boliviana, al punto de que hasta mis hijas eran parte de eso. Cuando les*

	influence cultural identity. There are noted changes in connection over time, which all related to current connections with Bolivia, and in turn, influenced cultural identity.	*preguntan a ellas, 'de dónde eres,' ellos siempre dicen 'soy boliviana.'"* [For many years, we have worked within the Bolivian community. That is one way, I believe, I identify myself and show my daughters what it means to be a person, an immigrant with that tie to their culture. We have been involved a lot within the Bolivian community, to the point that my daughters were even a part of it. When people ask them, 'where are you from?' they always say, 'I'm Bolivian.'] – Miriam *"Pero yo enterarme de los acontecimientos políticos de los de Bolivia, todo eso, no, no estoy interesado en eso...Porque no puedo hacer nada [se ríe]"* [But for me to get involved in Bolivian political occurrences, all of that, I'm not interested in that…because I can't do anything about it [laughs]] – Samuel *"Bueno, gracias a Dios tengo mi hermano y como le digo, ha trabajado en el periódico él. Él siempre me manda a mí recortes o me llama por teléfono, cuando habla me dice '¿sabes qué? Vas a ver en el periódico tal día' me dice 'y va a salir tal cosa.' Así. Entonces yo estoy atento a esas cosas o él me manda."* [Well, thank God I have my brother and like I said, he has worked with the newspapers.

		He always sends me newspaper cuts or calls me over the phone, when he calls, he says 'you know what? You're going to see the news this day,' he says, 'and you're going to see this thing.' Like that. So, I am attentive to those things, or he sends it to me.] – Carlos *"Porque realmente estoy más, escucho mucho más a música boliviana y posteo mucho más sobre ciudades, especialmente la Paz, o comida boliviana."* [Because really I am more, I listen to more Bolivian music and I post more over cities, especially La Paz or Bolivian food.] – Orlando *"Entonces yo conocí ahí a estas personas [iglesia evangélica] y después cuando yo iba a Bolivia, conocí a otras personas y así entonces, son cristianos. Que yo conozco que charlo con ellos, hablo con ellos y siempre estoy en contacto con ellos."* [So, there I met these people [from church] and then when I would go to Bolivia, I met other people and like that, and they are Christian. That I know, I speak to, I talk with them and I'm always in contact with them.] – Sandra

CHAPTER V: DISCUSSION, IMPLICATIONS, AND FUTURE DIRECTIONS

The purpose of the present study was to explore and understand the migration experiences, aging experiences, mental health impacts, and cultural identity development among Bolivians who migrated to the U.S. during their 20s-30s years of age and have lived most of their life in the U.S since migrating. There was an underlying thread across the essences of the phenomena and structural descriptions/themes of changes one experienced over time in the U.S. Whether it be in the context of migration, aging, health, or cultural identity, participants vocalized changes and their own ways of managing changes experienced throughout their lives. For example, managing opportunities in the U.S., managing ways of coping with emotional challenges of changes in the U.S., managing lifestyle changes with age, and managing changing cultural identity over time. The following discussion delves into the essences and structural descriptions/themes from the three guiding research questions. Included thereafter are implications, recommendations, limitations, and future directions.

Migration Experiences Over Time in the U.S.

The essence and structural descriptions/themes noted in Table 2 highlight participants' continuous experiences as an immigrant in the U.S. over the course of years they have resided in the country. The themes do not only focus on initial migration experiences, but rather encompass a trajectory of first-time resettlement and continued adaptation in the U.S. until the present day. The structural description *Mirando Hacia los EE.UU.* [Looking Towards the U.S.] encapsulates the variability of reasons participants decided to migrate to the U.S. ranging from internal to external influences of migration (i.e., own desires to move to the U.S. versus other influences to leave Bolivia). Reasons informed

initial stage of migration, and in turn, impacted subsequent migration experiences once participants arrived in the U.S. This finding supports works by Arredondo (1986) and Arredondo et al. (2014) specific to the pre-migration phase of the overall migration experience. Included within this phase are reasons for leaving one's country of origin, logistic and emotional preparations to leave their country of origin, and decisions to migrate with others or alone. Participants reflected on their own decision-making process to migrate to the U.S. and how that impacted their initial adaptation to their new country of residence soon thereafter. For example, one participant who shared coming to the U.S. to provide her children with a better life, also reflected challenges with making a final decision on what would be best for her family versus what she would have otherwise wanted for herself (i.e., preference to stay in Bolivia). Conversely, another participant shared long-standing interest of migrating to the U.S. for more educational opportunities, and subsequently demonstrated more excitement upon arriving in the U.S. Still another example from a participant included acknowledgement of sociopolitical factors (i.e., economic turmoil and political unrest) in Bolivia that motivated their decision to migrate to the U.S. The latter point of difficult experiences in one's home country influencing decisions to migrate, support findings from researchers like Peña-Sullivan (2019), who reviewed how pre-migration traumas are associated with immigrant mental health. Pre-migration stressors may be exacerbated with additional stressors upon migrating.

The next structural description/theme identified in the current study is that of *Un Cambio Bien Fuerte* [A Rough Change] which highlights participants' migration journey and immediate logistic and cultural challenges faced upon arriving to the U.S. Ranging from language barriers, financial strains, immigration policy concerns, finding educational and

occupational opportunities, to coming to terms with having lost educational and occupational opportunities in Bolivia, this theme underscores the immediate changes Bolivian immigrants in the current study experienced once embarking on their migration journey to the U.S. and the eventual city/state they decided to resettle in. Given the challenges of migration, research commonly tends to acknowledge the difficulties experienced at the pre-migration, migration-specific, and post-migration phases (e.g., Arredondo, 1986; Arredondo et al., 2014). The present study results are no exception; participants noted many challenges with migration. One, for the sheer fact that the migration journey from Bolivia to the U.S. is extensive; and two, for the fact that decisions to immigrate to the U.S. ranged from internal versus external reasons, and all participants felt removed/distanced from their home country. Additionally, financial strains and concerns with immigration policy may be considered examples of social and structural (e.g., distress of deportation) immigration factors that may impact immigrant mental health (Gurrola et al., 2018; Philbin et al., 2018; Pinedo et al., 2021; Viruell-Fuentes et al., 2012). Furthermore, stressors with finding educational and occupational opportunities can further exacerbate challenges immigrants face in a new setting, which participants acknowledged.

Expanding upon the point of coming to terms with lost educational and occupational opportunities, this part of the structural description/theme referred to degrees obtained in Bolivia that were not accepted in the U.S. and/or job offers in Bolivia that were rejected due to participants' decision to migrate to the U.S. This point of mismatch between opportunities in Bolivia versus the U.S. have also been documented in previous literature that generally notes Bolivian immigrants' experiences in the U.S. (Price, 2010). For example, some participants noted achieving advanced education in Bolivia, yet not being able to practice

their career once they migrated to the U.S., due to invalidation of their degree in the U.S. Price (2010) recognized how educational attainment in Bolivia does not always match professional recognition in the U.S. Bolivian migrants settling in the U.S. often do not have their professional credentials recognized, which subsequently results in employment in jobs they are over qualified for. Other participants shared suitable occupational offers that they were excited to take on in Bolivia, but subsequently needed to reject due to external reasons for migrating to the U.S. Herein lies the idea of a loss of opportunities when migrating to the U.S. as opposed to only opportunities gained in the U.S. Moreover, other reported stressors relevant to experiencing a "rough change" upon migrating to the U.S. resonate with cultural stressors reviewed by Salas-Wright et al. (2021), such as linguistic challenges, discrimination, and other cultural differences immigrants adjust to in the U.S. These initial accounts begin setting the stage for impacts to immigrant well-being, as later noted within the second research question in the current study.

Two other structural descriptions/themes from the current study highlighted opportunities gained in the U.S. and accomplishments in the U.S., which both parallel the last structural description/theme of preference for reflecting on positive migration experiences. These last few themes add to the post-migration stage commonly reviewed in literature (Arredondo, 1986; Arredondo et al., 2014). The structural description/theme of *Oportunidades Brindadas por Estar en los EE.UU*. [Opportunities Provided in the U.S.] includes the recognition of aspects of a better life that participants felt they gained for having migrated to the U.S. This was a core acknowledgment of part of the reason they decided to commit to their migration to the U.S., whether it be for better education, employment, or overall quality of life. Participants expressed gratitude for opportunities

sought in the U.S. and included anecdotes of experiences they might not have otherwise ever experienced had they not migrated to the U.S. This theme resonates with Arredondo's (2018) examples of pre-migration motivation among Latine immigrants desiring to migrate to the U.S. This theme was also reiterated throughout member checks, especially as participants reflected on current events in Bolivia that affect quality of life. The structural description/theme of *"Donde Usted Vaya, Tiene que Demostrar lo que es Usted"*: *Logros en los EE.UU*. [Wherever You Go, You Have to Show What You're About: Achievements in the U.S.] highlights expressed gratitude for opportunities in the U.S. to name specific accomplishments participants recognized in themselves and in their family unit. This theme is unique to the literature on Latine immigration to the U.S. in that it provides accounts of favorable aspects of participants' migration experiences. Participants shared various education, occupational, and familial accomplishments they considered important for themselves. Many participants additionally shared their children's accomplishments as extensions of themselves and the overall outcomes of decisions to migrate to the U.S. This theme also underscores favorable outcomes of pre-migration desires (i.e., better life; Arredondo, 2018), with participants considering personal and professional accomplishments throughout their migration experience in the U.S.

