Narratives of the self:

The impact of migration on the health of Latinos

living in

Wellington, New Zealand

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Abstract

This research examines how Latinos living in Wellington have made sense of their experiences and negotiated their identity positions during their acculturation process to New Zealand society. It also examines the impact of acculturation on these Latinos, found in their narratives and dialogical positioning. Utilising the qualitative research methods of a dialogical self theory framework to inform a narrative inquiry analysis of recorded interviews, I explore the experiences of migration, social connectedness and health had by ten Latinos living in Wellington New Zealand. This research found that during the process of acculturation to New Zealand society these participants made sense of their experiences of migration, social connectedness and health as part of a process of resilience building; which they felt they achieved through being positive in the face of adversity. During their acculturation process these Latino participants underwent a diverse array of experiences including: a lack of social interaction, a cultural clash between their cultural values and the values of New Zealand society, a lack of social participation and social connectedness, difficulty gaining employment, feeling like they are 'the other', and experiencing disparity in the healthcare system. The Latinos participating in this research negotiated their identity positions by adopting multiple identities which enabled them to navigate their world. In conclusion the aforementioned experiences have hindered these Latinos´ process of acculturation as well as their upward mobility in New Zealand society.

Key words: *Latinos living in Wellington New Zealand, migration, acculturation, health, dialogical self theory, narrative inquiry, social constructionism, critical realism, social connectedness*

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Chapter 1

Introduction to the impacts of migration and acculturation on the health of Latinos living in Wellington, New Zealand

I have decided to begin this research project by telling the story of Latinos, revealing who they are as well as their diverse nature. The purpose of explaining clearly to the reader who we are is to avoid certain pre-existing ideas that could possibly misinform New Zealanders about Latinos and Latino culture. Corlett (2011) indicates that Latinos are not a homogenous group but a community of people from different countries in Latin America. Corlett suggests that the expression 'Latinos' has been used to identify people from countries in the Americas who have a mother tongue that is derived from the Latin language. Countries in the continent of the Americas speak Spanish and Portuguese as a first language with a few countries speaking French.

However this denomination of Latinos as people from Latin America whose mother tongue derives from Latin has not been free of criticism. This is because this denomination may seem to suggest a homogenous normativity that implies that all Latin Americans have the same cultural values, practices and traditions or even similar physiological features. This suggested homogenous normativity underestimates the incredible ethnic diversity that characterises them (Tayofa, 2007). According to Marotta and Garcia (2003), the designation 'Latinos' also excludes significant numbers of indigenous groups from North America who are part of the Americas continent. As the criticism suggests there is an enormous diversity of indigenous people pre and post Columbus. This diversity includes the peoples who have inhabited the different countries of the Americas in addition to those peoples with a historical heritage from Europe and Africa. Also, increasingly since the world wars, people with Asian ancestry have arrived in the Americas (Corlett, 2011). Nevertheless, it appears that the word `Latinos' has remained in use as the most popular form of denomination for the Latin American population. I have decided to use the word Latinos in this research project as over the years, as a Latino immigrant, I have seen how

this word brings us together. The word Latino makes us a community and gives us a sense of identity while differentiating us from other communities.

The migration of Latinos to New Zealand from the 1800s to the 1950s was limited to just two hundred people from Argentina, Brazil and Chile. Since New Zealand signed and ratified the 1951 United Nations Convention (Ministry of Business Innovation and Employment [MBIE], 2014) for refugee resettlement there has been at least two waves of Latino refugee migrants arriving in New Zealand. The first wave of Latino refugees came in 1974 fleeing Pinochet's military regime in Chile. The second wave of Latino refugees came later, in 2007, escaping from the guerrillas and/or paramilitary in Colombia (MBIE, 2014). The 'economic migration' of Latinos to New Zealand beginning in the 1990s has principally been individual migrants arriving from: Argentina, Brazil and Chile. To a lesser extent individuals from: Mexico, Peru and Uruguay have also arrived in New Zealand (Immigration New Zealand, 2014).

Latin Americans or Latinos have become one of the most steadily growing groups of immigrants in the United Kingdom and the United States (Bermudez, 2010). However, New Zealand Latinos form a very small part of the New Zealand population and in most statistics Latinos are classified as others (Statistics New Zealand Census [SNZC], 2013). The 2013 New Zealand Census indicates that Middle Eastern people, Latin-Americans and Africans constituted 1.2% of the New Zealand resident population at that time (SNZC, 2013). According to Bermudez, (2010) as the migration of Latinos to the US and UK has increased, research on Latino immigrants' health outcomes has also seen an increase. However, more research and policy creation is required. Even though there is some research on the topic of the impact of migration on the mental health of Latino immigrants, research in general and qualitative research in particular on this topic is uncommon (Carlisle, 2006).

In New Zealand, research on Latinos is also scarce although in 2011 the Auckland District Health Board (ADHB) conducted a quantitative assessment of the health needs of Middle Eastern, Latin American and African people (ADHB, 2011). This health assessment provided important and relevant information regarding the state of health of the previously mentioned communities. However, it did not focus on the Latino community. Rather, its findings focused on several cultural and religious variables not relevant to the Latino community which impacted on the health of Middle Eastern and African Muslim communities. Its quantitative focus may have also obscured important cultural variables that affected the health of these communities. Finally, this report did not attempt to provide an explanation of the health status of these communities as it related to the process of migration or acculturation.

Over the last four decades New Zealand has strengthened its economic and migratory ties with Latin American countries (MFAT, 2014). However, little research on Latinos migrating to New Zealand has been conducted. The complexities of the process of migration impact on people's health in different ways (Virupaksha, Kumar, & Nirmala, 2014). Additionally, stress occurs as there are also culture specific variables that can create tension for the migrant when encountering the new culture (Torres-López, López López, Mercado-Ramírez, Tapia-Curiel, 2014). I consider it especially crucial to research the health and well-being of Latinos in order to understand their health status, access to healthcare and migratory experiences as they impact upon health. I consider this particularly important as Latinos are a growing population in the multicultural nation of New Zealand. Moreover, It is crucial to produce social policy that can take into account Latinos' health needs so as to improve their quality of life and aid them in the process of resettlement.

I am a Latina (female Latino), insider and active member of the Latino community in Wellington who has experienced the process of migration. I have decided to conduct qualitative research of our community so I can more fully understand how other Latinos are experiencing the processes of migration and acculturation. I also want to understand

how these processes of migration and acculturation influence these migrants´ health. As a Latina immigrant I, too, have gone through the processes of finding accommodation, applying for jobs, studying in New Zealand universities and using the healthcare system. I have also negotiated, constructed and reconstructed my internal and external narratives and dialogues as well as my cultural identity as a Chilean and/or a Latina living in Wellington. I have lived these experiences and made sense of them in conjunction with many other Latinos living in Wellington as well as with other Latinos living elsewhere in New Zealand.

I have chosen to use a critical health psychology focus, more precisely a community health psychology focus to understand the experiences of migration and health of a group of Latinos living in Wellington. I have done this as, according to Lyons and Chamberlain (2006), health psychology is an interdisciplinary field of study. Health psychology field overlaps with other fields of research also interested in health and illness such as medical anthropology, sociology, social policy, health economics, public health and epidemiology. Health Psychology also incorporates the study of migration and health.

The next section of this chapter will look at the following topics: migration, international migration, the migration of Latin Americans to New Zealand and acculturation. Understanding these topics is important in the context of this research as they are all affected by: complex political, social, historical, institutional and economic processes. The impact of these context on general migration, is that it impacts on the health of migrant populations, in the case of this research, Latinos living in New Zealand.

Understanding the Phenomenon of the Migration of Latinos to Aotearoa/New Zealand

The Context of International Migration

I have decided to provide 'an overview' of the migration process to contribute to an understanding of the intricacies of: socio-cultural, historical, political, economic and

religious factors which influence migrants' experiences of the world. These factors also influence the way in which migrants make sense of their world, their acculturation to their country of destination and the impact that all of this has on their health. The migration of Latinos to Wellington, New Zealand is not an isolated process but part of a complex process of human mobility with both global as well as local aspects.

According to Virupaksha, et al. (2014), the migration process includes the successful application for visas, the completion of medical procedures and other documentation required for the visa applications. After sorting out these requirements, the person has to get to their destination and find accommodation there. The migration process also includes engaging in the process by which the migrant tries to adjust to the receiving culture and the new society. These authors also mention further processes such as the migrant needing to negotiate integrating their previous socio-cultural constructs and practices, health practices and lifestyle with those of the new society. These stressful processes as well as any other efforts required to fit into the new hosting society may or may not be beneficial for the new migrant. She might possibly have her health and wellbeing compromised during this process. All of these aspects of migration, among others, shape the experiences of migrants, affecting their acculturation process. In the case of this research, these aspects of migration shaped the experiences of Latinos living in Wellington, New Zealand.

Migration, in its simplest form, has been defined as the process of moving from one place of dwelling to a different region or country with the intention of staying there temporarily or permanently (Anthias, 2012; Bhugra & Becker, 2005). There are several types of migration including regional and national migration, international migration, leisure migration, political migration and migration of a touristic nature (Ahmed, 2013).

More than this, however, international migratory movements are complex two way processes. These processes impact on, influence, intersect with and overlap: political,

historical, social, economic, cultural, demographic, religious, technological and global human mobility processes in both the countries of origin and in the receiving nations (Massey, Arango, Hugo, Kouaouci, Pellegrino, & Taylor, 1993) Due to these interconnecting factors, international migratory movements impact on the health of: the migrants, their families left behind and people in the receiving countries (Virupaksha, et al. 2014). Therefore, the complex intersectionality and diverse nature of migration and its impact on health has to be analysed holistically. This is because migration is a very important and much more complex global human process than previously believed (Smith & King, 2012). Additionally, Portes (2010) argues of the relationship between migration and social change that the impacts of international migration can be considered to be the outcome of an array of causes. These causes stem from both the country of origin and the country of destination and are, as well, part of wider global processes. These complexities are especially true in especially in the current era of global connectivity and constantly developing technologies.

At a global level, the present (post-1960s) flow of migration occurred after numerous nations opened their borders to a wider range of immigrants. The immigrants who make up this flow include South Africans, Argentineans, Iranian and Indonesians, who have generally originated from countries in "Latin America, Asia, Africa, the Caribbean, and the Middle East" (Schwartz et al. 2010b p.1). These immigrants came from societies that privilege a community orientation over individualism (Schwartz & Unger, 2010a, Triandis, 1995) yet they largely settled in societies that adopt individualism more often than other types of social orientation. The societies they settled in are commonly: Canada, United States, West Europe, Australia and also New Zealand.

According to Schwartz et al. (2010b) these immigrants encountered enormous differences between their own cultural values and those of the receiving countries. For instance, Park and Kim (2008) have suggested that the values a person from a community oriented culture holds regarding authority and respect for their elders, generates conflict in the

identity of the immigrant. This is because the immigrant´s cultural values are in competition with individualistic values. These individualistic values tend to arise in instances of interpersonal conflict or when working towards achievement, recognition and individual success.

International migration has become an important force in the world (Smith & King, 2012). Moreover, according to Massey et al. (1993), there has been a shift in the destinations of migration from Europe to: Asia, Latin America, North America and Oceania. In New Zealand we can see this process unfold as larger numbers of Latin Americans migrate to Australasia. International migration has also contributed to diversity and change within societies. A large number of the developed countries in the world have become diverse, multi-ethnic societies; and a further, significant number of developed countries are moving in this direction. The fact that international migration has developed into an essential influencing force in almost all industrialised nations, of which New Zealand is not an exception, indicates the strength and consistency of migration's fundamental dynamics (Massey et al. 1993; Portes, 2010).

At a local level migration policies and their ideological basis shape the migration process in the country of destination. Most of the time local immigration policies have been inspired by immigration policies developed by the more powerful countries. Another main source of migration stems from the supremacy that powerful countries have over particular developing and underdeveloped countries. This supremacy generates cultural relationships that stimulate migration between those nations (Bailey, 2001, 2013; Massey et al. 1993; Pellegrino & Martínez-Pizarro, 2001).

In the case of New Zealand there is a migration quota for certain countries in the Pacific Islands. This migration quota facilitates and stimulates the process of Pacific Islanders migrating to New Zealand (New Zealand Immigration Service [NZIS], 2014). In other cases political, economic and also cultural relationships between nations boost migratory

processes through agreements between these countries which facilitate the mobility of their citizens (NZIS), 2014). According to the NZIS, some countries in Latin America such as: Argentina, Brazil, Chile, Mexico, Peru and Uruguay have a special agreement with New Zealand. Through these agreements the young adults of these countries can come to New Zealand on a working holiday visa scheme to do seasonal work or non-professional work for a year. Also the NZIS points out that there is statistical evidence of intercultural marriages between citizens of two different countries which is another source of migration. In the case of New Zealand, potential migrants are currently selected on the basis of their qualifications, relevant work experience, and their English proficiency (NZIS, 2014). According to Carlisle (2006), and Pellegrino and Martínez-Pizarro (2001) Latin Americans are skilled migrants and Latino migrants are more often young adult women than men.

Ho (2002) points out that historically assimilation was the first acculturation strategy privileged by the New Zealand government. The New Zealand government assumed that the ideal migrant would assimilate into New Zealand society regardless of their ethnic background. They assumed also that the newcomers could potentially live close together in certain locations leading to a degree of segregation. However, research evidence does not support assimilation as a good acculturation strategy (Berry, 1997, 2005).

In 2004 the Minister of Immigration, Paul Swain, pointed out that the new Immigration Settlement Strategy clearly indicated that integration was the strategy preferred by the New Zealand government. This was because the New Zealand government had come to acknowledge the importance of the integration of migrants into the country and the economy. Since the preferred strategy of acculturation changed to integration there have been several changes to New Zealand immigration policy (NZIS, 2014).

The Need for Research on Migration from a Social Science Perspective

The study of migration has traditionally been quite narrow in scope and has mostly had an economic focus, while ignoring a social sciences approach looking at the different social aspects of migrants lives. A social science approach, therefore, is necessary in order to more fully understand the complex process of migration and international migration. Furthermore, a social sciences approach is necessary to understand how experiences of migration impact on a migrants' wellbeing. It is, too, crucial to have a research approach that goes beyond the understanding that migration is based solely on the economic premise of the migrant going to another country to improve their living standards. (Téllez, 2002; Anthias, 2012). However these economic understandings of migration have permeated society and still prevail in the 'social mythology' held by certain groups in society, especially by groups within nations commonly hosting migrants such as New Zealand.