The structural description/theme *Recordando lo Bueno de Haber Inmigrado* [Remembering the Good of Migrating] highlights participants' intentionality with acknowledging positive aspects of their migration experiences. It fits as an overall accumulation of recognizing opportunities and naming accomplishments in the U.S. Participants shared making a conscious effort to remembering positive experiences from their migration, whether it be to not focus so much on difficult aspects of their migration, or

to not impact their overall well-being by remembering too much of the challenging experiences they faced. This theme adds to the novelty of the current study, as it honors favorable migration perspectives participants underscored in their interviews. As noted in the introduction of this dissertation, much of the literature on Latine immigration in the U.S. underscores difficult migration-related stressors (e.g., Gurrola et al., 2018; Pinedo et al., 2021), with limited research highlighting positive migration experiences. While there are accounts of ways in which immigrants cope with migration-related stressors (e.g., Caro et al., 2023), the fundamental component to that is managing difficult emotions and not necessarily promoting favorable migration experiences. As such, the current study offers a valuable and novel understanding of favorable views of Bolivian immigrants' migration experience, which may be helpful in fostering positive well-being at their current older age. While participants did not directly share how their documentation status might help account for their experiences in the U.S. (nor was this explicitly asked during the member checks), there were some instances of sharing how achieving their citizenship in the U.S. was relieving and allowed for more opportunities to be involved in the U.S., such as voting for a presidential election. Additional studies may take this possible phenomenon into account (i.e., documentation status influencing migration experiences) to further appreciate factors impacting favorable and less favorable migration experiences in the U.S.

Past studies on remittances from Bolivia to the U.S. (Strunk 2013, 2015) relate to current study accounts of expressed gratitude for financial opportunities in the U.S. Remittances serve an example of how immigrants take hold of increased financial opportunities in their new country of residence and pay that forward to their countries of origin; though it is certainly a topic of mixed outcomes (both favorable and unfavorable

impacts in home countries). Some participants within the current study provided their own examples of sending money to Bolivia after their resettlement in the U.S., like past accounts of Bolivians in the U.S. (Price, 2010). Further, the last three structural descriptions/themes guided by the first research question also resonate with a strengths-based approach that characterizes counseling psychology: exploring and understanding older Bolivian immigrant adults' migration experiences without solely focusing on traumas associated with the migration experience. Moreover, current sociopolitical contexts were noted during member checks whereby participants identified current economic struggles in Bolivia, and further reflected on their gratitude for improved living conditions in the U.S., in comparison.

Migration and Aging Experiences on Mental Health

A fundamental value in the current study is its intentional focus on an older Latine immigrant adult population in the U.S. Academic literature on older Latine immigrant mental health, particularly among older Latine immigrants in the U.S., is steadily increasing (Hormazábal-Salgado et al., 2024). Researchers have identified predominance of depressive symptoms (Camacho et al., 2018; Chavez-Korell et al., 2014; Curtin et al., 2018), common coping mechanisms like family support and religion (Curtin et al., 2019), and changes in cognitive status with age (Saadi et al., 2021; Wang et al., 2022). The study is novel in that it takes a reflective life-course perspective, such that participants share accounts from when they first migrated to the U.S., up until present-day experiences. Moreover, this study is unique as there are no psychology-related academic articles on migration and aging experiences of older Bolivian immigrant adults in the U.S. The essence and structural descriptions/themes shown in Table 3 can explain the phenomena of migration and aging influence on mental health among participants. Findings from the current study provide a

deeper understanding of how one's migration and aging experiences influence their mental health. The current study offers perspectives from older Bolivian immigrants in the U.S. as examples of such influences. Leading theories on immigration focus on acculturation (Berry, 1980; Van Oudenhoven et al., 2006; Wei et al., 2007) and cultural stress (Meca & Schwartz, 2024; Salas-Wright & Schwartz, 2019; Schwartz et al., 2015), emphasizing emotional difficulties and challenges that negatively impact immigrant mental health. Findings from the current study are congruent with such emphasis, taking on a trajectory perspective from initial uncertainties of adjusting to a new country, to shared experiences of emotional stressors, to coping skills participants employed throughout their adjustment to present-day lives as they care for their mental and physical health.

The structural description/theme of *No Sabía Cómo Iba a Ser la Vida Aquí* [I Didn't Know What Life was Going to be Like Here] encompassed participants questioning how they were going to resettle in the U.S. and make a new life for themselves. Aspects of the pre-migration and migration-related phases (Arredondo, 2018) are present within this theme. Participants reflected about the possible outlook of their lives in the U.S. since the moment they decided to migrate, to the moment they arrived in the U.S. and began adjusting in their new country. Participants shared fears, regret, and homesickness as initial emotional reactions to migrating to the U.S. In naming their emotional experiences, participants acknowledged experiences of trauma with the sheer fact of having to adjust to a new country that is not already their home. Such stories are supported by previous literature documenting experiences of loss, grief, and psychological experiences like depressive symptomatology (Perreira & Ornelas, 2011; Potochnick & Perreira, 2010; Solheim et al., 2016). Participants' emotional experiences relate to acculturation processes as described by Berry (1980, 1992,

2005). While this theme does not yet encapsulate active decisions on how participants specifically adapted to their new cultural environment, it does recognize the start of cultural differences that immigrants begin to face once they arrive to a new country.

The structural description/theme of *Difficult to be in "Gringolandia"* builds upon the prior theme of initial emotional reactions to settling in a new country. Participants clarified during member checks how the term "Gringolandia" is often used in Bolivia to refer to the U.S. This anecdote is provided here to highlight the shared term that resonated across participants when describing mental health impacts of their migration experiences. Participants expressed emotional struggles of missing their families, friends, and overall culture in Bolivia. Challenges with adapting to the U.S. and stressors with becoming accustomed to cultural differences are supported by empirical works on acculturative stress (Berry, 2005; Wei et al., 2007) and cultural stress overall (Salas-Wright & Schwartz, 2019). For example, participants acknowledged struggles with sadness, some specifically naming it depression. Participants also named fears and anxieties associated with being by themselves in a different country. These experiences align with the definition of acculturative stress, noted as stressful reactions to life events rooted in the acculturation experience (Berry, 2005; Wei et al., 2007), that may result in symptoms of depression and anxiety.

Additionally, participants shared accounts of facing discrimination in the U.S., due to their identities (i.e., Latine, Bolivian, immigrant). Experiences of discrimination are supported by previous literature documenting mental health impacts of discrimination (Berry & Sam, 2014; Meca & Schwartz, 2024; Salas-Wright & Schwartz, 2019), particularly considering ecological factors that negatively impact psychological functioning. That is, participant responses underscore sociocultural impacts to their well-being as immigrants in

the U.S. Altogether, this theme aligns with understandings of cultural stress theory, offering perspectives specific to the Bolivian immigrant participants in the current study. The structural description/theme *"Había que Enfocarse Más en la Vida Aquí y Listo": Saliendo Adelante en los EE.UU*. [You had to Focus More on Life Here and That's It: Moving Forward in the U.S.] was composed of two subthemes: *Creando Comunidad* [Creating Community] and *Enfocarse en la Familia y el Trabajo* [Focus on Family and Work]. The premise of this overall theme is how participants continued moving forward with their life in the U.S. despite acknowledged migration-related challenges/stressors. This general theme includes examples of how participants coped with emotional struggles associated with their migration experiences.

The first subtheme focused on social supports Bolivian immigrants sought in the U.S. in efforts to help with their adjustment to their new country. Participants provided a variety of examples ranging from religious groups to family, to friends made in either educational (e.g., English language learners) or occupational settings. Accounts of leaning on religious and social centers for assistance are supported by previous literature identifying similar coping skills among older Latine-American immigrants (Caro et al., 2023; Curtin et al., 2019; Rojas-Lizana & Cordella, 2020). Religious beliefs are particularly relevant to Latine immigrants, honoring cultural traditions shared within Latine communities. While I did not ask participants of their religious identities or backgrounds, they did make religious references when sharing in-depth reflections of coping with migration-related stressors. For example, one participant shared attending prayer circles within the first few years of her migration to the U.S., whereas another participant shared continued religious practice to support her mental health. Still others shared accounts of expressing their stressors with

others around them, be it family and friends from Bolivia (also in the U.S. with participant), or other immigrant friends made in the U.S. Coping through spiritual and social supports are noted in academic literature among Latine immigrant adults in the U.S., some of which are specifically older adults (Caro et al. 2023).

The second subtheme reflects how Bolivian immigrants in the U.S. dedicated their focus away from their difficult emotional experiences and instead onto their family and/or work. Participants shared awareness of intentionality to focus on other matters over their emotions, with some doing so in particular to overshadow difficult emotional experiences. That is, there was a nuanced distinction between wanting to keep oneself busy in efforts to manage emotional stress, while others were specifically looking to distract their emotional distress by instead distracting themselves with their family and/or work. Such experiences resonate with Caro et al. (2023) who shared similar qualitative accounts of "staying busy" (p. 47) to cope with stress. Cobb et al. (2016) studied examples of different forms of coping (i.e., problem-focused, active-emotional, avoidant-emotional) and their relation to depressive symptoms. Problem-focused coping entails directly addressing concerns; similarly, active-emotional coping involves confronting emotional issue directly. Avoidant-emotional coping on the other hand, encompasses one evading the emotional issue they are experiencing. Avoidant-emotional coping include examples of self-distraction. While not significantly related to depression, avoidant-emotional coping was acknowledged as a common coping strategy Latines engage in (Cobb et al., 2016). Participants in the current study not only reflected instances of avoidant-emotional coping, but also demonstrated such avoidance during the actual interview. There were instances across participants whereby individuals would evoke saddened emotions as they recalled migration-related stressors and

would either attempt to use humor to diminish the emotional experience, swiftly change the topic, or choose to instead highlight positive migration experience to not focus too much on difficulties.

The structural description/theme *Cuidando la Salud Física y Mental: Atento a Cambios con la Edad* [Caring for Physical and Mental Health: Aware of Changes with Age] encompasses example ways participants identified caring for their physical, mental, and emotional well-being. Participants additionally highlighted changes into their overall physical and mental health with age, that they have accordingly adapted to and found additional ways to care for specifically as they continue experiencing age-related changes. For example, participants noted feeling increasingly slowed down physically and mentally with age. Findings contribute to growing scholarship that focus on older Latine immigrant health, by providing perspectives of older Bolivian immigrants in the U.S.

Participants in the current study endorsed some form of chronic health concerns (e.g., diabetes) or other health concerns (i.e., history of accidents), with only two participants denying any concerns with their physical health. The scientific literature on older adult health documents concerns with limitations of daily-living activities and chronic conditions, such that older adults demonstrate steady declines in functioning with the progression of age and patterns of daily-living activities seem to vary between immigrant men and women (Monserud, 2019). To the latter point, academic literature documents gender differences in physical functioning with age, whereby women demonstrate more chronic conditions than men. Participants in the current study all noted some form of health condition, except for two male-identified participants, revealing mostly comparable conditions faced at an older age. Additionally, immigration-related factors may impact

physical health outcomes, such that older immigrant adults may have more prevalent chronic conditions compared to U.S.-born adults (Markides & Gerst, 2011; Monserud, 2019). Research specific to undocumented immigrant health is growing (Ayón et al., 2020; Ro et al., 2022) and increasingly demonstrating systemic challenges to qualifying for and accessing adequate healthcare. Knowledge specific to undocumented populations is important given limited access to health resources, yet such information may not be as applicable to the current study findings since all participants indicated being U.S. citizens. However, one participant did comment on working still at their age (i.e., 74), reporting that they desire access to quality healthcare.

The current study findings offer insight into older Bolivian immigrant adults' qualitative self-reports of their physical health, in addition to specific ways they attempt to maintain their health. Such findings may provide a strengths-based perspective on what older Latine immigrant adults believe they need to support their physical well-being. Participants additionally provided insights into their mental health. For example, participants noted how familial stressors negative impact their mental health, while also noting age-related cognitive changes in their health (e.g., feeling increasingly forgetful). Findings are supported by Hormazábal-Salgado et al.'s (2024) review of older Latine-American immigrants' cognitive status, particularly with studies highlighting factors that impact cognitive impairment (e.g., neighborhood climate, perceived discrimination). For example, Brown et al. (2009) found that healthy neighborhood climates are associated with social supports, and consequently relate to reduced psychological distress. The current study's findings are also supported by Caro et al.'s (2023) reporting of family issues impacting

levels of stress among Latine immigrants in the U.S. Participants in the current study noted needing their family to be at peace as a form of fostering their own emotional well-being.

Cultural Identity Over Time

The essence and structural descriptions/themes displayed in Table 4 can explain the phenomenon of cultural identity changes over time of residency in the U.S. The essence underscored that participants' identity evolves overtime, and changes in connections to Bolivia further influence how participants identify culturally. The structural description/theme *Manteniendo Identidad Boliviana* [Maintaining Bolivian Identity] underscores how all participants identified themselves as Bolivian, regardless of obtaining U.S. citizenship and having lived most of their lives in the U.S. This theme offers a special account of how older immigrant adults may still feel connected to, and represented by, their country of origin, regardless of becoming nationalized in the U.S. and the years lived away from their home country. Subsequent themes captured in the third research question may add to the understanding of this first theme. For example, the congruency of participants' identity as Bolivians related to continued connections with Bolivia, whether it be keeping social ties in the country or engaging with traditions and arts of the country (e.g., listening to Bolivian music, partaking in Bolivian dances and festivals in the U.S.). This could further relate to literature documenting connections Bolivians in the diaspora still maintain with their home country (Price, 2010; Strunk 2012, 2015), as in the case of remittances where Bolivian immigrants in the U.S. send money with the intentions of bettering their familial and neighborhood circumstances in Bolivia.

Additionally, this theme alone adds to theories related to stages of acculturation (Berry, 1980) and identity development (Phinney, 1990; Umaña-Taylor et al., 2004),

specifically with concepts of separation and affirmation, respectively. In other words, participants in the current study demonstrate a degree of separation from the U.S. by highlighting their Bolivian nationality over that of the U.S. (again, considering they all obtained U.S. citizenship at the time of the interview); and a sense of affirming their national identity as a salient part of how they identify culturally. However, this is not a stand-alone theme, as the essence of the phenomenon of cultural-identity changes over time of residency in the U.S. underscores the point of an evolving identity.

As such, the structural description/theme *Expandiendo Identidad Boliviana* [Expanding Bolivian Identity], captures the integration of other identities participants' saw fit to describe their cultural identity. Ranging from an integration of nationalities (e.g., Anglo and Bolivian), to broad cultural backgrounds (e.g., Spanish-speakers, art, folklore), to geographically related identity (e.g., South American, identify with city over country), participants shared a wide array of cultural identities they hold. For example, participants who identified with the arts noted how their artistic identity is informed by their Bolivian identity (e.g., painting landscapes or locations from Bolivia, dancing traditional Bolivian dances). Participants also identified an integration of Bolivian and U.S. identities, noting their abilities to live and adapt in Anglo spaces and Bolivian spaces. This finding resonates with literature on transnationalism (i.e., functionality across borders), particularly Bolivian transnationalism (Ryburn, 2016, 2018), such that it offers additional accounts of how Bolivian immigrants live in both the U.S. and Bolivia. Functionality within both nationalities also match onto concepts of integration (Berry, 1980), as in the case of participants who identified both Bolivian and Anglo cultures; and affirmation (Phinney, 1990) and resolution (Umaña-Taylor et al., 2004), especially when underscoring identity as

Latine and/or South American. The latter point may particularly relate to scholarship on *Latinidad* (Arango & Burgos, 2021) as a social identity that Latine individuals may hold for themselves or may be named as by others. The term Latinidad is quite complex in the sense that it is not a race or ethnicity, given that it may encompass geographical regions, physical markers, and connections to land and languages. Additional research on the matter alone may allow for further appreciation of the term, what it conveys, and how it is used. Future research may consider ways to explore this identity construct among older immigrant adults.

Relevance of language to cultural identity is also generally related to Gulgani (2016), who examined cultural and linguistic identity variation across age and migration groups (i.e., generational differences). Moreover, examples within this theme underscore an intergenerational sense of belonging in a way that is supported by findings from Casey and Dustmann (2010) who reported that immigrant parents' identities strongly influence their children's own identity formation. Study findings contribute to important, albeit limited, research of cultural identity exploration among older Latine immigrants in the U.S. The current findings offer a unique perspective of older Bolivian immigrant cultural identities and contribute to literature on cultural identity by sharing other aspects of culture not as commonly noted (i.e., arts, city-specific identity). Such additions may serve to further expand theories on cultural identity in general, and older immigrant adult populations in particular, who have lived most of their lives in the U.S.

The structural description/theme *Conexión Cultural con Bolivia Hoy en Día* [Cultural Connection with Bolivia Today] was composed of two subthemes: *Visitas a Bolivia Influye Conexión Actual con Bolivia* [Visits to Bolivia Influence Current Connections with Bolivia] and *Cambios en Conexiones con Bolivia a través de los Años*

[Changes with Connections to Bolivia Over the Years]. The overall theme communicates the anecdotes participants shared about their level of cultural connections with Bolivia throughout the years of their residency in the U.S., and in the present day. Current cultural connections with Bolivia are explained by participants' experience with returning to Bolivia after their migration experience to and in the U.S., and changes participants experienced with how connected they feel to their home country. Findings offer insights into older Bolivian immigrant adults' decisions to remain in the U.S. or return to their home country. With respect to the first subtheme, all participants shared how a visit back to Bolivia either influenced desires to return to live in Bolivia one day, or to remain in the U.S. and either have limited contact with Bolivia or sporadic contact with Bolivia thereafter (i.e., trips for vacation). Those mentioning a preference for distance or sporadic contact shared an underlying feeling of no longer being able to integrate themselves fully in their country of origin, due to now feeling so much more accustomed to lifestyles and practices in the U.S. Examples included work-setting styles (i.e., strict time and agenda-setting in the U.S. compared to Bolivia), social consciousness in the U.S., and sociopolitical contexts in the U.S. and Bolivia. To the latter point, member-check discussions included conversations of Bolivia's current economic state (as of 2024-2025 fiscal year) that they could no longer see themselves living in, after so many years lived in the U.S.

Markedly limited research exists on decision-making process of migrants' return to their countries of origin (Debnath, 2016; Fernández-Sánchez et al., 2022; Koser, 2013). There is vast more knowledge on the migration decision-making process (Arredondo, 1986). Fernández-Sánchez et al. (2022) offer a review of the literature on commonly researched reasons for migrants' return to their countries of origin, which include acculturative stress in

host country, family bonds in countries of origin, issues with migration status, challenges with foreign language, and economic characteristics (i.e., reach economic goals in foreign country and return with financial gains to country of origin). Of note, most of the literature reviewed sampled immigrants from México; yet participants' responses from the current study align with reasons for returning (i.e., family bonds, economic characteristics). Findings from the current study offer an in-depth perspective on how older Bolivian immigrant participants were intentional with their decisions to remain in the U.S. and/or travel back to Bolivia, after revisiting Bolivia; and how such decisions impact their cultural identity. Of note, member-check discussions provided additional insights into participants' logistics of traveling back to Bolivia. That is, participants recognized the extensive trip, often 14 hours of flight time, can feel taxing on their bodies and are increasingly important to consider as they continue to age. Such perspectives may be further explored in future research to understand how restrictions of the like influence decisions to visit one's home country, and how that may also influence their cultural identity.