Because international migration has been traditionally analysed in terms of economic principles, the understanding of it has been limited. This is because many variables are overlooked including variables of social structure, gender, ethnicity and race (Anthias, 2012). More recently, however, the principal schools researching this topic have begun a debate on more holistic aspects of international migration and social change (Téllez, 2002; Portes, 2010). Economic theories have also greatly influenced the way schools, governments and entrepreneurs have understood migration. The field of economic research has, however, consistently paid attention to risk in migration, which has been useful. This is because risk and uncertainty are important components of the migration process as well as being helpful as health indicators (Williams & Baláž, 2011).

This overly simplistic understanding of migration as something to be viewed purely an economic light has also permeated studies of migration in the social sciences. This is because, as Massey et al. (1993) have hinted in reference to international migration, the economic approach which is informed by industrial revolution ideas, notions, conventions,

approaches and mythology, still governs popular thinking. This understanding of migration contrasts with the currently accepted multidisciplinary paradigm used to understand migration, as utilised by the social science disciplines. These disciplines recognise that human mobility and international migratory processes are crucially important in understanding the forces at work in industrialised societies. Perhaps due to the increasing growth in immigration being a surprise to everyone from individuals to governments and researchers, the theoretical foundations for understanding migration forces continue to be shaky. This has resulted in much needed dialogue across disciplines (Téllez, 2002; Anthias, 2012). Further, it is necessary to consider that time, space and existing and new technologies also impact on these migration processes (Bailey, 2001, 2013), on the individuals migrating and on the societies receiving these migrants (Portes, 2003).

The importance of Understanding the Acculturation Process of Latinos to New Zealand Within the Context of International Migration

Internationally, acculturation has become a topic of much interest amongst social researchers, due to the intensification of international migration flows in the last three or four decades (Andreouli, 2013). According to Andreouli, acculturation has traditionally been understood as a one-dimensional process involving going from place X to place Y. Yet, the academic focus on acculturation has shifted to consideration of a two way process involving the sending country and the receiving country. According to Hermans (2001), acculturation is primarily a phenomenon of exchange between cultures since it occurs when a person's culture is in contact with the culture hosting this person in their new place of residence.

In the field of acculturation research, Berry's (1980) model of the Four Acculturation Strategies of: assimilation, separation, marginalisation and integration are well known. However this model is based on a Cartesian approach to the human being, and the rationale and the methodology behind Berry's model are positivist. Also, the understanding of acculturation used in our research differs from that of Berry´s. Thus,

although Berry's model of acculturation has received significant attention I have decided not to use it in this research. This is because the purpose of this research is to understand the lived experiences of migration, acculturation and health had by Latinos living in Wellington. In order to do this I will use an appropriate theoretical model that uses qualitative methods. I will now explain this theoretical model and its implications in the next few sections of this research.

To better understand the lived experiences of migrants, the particulars and diversity of their acculturation process, and the intricate nature of the acculturation process as a whole, this research will incorporate the perspectives of multiple authors. The following authors have done significant work in many different areas in the field of migration and acculturation. I agree with Chrysochoou's (2004) point of view when she suggests that the process of acculturation should be studied as a process of 'meaning making'. I also agree with Bhatia and Ram (2001), and Hermans (2001) who have added to Chrysochoou's point of view. Bhatia and Ram (2001), and Hermans (2001) have pointed out that it is through this process of meaning making that migrants must rebuild their; own socio-cultural understandings and identities in new and different cultural, historical and political contexts. They must also do this while taking into account the cultural specificities of the receiving country.

Immigrant groups have to, on a daily basis, negotiate which elements of the past and present, their traditions and modernity and a sense of self and the other that they wish to keep (Bhatia, 2002). Latinos in New Zealand are an immigrant community trying to maintain, intentionally or actually, ties with and commitments to their countries of origin and Latino culture in general. This is evidenced by Latinos in New Zealand identifying themselves with local Latin-American communities.

Finally, I concur with Chrysochoou (2004), Bhatia and Ram (2001), and Hermans' (2001) point that acculturation is a dynamic ongoing process rather than the final outcome of a

process of integration. I consider it crucial to utilise an appropriate paradigm to understand how Latin-American immigrants in New Zealand experience this dynamic process of acculturation. A paradigm such as the dialogical model of acculturation (Bhatia, 2002; Hermans & Giesser, 2012) and identity negotiation (Hermans, 2001) can provide suitable tools for explaining how a migrant´s identity is constructed. It can also provide suitable tools to understand how identity is connected to cultural and political aspects of; power, gender, ethnicity and colonialism.

The Impact of Power Relationships on Migration Processes

As I previously mentioned, many people from developing and underdeveloped countries migrate because it is possible for them to do so. This is due to the migration process being facilitated by socio-cultural and economic relationships between their country and the hosting country. However, the reasons why people migrate are not based solely on improving their own economic status. The reasons people migrate also include: political and sexual freedom, improved gender treatment, more favourable religious circumstances and desirable environmental conditions among other improvements to their quality of life (Binfa, Robertson, & Ransjö-Arvidson, 2010; Virupaksha, et al. 2014; Tran et al. 2014). Formal and informal transnational relationships, as I will illustrate, are also subject to power relationships at the macro and micro level. I consider it important to include in the analysis of the migration processes of Latinos to Wellington, consideration of the complex ways in which these power dynamics are expressed in different societies. As humans we cannot escape historical, socio-cultural and political processes and these power dynamics are also not unknown in New Zealand society. I will expand on this important topic in the next paragraph.

An example of international migration being subject to power dynamics is given by Lundström (2012). Lundström, says that power relations are a key component of international migration in the context of the globalised labour system. This is particularly true in the area of housework, which is characterised as being gendered as well as

racialised in multicultural countries. In research that Lundström conducted in Europe, she found that domestic work had become an important source of employment for immigrants, especially women. It was considered by global capitalism and its labour divisions to be a fundamental part of the international flow of labour. Domestic work was found to be incorporated into the structuralist and racialised global systems of international labour.

Bonacich, Alimahomed and Wilson (2008) point to the notion of a racialised labour hierarchy. According to them labourers are placed inside a hierarchical system which exploits them according to their gendered and racialised status within that hierarchy. These authors argue that within the racialised labour system immigrants cannot escape the dynamics of the racialised labour hierarchy. They therefore face a greater denial of basic civil rights than the dominant group or the hegemonic racialised group which is principally composed of white Europeans or European descendants. The authors also observed that these dominant groups have more privileges than their subordinate racialised and gendered workers.

Hawthorne (1997) argues that there are also other conditions which subject migrants to power dynamics which do not permit them to obtain upward mobility of employment in the destination country. The first condition is qualification recognition and the second relates to barriers imposed by professional associations through strict testing. This testing might cause a person to be underemployed even if the immigrant has had their qualification recognised. Bauder (2013) argues that encountering these problems with qualification recognition and professional associations puts immigrants in situations of downward mobility in relation to work. This is because they have to work in jobs in which they do not utilise the skills they are trained for. Bauder claims that when developed countries only take the most intelligent brains from underdeveloped and developing countries, then neglect to use these brains to their full potential, it qualifies as 'brain abuse'. Because of stringent regulations in migration policy in general, most immigrants

from underdeveloped and developing countries and in particular those from Latin America are skilled migrants. An exception to this is the Mexican people immigrating to the USA (Pellegrino & Martínez-Pizarro, 2001).

The theoretical approach that I am going to use to analyse my data, takes into account power dynamics in understanding the process of acculturation of Latinos living in Wellington, New Zealand. Understanding how power dynamics shape migration processes is also critical in understanding the impact of power relationships on the experiences of migrants, their experiences of acculturation and the construction of their identity.

Using a Dialogical Self Model to Understand the Process of Acculturation

I have decided to use a Dialogical Self Model of Acculturation (Hermans, 2001) to help understand the migration, acculturation and health experiences had by Latinos in Wellington. Through use of such a model I will attempt to get a glimpse of: how us Latinos in Wellington position ourselves dialogically in the world, how we make sense of the world we live in, and how we negotiate our identity as Latino migrants. This model should also shed light on how self positioning and sense making impact on our process of acculturation and inform our experiences of health and wellbeing. While using this model we will need to keep in mind that we are members of a Latino migrant community immersed in a society with many other immigrant communities. Previous research in acculturation has demonstrated that the acculturation process is dialogical in essence (Bhatia, 2002; Dimaggio, 2007, Hermans & Hermans- Konopka, 2010). This is because immigrants see themselves as engaged in back and forth positionings, while constructing and reconstructing their identities. These (re)constructions of positionings and identity occur through power dynamics involving: race, hierarchy, gender and sexuality (Bhatia, 2002 as cited in Hermans & Hermans-Konopka, 2010).

In contrast to acculturation theories focused on core cultural features common to the whole of humankind, Hermans' (2001) dialogical model of acculturation concerns itself with cultural peripheries. In his dialogical model of acculturation, the periphery is defined as the point where contact is made between different cultures. This idea of the periphery as a 'contact zone' suggests that the boundaries between cultures are permeable and that the action of permeating one another's boundaries leads to the boundaries being erased. This boundary erasing then completely challenges the idea of 'cultural cores' which is central to Berry's (1997, 2005) acculturation model (Hermans, 2001). This understanding of the periphery is crucial for the Latino community in New Zealand as Latinos encounter numerous points of contact with the many cultures living in New Zealand.

There exists in social anthropology the idea that cultural complexity is linked to the question of whether geographic locale is a crucial part of the concept of culture. Clifford (1997) posits that when considering acculturation, this idea has been challenged by recent perspectives within the social sciences, especially in social anthropology. In terms of the dialogical model of acculturation, Clifford proposes that the self resembles a 'traveller' because it moves from one position to another. It does this when encountering contact zones where it comes into contact with other cultures. It also moves from one position to another when it is alternating *I*-positions (positions of the self) that it has adopted from within its own culture. Clifford then proposes that 'travel' can be used as a metaphor to portray kinship within a culture as the various people within each culture actively use dynamics of *I*-positioning to feel connected to one another. He then suggests that this ´travel metaphor´ (Hermans, 2009, p.18) gives culture the connotation of decentralisation. He suggests that this connotation of decentralisation should encourage researchers' interest in boundaries, contact zones, and immigrants, among other similar topics in the study of migration.

From a Dialogical Self Model of acculturation perspective migrants engage in a constant process of negotiation through which they construct multiple and frequently contradictory

dialogical stories and voices. Adults as well as their children born in the hosting countries engage in this process (Bhatia, 2002). These negotiations imply bargaining with the larger established political, social and historical cultural traditions that exist in the hosting country. These established traditions belong to, on the one hand, the immigrant's culture and on the other hand the receiving culture (Bhatia, 2002; Hermans & Hermans-konopka, 2010).

Hermans (2004) also suggests that his dialogical model of acculturation incorporates the process of hybridisation. He describes hybridisation as the creation of multiple dialogical selves linked to cultural complexities. These multiple dialogical selves generate a multiplicity of identities that are characterised by a mixture of components from different cultures. An example of this is a Chilean woman doing belly dancing in New Zealand. Through globalisation processes the world experiences an ever growing cultural complexity and therefore the metaphor of travel and the concept of hybridisation are essential components of our present world. The dialogical self, then, refers to the multiple *I*-positions and the fairly diverse stances taken by the self. These diverse stances perhaps reflect increasingly complex intercultural systems, where the self is exposed to unprecedented leaps in the multiplicity of new personal and collective *I*-positions which are adopted (Hermans & Dimaggio, 2009).

As previously mentioned, power relationships are a central characteristic of migration. This element is also a key concept in Hermans' (2001) dialogical model of acculturation. This key concept posits that conflict, power relationships, disagreement, rows and differences, inherent in the human experience, are thought to be essential aspects of the dialogical relationships within the self. These modes of conflict are also thought to be essential aspects of the dialogical relationships that the self has with different people and groups. However, a dialogical understanding does not necessarily emerge from a harmonious encounter between all the voices in the discursive spaces where the selves of different people meet. Instead, the practice of *I*-positioning consists of negotiations,

misunderstandings and discrepancies as well as dynamics of power, which reproduce societal disparities of hierarchy and privilege with certain positions being more dominant than others. I consider this overall feature of dialogical self theory to be relevant in analysing the acculturation process of Latinos living in Wellington. An analysis of the power dynamics of the self will meaningfully reveal the subjective perceptions of these Latinos of their experiences and struggles. This overall feature of dialogical self theory can also help to reveal how these Latinos (re)construct themselves socially. This is particularly relevant to me as peoples' perceptions and the meaning they give to their experiences through their dialogicality, as well as their social constructions is what shapes their life experiences. In the case of this research, the experiences shaped are those which relate to acculturation and health.

Bhatia and Ram (2001) offer a deeper understanding of acculturation. These authors suggest that migration policies in the western countries that the immigrants move to, and the migratory status that these migration policies assign to these immigrants, could shape the *I*-positions of the immigrants. By suggesting this these Bhatia and Ram, affirm the intertwined nature of the self and culture. They also offer the example of the United States, suggesting that US immigration categories are based on racist ideologies. They argue that when a newcomer enters the United States she is presented with the narratives, heritage and immigration legacy of her own cultural group as they relate to the special context of the US. An example provided by these authors talks about the case of Chinese immigrants. A Chinese migrant's sense of self could be affected by the stories from the whole of the United States which reference the Chinese culture. These stories could include the historical stereotypes of the 'yellow peril' and the Chinese as model immigrants (Bhatia & Ram, 2001).

A final use of Dialogical Self Theory for better understanding migration and acculturation is that it can illuminate for us the effects of the impact of the complex and diverse uses of technology. This is especially important as technology forms part of the everyday life of

people, including immigrants. It is a well-known fact that migrants depend greatly on the use of innovative technologies such as the internet, and Latinos are no exception (Escandell & Tapias, 2010). As a way of understanding the intricacies of the acculturation process we can also focus on the periphery of culture. In a multicultural society such as New Zealand, this is the place one finds the 'self', positioning itself in relation to other cultures. Here, too, it becomes necessary to incorporate technology into the analysis of acculturation. This is because, this is where technology is crucial in: mediating intercultural encounters, maintaining continuity of identity and providing a space for identity negotiations (Hermans, 2001).

According to Hermans and Kempen (1998), with all the technological advances, and especially the latest innovations, we are presented with previously unseen diverse ways of improving our dialogical possibilities. For instance, when studying the emotional well-being of Bolivian immigrants in Spain, Escandell and Tapias (2010) found out that the internet was commonly used among immigrants as a healing space. Bolivian people living in Spain would describe their symptoms to their families back home so that their family members could send medicines to them in Spain. These family members would contact their local healers who would practice distance healing rituals for the Bolivians in Spain.