The second subtheme recognizes the extent of connections participants still have with Bolivia and Bolivian culture in the present day, whereby participants shared how their connections with Bolivia has shifted over the years and the course of their residency in the U.S. For example, participants reported having very limited family and friends in Bolivia, either due to others also migrating from Bolivia, or due to passing of loved ones with age; yet participants shared other ways they remain culturally connected to their country of origin. One participant shared both limited family in Bolivia and reduced interests in visiting Bolivia due to sociopolitical concerns in the country but reported engaging their artistic expressions by painting landmarks and locations in Bolivia. This practice reflects how they

identify culturally (i.e., artist, Bolivian). Still other participants reported frequent trips back to Bolivia, continued communication with family and friends in Bolivia, and even owning property in Bolivia based on remittances over the years. These findings align with previous literature on remittances and social connections immigrants' have with their countries of origin (Debnath, 2016; Price, 2010; Strunk 2013, 2015), in addition to literature on Bolivian transnationalism (Ryburn, 2016, 2018). Immigrants' consistent practice of sending money back home to either support their family or begin building a better economic life in their country of origin may set the stage for an eventual return. In fact, some participants noted sending money back to family in Bolivia often in efforts to fund either home development or home-buying, both for their remaining families and for themselves for a return to Bolivia. These practices maintain a steady connection with Bolivia and Bolivian culture and appear to influence how participants identify culturally. The current study findings offer a new perspective or avenue to pursue in cultural identity research, especially among aging Latine immigrant populations. There is value in understanding how one's cultural connections to their home country over the course of years lived in the U.S. influence their evolving cultural identity.

Implications and Recommendations

Findings from the current study have implications for policy and advocacy in immigration scholarship and clinical work related to older Latine immigrant adult populations. Implications and recommendations are presented below that 1) contribute to academic literature on older immigrants' migration experiences in the U.S., 2) address topics of aging experiences and cultural identity among older immigrants, and 3) offer considerations for mental health providers.

Older Latine Immigrant Adults' Migration Experiences in the U.S.

Findings from the current study offer insight that may guide expansions in the conceptualization of Latine migration experiences, particularly among older Latine immigrant adults in the U.S. The theoretical and scientific literature has focused on stages of migration (i.e., pre-migration, migration-specific, post-migration), as outlined by Arredondo (1986, 2018); and acculturation and acculturative stress, as reviewed by Hernandez (2009). While there are efforts to diversify knowledge of Latine migration experiences across different ages and nationalities, most research still focuses on adolescents and/or emerging adults, recent migrants, and more specifically, migrants from México and Central America. Findings from the current study offer insights into migration experiences among older Bolivian immigrants who migrated to the U.S. as young adults (20-39 years old) and have lived most of their lives in the U.S. compared to Bolivia. The *Crossroads* publication in 2012 by the APA Presidential Taskforce on Immigration, called for increased research on immigration populations from a life span perspective; and the current study contributed to that call. Taking a reflective approach of older adults detailing their journey of migration since the moment they arrived in the U.S. until now, the current study findings offer a rich, breadth of migration experiences over a course of time. Researchers may include a similar approach to their own studies understanding trajectories of migration experiences over time.

Extant literature on Bolivian migration to the U.S. are either outdated (Sarri & Sarri, 1992) or were published within the past 15 years (Price, 2010; Strunk 2012, 2015), and do not particularly focus on older adults. Moreover, a recent review of academic literature on older immigrant mental health do not address the experiences of Bolivian immigrants in the U.S. (Hormazábal-Salgado et al., 2024). The current study found that participants identified

similar trajectories in their migration experiences among one another, naming reasons for migrating, difficulties with adjustments, and reflections of gratitude for opportunities sought and accomplished in the U.S. (individual and generational). Findings are supported by existing literature specifying examples of pre-migration (Arredondo, 2018; Peña-Sullivan, 2019), migration-related (Pinedo et al., 2021), and post-migration stressors (Arredondo, 2018); yet also provided new perspectives that underscored positive migration experiences. As such, future studies are recommended to include a strengths-based approach to studying migration experiences to highlight other positive outcomes of Latine migration experiences in the U.S. Findings from the current study offer an example of a holistic perspective of migration experiences, that recognize challenges while underscoring migration-related successes and accomplishments as well. Moreover, future studies are encouraged to consider a life-course perspective whereby 1) older immigrant adult experiences are honored, and 2) findings may contribute to rich descriptions of the post-migration stage, further informing experiences immigrants face well after their first few years of adjusting to the U.S.

Older Latine Immigrants' Aging Experiences in the U.S.

Leading works on psychological theories of aging generally encompass psychological changes with age, and ways to cope with age-related losses (Wernher & Lipsky, 2015). Findings from the current study contribute insights into how older Bolivian immigrant adults self-report their health, care for their health, and anticipate further attending to their health. Such insights may further expand the conceptualization of aging theories, particularly those focused on older Latine immigrants. Current literature on aging frameworks highlights Erikson's theory of psychosocial development, specifically the eighth stage of development – compassionate understanding of what one's life has meant to them

(Erikson, 1950; Erikson et al., 1986). Additionally, other theories underscore cognitive abilities and changes with age (Horn & Cattel, 1967; Wernher & Lipsky, 2015), emotional regulation (Curtin et al., 2019; Rojas-Lizana & Cordella, 2020), and adjustment of life goals with age (Baltes & Baltes, 1990). The current study explored older Bolivian immigrant adults' aging experiences over time, honoring reflections of physical and mental health changes, and current physical and mental health status. Findings revealed that all participants self-reported favorable physical and mental health conditions at the time of interviews. Most participants endorsed chronic and/or other health concerns yet noted routine care for their physical health (i.e., healthy food, steady exercise, medication adherence).

Findings also showed self-reported favorable mental health, such that all participants shared having no concerns with their current emotional well-being. Study findings specified ways participants cared for their well-being, like engaging in activities that foster cognitive abilities or a sense of serenity and peace of mind. These findings (from a strengths perspective) are not as prevalent in the empirical literature on aging and may further be explored in future research understanding older Latine immigrants' aging experiences (Caro et al., 2022; Cigrand et al., 2021). It is recommended that researchers specifically inquire on ways older Latine immigrants care for their health (physical and mental), in addition to further exploring what older Latine immigrants believe they need in efforts to continue caring for their changing physical and mental health needs over time (Arpawong et al., 2023; Duntley-Matos et al., 2017 Martinez & Baron, 2020). Moreover, the *Psychological Science and Immigration Today* report emphasized the need for researchers to adopt a population health approach to scholarship on population well-being, particularly among

immigrant communities. Findings from the current study contribute knowledge on health promotion and may further be expanded upon to include explorations of social determinants of health and health inequities among an older adult population. The latter is of particular interest regarding advocacy for adequate healthcare access and utilization for an aging population. Promoting policies that ensure access to healthcare coverage for older immigrant adults is imperative for beneficial health outcomes (Bacong & Doàn, 2022; Jun et al., 2024). While participants within the current study obtained U.S. citizenship, one participant stressed her perceived need to continue working beyond a retirement age, for access to adequate healthcare. The need for access to appropriate care for an aging population is undeniable. Public health practitioners and health service psychologists are encouraged to advocate for equitable healthcare access across age and immigrant documentation status.

Older Latine Immigrant Mental Health

Literature on older Latine mental health highlight variations in prevalence rates of mental health disorders (Jiménez et al., 2010; Woodward et al., 2011), and various migration-related factors that impact immigrant mental health (Hormazábal-Salgado et al., 2024; Meca & Schwartz et al., 2024; Salas-Wright & Schwartz, 2019; Schwartz et al., 2015). Findings from the current study resonate with migration-related stressors that negatively impact well-being, as in the cases of participants expressing uncertainties with starting a new life in the U.S. and emotional challenges with adjusting to a new culture in the U.S. (i.e., discrimination, acculturation stress). In fact, study findings build upon the growing literature on cultural stress theory (Salas-Wright & Schwartz, 2019; Meca & Schwartz, 2024), expanding the understanding of impacts that perceived discrimination, social rejection, bicultural stress, and other ecological factors have on mental health.

Moreover, these findings add to literature on immigrant mental health and offer perspectives specifically from an older immigrant adult population. The current study findings also contribute to literature on ways Latine immigrants cope with emotional struggles with adjusting to the U.S. (Curtin et al., 2019; Hormazábal-Salgado et al., 2024; Rojas-Lizana & Cordella, 2020). Participants in the current study shared experiences of creating communities of support, in addition to distracting themselves with matters related to caring for their family and dedicating themselves to working in the U.S. Researchers are encouraged to recruit older Latine immigrants to further advance existing literature on Latine immigrant mental health, honoring the fact that this population is projected to increase to 22% in the U.S. by 2060, compared to 8% of the country's older population in 2014 (Federal Interagency Forum on Aging-Related Statistics, 2020).

Cultural Identity Among Older Latine Immigrants

The findings from the current study provide valuable insights into older Bolivian immigrant adult cultural identity, that may generally guide ways to expand the conceptualization of cultural identity development among an older immigrant adult population. Leading theories in cultural identity development among immigrant populations center ethnic identity (Phinney, 1990; Umaña-Taylor et al., 2004), acculturation (Berry, 2005; Phinney, 2001), and/or other cultural backgrounds of consideration like language, values, and religious identities (Schwartz et al., 2007; Shang et al., 2023; Verkuyten et al., 2019). The current study explored how older Bolivian immigrants who have lived most of their lives in the U.S. identify culturally, in efforts to understand the phenomenon of changes in cultural identity over time. Findings revealed endorsement of national identities, in addition to broader cultural identities that were salient for participants (i.e., artist,

geographical regions). Berry (1980), Phinney (1990), and Umaña-Taylor et al. (2004) conceptualized different categories of identity that reflect processes of identity development. For example, participants' responses reflected integrative and separation stages of identity (Berry 1980), in addition to exploration and affirmation processes as participants grew increasingly accustomed to traditions and practices in the U.S. (Phinney, 1990; Umaña-Taylor et al., 2004). Participants also shared valuable insights into broader cultural identities and backgrounds that future research may want to build upon. It is therefore recommended that future research employ open-ended opportunities for participants to describe their own understanding of cultural identity to allow for other salient backgrounds apart from ethnic identity, as relevant. Additionally, it is recommended that future studies consider a life-course perspective when exploring older immigrant adults' cultural identity to better understand the phenomenon of changing cultural identity over time.

Recommendations for Providers of Mental Health Services

Throughout participant interviews, migration-related stressors such as acculturation, language barriers, fears of new country, and homesickness were reflected on as particularly challenging experiences within the first few years of migration to the U.S. Findings are supported by previous literature that documented migration-related stressors and impacts on immigrant mental health (Arredondo, 2018; Gurrola et al., 2018; Pinedo et al., 2021). As participants reflected on their migration experiences, they expressed feelings of sadness when recalling the emotional challenges they faced when arriving to the U.S. and resettling in a foreign country so far away from their home in Bolivia. The expression of present-moment emotions related to past experiences can be construed as evidence of just how impactful participants' migration experiences were to them. Participants also highlighted

ways they coped with difficult emotions and/or positive migration experiences in efforts to regulate real-time emotional expression. Moreover, findings highlighted cognitive changes among participants and new supports needed with age. For example, participants noted feeling increasingly forgetful with age and feeling increased needs of having a strong family unit that fosters well-being. These findings are particularly important to take note of when considering therapeutic approaches with older immigrant adults. For one, providers may increase their awareness of normative cognitive changes with age, as it may impact the therapeutic process. Secondly, providers may utilize an ecological framework to explore how older immigrant adults' social supports impact their overall well-being.

Participants openly shared emotional challenges in their migration experiences yet reported limited to no instance of processing their difficult emotions in real time. This may be important to highlight for mental health providers practicing with older Latine immigrants who migrated to the U.S. at a younger age and have resided most of their lives in the U.S., such that providers may be aware that one's migration experience may feel just as impactful in their present life, as it was in their past. If older immigrant clients have not been involved in therapy before, they might find themselves reflecting on unresolved emotional challenges from their migration experience across years lived in the U.S. Providers working with older Latine immigrant populations would want to adopt culturally informed, responsive, and humble therapeutic approaches. Examples include utilizing the framework of Cultural Psychotherapy (La Roche, 2013), or other various paradigms in Latine psychology (Consoli et al., 2021). Additionally, providers are encouraged to respond curiously to nuances across older Latine immigrants' migration experiences.

Providers may also want to explore further the continuous development of older immigrant adults' lifestyle factors and strategies to support their current physical and mental health. Considering Baltes & Baltes' (1990) work on selective optimization with compensation (i.e., personal goal modification with age), providers may inquire upon and honor everchanging strategies older immigrant adults are utilizing to continue caring for their overall health and well-being. Additional findings of the like may continue informing clinical work with Latine immigrants, in particular, older Latine immigrants.

Personal Reflection

The current study emphasizes a life course perspective on the migration, aging, and health experiences of Bolivian immigrants to the U.S., and focuses on participants' cultural identity evolutions. As someone with Bolivian ancestry, many of the findings felt relatable to my own family's experience in the U.S.; particularly my aunts and uncles who were born in Bolivia, are 65 years or older, and have lived most of their lives in the U.S. The participants' accounts of how they decided to come to the U.S. and the logistic and emotional challenges they faced once they immigrated were very similar to my own aunts' account of how they made their way to the greater Los Angeles area, for example. From fears and uncertainties associated with the long trek from Bolivia to the U.S., to language barriers once in the country, to immediate focus on working and moving forward in the U.S., the study's findings encompass developmental shifts that characterize my own family members' migration stories. Moreover, shared observations of saddened emotional reactions to challenges with migration also related to what I have witnessed within my own family. Despite stories of challenges and missing Bolivia as home, participants expressed preference to remember positive experiences from their immigration, a response very similar to some

members in my own family. Changes noted in cultural identity also resonated with me, when thinking about members in my family. The variability with connections to Bolivia and desires to return to live in Bolivia are conversations my own family members have had before, particularly those over 65 years old.

Overall, conducting the current study reminded me very much of my own family's stories which made it challenging, yet even more interesting to see how participants of the study shared similar anecdotes in their own immigration stories. As I mentioned at the outset of the dissertation, I hold more outsider characteristics than I do insider ones; yet I often felt myself seeing my own family members when hearing my participants' experiences. Effortfully bracketing my own bias and knowledge was that much more rewarding. That is, seeing how participants' experiences related to one another and even with those in my own family, feels more meaningful knowing my commitment to highlight participants' words over my own perspectives. The overall process of conducting this study showcases my passion for honoring the diversity within Latine communities in research and clinical contexts, while honoring my own ancestry and cultural backgrounds in the works I produce.

Limitations and Future Directions

The current study had certain limitations. First and foremost, all participants in the current study were self-selected, which may have narrowed data collected to participants who felt most comfortable and/or intrigued to partake in the study. That is, there may be other shared experiences not accounted for due to discomfort or disinterest, that could have modified the themes constructed in the current study. While study recruitment was wide, all participants credited an Instagram post as their source for knowledge about the study. As such, those with more awareness of the Instagram post and interest in the research topic

seemed more likely to volunteer for the study. Additionally, it was very commonly the case that participants' children saw the research flyer, informed their parent about it, encouraged them to participate, and facilitated connections with the lead researcher accordingly. This could potentially have limited successful recruitment to participants who had help from their children. Moreover, since all interviews except for one were conducted over Zoom, participation might have also been limited to those who feel more comfortable with accessing Zoom (participants and their children alike, especially their children who helped set up the Zoom meetings).

Secondly, attempts to recruit a diverse group of older South American immigrant adults were made, via sharing study flyers on professional listservs and personal social media accounts (e.g., Facebook, LinkedIn). Yet, it was happenstance that all eligible participants were recruited from the study flyer being shared on a social media account dedicated to highlighting experiences of the Bolivian diaspora in the U.S. Future studies may consider intentional ways to explore migration, aging, and cultural identity formation experiences across South American populations, such as connecting with organizations to explore another specific South American group entirely. To that end, future research may consider the recruitment utility of social media pages and connect with other organizations that highlight other South American diasporas in the U.S. Thirdly, while participants identified sociopolitical factors influencing their migration to the U.S., I did not ask specific questions about sociopolitical factors in the U.S. For example, semi-structured interviews were conducted in the spring of 2024 (i.e., year of 2024 presidential elections in the U.S.). All member-check discussions were conducted after the 2024 U.S. election results and while there was some prompting of sociopolitical experiences, more intentional questions on

social and political contexts could have further been included in the study. Contexts of sociopolitical factors would help provide more in-depth understandings not just of participants' migration experiences in the U.S., but also their contextual aging and mental health experiences. That is, future research questions more specific to sociopolitical factors could have allowed for additional reflections on ecological contexts that may also influence migration, aging, and cultural identity experiences among older Latine immigrant adults.

To that end, the current findings center on migration, aging, and cultural identity experiences among older Bolivian immigrants which may have been impacted by their own sociopolitical experiences as Bolivians; even more so, as Bolivians in the U.S. For example, member-check discussions highlight specific sociopolitical concerns that influenced participants' decisions to immigrate to the U.S. Future studies can build on the current study's findings by exploring migration, aging, and cultural identity experiences from a life-course perspective among Bolivian immigrants in other countries and assess how themes from the current study resonate with Bolivian immigrants in other countries as well. Similar research interests and methodology can be utilized with other South American populations in efforts to identify diverse migration, aging, and cultural identity experiences across other South American, and more broadly, Latine communities in the U.S.

The current study highlights participants' positive perspectives of their migration experiences. While migration-related challenges are commonly noted in the literature on migration experiences and migrant mental health (e.g., Arredondo, 1986; Arredondo et al., 2014), the current study's findings also underscore positive, uplifting experiences that immigrants may relate to. This important finding may encourage future studies to take a strengths-based approach in conducting in-depth explorations of Latine immigrants' positive

and/or favorable migration experiences. Moreover, future studies may specify guiding research questions that explore favorable migration experiences and mental health outcomes, in efforts to honor participants' perseverance and protective factors.

Current study findings may guide future studies employing additional methodological frameworks to explore migration, aging, and cultural identity experiences across older Latine immigrant adult populations. For example, future studies may consider employing a case study or narrative approach to further honor a life course perspective and contribute even more in-depth understandings of the phenomena of interest in the current study. Future studies may also consider a grounded theory approach in efforts to further contribute to psychological theories on immigration, aging, cultural identity, and their intersectionality. Moreover, future studies may employ mixed-method or quantitative approaches to further explore implications of the phenomena of interests in the current study, like relations of study themes and participant characteristics. Such efforts may expand current study findings and allow for richer contributions to scholarship on older Latine immigrant populations.

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Appendix A

Screening Questionnaire (English)

Thank you for your interest in participating in this study. I will ask you some brief questions to help determine if you are a good fit for the study.

1. **Age**: ☐
2. **What is your country of origin?** ☐
3. **What year did you migrate to the U.S.?** ☐
4. **Age when you migrated to the U.S.:** ☐
5. **Have you been living in the U.S. since your migration? Y / N**

Cuestionario de Elegibilidad (Español)

Gracias por su interés de ser partícipe en nuestro estudio. Le voy a hacer unas preguntas breves para decidir si es elegible para ser parte de nuestro proyecto.

1. **Su edad**: ☐
2. **¿Cuál es su país de origen?** ☐
3. **¿En qué año inmigró a los EE.UU.?** ☐
4. **Su edad cuando inmigró a los EE.UU.:** ☐
5. **¿Ha estado viviendo en los EE.UU. desde que inmigró a este país? S / N**

Appendix B

Demographic Questionnaire

Thank you for taking time to fill this survey. Please respond openly and honestly and check off the boxes you feel are most accurate.

Please describe your nationality:

Please describe your sex:

Please describe your sexual orientation:

Please describe your gender identity:

Please describe your race:

Please describe your ethnicity:

Please describe your documentation status:

How long have you lived in the United States?