As Hevern (2000) points out, we more and more often see ourselves in situations in which dialogical encounters are mediated by technologies such as the internet, the media and phones. We now participate in larger global communication systems than ever before with the result that we are more often subjected to a wider variety of meanings, ideals and principles. Since we have become members of these types of intercultural networks, we have more chances than ever to broaden the possible types of our dialogues of the self and its multiple voices. Increased access to these technologies due to their spread has been linked to increased complexity within cultures, which has significant implications for dialogicality. Multiple voices (groups, communities and cultures) increasingly constitute our inner, individual worlds. This has generated new possibilities for dialogical associations

which go beyond former geographical boundaries. The dialogical self, then, operates in a contact zone where the dialogues the self has with itself and others take place, and where technological innovations also mediate interactions between the self and others (Hevern, 2000).

Herman (2004) compares our current globalised societies with cyberspace, pointing out how similar both spaces can be, as, they share the main feature of ever growing complexity. Both of these spaces also offer the possibility of travelling from one place to another, as well as encouraging hybridisation by offering opportunities for constructing, mixing and reconstructing *I*-positions. From a dialogical self perspective, the so called collaborative virtual environments of cyberspace provide a highly democratic space within which to operate. These virtual environments allow for more inclusive, progressive and non-traditional roles which permit internet users to negotiate different *I*-positions and to create coalitions. Coalitions in the internet are also not located geographically. This quality, increases the likelihood of people engaging in coalitions where internal dialogues intertwine with external dialogues and where people are freed to further agree with, contribute to or weaken current coalitions within the self.

An example of the use of technology in the global era and the coalitions we engage in through cyberspace, is when Latinos use the internet not only to maintain close relationships with those back home. Another good example of these two activities is when Latinos use the internet as a place to create community within the hosting nation. Such a community space then facilitates local events such as salsa dancing which allow Latinos to socialise and engage in cultural practices as well as to meet other Latinos. Facebook sites in local cities such as 'Latinos in Wellington', provide a place to share experiences or to ask for advice on a wide array of matters. These matters could range from selling a car to finding a health professional who speaks Spanish, or from to finding a job to networking within the local community.

In summary, there are several important aspects that the Dialogical Self Theory considers when analysing how the process of migration and acculturation impact on an immigrant's identity negotiation and wellbeing. I have found the Dialogical Self Theory to be comprehensive and inclusive. This is because it considers socio-cultural, political, historical, religious and technological variables which shape the experience of migrants in terms of their acculturation, identity and wellbeing.

Understanding Impacts on the Health of Migrants During their Acculturation Process

Previously, I have described how the process of international migration is interrelated with macro processes of a historical, political, cultural, social, religious and economic nature. I have also described how international migration is part of a global process of human mobility involving not only contact between cultures in but also between them in global virtual sites via digital technology. I have, too, detailed how the processes of international migration and acculturation in our digital and globalised era have created high levels of cultural complexity. This high levels of complexity at the same time have created higher levels of complexity in the 'society of the mind' residing within the self.

I will now elaborate on how hybridisation and globalisation create conditions of change and uncertainty within the dialogical self, leading to anxiety, which impacts on migrant's health. I will also elaborate on why, in order to obtain a holistic understanding of how migration and acculturation impacts on a migrant's health and wellbeing, it is critical that a health psychology perspective be used. This section will provide the reader with an understanding of the pervasiveness of the impact of migration and acculturation processes on the health of migrants. In the case of this research the Latinos living in Wellington.

Research on health is critical, because health is an important determinant of quality of life (Farivar, Cunningham, & Hays, 2007), life expectancy (Marmot, 2005) and a person's

experiences of well-being (Farivar, et al. 2007; Steptoe, Deaton, & Stone, 2014). There are many social determinants that impact on health (Embrett & Randall, 2014; Goodson, 2009; Marmot, 2012). According to the World Health Organisation these social health determinants are: "the social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food and transport" (as cited in Marmot, 2005 p. 1102). Peoples' lives are played out in cultural, social, historical, environmental as well as institutional contexts (Pavalko & Willson, 2011). Health, according to Farivar, et al. (2007), then impacts on their lives in different areas, for instance, health impacts on a person's functioning in both personal and societal domains.

Marmot (2005) also points out that there are several indicators pointing to the importance of isolating social health determinants in order to understand inequalities in the degree of good health experienced by populations. Craig (2001) has also suggested that given the socially constructed nature of illness, experiences of illness, medical treatment and experiences with the healthcare system can be analysed to determine healthcare failings and disparities. The understanding gained from this analysis could be used to promote cultural as well as social change. Such an investigation of how migration and acculturation processes might impact the health of Latino immigrants could also be used to inform the creation of public policy. These public policy changes would help Latino immigrants to live healthy, meaningful lives in keeping with the high standard quality of life available for all New Zealanders.

Research has generally shown that migration can influence health. Multiple studies across the globe have been conducted to determine the factors that contribute to migrants' poor health (Binfa, et al. 2010; Virupaksha, et al. 2014; Torres-López, et al.2014; Toselli, Gualdi-Russo, Marzouk, Sundquist, & Sundquist, 2014). It is also believed that the process of migration affects health due to circumstances that develop for the immigrant after migration has taken place (Hjelm, Berntorp, & Apelqvist, 2012). According to De Occa et al. (2011), these circumstances are related to factors such as the: type of migration,

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purpose of migration, society of destination, place of origin, history of both the society of origin and the one of destination, the time in history in which the migration takes place, and the age of the immigrant when they migrate. From a dialogical perspective, these circumstances of constant change, uncertainty and complexity create extra stress for the person who has had to constantly (re)position themselves. Furthermore, both uncertainty and stress have been linked to higher levels of anxiety (Hermans, 2004).

As Latinos 'transplant' their cultural practices to New Zealand, hybridisation takes place. As mentioned previously, Hermans, (2004) describes hybridisation as when multiple dialogical selves which are linked to cultural complexities are created, such as occurs in multicultural societies. A multiplicity of identities are then generated which are characterised by a mixture of components from different cultures. In the case of New Zealand, any member of the different coexisting cultures could create a multiple identity by re-enacting or reproducing for instance Latino cultural practices and engaging in them. Latino cultural practices can include: dancing salsa or tango, playing the drums in a batucada band, practicing capoeira, having Mexican food at home or at a restaurant, enjoying Peruvian cuisine or celebrating the Day of the Dead. From a dialogical self perspective (Hermans & Kempen, 1998), then, hybridisation in multicultural societies is a recombination of elements of existing socio-cultural practices into new socio cultural practices.

Canclini (1995) claims that in the world we live in today, cultural complexity ensures that while a culture is not individually homogenous, neither can the separation between two cultures be clearly delineated. Additionally, this author claims that the process of globalisation and hybridisation that we experience, as tempered by innovative technology and cultural complexity, generates significant amounts of uncertainty in the human being. Research has also shown that migration and the process of acculturation, added to the uncertainty a human being tend to feels about the future, results in great levels of stress for a person migrating. These activities also result in great levels of stress for those who

remain behind, and for those in the hosting culture. This stress impacts on the health of the immigrants and their relatives as well as generating conflicts of cultural identity in the hosting community (Binfa, et al. 2010; Hermans, 2004; Virupaksha, et al. 2014; Torres-López, et al. 2014; Toselli et al. 2014).

Lu, Hu and Treiman (2012) have also directed attention to the issue that research on the health of migrants has mostly been conducted in developed countries. Furthermore the focus of these studies have principally been on the condition of the migrants' mental health. This type of research has also mostly utilised quantitative methods. This makes it very hard for us to understand migrants' experiences of migration and health. The difficulty is that quantitative methods do not allow us to understand the person's subjectivity, agency or the meanings people make out of their experiences. Gómez-Estern and Benitez (2013) have pointed out the similar quantitative focus of the several studies done on the psychological impact of migration on people´s lives. These authors have also pointed out the quantitative focus of the copious amount of research on mental health outcomes of immigrants. They also pointed out how little research has been done on migrants' experiences of health and wellbeing. Overall, research on migration reveals that migration is a very stressful process and creates a lot of uncertainty in a migrant's life.

Research into the experiences of migration and health becomes very important as it gives us insight into migrants' feelings of uncertainty, anxiety and stress resulting from their experiences of acculturation. Due to such research being so rare, it is crucial and relevant to conduct more qualitative research that looks at the experiences of migration, acculturation and health of different migrant communities. This is especially the case in New Zealand where this type of research is not only rare, but also much needed as New Zealand becomes an increasingly multicultural society.

Migrants Experiences of Uncertainty, Stress and Anxiety in a Global World

As I have previously mentioned, uncertainty and stress are characteristic features of migrants' lives. Immigrants experience several stressors which have an impact on their emotional wellbeing, such as: the loss of the social support networks that they rely on, an inability to engage in cultural or religious practices, changes in their diet and lifestyle and difficulty adjusting to the new society's culture (Bhugra & Becker, 2005). From a dialogical self perspective (Hermans & Dimaggio, 2007), migrants not only encounter their new host culture but all the other cultures coexisting in the receiving culture. These cultural encounters add stress and anxiety to the already stressful processes of: job hunting, finding accommodation, obtaining foods that are part of the migrant's normal diet and accessing the healthcare system (Craig, 2001; Marmot, 2005; Torres-López, et al. 2014).

These types of cultural encounters are also a source of 'cultural stress, uncertainty and anxiety' for the migrant as she has to (re)construct and (re)negotiate her cultural identity, and (re)position herself accordingly. Thus it can be said that global migration to multicultural globalised societies generates significant levels of complexity due to the number of coexisting cultures that arise from hybridisation. Migrants then have to deal with this complexity which the human mind perceives as a source of uncertainty and anxiety.

The complexity that a globalised society creates for the human being also highlights the importance of cultural locality, where an understanding of humanity in a global context is gained through a process of localisation. This understanding can be gained as localisation brings into focus enormous levels of heterogeneity, diversity and difference between cultures. Hermans and Dimaggio (2007) argue that it is through this link between the global and local that the self is extended out into the socio-cultural space. In the case of migration, once the embodied self of the migrant is operating in the socio-cultural space, they come to experience significant challenges associated with migrating and acculturating.

These challenges create an even greater sense of instability and uncertainty in the migrant´s life.

As well as the high degree of uncertainty and stress experienced by migrants due to high levels of complexity in globalised societies, several other factors contribute to even higher levels of stress in migrants' lives. According to Achotegui (2009), immigrants encounter barriers at their place of destination. These barriers include: unfavourable labour policy, lack of healthcare access, language barriers, cultural difference, lack of social support and difficulties with socioeconomic status. The process of encountering these barriers generates great levels of stress for the person who has migrated, which is generally linked to poor health outcomes. Achotegui indicates that these high levels of stress are often seen in immigrants in clinical settings.

There is also considerable substance to the proposition that racism is a significant health determinant as well as a driving force behind inequalities that migrant ethnic groups experience in comparison with the rest of society (Ferraro & Shippee, 2009). These authors claim that migrating puts the newcomer in a position of inequality in respect to the non-migrant members of the host society. They also point out that the migrant's experience of inequality accumulates over a period of years, negatively impacting on their health and causing a build-up of illness or 'unwellness'.

According to Hermans and Dimaggio (2007) anxiety can be experienced by the social self due to the product of: wider social, economic, political, cultural, religious and global complexity factors. Further to this, anxiety resulting from the reaction of certain neurobiological aspects of the human mind to uncertainty might be experienced. These authors have used the dialogical self theory to argue that there is a relationship between the social and biological self that is mediated by two complex variables: a) the biological need for stability, which finds its foundations in Lewis' (2002) neural model of the dialogical self, and b) the socio-emotional self's need for security and stability.

The second mediating relationship, refers to processes which help the self to maintain a sense of a stable cultural identity (Hermans & Dimaggio, 2007). O'Sullivan-Lago & De Abreau (2010) refer to 'continued cultural identity' as a process that involves a sense of the balance, stability and security of the psycho-social self. In their research on Irish immigrants and asylum seekers in the UK, they found that as a consequence of immigrating to the UK, migrants experienced high levels of uncertainty. These high levels of uncertainty might have been due to experiences of discontinued cultural identity. According to these authors, these experiences of discontinued cultural identity demanded that these immigrants create strategies which could help them to fulfil their need for the security, stability and balance of their socio-emotional self. These strategies, such as the reconstruction of their identities, would help the immigrants to navigate zones of intercultural contact where they would encounter cultural differences. These authors found that the way to diminish high levels of anxiety experienced by immigrants during the acculturation process, was to ensure that the dialogical self experiences a sense of continued cultural identity. A sense of continued cultural identity is something migrants are likely to find in their own cultural groups.

As I have argued throughout this section, current research indicates that uncertainty has been robustly linked to anxiety (Hermans & Dimaggio, 2007; Lyons & Chamberlain, 2006). Added to this, Zimmerman, Kiss and Hossain (2011) argue that in our era of globalisation, international migration presents even greater health risks for people migrating to different places than it did before. This greater health risk is not only emotionally, but also physically and socially debilitating. These increased health risks are also due, in part, to incongruent international migration policy. A country might have a policy to respond to the need for more migrant labour, for instance, which conflicts with individual immigrants' human rights. This can consequently lead to poor health and health inequalities. An example of this is the high levels of a form of chronic stress, noted in migrants in psychiatric settings in Spain. These high levels of stress in immigrants have been

recognised as being caused by the impact of migration on the mental health of a person. In Spanish psychiatry they have recognised this immigrant chronic stress syndrome, and even though it is not an official disorder they have labelled it 'Ulysses syndrome'. Ulysses was a man in a Greek myth who travelled to many countries and was confronted with several situations which caused him extreme stress over long periods of time.

Pertinent to this discussion on the effects of uncertainty, stress and anxiety, is the fact that the concept of an interconnected mind and body has spread widely in health psychology. This particularly true within the field of psychoneuroimmunology (Lyons & Chamberlain, 2006). The understanding of the body and mind as interdependent coincides with Hermans and Dimaggio's (2007) dialogical self theory, in which the self is not dichotomous but integrated physically as well culturally. From this perspective, (Hermans, 2001), the dialogical self is seen as having a mixture of space and time-based features which place it out in the social space. There it encounters the processes of hybridisation and globalisation, which are known to create uncertainty and anxiety. On the one hand, the dialogical brain craves the familiarity of local niches to fulfill a biological need for stability, care, and safety. On the other hand, the self encounters the broadening possibilities that globalisation offers it.