Do you experience any chronic illness? If so, please describe it/them:

Do you experience any other health conditions?

What is your current occupation (if applicable)?

Please describe your marital status:

Please describe your formal education:

What is your household income?

Please indicate how many people are supported by your household income:

Please describe your family structure. For example, who makes up your family and what role do they play in your day-to-day life?

Cuestionario de Demografía

Gracias por tomar el tiempo para responder a las siguientes preguntas. Por favor responde honestamente, hasta el nivel que se sienta más cómodo.

Por favor, describa su nacionalidad:

Por favor, describa su sexo:

Por favor, describe su sexualidad:

Por favor, describa su identidad de género:

Por favor, describa su raza:

Por favor, describa su etnia:

Por favor, describa su estatus de inmigración:

¿Qué tanto tiempo ha vivido en los EE.UU.?

¿Tiene algunas enfermedades crónicas? Si es el caso, por favor descríbalos:

¿Tiene otras condiciones de salud?

¿Cuál es su empleo (si le aplica a usted)?

Por favor, describa su estado civil:

Por favor, describa su educación formal:

¿Cuánto es su ingreso del hogar?

Por favor, indica cuántas personas son dependientes a su ingreso del hogar:

Por favor, describa su estructura familiar. Por ejemplo, ¿quiénes son parte de su familia y qué importancia tienen en su vida cotidiana?

Appendix C

Consent Form

INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

University of California, Santa Barbara

Study title:

Older Immigrant Mental Health: Perspectives from South Americans Living in the United States

Investigator's Name, Department, and E-Mail:

Isabel López, Doctoral Candidate
Counseling, Clinical and School Psychology
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Purpose:

You are asked to partake in a research study exploring the mental health of older immigrant adults from South America. The purpose of the study is to gain a rich understanding of factors impacting immigrant mental health, like migration experience, acculturation, and ethnic identity development.

Procedures:

Study participation is completely voluntary. Should you decide to take part in the study, you will be asked to complete an interview estimated to last up to two hours. During the interview, you will be asked some demographic questions, in addition to several open-ended questions centering on migration, acculturation, ethnic identity, and mental health. In addition, you will participate in a follow-up discussion to provide feedback on preliminary results. The interview will be audio recorded and transcribed verbatim.

Risks:

This study involves minimal risks. There are no risks to your physical health, but there may be some emotional risks like experiencing unpleasant feelings when reflecting on your migration history, adaptation to the U.S., and changes in aspects of your identity after living in the U.S. for a few decades. If at any point you feel uncomfortable with a question, you have the right to decline to answer and/or skip to a next question. You also have the right to stop your participation completely at any point during the interview with no negative consequences. If you do experience any distress, we ask that you let the investigator know immediately. We will share a few mental health resources after your interview for your

reference, should you feel like you would like to seek emotional support. Such resources are also included at the end of this form.

Benefits:

You will not directly benefit from participating in this study, though your engagement will help us better understand older adult immigrant mental health. The rich information obtained may be used to improve practices and mental health resources for the South American immigrant communities in the U.S.

Confidentiality:

Your identity will not be directly attached to your responses collected in this study. Your name is only asked in this consent form to confirm your participation; however, it will be kept separate from your interview and other data collected from you. Your information will be assigned a code to respect your privacy and protect your information. Only the researchers associated with this study will have access to materials collected. All screening, interview, and follow-up discussion materials will be digitally encrypted with a password. Audio files (recording devices and Zoom recordings) will also be saved as a password protected digital file. Any hard copy of documents will be kept in a locked cabinet and secured in an office. It is possible that unidentifiable data will be used by other researchers for future studies, without your additional consent.

Right to Refuse or Withdraw:

Your participation in this study is completely voluntary. You have the right to decide to discontinue your participation at any time with no negative repercussions.

Incentives:

You will receive a $25 gift card for your participation in the interview, and another $15 gift card for your participation in the follow-up discussion. You will earn the gift card regardless of skipping any demographic or interview questions, or any follow-up discussion questions. The gift card may be provided electronically through email, or as a physical card. If a digital gift card is preferred, please provide your email here: _____.

Principle investigator's personal & financial interests in the research:

The two investigators involved in this study have no financial interest involved in this research and will not receive monetary benefits from this project.

Questions:

Please direct any questions about this study to the lead investigator, Isabel López, isabellopez@ucsb.edu, Department of Counseling, Clinical, and School Psychology, Gevirtz Graduate School of Education, Santa Barbara, CA 9310609490.

Any questions related to your rights as a human research subject may be directed to the Human Subjects Committee at (805) 893-3807 or hsc@research.ucsb.edu. You may also write to them at University of California, Human Subjects Committee, Office of Research, Santa Barbara, CA 93106.

***Mental Health Resources for Participants*:**

Please feel free to refer to the following websites and contact numbers for emotional support, should you like to pursue resources to process topics discussed during this study:

Psychology Today – Helpful search tool to find a therapist. You may filter based on needs and insurance coverage (https://www.psychologytoday.com/us)

Latinx Therapy – Tool engine to find a Latine therapist (bilingual in Spanish and English) in addition to general mental health resources (https://latinxtherapy.com)

NAMI (National Alliance on Mental Illness) – Access numerous resources about mental health, and may also search for general information about Latine mental health (https://nami.org/Home)

If you feel as though you are in **crisis**, please call 911, go to the nearest emergency room, or contact the National Suicide Prevention Lifeline at 988

Consent:

YOUR PARTICIPATION IN THIS RESEARCH IS VOLUNTARY. BY SIGNING BELOW, YOU CONFIRM THAT YOU HAVE AGREED TO PARTAKE IN THE STUDY DESCRIBED ABOVE AS A RESEARCH PARTICIPANT. YOU WILL BE PROVIDED A COPY OF THIS SIGNED AND DATED FORM TO KEEP FOR YOUR OWN RECORDS.

☐ ***Check this box to confirm that all the following has been completed:***

- *You received a copy of this consent form for your own records.*
- *You understand your participation in this study is voluntary.*
- *You understand your right to end your participation at any time without penalty.*

Participant's Name (Print)	Date
Participants' Signature	Date
Signature of person conducting consent discussion	Date

Formulario de Consentimiento

ACUERDO PARA PARTICIPAR EN UN ESTUDIO DE INVESTIGACIÓN

Universidad de California, Santa Bárbara

***Título de la investigación*:**

Salud Mental de Inmigrantes: Perspectivas de Adultos Mayores de Sudamérica que Viven en los EE.UU.

Nombres de investigadores, Departamento, y Correo Electrónico:

Investigadora Principal: Isabel López, Candidata a doctorado
Departamento de Counseling, Psicología Clínica y Escolar
Gevirtz Graduate School of Education
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División de Educación Especial y Consejería
College of Education
Universidad Estatal de California, Los Ángeles
Correo electrónico: ajuare140@calstatela.edu

Objetivo:

Se le está pidiendo que sea participe en un estudio explorando la salud mental de inmigrantes de Sudamérica, en particular, los/las que tienen 65 años o más. El objetivo de este estudio es obtener un mejor entendimiento de los factores impactando la salud mental de inmigrantes, como la experiencia migratoria, el proceso de aculturación, y el desarrollo de la identidad cultural.

***Procedimiento*:**

Participación en este estudio es completamente voluntaria. Si decide participar en este estudio, se le pide que complete una entrevista, que puede durar hasta dos horas. Durante la

entrevista, habrá preguntas de demografía, además de varias preguntas sobre la migración, aculturación, identidad cultural, y la salud mental. Aparte de esto, usted participará en una discusión tiempo después de la entrevista, para proveer retroalimentación sobre los resultados preliminares del estudio. Esto puede durar hasta una media hora. La entrevista será grabada por Zoom (grabación de video), o el audio será grabado (con un celular) si nos vemos en persona, y será transcrito palabra a palabra.

***Riesgos*:**

Este estudio tiene mínimo riesgos. No hay riesgos a su salud física, pero puede ser que haya unos riesgos emocionales, por ejemplo, experimentando emociones difíciles cuando este reflexionando en su historia migratoria, su adaptación a los EE.UU., y los cambios en su identidad después de tanto tiempo viviendo en los EE.UU. Si en algún momento usted se siente incómodo/a con una pregunta, usted tiene el derecho de no responder y/o cambiar a la siguiente pregunta. También tiene el derecho de parar su participación por completo en cualquier punto durante la entrevista, sin consecuencias. Si siente momentos de angustia, le pedimos que avisen a los investigadores inmediatamente. Le vamos a compartir recursos para la salud mental después de la entrevista, si quisiera conseguir apoyo emocional. Los recursos también están incluidos al fin de este documento.

***Beneficios*:**

No recibirá ningún beneficio directo por participar en este estudio, pero su participación nos ayudará a entender mejor la salud mental de los inmigrantes, particularmente adultos de 65 años o más. La información obtenida puede ser usada para mejorar servicios y recursos de la salud mental para inmigrantes Sudamericanos en los EE.UU.

***Confidencialidad*:**

Su identidad no será directamente conectada con sus respuestas que vamos a colectar para el estudio. Solo pedimos su nombre en este acuerdo para confirmar su participación; sin embargo, lo vamos a separar de su entrevista y otros datos que vamos a colectar de su parte. Vamos a designar un código a su información, para poder respetar su privacidad y proteger su información personal. Solamente la investigadora principal y el tutor van a tener acceso a

todos los materiales colectados para el proyecto. El asistente de investigación solamente tendrá acceso a los datos de las entrevistas y de la discusión tiempo después en la cual usted puede proveer retroalimentación sobre los resultados preliminares del estudio. Respuestas al formulario de elegibilidad, y respuestas durante la entrevista y la discusión después de la entrevista serán cifrados digitalmente con una contraseña. Grabaciones (grabación de audio y grabaciones de video por Zoom) también se guardarán como archivos digitales con una contraseña. Todas las grabaciones serán guardadas en una carpeta segura en un sistema de gestión de contenidos en línea de la universidad (conocido como UCSB Box), que solamente pueden ser accedidos por los investigadores de este estudio. Grabaciones de celular serán borradas después de confirmar que se guardaron sin problemas a la cuenta de UCSB Box. Copias en papel serán guardados en un archivador cerrado, en la oficina de los investigadores. Es posible que datos inidentificables serán usados por otros investigadores para otros proyectos, sin tener que pedirle otro formulario de consentimiento. Las transcripciones de las entrevistas serán usadas para destacar citas que usted y otros partícipes comparten, que son relevantes al estudio. Ningún dato identificable suya será conectada a las citas. Todos los datos se guardarán indefinidamente.