Research Aims

As an insider in the Latin American community my aim is to contribute to the empowerment of the members of my community by voicing their experiences of migration and health. Informed by a search of relevant literature I have developed a set of objectives as follows.

A. To determine how Latinos living in Wellington have made sense of their experience of migration to New Zealand and how they have negotiated their identity positions during their process of acculturation.

B. To understand the impact of acculturation on Latinos in Wellington through their narratives and dialogical positioning.

C. To understand the concepts of health and wellbeing held by Latinos living in Wellington. To understand how their encounters with the healthcare system have (re)shaped their understanding of concepts of health and wellbeing.

Chapter

Methodology

Addressing The Philosophical Foundations of This Research

This chapter examines the methodological approach I have chosen for this research. I have adopted a critical realist ontology and a social constructionist epistemology as the most appropriate philosophical underpinnings for investigating the aims stated in chapter 1. These philosophical approaches have influenced the entire research process (Bhaskar, 1997; Guba & Lincoln, 1994). I also position myself as a Latina insider and active member of the Latino community in Wellington, who has experienced the processes of migration and acculturation to New Zealand. With this positioning of a Latina insider and a member of the Latino community I have also encountered the New Zealand healthcare system. In the next few paragraphs I will discuss the ontology and epistemology chosen as appropriate for this research.

Ontology

Ontology, according to Crotty (1998), is concerned with the study of being or existing in the world. It tries to provide philosophical responses to the deepest questions about the nature of the world and reality. Ontology is then an inquiry into the inherent nature and structure of reality as well as the intrinsic nature of things (Crotty, 1998; Pratschke, 2003).

I have decided to adopt a critical realist ontology to inform this research. I have chosen this approach as it is able to facilitate the provision of answers to deep philosophical questions about the nature of the world and reality in a holistic manner. The father of critical realism, Bhaskar (1998), has claimed that previous philosophical movements, such as positivism and postmodernism have undoubtedly failed to differentiate between epistemology and ontology. This has resulted in a de-emphasis of the philosophical profoundness of reality. Critical realism's central tenet as proposed by Bhaskar (1975), is a

form of ontology which views the natural world as both dependent on and independent of the human mind. According to Mingers (2002), critical realism was also born as a response to criticisms of empiricist science concernin and its inability to account for meaning, agency, structure and social change (Bhaskar, 1979; Pratschke, 2003).

Critical realism is concerned with the essential ontological question of *"what must reality be like to make science possible?"* (Lopez & Potter, 2003 p.18). Bhaskar´s (1998 as cited in Lopez and Potter) response to this ontological enquiry can be obtained by breaking this question down into three different parts. The question to be answered then becomes: ''*what do researchers actually do, what are they looking for and what are the properties of reality that are requisite to serve this practice at all?''* (Lopez & Potter, 2003 p.18).

Bhaskar's (1997) proposed form of critical realist ontology is stratified into 3 parts, each one embedded into the next, which provide an explanation about the nature of reality. The first part is the empirical part which is concerned with events that are observed as well as experienced. The second part is called 'the actual' which consists of these events as well as non-events which are `generated´ by available mechanisms. Finally, the overall, third part is 'the real', which incorporates these mechanisms as well as existing structures, and the enduring characteristics of both (Mingers, 2004).

The central tenet of critical realism, of the nature of reality as existing with or without my knowledge, makes sense to me. This is because, during my experience as a migrant I have lived in many stressful situations which have generated many different outcomes including illness. It could be argued that these events existed primarily in my mind without my knowledge. However, they were also manifested in my body and in the world as I took different measures to become healthy again. The idea of the three levels of the ontology of critical realism also makes sense to me. This is because when I attempt to understand reality and the existence of things, I see body, mind and the world interdependently impacting on each other. Also, the concept of agency in constructing our reality is crucial

for me when understanding people's experiences as it I think it is through agency that we become unique individuals existing in the world.

The ontology of critical realism can help me to understand the way the Latinos participants in our research made sense of their experiences as well as their known and unknown subjectivities. It can also help me to understand the interdependence of mind, body and the world, as constructed in their narratives. Furthermore, these Latinos as embodied social actors with agency, have in the process of migration and acculturation, managed to plan and coordinate their personal and social interactions accordingly to their new socio-cultural setting in New Zealand. They have managed to provide themselves with answers in order to live meaningful healthy lives. At the same time these Latinos have encountered different personal, social and political events as well as social mechanisms, which have generated further events, situations and social change (Bhaskar, 1979).

Epistemology

Besides ontology, the other philosophical underpinning of this research is epistemology. According to Crotty, (1988) epistemology "in its simplest form is a way of understanding and explaining how we know what we know" (p.3). Therefore, epistemology studies how we have come to obtain the knowledge we hold about the world and what we call reality. My purpose in this research is to understand and explain the Latino participants in this research's lived and embodied experiences in relation to migration, acculturation, social connectedness and health. In doing so I am doing it from a critical perspective that will allow us to understand their experiences in the context of wider socio-cultural and historical circumstances. These circumstances play an important role in shaping and facilitating one's lived experiences in the world as well as contributing to limitations of our agency.

I have decided to adopt social constructionism as the epistemology to underpin this research. According to Gergen (1985) social constructionism is mostly interested in

elucidating ways in which humans make sense of and account for their lived experiences in the world. In addition, social constructionism is interested in the processes by which people provide themselves and others with descriptions of their experiences as well as explanations of them. However, defining social constructionism is a difficult business as, Stam (2001) has indicated, there are several view points of what social constructionism is yet to date there is no one agreed upon definition. Burr (1995) maintains that social constructionism is heterogeneous and multidisciplinary in nature. This is because there are several fields of study such as: ethnomethodology, philosophy, feminism and psychology which have influenced the numerous interpretations of what social constructionism is. Regardless, social constructionist researchers are generally concerned with challenging the, perceived to be, unbiased nature of positivist scientific research knowledge (Burr,1995; Gergen, 1985; Stam, 2001).

Social constructionism came about as an alternative to the dominance of the positivist approach to science, and its extension into everyday life. Social constructionism questions what has traditionally been taken for granted in the field of science. It asserts that what we know of the world is not the result of a process of induction as is utilised by the positivist sciences. It also asserts that what we accept as valid is neither the building up of knowledge based on prior theories nor the verification of a set of fixed laws. Social constructionism, too, rejects the claim that the process of understanding the world is directed by unmovable natural forces (Gergen,1985). Sarbin (1984), for instance, asks us to consider that the nature of emotions pertains to socio-historical contexts rather than to biological processes. Sarbin also suggests that 'emotion terms' gain their significance from the context in which they have been used.

Social constructionism rejects the notion that what we know about the world is a mental representation (Burr, 2003). Instead it claims that the process of understanding the world is the result of a dynamic, collaborative enterprise of interdependent people in a particular socio-cultural and historical context. Social constructionism goes further to assert that it is

through: social artifacts, the effect of historical context and cooperative relationships between people that we understand the world. Social constructionist inquiry is therefore an invitation into the historical and socio-cultural realm where a pluralist approach is used to construct the world (Gergen, 1985).

In this light, language is not merely a 'neutral tool' that ´mirrors reality' (Gergen, 1985). It is a fundamentally shared enterprise. It helps us to organise our experience of reality as well as to organise the experiences of reality of the people with whom we are communicating. Language, and the process of meaning making associated with communication become, then, critical resources controlled by those in powerful positions. Language is connected to social class, gender, ethnicity, knowledge and historical dominance of knowledge holders. Social constructionism unravels the links between language, meaning and power (Hare-Mustin & Marecek, 1988).

I consider, too, that a dialogical model of acculturation is consistent with social constructionism as the dialogical self proposes a self that is socially constructed, spatial and embodied. According to Hermans (2004), the dialogical self (as opposed to the Cartesian self) functions as a locality with a multiplicity of voices and stances in constant conflict with the self and others. For the dialogical model of acculturation, the self is socially constructed and is constantly (re)constructing itself.

This process of (re)construction occurs because the self is essentially a social phenomenon where ideas, images, and understandings are profoundly affected by socio-cultural and political contexts. These contexts are interrelated and include: power relationships, colonialist politics, history, ethnicity, religion, gender and sexual identity (Hermans & Hermans-Konopka, 2010).

Consistent with the social constructionist epistemological approach I have decided to use Narrative Inquiry as a tool to analyse the experiences of migration, acculturation and health of the Latino participants in this research, who live in Wellington, New Zealand. As

storied beings we narrate our lives to others in a shared linguistic, socio-cultural and historical context that reproduces the power dynamics of wider political structures, including those of patriarchy. In a very meaningful manner our interpersonal relationships are lived out in narrational forms (Gergen, 1985).

Narrative Inquiry

I have chosen to use a narrative inquiry framework to understand the experiences of acculturation, social connectedness and health had by Latinos living in Wellington, New Zealand. I will do this through the analysis of these Latino participants ´stories. Narrative inquiry is a qualitative method which is based on the notion that we obtain understanding of and provide meaning to our lives through the narration of our stories (Andrews, Squire & Tambokou, 2008). A narrative approach offers a framework which is highly useful for this research. This is because it can provide an understanding of the meaning Latinos living in Wellington have given to their experiences of migration, social connectedness and health. Additionally, narrative inquiry has been widely used in health psychology to understand experiences of health and identity (Riley & Hawe, 2006).

It is well known that narrative inquiry has become increasingly popular in various fields of the social sciences, such as in sociology, anthropology, narrative psychology, health psychology and social psychology. The comprehensive nature of narrative inquiry as an analytical tool, has led to its use permeating the multidisciplinary field of health psychology (Clandinin & Connelly, 1998). In general, the epistemological discussion regarding narrative inquiry is centred on what narratives are, with some schools arguing that narratives are the ´self´, while others, that narratives constitute the 'identity' of a person. Still other school argue for adopting a combination of both narratives as the self and narratives as constituting the identity of a person. It is not within the scope of this research to present different definitions of what makes up a narrative. However, it is necessary to clarify what is understood by the term narrative as it is used in this research. This research, therefore, considers a narrative to constitute both the self as well as the

identity of a person. Furthermore, I will provide a framework of narrative inquiry that will provide will help us to understand both self and identity in relation to the (re)constructed experiences of the participants in this research.

As I have previously outlined, this research utilises a social constructionist view of knowledge. Generally speaking, social constructionism argues that knowledge is a human made construct. I have chosen to understand narrative inquiry as being socially constructed in nature as we humans construct ourselves and our identities in embodied and social ways in time and space. The social constructionist approach to narrative inquiry is explained by Smith and Sparkes (2006) as consisting of human beings being basically story-telling creatures. Through the stories they tell human beings (re)construct themselves and their identities. The narratives of human beings are cultural resources which are shaped, influenced and impacted on by wider social variables while they at the same time influence those variables. This process adds a high degree of richness and depth to a person's life. Bucholtz and Hall (2005) suggest that in (re)constructing a narrative there is a social and interpersonal aspect to identity and self construction that happens throughout the (re)construction process. These authors consider that identity is the self, positioning itself socially in relation to the other.

As mentioned earlier, I chose an ontological, critical realist approach to inform this research. This is because I consider that the human experience is not merely a social construct at its deepest level. I also consider narratives to be more than the social construction of knowledge and culture leading to the formation of the self. I also consider narratives to be more than the socio-cultural construction of discourse, language and words as well as more than the power dynamics these elements have incorporated in them. I also consider narratives to be more than the way in which these elements of communication influence the construction of the self. (Burr, 1999; Gergen, 1999; Nightingale & Cromby, 1999). I understand narratives to also provide an account of people's agency, their experiences and the deep(est) meaning they give to those

experiences. Therefore, using a critical realist approach at the ontological level is consistent with my views of narrative constituting self at the deepest level of human experience. It is also consistent with my views of narrative constituting identity, with agency. All of these aspects of the narrative can be considered to reveal the nature of being.

I regard the ontological and epistemological elements that constitute the narrative's nature to be intricately interconnected and to overlap at a deep level. This relationship between these elements is also consistent with critical realist ontology and social constructionist epistemology. In accordance with a critical realist and social constructionist approach, the construction of the narrative as self and identity can be considered to reveal what the nature of being is and how it is constructed socially. Viewing the self and identity in this way can contribute to understanding how Latinos in Wellington: experience the self, negotiate their identities and agency through their multiple positionings in the world, and assign meaning to their experiences of migration, social connectedness and health. Such a view of self and identity can also inform the choice of a framework for analysing the processes of acculturation and social connectedness experienced by these Latinos. It can, too, inform the choice of a framework for analysing the health experiences these Latinos have had.

Operating from a dialogical self perspective, Hermans and Giesser (2010) have recognised that the underlying assumption of narrative inquiry is that the person narrating the story has made sense of the experience. The assumption, too, is that the person has integrated the meaning of the experience into her life to a lesser or greater extent, by positioning herself. Thus, by being more intimately connected to the process of (re)constructing the story, the person finds deeper or hidden meanings that become available for her as her (re)construction of the narrative unfolds. These meanings then aid her in obtaining a richer understanding of the experience described by her story, which helps her to (re)construct her identity as well as to find a space for healing.

The view of narrative inquiry as the narrator positioning themselves concurs with the concept of the *I*-positions or self positioning of dialogical self theory. Narrative inquiry is also a unique way of conducting research. It acknowledges that during the process of narration the researcher is not just a passive listener but someone who works in collaboration with the participant. Together, researcher and participant (re)construct her/his story in place and time while integrating locations in the social world into the narrative; the social world of the interview included (Clandinin & Connelly, 1998).

Throughout the research process, but particularly when analysing the narratives, the researcher has to engage in a deep self-reflective process. They must do this in order to consider how the construction of the research questions and the setting of the interview might have influenced the narrative and the researchers actions (Hunter, 2010; Connelly, 2007; Josselson, 2011; Mishler, 1986) Similarly, when analysing the narratives, the researcher (re)constructs the narratives in an active and dynamic way. This is partly due to the researcher having to choose one narrative theoretical framework over another (Clandinin & Connelly, 1998). Thus, in narrative inquiry, the researcher needs to be aware of the multiple ways in which she can influence the (re)construction of knowledge. She must also consider the power dynamics existing in the social interaction between the participant and researcher in their co-construction of knowledge.

This co-construction of the narratives can be conceptualised as a constant positioning exercise during the different stages of the narrative inquiry analysis (Davies & Harré, 1990). According to Fivush (2010), one instance of this is during the first, or interview, stage. At this point dominant narratives and dialogues become prominent in the narrator positioning as she (re)constructs her identity through this new interaction with herself. During the overall process the researcher, as an active listener and co-constructor, positions herself either according to her role or ideologically. Both researcher and narrator also position themselves for a possible future audience due to the fact that the narrator

and researcher are recorded. In this manner narratives become a crucial 'location' for the analysis of the co-created construction and positioning of the narrator's self and identity. Narratives as a location also provide a place to explore the meanings people assign to their experiences, which occur not only at a personal and embodied level but also at a cultural, political and historical level (Skinner, Valsiner & Holland, 2001). 'Location', according to Sarbin (1986), is an aspect of contextualism which in turn is an important aspect of narrative inquiry.

Contextualism is very important for this research as it takes into account the complexity of human experiences such as migration, acculturation, social connectedness and health. It assumes there exist a constant texture of complicated 'happenings', events which are prompted by earlier incidents and which affect subsequent episodes of the narration. These 'happenings' are at the same time impacted by numerous agents involved in the events themselves. Contextualism also implies an ongoing change to the (re)constructions of the happenings, as well as to the parts the narrator assigns to the characters in the narrative. Aditionally, in narratives, characters are seen to be beings who relate to each other as well as to greater society and humanity on a global scale. 'The root metaphor' (Sarbin, 1986) for contextualism in narrative inquiry, can be said to be the historical event which can only be made sense of when it has been given a location and situated in time. The historical event, though, does not necessarily imply a linear chronological (re)construction of events, or in the case of a linear (re)construction of events, that there will necessarily be coherence. Coherence may be located in the cultural realm in which the person lives, and it might, or might not, be found in a sequential account of the events (Sermijn, Devlieger & Loots, 2008).

Sarbin (1986) argues that contextualism is a metaphor that is possibly the only one that is sufficiently comprehensive to allow for human experience to be understood deeply. This is because contextualism recognises the potential for progressive sequences of actions to be in the narrative while also allowing for: unpredictable contradiction, fragmented episodes

of narrative and/or discontinuity in the story's elements. These story elements might be, memories, feelings, events, or ideas. Migration can be considered to be a historical event that is highly significant in someone's life, and which gives coherence to their story. This makes the concept of contextualism a meaningful way of understanding the identity, acculturation experiences, social connectedness and health experiences of the Latinos participating in this research.

The aspects of narrative on which researchers have focused their attention during the narrative analysis, has multiplied over time. Attention can be centred on the plot, the organised sequence of events, specific themes or specific chapter(s) of the drama. It can even be centred on the successful interaction between the characters (Riessman, 2000, 2008, Squire, 2009). Narrative inquiry analysis allows also for the study of a person´s identity. The study of identity can be carried out by a study of the cultural practices that people engage in in particular socio-historical contexts (Phoenix, Smith & Spark, 2010).

Boenisch-Brednish (2002) claims that there are certain key topics in people´s stories that help them to structure the way in which they narrate their lives through their stories. These key topics usually stem from significant situations which have happened to people in their lives. These key topics then become key narratives which people tell, retell and (re)construct when retelling. Through this process they then assigning new meanings to situations. These key narratives can give us an insight into the person´s identity and how she constructs her identity by (re)positioning herself in the story. They also allow her to position herself as a moral agent. Key narratives can also reveal how identity acts as a critical resource in establishing a person's morals.

Another element of narrative which researchers have focused on when doing narrative research, has being the body and embodiment. Research on the body and embodiment has grown since the 1980s as an alternative to narrow scientific research perspectives regarding the body, and the limitations of social constructionism in respect of

embodiment (Soffer, 2001). I think that embodiment and the body are central to human existence and that to a greater or lesser extent they impact on our social performance. At the same time, our bodies and embodiment are to a certain extent constrained by our social conditions and social context.

I think that critical realism offers a way of marrying the body and social constructionism. Critical realism provides a voice for the subjectivities and activities of the body, which are central in the construction of the identity and agency of a person. Critical realism is also consistent with the social constructionist understanding of knowledge as being socially constructed in time and place. I consider that our identity is (re)constructed in reference to our embodiment in social space. This positions us as either healthy social actors with all the ´socio-cultural´ benefits that having good health entails or as sick with ill health. Illness, poor body functioning and physical or mental suffering are, too, socio-culturally constructed in place and time. Us human beings respond to 'scenarios' of health and illness in socio-cultural and historical ways which are informed by different fields of knowledge. However, the voices that traditionally dominate or resonate more strongly, with us, such as those of the medical sciences, tend to have a stronger impact on our understanding of health and illness.

In the complex process of analysing narratives our center of interest will be dependent on the research question we have formulated. We will be interested in our participant´s stories, their experiences and how these experiences relate to the stories they have told us (Murray & Sargeant in: Harper & Thompson, 2011). As this process of analysing narratives is of such complexity, Murray (2000) has proposed Four Levels of Analysis as a guide for researchers to use when analysing their narratives. Murray´s (2000) four levels of analysis are based on Doise's (1986) work on narrative analysis called Levels of Explanation in Social Psychology.

The four levels of narrative analysis (Murray, 2000) are not necessarily exclusive but are complementary with many overlapping aspects. The first level of analysis, the personal level, is concerned with how a person makes sense of her experience. Analysis at this level is consistent with the way narrative analysis has traditionally been conducted, utilising epistemologies other than social constructionism, such as phenomenology. The second level of analysis, the interpersonal, is concerned with interpersonal relationships that a person has with others in any given situation. At the second level of analysis the construction of the story is seen as a dialogical process which emerges from joint activity. The third level of analysis takes into account that each participant contributes a set of characteristics to the communication process. In the light of participants contributions the researcher can gain insight into the social and moral functions of the narrative, as well as the wider social context. The fourth level of analysis is the ideological level which, as is evident from its name, is concerned with the ideologies, beliefs and social representations a society has (Murray, 2000, Stephens & Breheny, 2013).

Murray´s (2000) four levels of analysis have been utilised in other research. In that research, however, it has been underpinned by a different set of epistemologies and ontologies than those used in this research. This research intends to integrate a critical realist ontology with a social constructionist epistemology in order to obtain a deeper level of understanding of the experiences of the Latinos participating in this research. Murray´s (2000) four levels of narrative analysis are useful for this research in a general sense as they offer a rich theoretical framework for understanding narratives.

Murray's (2000) four levels of narrative analysis have some similarities with four typical features that Kirkman found when he looked at narrative analysis conducted in health psychology research (1999). Kirkman's first typical feature referred to the recognition of the person as an individual. The second typical feature was concerned with the subjectivity and meaning that a person gives to an experience. It also touched on the changes relating to subjectivity and meaning which arise from (re)narrating and (re)interpreting the

experience over time. The third typical feature of narrative analysis in health psychology research, according to Kirkman (1999), is concerned with context and how this contributes to the construction of meaning. The fourth typical feature pertains to the process of the construction of autobiographical narratives that Kirkman sees as a collaborative process.

During my narrative analysis, I will try to integrate the core ideas of both Murray´s (2000) four levels of narrative analysis and Kirkman´s (1999) four typical features of narrative analysis in health psychology research, into my analysis. I will try to integrate these core ideas when they are ontologically and epistemologically applicable. It is also important to consider that this research is informed by dialogical self theory. I therefore propose that my research use a narrative inquiry approach employing three levels of analysis, which is underpinned by critical realist ontology and social constructionist epistemology and informed by dialogical self theory.

I propose using three level of analysis as, in dialogical self theory, the interpersonal and counter-positional levels are directly related. Separating them would lead to a repetitive and perhaps confusing interpretation and reading. Furthermore, Murray (2000) and Kirkman (1999) warn us about the overlapping quality of these levels and suggest that there are many ways of analysing narratives. They further suggest that their four levels are merely a guide for the researcher.

Thus, the first of the three levels of analysis I will use will be the self, which is concerned with the *I*-positions of the person and with their personal story. The second level I will use will be the interpersonal and counter-positional level of which one aspect is the (re)construction of identity in relation to interpersonal relationships. The other aspect relates to the consequent counter-positionings which happens when encountering others from one's own culture as well as members of other cultures who coexist in the same society. The third level of analysis I will use will consider: wider societal variables, power

dynamics, hybridisation and multiple identities which result from complex socio-cultural, political and historical contexts; both globally and locally.

It is to be noted that I struggled to find any research articles that approached narrative inquiry from a dialogical perspective. Literature using a social constructionist epistemology for narrative inquiry and analysed the narrative's data without using a thematic analysis, all the while incorporating a dialogical perspective, was very difficult to find. Interestingly enough, many research articles presenting research using narrative inquiry, talked about not having adopted a unitary approach, yet the research ultimately employed a thematic analysis.

In summary, a critical realist ontology and social constructionist epistemology were chosen as the philosophical underpinnings of this research. I chose narrative inquiry as an analysis tool to apply to the experiences of migration, acculturation and health of a group of Latinos living in Wellington, New Zealand. According to Connelly and Clandinin (1990), and Sarbin (1986) the ontological underpinnings of narrative inquiry are founded on the premise that we humans are narrational beings and therefore human existence is storied in nature. This is at the same time consistent with a social constructionist approach in the sense that narratives are stories constructed in sociocultural, historical and political contexts. Additionally this research had been informed by the dialogical self theory of Hermans (1998). In order to obtain a thorough and meaningful analysis of the experiences of migration, acculturation, social connectedness and health had by these Latinos I propose to incorporate three levels of the dialogical self into the narrative analysis. Overall I am hoping to provide a critical point of view that can contribute to the understanding of how these Latinos (re)negotiate their identity and (re)construct their self. I am also hoping to shed light on how the subjectivities of these Latinos impact on their bodies and the world as well as on their agency.

Chapter 3

Method

This research utilises qualitative methods. A narrative inquiry analysis with a dialogical approach was the methodology selected to be used in this study.

Population Sampling

This study utilised a snowball sampling recruitment method which, according to Brown (2005), is a form of recruitment that uses participants' interpersonal relationships and social connections to gain entry into desired groups or populations. Brown indicates that there are certain situations when snowball sampling is appropriate. These situations include when the population being studied is hard to access, is 'not visible' or is small. Snowball sampling is also appropriate when the topic being investigated is quite sensitive, for example, in research involving immigrants, women, sexual matters, homosexuality, or health issues. It is appropriate, too, when one is researching study participants who share salient features with which they each identify and when the nature of the study is social in orientation (Faugier & Sargeant, 1997). In the case of this research, the snowball sampling recruitment method was chosen as appropriate. This is because Latinos are a small community who identify themselves as having the shared features of being Latinos living in the social context of New Zealand. They also consider the topics of migration and health to be very sensitive.

Participants

The research process involved recruiting ten participants identified through the snowball sampling recruitment method. The participants interviewed included five female participants and five male participants. Each of the participants was interviewed individually and the interview was recorded. An information sheet was handed to each of the participants and the participants filled out and signed a consent form. Participants were assured they would receive full confidentiality and anonymity. After completing the

interview participants were given a $20.00 supermarket voucher as a symbolic way of thanking them for their participation.

Criteria for Participation

There were four main criteria for participating in this research study. The first was being of Latin-American origin and speaking Spanish as a first language. This is because I wanted to conduct research on my own community, informed by my experiences of migration and health. During the 11 years I have lived in New Zealand as an immigrant, I have encountered and experienced many stressful situations directly related to the process of migrating. These experiences have impacted on how I experience my health and wellbeing. I wanted to know how other Latinos were experiencing the process of migrating and how this was influencing and impacting on their experiences of health and wellbeing. As I have mentioned, not all countries in Latin-America speak Spanish but as I speak Spanish, and I wanted to be able to access rich and meaningful narratives of Latin-Americans' experiences, I chose to only research Latin Americans for whom Spanish is their first language.

The second criteria for participating in this research was being between 25 and 55 years old (inclusive) and having had lived in new Zealand for at least four years. This was because we wanted to conduct research on people who had been in the country for at least four years as adults, who, in consequently had experienced the process of acculturation. We also hope to include participants who had gained some insight into their experiences of migration and health. The third criteria for participation was having had migrated to New Zealand after the age of 18. We selected this criteria as we wanted to study the experiences of adult migrants as opposed to children, as the process of migrating as a child is different in relation to language proficiency and opportunities. The fourth criteria directly relates to the two previous ones. This was that participants had to have a residence permit in New Zealand which ensured that they had lived in the country

for at least four years. It also ensured they had been granted the right to work in an area of their choice.

This study involved the participation of ten people. This group of participants was made up of the following five different nationalities from the Latin-American countries of: Argentina, Bolivia, Chile, Colombia, Mexico and Peru.

Women (age)	Men (age)	n
1 Chilean (29 y/o)	2 Chilean (32 & 36 y/o)	
2 Mexican (32 & 52 y/o)	1 Mexican (38 y/o)	
1 Bolivian (37y/o)	1 Argentinean (34y/o)	
1 Colombian (37y/o)	1 Peruvian (51y/o)	

Figure 1. Participant´s nationality and age

Procedure for Conducting Interviews

I invited people to participate in this research and those who agreed to participate wrote down their contact details for me. These potential participants were then contacted via a text message to confirm they were still willing to participate. The participants who were still keen to participate after receiving the text message were subsequently contacted via a phone call or email depending on their preference. In this conversation or email they were once again briefly informed about the research, then they were emailed the information sheet. The time and place that best suited these participants to be interviewed, was then organised. Some of these participants agreed to meet at their local public library as they decided that it was better to meet outside their homes so that their children would not disturb them during the Interview. Other participants decided to meet me, the researcher, at the central branch of Wellington's Public Library or at the Massey University Wellington Campus library. One participant decided to meet me in their own home. Two interviews were conducted at a third party's home, the home of a salsa teacher who knew two of the participants.