Por favor ten en cuenta que plataformas de terceros utilizados para grabar entrevistas, como Zoom, pueden acceder las grabaciones para su propio uso, bajo su política de privacidad.

Derecho de Rehusarse:

Su participación en este estudio es voluntaria. Tiene el derecho de descontinuar su participación en cualquier momento sin consecuencias negativas.

***Compensación*:**

Usted recibirá una tarjeta de regalo de $25, por su participación en la entrevista, además de otra tarjeta de regalo de $15 por su participación en proveer retroalimentación sobre los resultados preliminares del estudio. Usted recibirá las tarjetas de regalo, sin importar si rehúsa a responder a cualquier pregunta durante la entrevista y la discusión tiempo después de la entrevista. Las tarjetas de regalo se pueden mandar por correo electrónico, o se les

puede dar en persona. Si prefiere una tarjeta digital, por favor escribe su correo electrónico aquí: _____.

***Intereses financieros e intereses personales de la investigadora principal en este estudio*:**

Los dos investigadores involucrados en este estudio no tienen ningún interés financiero en este estudio, y no recibirán beneficios monetarios por ser parte de este proyecto.

***Preguntas*:**

Favor de compartir sus preguntas con la investigadora principal de este estudio, Isabel López, isabellopez@ucsb.edu, Departamento de Counseling, Psicología Clínica y Escolar, Gevirtz Graduate School of Education, Santa Barbara, CA 93106-09490.

Preguntas acerca de sus derechos como participe de investigaciones con humanos, lo puede compartir con el Comité de Sujetos Humanos a (805) 893-3807 o al correo electrónico hsc@research.ucsb.edu. También pueden mandar un mensaje a University of California, Human Subjects Committee, Office of Research, Santa Barbara, CA 93106.

***Recursos de la Salud Mental para Participantes*:**

Puede referir a los siguientes recursos para apoyo emocional, si siente que quisiera procesar unas temas que cubriremos en la entrevista:

Psychology Today – Manera de buscar terapistas en su ciudad. Puede filtrar basado en sus necesidades y cobertura de su asegurancia (https://www.psychologytoday.com/us)

Latinx Therapy – Manera de buscar terapista Latino/a (incluyendo terapistas bilingües) además de recursos sobre la salud mental (https://latinxtherapy.com)

NAMI (National Alliance on Mental Illness) – Acceder varios recursos sobre la salud mental, incluso información general sobre la salud mental para la población Latina (https://nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx/La-salud-mental-en-la-comunidad-latina)

Si se siente en **crisis**, por favor llame al 911, consigue atención de urgencias, o contacte el número nacional de prevención del suicido y crisis al 988.

***Acuerdo*:**

SU PARTICIPACIÓN ES VOLUNTARIA. AL FIRMAR ESTE FORMULARIO DE CONSENTIMIENTO, CONFIRMA QUE USTED ESTÁ DE ACUERDO EN PARTICIPAR EN ESTE ESTUDIO. LE VAMOS A PROVEER UNA COPIA DE ESTE DOCUMENTO, FIRMADO POR USTED Y LA INVESTIGADORA PRINCIPAL.

☐ ***Marca esta caja para confirmar que se ha completado lo siguiente:***

- *Recibió una copia de este acuerdo.*
- *Entiende que su participación en este estudio es voluntaria.*
- *Entiende su derecho de rehusar su participación en cualquier momento sin consecuencias.*

Nombre de participante (Escrito)	Fecha
Firma del participante	Fecha
Firma de la entrevistadora	Fecha

Appendix D

Semi-Structured Interview Protocol

Thank you for your willingness to participate in this interview. My name is Isabel López, and I am a counseling psychology doctoral student at the University of California, Santa Barbara. I will ask you several questions about your migration experience and what it has been like for you. I will also be asking questions related to your time of residency in the U.S., questions related to your health at your current age, and other questions about your cultural identity. Our meeting may last up to two hours. The purpose of this interview is to understand your migration experience and what living in the U.S. for so long has been like, particularly with regards to how you have established your life in the country and what it has meant for your cultural identity. Please note that there are no right or wrong answers to any of these questions. I am most interested in hearing your own story and your own experiences.

Let's begin with questions about [your country of origin]. Please share, to the extent you feel comfortable, your experiences in your country of origin, your reasons for migrating to the U.S., and what your migration experience was like.

1. Tell me about where you grew up. Please feel free to share what your life was like, what the culture was like, and anything else that speaks to your upbringing in [your country of origin]. (*If different from reported country of origin, ask:* What were reasons for being born in one country and being raised in another before coming to the U.S.?)
    a. How long did you live there for? [*If changed countries in South America, ask about time of residency in different countries*]

2. What was your reason for migrating to the U.S.?
    a. Did you migrate by yourself or accompanied by family members and/or friends?
        i. What was the reason for migrating under your circumstances (accompanied or not)?
3. What was your migration experience like?

    (Possible probe: What were some thoughts and emotions you remember feeling?)
4. What were some of your initial thoughts and feelings once you arrived to the U.S.?
    a. How about during the first few months of being in the U.S.?
    b. Did you express this to others, like your family and/or friends? Why or why not?
5. How often do you think about your migration journey/experience in your current life?
    a. What are some reasons for thinking about this as often as you do?

Now, I am going to ask questions related to your current life in the U.S. and how you have established yourself and your life in this country.

6. What has it been like living in the U.S. as an immigrant from [country of origin]?
    a. What are some challenges you have experienced?
    b. What are experiences you are most proud of?

Thank you for your candid responses regarding your migration story and what that has been like for you. Now I would like to ask some questions about your current health, both physical and mental. It is possible that some stories have already been shared that may

relate to this, but I would like to ask these questions once more to learn more of your experiences. First, let's start off by talking a bit about physical health.

Physical Health:

7. Please describe your current physical health. This may include experiences with any illness(es), and any relevant physical changes you are experiencing.
    a. What are you doing to support your physical health?

        (Possible probe: What have you done before to support your physical health?)

    b. What do you feel you need to support your physical health?

Thank you for sharing. Now, I would like to talk about mental health.

Mental Health:

8. What does mental health mean to you?

    (Possible probe: How would you describe mental health for yourself?)

9. How do you think your experiences as an immigrant have impacted your mental health?
    a. What about any other experiences you have not had the chance to share?

        (Possible probe: Any physical health experiences that impacts your emotional well-being?)

10. What are you doing currently to support your mental health?

    (Possible probe: What do you feel most negatively affects your emotional well-being? What do you feel most positively affects your emotional well-being?)

    a. What do you feel you need to support your mental health?

Thank you for your responses. We are approaching the end of the interview, and I would like to focus these last questions related to identity and what you think about it.

11. When I say the term "cultural identity," what does it mean to you?

    (Possible probe: How would you identify yourself culturally? For example, complete this sentence. I am _____.)

    a. Has this changed in any way over the course of you being in the U.S.? How so?

12. How have you kept a cultural connection with [participant's home country]?

    (Possible probe: This may include any form in which you feel as though you are still part of your home country, even from afar with your residence in the U.S.)

    a. How do you feel this contributes to your cultural identity?

Thank you very much for your responses. We have reached the end of our interview. Before we leave, is there anything that I did not ask, that you think is important to add? Or perhaps anything that you felt like you wanted to share that we were not able to address earlier?

Thank you again for your time and honesty in sharing about your experiences. I truly appreciate the time you took to be part of this, and I am grateful for the opportunity to have learned about your story. As a token of gratitude, I would like to provide you a $25 gift card (hand card or email eCard. If emailing, verify participant's email address). I understand some parts of this interview may have felt emotionally charged. If you feel like you would like to further talk about or perhaps process some of the topics shared today, please refer to the following means of mental health support that I have outlined here:

Psychology Today – helpful search tool to find a therapist. You may filter based on needs and insurance coverage (https://www.psychologytoday.com/us)

Latinx Therapy – Tool engine to find a Latine therapist (bilingual in Spanish and English) in addition to general mental health resources (https://latinxtherapy.com)

NAMI (National Alliance on Mental Illness) – Access numerous resources about mental health, and may also search for general information about Latine mental health (https://nami.org/Home)

If you feel as though you are in **crisis**, please call 911, go to the nearest emergency room, or contact the National Suicide Prevention Lifeline at 988

Gracias por ser partícipe en esta entrevista. Mi nombre es Isabel López, y estoy estudiando para mi doctorado en psicología, en la Universidad de California en Santa Bárbara. Durante nuestro tiempo hoy, le voy a hacer preguntas acerca de su experiencia migratoria. También le voy a hacer preguntas acerca de su residencia en los EE.UU., preguntas acerca de su salud a su edad, y preguntas acerca de su identidad cultural. Vamos a estar reflexionando sobre su vida como inmigrante, haz de cuenta, hablando de sus caminos de su vida en los EE.UU. como inmigrante Sudamericano. Esto puede durar hasta dos horas. El propósito de esta entrevista es para entender su experiencia migratoria y su experiencia viviendo en los EE.UU. a lo largo del tiempo. En particular, nos interesa saber cómo ha establecido su vida en este país y qué ha significado para su identidad cultural. Por favor tenga en cuenta que no hay respuestas correctas o incorrectas. Lo que más me interesa es saber su historia y sus experiencias.

Comencemos con preguntas acerca de [su país de origen]. Por favor comparte, hasta el nivel que se sienta cómodo(a), sus experiencias en su país de origen, sus razones por inmigrar a los EE.UU., y su viaje de [país de origen] a los EE.UU.

1. Platícame sobre donde creció. Por favor comparte acerca de cómo era su vida, cómo era la cultura en su país, y cualquier otro detalle que describa cómo creció en [su país de origen]. (*Si es diferente de su país de origen, pregunta:* ¿Cuál fueron las razones por nacer en un país y crecer en otro antes de inmigrar a los EE.UU.?)
    a. ¿Cuánto tiempo vivió ahí? [*Si mudó entre países diferentes en Suramérica, pregunte sobre tiempo de residencia en cada país*]

2. ¿Cuál fue su razón para inmigrar a los EE.UU.? [*Si inmigraron más de una vez, pregunta sobre cada vez]*
    a. Inmigró solo(a) o acompañado(a) por familia o amigo/as?
        i. ¿Cuál fue la razón para inmigrar debajo de sus circunstancias (acompañado/a o solo/a)?
3. ¿Cómo fue su experiencia migratoria? Cuéntame sobre su viaje de [país de origen] a los EE.UU. (desde el momento que salió hasta que llegó a los EE.UU).
4. ¿Cuáles fueron sus primeros pensamientos y sentimientos cuando acababa de llegar a los EE.UU.? [*Si inmigraron más de una vez, pregunta sobre cada vez*]
    a. ¿Qué tal durante sus primeros meses viviendo en los EE.UU.?
    b. ¿Compartió estos pensamientos o sentimientos con otros, como su familia y/o sus amigo/as? ¿Por qué? ¿Cuál fue su motivo por compartir o por no compartir?
5. ¿Qué tan frecuente piensa sobre su experiencia migratoria hoy en día?
    a. ¿Cuáles son sus motivos por reflexionar sobre esto a menudo que lo hace?

Siguiendo con esta idea de sus caminos de su vida en los EE.UU. como inmigrante Sudamericano, ahora le voy a hacer preguntas relacionado con su vida en los EE.UU. y cómo ha establecido su vida en este país.

6. ¿Cómo ha sido su experiencia viviendo en los EE.UU. como inmigrante de [país de origen]?
    a. ¿Cuáles son algunos de los retos o desafíos que ha experimentado? Cuéntame más sobre esto.
    b. ¿Cuáles son algunas de las experiencias de las que se siente orgulloso/a?

Gracias por sus respuestas honestas con respeto a su historia migratoria y acera de sus experiencias. Si se siente listo/lista para seguir con la entrevista, ahora le quisiera hacer preguntas acerca de su salud física y su salud mental. Le voy a preguntar dos partes para cada tema. Primeramente, qué está haciendo ahorita para mantener su salud, y por segundo, qué siente que le hace falta para mantener su salud. Es posible que algunos detalles se repiten a relación con estás preguntas, pero quisiera hacer las preguntas para aprender más sobre sus experiencias. Primero, empecemos hablando de su salud física.

Salud Física:

7. Por favor, describe su salud física actual. Esto puede incluir experiencias con cualquier enfermedad(es), y cualquier cambios físicos que está experimentando.
    a. ¿Qué está haciendo para mantener su salud física?
    b. ¿Qué cree que necesita para mantener su salud física?

Gracias por compartir. Ahora, quisiera hablar sobre la salud mental. Recuerda que no hay respuestas correctas o incorrectas a estas preguntas. Siguiendo con la idea de los caminos de su vida en los EE.UU. como inmigrante, a mí me interesa aprender más sobre su historia y lo que me pueda contar de usted.

Salud Mental:

8. ¿Qué significa la salud mental para usted?
    a. ¿Cómo llegó a tener este conocimiento? Es decir, ¿qué ha informado su perspectiva?
9. ¿Cómo describirá su salud mental hoy en día?
10. ¿Cómo cree que su experiencia como inmigrante haya tenido un efecto con su salud mental, tanto en lo positivo y en lo negativo?

a. ¿Qué tal otras experiencias que no ha tenido la oportunidad de compartir hasta este momento? Es decir, otras experiencias a lo largo plazo de estar en este país que haya tenido un efecto con su salud mental.

11. ¿Qué está haciendo hoy en día para mantener su salud mental?

a. ¿Qué piensa que necesita para mantener su salud mental?

Muchas gracias por sus respuestas. Nos estamos acercando al fin de esta entrevista, y quisiera enfocar estás últimas preguntas en su identidad y qué es lo que piensa sobre esto. Esto se puede considerar como otra parte de su camino de su vida como inmigrante en los EE.UU. Aquí vamos a hablar sobre cómo se ven (su identidad) a relación con la(s) cultura(s) a que pertenece.

12. Cuando digo la expresión "identidad cultural," ¿cómo lo entiende?

a. ¿Cómo describiría su identidad cultural? Es decir, ¿cómo se identifica?

b. ¿Esto ha cambiado en alguna forma durante su tiempo viviendo en los EE.UU.? ¿En qué manera?

13. ¿Cómo ha mantenido una conexión con la cultural de [país de origen]?

a. ¿Cómo cree que esto influye a su identidad cultural? Es decir, ¿cómo cree que esto influye la manera que se identifique?

Muchísimas gracias por sus respuestas. Hemos llegado al fin de esta entrevista. Antes de que nos vayamos, quisiera saber si hay algo que no he preguntado, que usted sienta que es importante agregar. ¿O tal vez cualquier otra cosa que usted quería compartir pero que no alcanzamos a mencionar durante la entrevista?

Gracias de nuevo por su tiempo y honestidad en compartiendo sus experiencias. Realmente aprecio el tiempo que usted tomó en ser parte de esto, y estoy agradecida por la oportunidad de aprender más sobre su historia. Como forma de expresar mi agradecimiento, le quisiera dar una tarjea de regalo de $25 (en persona o electrónico. Si se mandará por correo electrónico, verifica dirección del participe). Entiendo que partes de esta entrevista pudo haber sido emocional. Si siente que quisiera hablar más sobre esto, o tal vez procesar un poco sobre sus sentimientos relacionado con temas que hablamos hoy, por favor consideré los siguientes recursos de apoyo emocional:

Psychology Today – Manera de buscar terapistas en su ciudad. Puede filtrar basado en sus necesidades y cobertura de su asegurancia (https://www.psychologytoday.com/us)

Latinx Therapy – Manera de buscar terapista Latino/a (incluyendo terapistas bilingües) además de recursos sobre la salud mental (https://latinxtherapy.com)

NAMI (National Alliance on Mental Illness) – Acceder varios recursos sobre la salud mental, incluso información general sobre la salud mental para la población Latina (https://nami.org/Your-Journey/Identity-and-Cultural-Dimensions/Hispanic-Latinx/La-salud-mental-en-la-comunidad-latina)

Si se siente en **crisis**, por favor llame al 911, consigue atención de urgencias, o contacte el número nacional de prevención del suicido y crisis al 988.

Appendix E

Member Check Discussion Protocol

Thank you for taking the time to meet with me once again to participate in this follow-up discussion. Today, we will be reviewing our prior conversation, including preliminary findings we gathered from our interviews. I would greatly appreciate any feedback or additional comments you may have about your migration experience, your acculturation process, and your cultural identity development.

Member check discussion guide:

1. Let us review the transcript of our interview. I have highlighted portions that seemed important as you were sharing, and portions that were mentioned a couple times during our conversation.

2. Is there anything you would like to add or clarify from that conversation? Either from what we are reviewing now, or something you may have thought of after our interview?

Show participant the preliminary analysis and emerging themes:

3. Do you have any questions, feedback, or anything to add about these themes that we noted from our interviews?

4. Is there any additional information you would like to share about your migration experience, acculturation experience (process of adjusting to a new culture different from your own), or cultural identity development? Is there anything I may have missed?

5. Would it be alright to contact you in the future if any other questions come up?

Thank you again for your time. I will be sending you the $15 gift card as a token of gratitude for your participation with this. Please confirm that you received the e-gift card in your email.

Repaso de Respuestas Durante Entrevista

Gracias por tomar el tiempo para vernos de nuevo y repasar la conversación que tuvimos hace un tiempo. Hoy día, aparte de revisar nuestra conversación, también le voy a compartir nuestro análisis preliminar de lo que hemos entendido de nuestras entrevistas. Agradecería cualquier tipo de retroalimentación o comentarios adicionales que tenga sobre temas acerca de su experiencia migratorio, su experiencia con el proceso de la aculturación, y su desarrollo de su identidad cultural.

Guía para plática:

1. Repasemos el transcrito de la entrevista. Subrayé las partes que parecían importantes mientras compartía su historia, y otras partes que repitió durante nuestra conversación.

2. ¿Hay algo que quisiera agregar o aclarar? Puede ser de lo que estamos viendo ahora o tal vez algo que le vino a la mente después de la entrevista hace un tiempo atrás.

Comparte análisis preliminar con participante:

3. ¿Tiene alguna pregunta, retroalimentación, o algo que quisiera agregar acerca de los temas que notamos de nuestras entrevistas?

4. ¿Hay algo más que quisiera compartir sobre su experiencia migratoria, su experiencia con la aculturación (proceso de acostumbrarse a la cultura a su alrededor, diferente a la suya), o su desarrollo de su identidad cultural? ¿Hay algo que tal vez yo no he tomado en cuenta?

5. ¿Le puedo contactar en algún otro momento si tenemos otras preguntas?

Gracias de nuevo por su tiempo. Le voy a mandar la tarjeta de regalo de $15, como una forma de agradecimiento por su participación. Por favor, confirme que lo haya recibido en su correo electrónico.