Interviews were conducted by me, a native Spanish speaker originally from Chile. Each interview lasted between 45 minutes and an hour and participants were asked to narrate their stories relating to three main topics. These topics were: migration; social connectedness; and health and wellbeing. Each participant was met and greeted by me at the agreed place and time. I spent 10 to 15 minutes building rapport with the participants and explaining the research to them. The length of time employed in building rapport was carefully considered, keeping in mind cultural considerations of the Latino culture in relation to time. Each participant was given an information sheet written in Spanish. I then allowed some time for reading the information sheet. When finished, I asked if the participants had any questions or doubts relating to the study. Once the participants felt that they had had their questions or doubts satisfactorily responded to, and they had expressed their understanding of their rights as participants, I handed them a consent form written in Spanish. Participants signed the consent form which indicated that they had both been fully informed, and had agreed to be recorded during the interviews. All interviews were conducted entirely in Spanish and the information sheets and consent forms were written by me in Spanish. (Please refer to Appendices A, B, C and D for the information sheets and consent forms in both languages)

During the interview the participants were first asked to tell me stories about their migration experiences. Among the questions I asked participants were: What was happening around the time they migrated to New Zealand? Why did they decide to come to New Zealand? How did they experience the process of getting their permanent residence visa? What were their stories relating to paid work? This part of the interview lasted around 20 minutes and participants chose when to move on to the next topic. Participants were then asked to tell me their stories which related to their social connections as well as to situations or circumstances in which they utilised Spanish in Aotearoa New Zealand. Finally, participants were asked to relate stories on the topic of their health. Participants were asked for their stories concerning: health and illness, their encounters with healthcare professionals, their experiences when receiving medical

consultations, as well as their overall experiences with the healthcare system. They were also asked for stories about their access to the healthcare system and how the cost that that involved had influenced their decisions regarding treatment and healthcare access.

I asked the participants at different times during the interview to clarify certain points in their narratives. I also asked further questions when I considered that it was necessary in order to co-construct a better and deeper understanding of the narrative,. I did this as long as I was not interrupting the thread of the story that the participant was constructing.

Ethics

This research project was closely supervised at every stage by Professor Kerry Chamberlain. I, as the researcher, filled out an ethics application form, number 14/002. This was sent it to the Massey University Ethics Committee: Northern in Auckland, where the research project was reviewed and approved. I signed a confidentiality agreement stating I would keep confidential all information concerning this research project in order to maintain high ethical standards. In doing so I also agreed to maintain anonymity and confidentiality in relation to those people collaborating in this research. This confidentiality agreement was also designed to ensure the safety and wellbeing of the people collaborating in the research.

While conducting this research I encountered a number of circumstances in which I had to carefully reflect on the possible implications of a situation. The implications of these situations might have impacted on the participants, myself and the research study itself. Overall, I had to reflect on how my own experiences of migration and acculturation impacted on the I decisions I made in relation to designing and conducting this research. During the years I have lived in New Zealand I have experienced severe stress and anxiety at times, and on some occasions this stress and anxiety has negatively impacted on my health. I have experienced levels of uncertainty that I never thought I could possibly experience. As I began to work through the process of carrying out this research I could

clearly see how the aims of the research were born out of my own personal experiences as a migrant. I cannot erase who I am and the experiences I have had in this world, nor can I change my experiences in relation to existing social conditions and dynamics. The way in which I made sense of these experiences, therefore, will have impacted on all aspects of this project. I can only embrace these experiences as valuable and valid and hope I was mindful at every stage of this research of not pushing my own agenda. I also I hope that my experiences contributed to a richer and deeper research project.

During the process of carrying out this research I experienced numerous moments of inner conflict between three of my *I*-positions, as a researcher, an insider and as both at the same time. This inner conflict could have compromised ethical standards in relation to the participants and myself as various *I*-positions inevitably dominated over others. For instance, I saw myself constantly juggling between two important *I*-positions. That of a researcher having knowledge regarding migration, acculturation and health that the participants might not have, and that of an insider who had formed relationships with the participants and within my community. There is further complexity involved, in that my experiences of migration and as a Latina influenced the way in which I constructed the interviews. This is because I am a Latina who has experienced the process of migrating and who wants to keep a good reputation in our community; a small community which, for us, is located in a small city.

The conflict between maintaining ethical standards and generating rapport also impacted on the participants' degree of disclosure during the interviews. Some of the people approached to participate in this research told me that the requirements of the research of talking about their private life and their health, led them not to participate. These potential participant did not want to disclose their personal information for this research. The fact that some Latinos saw having to disclose things about their lives and their health as some sort of threat, made me think about the sensitivity of the topics targeted by this study. It also made me more aware of the sensitivity related to passing on narratives for

use in research and for being made available to others. Prior to the participants recruitment stage I had not reflected on the fact that health and migration were extremely delicate topics for many Latinos. This reflection lead me to further thought and reflection on prejudice and stereotypes in relation to migration, health and being Latino; held by the Latino community living in Wellington. It was at this stage that I understood more clearly that our community holds certain cultural stereotypes regarding health, identity and privacy. This reflection was crucial for me when conducting the interviews as it made me aware of how difficult it could be to disclose information on these topics.

Being an insider and a researcher lead to additional conflict in internal dialogues and social positionings. This was partly because the people I interviewed turned out to be amazing people who warmly and honestly opened up to me. They willingly invited me to share in their private experiences as well as to co-construct their narratives with them. They also all expressed their excitement and happiness to be able to contribute to this project. We, too, naturally and genuinely bonded as we engaged in the interview process. This made it difficult to keep the power dynamics caused by my multiple roles balanced.

Regarding the bonds created during the interviews, it would have been out of place for me to say 'no, I won't meet you for coffee', in order to maintain ethical boundaries. This was because the women who I agreed to have coffee with had experienced a lack of social connectedness. As we belong to the same community and share values of solidarity, it would have felt cold to me and somehow exploitative to have refused to meet them. It was also very difficult to set up boundaries between me and the participants, given our membership of the same small community. It felt exploitative to obtain knowledge from the participants then to totally remove myself from the relationship we had built and to not further engage in a human and caring way. This was especially difficult considering Latino social codes regarding relating to one another differ from Western and Kiwi codes in that they involve being more open to deeper interpersonal connection. I carefully evaluated the situation before agreeing to meet up with these particular participants after

the interviews. I was not only being cautious in relation to the power differences in our relationship but I was also afraid of ethical conflicts. These conflicts arose due to the fact that now that I have met these people, I see them at most Latino gigs, social salsa and other Latin-American events. These meetings have been unexpected as I considered I would leave New Zealand for good after the completion of this thesis. I therefore judged that the coffee meetings were necessary to not lose face in my community. By not engaging socially and culturally would have been seen by them as engaging in exploitative research.

Even though narrative inquiry involves active listening and co-construction of narratives I still felt uneasy asking questions on topics that are still stigmatised in Latino culture, such as health and well-being. Despite all these areas of potential conflict I think I managed, both during the interviews and in subsequent encounters, to successfully maintain ethical standards, establish good rapport, and obtain rich narratives.

Analysis

This section is concerned with the analysis of the narratives co-constructed during the interview process of this research. In conducting the analysis of the stories of the Latinos participating in this research, I engaged in a process of self reflection of who I am and what experiences I bring to this research. I will present the results of this reflection here. Later in this section I will set out questions that I formulated in order to help analyse the narratives of these Latinos. These questions allowed me understand various aspects of the participants´ narratives and why these narratives were presented in the way that they were. I will finally explain the process I used to conduct the narrative analysis of the participants stories.

Self Reflection on My Personal Experiences as a Migrant

I have been in New Zealand for eleven years. Before I came to New Zealand I had studied at University back home where I learnt English. In New Zealand I initially worked as a

waitress and then sold cosmetics in a boutique. In 2008 I began studying for a Bachelor of Psychology at Victoria University of Wellington (VUW), in New Zealand. During my undergraduate degree I was extremely anxious and had acne and inflammatory bowel syndrome. I was very unwell. This made it especially difficult for me to complete my education but I was determined to do it.

I obtained my citizenship the same year that I graduated with my degree from VUW. I then moved to Massey University to further continue my education in psychology, this time at the postgraduate level. I discovered health psychology at Massey and felt that I wanted to continue my education in this field. After graduating I applied for hundreds of jobs related to my qualifications but did not even make it to the short list. It was very frustrating, especially as I had to keep my old part time jobs. Since I have been in New Zealand, as well as experiencing poor health, I have gone through the immigration process, belonged to different groups and attended various institutions. These experiences have made me particularly aware of the many different situations that immigrants encounter as they began a new life in their new country.

The self reflection in which I have engaged is much needed as it democratises the research by telling the reader who I am and what I bring to this research. It reveals my reasons for wishing to conduct this research, what my biases are and makes me accountable. By providing this information I hope to balance out any inequities in power in the relationship between myself as, a researcher and insider of the Latino community, and the Latino participants in this study. I also hope to empower the reader so she can constantly see my self-positioning and compare it with the information set out in this research. In this way the reader can come up with her own understanding of what is presented. Additionally, this process makes for dynamic reading where the reader decides how relevant and useful the information communicated is.

Conducting The Narrative Inquiry Analysis

When conducting the narrative inquiry analysis for this research I tried to focus on more than only the plot of the participant's stories. I also focused on: the meanings these participants assigned to their experiences; their subjectivities, or sense of self in varying social contexts; and the way in which they (re)constructed their identity and self positions in their narratives. I focused on how they negotiated their identity during the process of acculturation by looking at how interpersonal encounters impacted on them and how these encounters shaped their counter-positioning of themselves. Additionally, I looked at the wider social, cultural, historical, political and environmental-geographic contexts, and to what extent these contexts constrained agency and influenced the wellbeing of the participants.

To help me focus on the aspects mentioned above and to assist my search for experiences of migration, acculturation and social connectedness in the participants narratives, I formulated some questions to ask myself. The questions I formulated were: What had the participants done before migrating? What type of stories did the participants tell? What type of experiences had the participants gone through? What meaning had the participants obtained from their experiences? How had the participants (re)constructed the self in their stories? How had the participants (re)constructed their identity in their stories? How had the participants positioned themselves in their stories? These questions helped me to understand the identity (re)negotiation, (re)positioning and interpersonal counter-positioning, as well as the subjectivities, of the Latinos participating in this research. These questions also helped me to investigate the wider social context that these Latinos had experienced.

After looking at transcripts of the interviews I highlighted information relating to my questions, and then wrote notes in different colours next to the highlighted text. I looked at places where the Latinos participating in this research had made comments in which they re-evaluated their experiences. These evaluative comments had been recorded

during the interview with a recording device before being transcribed. According to Higgins and Stoker (2011,) evaluative comments reveal the meaning people give to their experiences as well as their points of view, and their sense of self.

After this process I was able to see common topics in the narratives which I grouped into a long list of over forty different types of experiences. I then divided these experiences by theme. I decided to organise the themes I found into four categories, or major themes: having the language, social connectedness, otherness, and health. Each theme had at least ten different experiences. This structure of four major themes helped me to start mapping out the final analysis structure for this research. I started to draw diagrams to see what the relationships between the experiences and the implications of the experiences were. In doing so I realised that some experiences could be further grouped together under the label of one overall experience. Finally, I translated the transcripts from Spanish to English and started to write my analysis.

For me, the analysis was the most difficult part of this research. I wrote four narrative analysis drafts before writing the final narrative analysis. The first and second drafts of the analysis that I wrote more closely resembled a thematic analysis than a narrative inquiry analysis because I described the experiences rather than explained them. The fourth draft I wrote was less descriptive than the earlier drafts and consisted of a mixture of analysis of the narratives, and reference to research by other authors. In the fifth draft of the analysis I was able to provide a narrative analysis with clear findings, and to provide explanations for and implications of these findings. This long and thorough process helped me to become familiar with my data and to better understand the intricacies of my findings in relation to my research aims.

Chapter 4

Findings and Discussion

Experiences of Migration, Acculturation, Social Connectedness and Health

Experience of Not Having the Language

An important experience that emerged from the data analysis of this research, was the experience of having migrated to New Zealand without having English. I will present an excerpt from one of the participant´s stories about migration that clearly illustrates this experience. In Mariano´s excerpt he talks about his experience of coming to New Zealand.

Mariano: ''I came to New Zealand initially for a year on the working holiday scheme. I didn't speak any English. I felt really bad at the beginning, I couldn't do anything on my own. I depended on the Latino friends I had made here. I couldn't even go to the supermarket on my own to buy bread (pause) because I didn't even know how to say bread! Do you know how it feels not being able to buy bread because you don´t know the word? ''

Researcher: '' uff, I can imagine, bread is such an important food in our diet!'' (Looks at Mariano in agreement)

Mariano: '' It was terrible! I didn't know what to do. It was terrible. I felt really bad (looks at me in the eyes). I couldn't take the bus on my own either because I didn't know how to go about it. I didn't know how to say I wanted get off the bus. I wanted to learn English because I had met my then, my current fiance and I wanted to reply to her texts and to talk to her. I decided to move in with Kiwis so I could learn English, and at night time after work I attended classes at Wellington High School. After a few years I did a few English proficiency courses at University.''

A central finding of the data analysis was the experience of not having the language. The importance of this finding is that not having the language shaped the experience of

acculturation these Latinos had. From the data analysis it emerged that not having the language also meant that participants in this research experienced difficulties in many different areas of their lives while acculturating to New Zealand society. An instance of this was where participants who experienced not having the language also experienced difficulties in relating to others who spoke English. This then reduced their chances of meeting people from New Zealand. Lucas´ experience exemplifies this situation: '' *I hated English, I didn´t speak it when I came over to New Zealand...I only hung out with people who spoke Spanish for the same reason that I didn't speak English.*'' Another example of the finding of not having the language leading to experiencing difficulties in different areas of life was having to take someone else along to the doctor when needing a consultation. A quotation from Perla illustrates this situation: '' *I had to go to the doctor and I couldn't go on my own...Because I didn't speak English I couldn't understand what the doctor was saying, it was pretty bad. I could only go to the doctor if my partner was available.*''

This central finding of the experience of not having the language was discovered in data analysis to also be linked to Latino participants coming to New Zealand for a year on the working holiday scheme. Participants talked about planning to learn English while travelling and working in New Zealand, but then meeting a romantic partner from New Zealand and deciding to remain in the country. Lautaro and Emma´s quotations exemplify this situation: '' *I wanted to learn English to get a better job in Chile. I thought I could travel and work in New Zealand and here I met my partner.*'' *(Lautaro)* '' *We had learnt a lot of English by that time (near the end of the year of travel), and almost at the end of that year I met my current partner and we decided to pursue the relationship.*'' (Emma)

It emerged from the data analysis that these participants considered themselves to be ´travellers´ in their first year rather than migrants. The stories of these participants, were, in their first year in New Zealand, about working hard in the fields, working in fruit factories, working as cleaners in backpackers, travelling, and making lots of friends. The following excerpts from Mariano and Emma, two of the participants on the working

holiday scheme, illustrates this experience of being travellers during their first year in New Zealand.

> *Mariano: '' We worked all day long in the pack house, sometimes we didn't even see the sunlight...At the end of the season we had a huge party, I had made friends with other travellers, people from so many cultures it was great, I loved it.''*

> *Emma: '' I was working as a cleaner in this backpackers, I had made many friends from different Latin American countries. I was having a great time. Back home I never thought I could work in something like that but I was travelling so it was OK.''*

The implications of the narrative metaphor of these Latino participants as ´travellers´might be that it functioned as an emotional buffer during their first year in New Zealand. They could have created this metaphor in response to the difficulties they were experiencing from not having the language, to feel more secure knowing they were going home to their families in a year. From the data analysis it arose that these participants had made sense of their experiences as ´travellers´ as an emotional journey in which they grew up and matured. Emma´s excerpt illustrates this.

> *Emma: '' I decided that I wanted to spend some of the time of the trip on my own and travel alone because I needed to prove to myself I was able to do it...I matured in a year in a way that I had not done during my whole life (laughs).''*

After these participants decided to remain in the country to be with their partners they experienced a big shift in their lives which was reflected in their personal stories. This shift occurred in spite of them initially not having the language. Most of them complained of having lost most of the friends they had made during their journeys around the country and of how they were now alone with their partners in a new country. The experience of deciding to live in New Zealand and not having the language, meant that at the personal level these Latino participants developed feelings of insecurity, isolation and uncertainty.

It also meant losing their previous social connections and experiencing difficulties in many areas of their lives. Perla´s excerpt illustrates this experience.

> *Perla: '' So I stayed home alone and watched television all the time but couldn´t even understand the TV. I cried most of the days...I had no friends, all my friends had gone back home and I didn't know anyone anymore. It was the worst experience of my life. I didn't know what to do...I went to an English language school afterwards, I had to learn English.''*

A further finding that emerged from the data analysis at the personal level, was that all the participants in this research underwent a process of (re)construction and (re)negotiation of their self and their identity. This took place while they were acculturating to New Zealand Society. This negotiation process resulted in them adopting multiple identities. Augusto´s excerpt illustrates this situation.

> *Augusto: '' I am Peruvian but only lived in Peru five years of my life...Here I have formed a Latino family and I have taught my children love for both countries...Altogether I have lived in New Zealand for over thirty years, I love this country, it´s my home now.''*

According to theory this process of adopting multiple identities is due to immigrants who are undergoing the process of acculturation; experiencing cultural encounters between their culture and the culture(s) in the new country. This process of identity (re)construction and negotiation of the self has been described by Hermans (2002) in his dialogical model of acculturation, as the migrant´s process of adopting multiple identities. Participants in this research variously identified themselves as: travellers, being Latino, foreigners, migrants from a specific Latin-American country such as Peru, and/or as being an immigrant.

The importance of the finding of not having the language in relation to the adoption of multiple identities is that through constructing and negotiating multiple identities participants were able to navigate their world. Not being able to successfully negotiate

multiple identities and engage in effective self positioning limited participants in this research who did not have the language. This is because they were less able to develop ties with people, including migrants, from other cultural groups. Lucas' excerpt illustrates how not having the language can limit a migrant´s ability to successfully navigate relationships with all of the other cultural groups in a society.

Lucas: "As a foreigner you feel really different, the way you dress and talk, you're different...As a Latino I feel like we have more in common and more to talk about with Māori people. You can have a personal conversation with a Maori person and he´s not going to shut you out. They let you in, you can talk to them about yourself."

In relation to the co-construction of Mariano´s narrative, my own positioning in relation to Mariano´s inability to buy bread because he did not have the language is one of understanding and empathy towards him. As an Immigrant I had already heard other people´s accounts of not having the language, but Mariano´s story struck me. This is because the Latinos' diet consists of bread as a central ingredient (accompanied with something else such as cheese and/or salad) twice a day, during breakfast and at once at once[1] time. I could therefore understand how not having the language was even impacting his diet, as well as making normal everyday life difficult. Previous research on migration has also acknowledged the impact on immigrants' diets of the process of acculturation, through the unavailability of foods central to their diet (Bhugra & Becker, 2005).

It is to be noted that it is generally assumed that migration mostly occurs for economic reasons (Téllez, 2002; Anthias, 2012). This research, however, found that a significant number of the Latino participants migrated to New Zealand on the basis of romantic partnerships. In this respect this research supports statistical evidence from the New

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[1] Once is a Spanish word utilised in Latin-America to refer to the food eaten during the evening.

Zealand Immigration Service (2015) which indicates that one of the reasons for migrating to New Zealand is to migrate on the basis of partnership.

Experience of Not Being Able to Participate in Social Interactions

Another experience connected to not having the language that emerged from the data analysis was not being able to participate in social interactions. In Emma´s excerpt she talks about her social interactions.

> *Emma: '' Hmmm like my English wasn't very good, I couldn't understand the whole conversation and I would keep thinking about what they said and then (pause) I'd be lost in the conversation. They´d keep talking and I had lost track of the conversation (pause) because of my English. I'd get bored then and I wouldn't talk again for the whole night (pause) I hated it so I didn't go out very much.''*

A central finding which emerged from the data analysis was that participants in this research struggled to make sense of social situations. They also found it difficult to become interested in the subjectivities (or sense of self in varying social contexts) that English speakers could offer them in different social contexts, including the context of friendship. Struggling to make sense of social situations and the subjectivities English speakers could offer in different social contexts meant the participants experienced feelings of boredom, frustration and not being able to integrate when socially interacting. Cita´s excerpt illustrates this scenario.

> *Cita: '' So they have those get together gatherings and only talk things about themselves and you get used to hearing them talking about themselves, and you would disconnect because at some stage you don't listen anymore and then they would talk to you but like you didn't get included in the conversation. You say well ok, let it go but you get that feeling that I am not integrating.''*

A possible implication of this finding of struggling to make sense of social situations and the subjectivities English speakers could offer in different social contexts, is the resultant engagement in negative or restrictive dynamics of social interaction. These negative or restrictive dynamics of social interaction are evident in the excerpt where Emma opts out of the conversation because she might feel overwhelmed by continuing to participate in it.

The finding of struggling to make sense of social situations and the subjectivities that English speakers could offer in different social contexts, affected most participants. It is important to note, however, that this was regardless of them having or not having the language. The most significant implication of this finding is that it shaped the dynamics of social interaction and social participation for most of the Latinos in this research. Lautaro´s excerpt illustrates the situation of social participation being limited, when he was not able to form relationships with New Zealanders even though he worked with them.

> Lautaro: '' I have a few good Latino friends and sometimes we meet up for a drink at night or go out. I have been here for over five years. I think the opportunity to make friends with New Zealanders just hasn't come up. I would like it to happen but it hasn't happened. I work long hours in the factory you know and I don´t go out that often. But I think it´s just that it hasn't happened. I would like it to happen though but I don't know how, because the hours (pause) I work, I also work on Saturdays.''

All of the participants in this research struggled in some way to make sense of social situations and to understand the subjectivities that English speakers could offer them in different social contexts. However, the data analysis showed that the participants who didn´t have the language, struggled more. According to theory, language use is a shared cultural activity. This shared activity helps us human beings to organise our experiences in the world together with others, and through this process to engage in meaning making (Hare-Mustin & Marecek, 1998). Based on this understanding of language as a shared cultural activity, it could be conjectured that the Latino participants who had the language

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could better participate in a process of meaning making. Being more able to make sense of the social situation might also have given them a sense of personal security.

Another example of struggling to make sense of social situations and the subjectivities English speakers could offer in different social contexts, is illustrated in this excerpt from Mariano´s narrative.

Mariano: '' He (the doctor) prescribed me this treatment and I knew it wasn´t gonna work because I have suffered this since I was young so I know all the treatments available and know which ones work. I told him and I argued with him for like 10 minutes, then my partner told me to accept the doctor´s advice because the doctor knows better. I just looked at her and shook my head from side to side and said ok fine, but it felt wrong.''

This example is significant in that it shows that Mariano could not read the situation and did not feel confident enough to negotiate a successful outcome to meet his health needs. In the context of wider society, this example shows how not having the language impacted on the migrants participating in this research´s understanding of New Zealand's different social contexts, including that of the healthcare system.

A possible explanation for the finding of struggling to make sense of social situations and the subjectivities English speakers could offer in different social contexts, relates to differences between cultures. It could be that the processes of subjectivity expression and understanding of subjectivities might be cultural in nature. This could mean that a significant number of Latino participants in this research experienced a cultural clash which impacted on their subjectivity expression and understanding of subjectivities. If, as posited earlier, language is understood to be a shared cultural activity, then limited use of a language will limit inter-cultural understanding and engagement. Furthermore, from a critical realist point of view, it is through language use that a person expresses her own opinions and subjectivities, and understands the expression of subjectivities by others. Therefore, in accordance with critical realism, limited conversation with people of other

cultures will limit a person's engagement with subjectivities. This situation of not understanding one an others subjectivities, perhaps due to a cultural clash, is illustrated by the following quotation from Emma´s narrative: '' *What would I talk about to Kate (partner´s friend) if I was to meet up with her for coffee. (pause) No idea you know, I wouldn't know what to talk to her about. That´s why I don´t go, even if she invites me.* ''

The processes of subjectivity expression and understanding of subjectivities are very important because they are the foundation of the *I*-positioning or self positioning process proposed by Hermans (1998, 2002). A possible implication, for the finding of struggling to make sense of social situations as well as to become interested in the subjectivities that English speakers could offer, relates to this *I*-positioning process. The implication is that it might be that the participants in this research saw their own *I*-positioning impacted due to their limited social participation. This situation is evident in Emma´s excerpt where she is unable to keep participating in the conversation because she is struggling to (re)position herself. Similarly, in the excerpt from Mariano´s narrative in relation to his doctor consultation, we can see that Mariano is unable to (re)position himself in a way that he can successfully have his health needs met.

Latino participants who did have the language might also have struggled with cultural aspects of the subjectivities of English speakers. This could have impacted on their ability to understand and express subjectivities and *I*-positions as seen in Cita´s earlier excerpt, where she reflects on not integrating when not participating in a social interaction. Overall, the difficulties the research participants experienced regarding subjectivity expression and understanding of subjectivities might have impacted on their I-positioning and (re)positioning. It may also have influenced their ability to exercise their agency during their acculturation process.

Experience of a Lack of Social Participation and Social Connectedness

It emerged from the data analysis that a considerable number of the Latinos participating in this research experienced a lack of social participation and social connectedness. In Monica´s excerpt talks about her experiences of social participation in New Zealand.

Monica: '' So I have always been super friendly and have always had my house full of friends...In Mexico, in the US and also in Portugal I had lots of friends and lots of activities; you know I love socialising! And here, after two years, I had no friends, not one single friend (from New Zealand). I had tried to make friends with the parents of my children's friends, and they were very approachable and friendly but that was it...I even joined the gym in order to get to know people...So that day I went to the gym and my personal trainer was a real nice woman. And she asked me if I had many friends here in New Zealand and I broke into tears. I just couldn't help myself. She told me that I had to relax and that everything was going to be fine. And it was true, that day I stopped expecting anything from New Zealanders and understood that I had to make friends somewhere else. I found friends, support and comfort in the Latino and Spaniard communities. I understood that my happiness and my loyalties should be there (with the Latino and Spaniard communities).''

A third central finding of this research was that a considerable number of participants in this research experienced a lack of social participation and social connectedness in relation to New Zealand society. It also emerged from the data analysis that participants who did not have the language did not fare as well in this respect as participants who did have the language. Participants who did have the language were able to build bigger social networks. Overall though, a significant number of the participants in this research experienced a lack of social participation and social connectedness.

The experience of a lack of social participation and social connectedness meant that a significant number of Latino participants who did not have the language, only made connections with relatively few people. These people were from within their own Latino community, or were individual migrants from other cultural groups. A quotation from

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Emma´s narrative reflects this situation: ''*...You know I´ve never been able to make friends with Kiwis. I like them but like I never made friends with them. I get along well with my partner´s friends but we have never bonded that way.*''

A possible implication of the finding of a lack of social participation and social connectedness is that not engaging in the social activity of language learning leads to not participating socially. According to research by Higgins and Stoker (2011) on language learning among immigrants, learning the language of the new country was considered, for migrants, to be a way of engaging socially. Evidence from the data analysis of our research seems to validate Higgins and Stoker´s (2011) research. This is because, participants in this research who did not have the language and who were not attending English schools, were less likely to be participating socially than participants who did have the language. Overall, not having the language, lacking social participation and having relatively small social networks, seems to have hindered Latino participants in this research´s process of acculturation. Additionally, it seems unlikely that these Latinos would be able to successfully integrate into New Zealand society if they were not able to fully participate socially.

A further possible implication of the finding of a lack of social participation and social connectedness that emerged from this research's analysis related to adequate community support. It was found that existing dynamics of marginalisation were exacerbated by a lack of community support available for Latinos living in Wellington. Latinos living in Wellington have only got a few Latin-American community groups and organisations they can rely on. The community groups available are: El club Español, the folklore group Los Andes and the MIA organization for women (Iberian and Latin-American). Consequently, there are not many Latin-American community groups or organizations that can provide social support or spaces for social participation where communication is carried out in the Spanish language. It emerged from the data analysis that this form of social participation was important for the Latino participants who did not speak English. This was especially so

for the males, who did not know of the existence of such groups. However, evidence from this research's data analysis showed that this type of community support was also important for Latino participants who did have the language. This was the case for some of the female participants who were either, in the past, or currently involved in some way in the groups MIA or Los Andes. A quotation from Cielo's narrative illustrates the importance of these groups: '' *I met some of my friends through MIA and others through Los Andes when I used to perform Latin-American folk dances with them.*''

At the personal level, the experience of a lack of social participation and social connectedness meant that the participants who did not have the language regarded as ´normal´ their dynamics of social connectedness. These dynamics of social connectedness were largely limited to social connections between immigrants. Lucas´ earlier excerpt about mostly making friends with people who spoke Spanish, reflects this situation. From the data analysis it emerged that these participants saw it as a personal decision to mainly make friends with other Latinos. They felt personally responsible for any lack of participation in New Zealand society on their part. This can be seen in Lautaro´s earlier excerpt in which he takes responsibility for not having made New Zealand friends.

A possible explanation for this finding of a lack of social participation and social connectedness which was experienced by these Latinos might relate to New Zealand social values of individual agency and personal responsibility. It might be that these social values impacted negatively on the way a considerable number of the participants (re)constructed their identity and (re)negotiated their *I*-positionings in relation to social participation. It might also be that these values impacted on the way these participants (re)constructed their experiences in their narratives as well as on the way they formulated their understanding of these experiences. The impact of these values on the participants (re)construction process is supported by evidence from the research data analysis in relation to the finding of a lack of social participation and social connectedness. It was found in the data analysis that participants who did not have the language were more

likely to (re)construct their narratives in accordance with New Zealand social values. Lautaro´s earlier excerpt were he takes responsibility for not making New Zealand friends exemplifies how the Latinos who lacked language proficiency struggled to participate socially.

A further possible explanation of the finding of a lack of social participation and social connectedness is that these social values of individual agency and personal responsibility could have been disseminated through social or governmental discourses. In this way they could have permeated the culture of immigrant groups. It might be that social or governmental discourses convey the idea that integration into the new society is a particular migrants´ personal responsibility, which she can achieve through her individual agency and strength. Support for this explanation is found in Cederberg´s (2014) study of Swedish governmental discourses. She points out that through discourse, the Swedish government framed the process of migrant integration during their acculturation process. They did this by promoting integration, prioritising the adoption of individualistic values, and placing the final responsibility on the individual migrant. Cederberg indicates that these discourses influenced the way migrants in her research positioned themselves and constructed their narratives.

Cederberg's (2014) research becomes highly important in the context of our research given that a considerable number of participants in our research discussed their personal decisions in relation to how they engaged socially. From the data analysis of our research, it also appeared that the participants felt responsible for their degree of social participation. These positionings are especially important to note given that the New Zealand government's prefered acculturation strategy is integration. Furthermore, the data analysis carried out in our research showed that a large number of the research participants engaged in dynamics of marginalization while acculturating to New Zealand society. It is debatable that these participants might have ´decided´ to restrict their own social connectedness to mostly their own community and individuals from other migrants

groups without their 'decision' being influenced by external factors. Their decisions may have been triggered by New Zealanders being unresponsive. This scenario is clearly illustrated in Monica´s excerpt about her being in the country for two years without being able to make New Zealand friends. It is also illustrated in Lautaro´s earlier excerpt where he discusses his limited social connectedness in the workplace.

Another possible implication of the experience of a lack of social participation and social connectedness is that social participation can be viewed as a social health determinant that impacts on a person's quality of life (Marmot, 2005). Not being able to participate socially might have negatively impacted on the quality of life of a considerable number of the Latino participants in this research. Cita's excerpt illustrates this impact.

> Cita: '' *There were days that it was so awkward, I would be working with these people all day long but they wouldn´t say hello, not even the ones sitting next to you...I really wanted to make friends and this situation was also taking a toll on my relationship because I would tell my partner about it and he would start to get fed up with the same talk all the time.*''

Moreover, there is a significant amount of research indicating the value of social support in mitigating the negative impacts of a lack of social participation on health (Cohen; Wills & Ainette, 2011; Thoits, 2011).

Experience of Difficulty Gaining Employment

From the data analysis of the narratives, the experience arose of having difficulty gaining employment. In Cielo´s excerpt she talks about her experience of looking for employment.

> Cielo: '' *Here I applied for jobs as an engineer and they offered me a job in my field but the salary they offered me was less than what a waiter earns. So I asked them why they were offering me such little money and he said because you don't have*

experience working in New Zealand. I did have experience working in the US and Bolivia (she looks at me in the eyes). I also had a Master´s degree from the University of Houston in the US. In the US I had a really good job in management in a big company but, (pause) (she looks away) however he told me he was doing me a favor by giving me the job. Did he believe he was helping out paying me that much?...After completing my second Masters at VUW, I applied for jobs like the one I had in the US but I only found a graduate position in policy analysis at the Ministry of the Environment. I worked for many years in that job but I was always looking for other jobs; also everyone else was getting promoted other than me. (pause) I finally found this job as a senior analyst last year.''

A fourth central finding that emerged from the data analysis was that the Latinos participating in this research had difficulty gaining employment in their chosen field of work. The participants experienced this difficulty regardless of their level of English proficiency. This experience meant that these Latinos felt discriminated against and excluded as well as uncertain about their future and their careers. Both Mariano and Lautaro's excerpts about their experiences illustrate this situation.

Mariano: '' There were many times in which I had all the experience and requisites they were asking for and I even had more to offer but they just wouldn't take me. Once I applied for a job in the Hutt Valley City Council, same situation. I had the experience, the qualifications and they gave the job to the mother of a friend who did not have experience in the field of football and sports. Neither did she have a qualification in either football or sports but she was a New Zealander. So you get the feeling that they see a Latino surname and put the CV in the rubbish bin. It´s discrimination.''

Lautaro: '' I work in a food factory now. It´s nothing to do with what I studied. I did tourism back home but I have never worked in tourism here in New Zealand even though I have experience in the industry. Because my English is not great, I don't think I can apply for jobs in the field.''

Also in relation to the finding of the experience of having difficulty gaining employment in one's chosen field of work, it emerged from the data analysis that a number of participants couldn't get their qualifications recognised. Some participants found they needed to study for a further year and a half. Returning to study was in some cases not an option given the cost of university fees in New Zealand, especially for migrants without a permanent visa. Not being able to get their qualifications recognised meant that a few of the Latino participants were not able to work in their professions or chosen fields of work. This situation led to underemployment and feelings of unfairness. Mariano´s excerpt about his experience attempting to gain employment reflects this situation.

Mariano: '' I am a PE teacher. I have a few years of experience teaching in high schools in Argentina and many more years coaching kids' football. So the New Zealand Qualification Authority (NZQA) told me that I had to study a further year and a half to get my qualification recognised. That is stupid because in New Zealand degrees are three years long. So I decided to study again and complete a whole degree.''

A possible explanation of the finding of having difficulty gaining employment in one's chosen field of work is that a considerable number of participants had relatively small social networks. This situation of only having relatively small social networks is considered by this research to possibly have been an important factor in the lack of employment opportunities for these participants. The participants in this research talked about gaining employment mainly through job applications and not through acquaintances or friends. The following quotation from Cita´s narrative illustrates this situation: '' *I had applied for so many jobs, in only one week I applied for more than a hundred jobs, until they finally called me for an interview.''*

Prior research on migrants networks by Munshi (2003) regards migrants social networks as an important means by which migrants can gain employment. Additionally, research conducted on language proficiency among immigrants, has regarded having the language

as crucial in augmenting a migrant´s, material well-being (Chiswick & Miller, 1999). From the data analysis conducted in our research, it was evident that both language proficiency and network building, impacted on the Latino participants' material well-being during their process of acculturation. This situation of not having social networks to help a migrant gain employment is exemplified in Lautaro´s excerpt about working in a food factory, but having graduated from a tertiary institution back home.

Another possible explanation of the finding of having difficulty gaining employment in one's chosen field of work relates to migration power dynamics. As previously explained, qualification recognition organisations in New Zealand have presented an, at times, insurmountable barrier to some of these participants' obtaining recognition of their qualifications. This has consequently made it difficult for these participants to improve their lives economically. This experience of not being able to get their qualifications recognised is consistent with prior research conducted on upward mobility in respect of migrants' employment in Europe and the US, as described in chapter 1 (Bonacich, Alimahomed & Wilson, 2008; Hawthorne, 1997; Lundström, 2012; Pellegrino, 2001). The experience of these participants not being able to get their qualifications recognised and struggling to gain employment, was regarded by this research as being related to a number of factors. These factors include: the power dynamics of migration, racialised and capitalistic labour hierarchies, and the ´brain abuse of migrants', all of which are also described in chapter 1.

An implication of the finding of having difficulty gaining employment is that participants might have felt as if they were living in the interstices of where one is participating or not participating in society. Lucas´ excerpt about his experience gaining employment reflects this situation.

> Lucas: '' It took me around 5 months to get part time work, full time work hmm I still work
>
> part time...I still have the same part time jobs as when I first got settled down in Wellington

some five years ago. I work as a gardener a few hours a week and as a cleaner in a hotel from 9 am till 2.30pm during the week.''

Another finding related to having difficulty gaining employment was that most Latinos who did have the language struggled for over a decade to achieve an economic status which matched their academic achievements and work experience. This situation is clearly illustrated in Cielo´s previous excerpt about remaining in a graduate position for years in spite of her engineering degree and two Masters degrees.

It emerged from the data analysis that the Latinos who did have the language also experienced a lack of opportunity and feelings of discrimination. In their narratives, participants who had the language talked about their prior work experience not being recognised and/or being undervalued by employers. This generated feelings of discrimination for them. This is evident in Cielo´s previous excerpt in relation to applying for jobs, where she had all the requirements, qualifications and experiences and yet still had difficulty gaining employment.

A further possible implication of the finding of having difficulties gaining employment relates to one's quality of life. The World Health Organisation (WHO) claims that there are certain social determinants such as social inclusion, adequate employment and social support which are critical factors in maintaining a satisfactory quality of life (Marmot, 2005). When one takes into consideration this set of social health determinants it becomes obvious that a large number of Latino participants in this research´s quality of life has been negatively impacted. This was the case in the area of employment as much as it was in the area of social participation (as demonstrated in the previous section). In spite of this finding implication, most participants talked about remaining positive in the face of adversity. A quotation from Lucas narratives illustrates this experience: *'' I am a marine biologist. I specialise in bird behavior...I don't mind working as a cleaner in a hotel part time, or as gardener. I try to use my spare time to do things I like.''*

Although most participants talked about remaining positive in the face of adversity, they also expressed feelings of being discriminated against and feelings of having to constantly demonstrate that they were capable in the work place. Cielo´s excerpt illustrates this experience of discrimination which she downplays as if she needs to demonstrate her self efficacy.

Cielo: '' So she comes to me and says: 'Hey Cielo I would like to have a word with you. You know I don't think you should present at the meeting. Many important people will be there including the managers. You're dark, small and have this accent and I am sorry to say this to you but you're not credible. Everyone here at the office thinks this way but they just don´t wanna tell you.' I couldn't believe she said that...I went home and prepared my presentation and on the day of the presentation everyone congratulated me. Even she came to congratulate me....You have to fight for what you want and not let anything put you down, it´s my attitude that's gotten me to where I am.''

Previous research on discrimination and health indicates that perceived discrimination, including perceived racial discrimination, negatively affects the health of a person (Williams & Mohammed, 2009). Similarly, research on health in New Zealand has determined that racial discrimination is a significant contributing factor to poor health (Harris et al. 2006). It might be that for most Latino participants, remaining positive in the face of adversity could have acted as buffers to emotional turmoil and ill-health. Nevertheless previous research on negative social health determinants as well as previous research on discrimination, indicate that these factors have a reverse relationship with good health. Furthermore, previous research on immigration and health indicates that different social, political and historical contexts impact on our health. It also indicates that our health, in turn, impacts on our functioning at both the physical level and in societal domains (Farivar, Cunningham, & Hays, 2007). Altogether, there is a clear tendency in the research that indicates that a lack of social participation, inadequate employment and perceived discrimination (including perceived racial discrimination), impacts negatively on a person´s health.

Experience of Feeling Like You Are ´The Other´

From the data analysis carried out in this research there emerged the experience of feeling like you are ´the other´. In Cita's excerpt from her narrative she talks about feeling like she is the other.

Cita: '' So they always ask me where are you from, how long have you been here, how do you like New Zealand. And they look at me and they say ahhh so cute the Mexican woman and what kind of food do you guys eat in Mexico?...They look at you like a (pause) bicho raro (weird insect). I mean everyone eats food what do they mean? ''

A further central finding which emerged from the data analysis was that the participants in this research experienced feeling like they were the other. The finding of feeling like you are the other meant that a large number of these Latinos participants felt scrutinised by New Zealanders. Cita´s earlier excerpt illustrates this situation of feeling like she is the other (bicho raro), as well as feeling scrutinised by often being asked the same type of questions. It also emerged from this research's analysis that in relation to this finding of feeling like you are the other, a considerable number of the participants felt misrepresented by New Zealand culture. A quotation from Perla´s narrative illustrates this situation of feeling misrepresented: '' They ask you the same questions all the time. Where are you from? What do you guys eat there? And whether they are joking or being serious, you always face the same stereotype (pause) and where are the drugs? ''

Additionally, it emerged from this research's data analysis that in relation to the finding of feeling like you are the other, most participants experienced some anxiety in relation to their accents. A quotation from Cielo´s narrative about her experiences of feeling anxious about her accent illustrates this: '' The environment is multicultural at work but I was the only one who was sent to do training to improve my accent. '' Having an accent impacted on some of the participants' self esteem as there was always the worry of being misunderstood. The following excerpt from Cita´s narrative exemplifies this situation.

Cita: '' Every time I have to answer the phone, there are so many accents and it´s very hard to understand everyone on the phone. I feel nervous...I think answering the phone is the worst you know? They might not understand me. So it´s not that you feel less of a person but it affects your confidence.''

Another experience that emerged from the data analysis of this research in relation to the finding of feeling like you are the other, was that some participants experienced feeling ´improper´. They regarded this experience of feeling 'improper' as relating to either their frank manners or their friendly body language. A quotation from Mariano´s narrative reflects the situation of feeling ´improper´ because of his frank manners: '' *I had to learn not to speak my mind because here it is considered ´not proper´, and I didn't want people to think I am negative or ´improper´ because I am being super honest.''* At the level of self, the experience of feeling ´improper´ because of one´s body language meant that some participants in this research felt self-conscious and insecure. Perla´s excerpt illustrates feeling ´improper´ because of her body language, and becoming self-conscious about expressing herself.

Perla: '' You know kiwis are too proper and you can't laugh too loud, or put your hand on their shoulders. Because I was not from here from the beginning I didn't know the social codes you know. But now I know how to talk to them. I don´t crack too many jokes, I don´t touch them and I don't laugh too loud either. I´m more introverted now. ''

It further emerged from the data analysis that in relation to the finding of feeling like you are the other, most participants experienced having to akiwisarse[2]. They felt they had to do this to fit into New Zealand society. The experience of having to akiwisarse was found to be related to the experiences of feeling scrutinised, misrepresented and ´improper´. A quotation from Luca´s narrative illustrates this change he experienced in his sense of self and identity: '' *I think I might have akiwisado (past tense of akiwisarse) myself. I guess it was a self-defense mechanism. I am not that expressive and not that affectionate*

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[2] Expression Latinos in New Zealand use that means kiwifying oneself.

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anymore, not even with my family.'' Having to akiwisarse meant that most of these participants underwent a deep change in their selves and their identities which was reflected in their personalities. It meant that these participants became more introverted. They also used this change in identity as a way of dealing with not having their nuclear and extended families in New Zealand. These changes in one´s identity, self and personality are illustrated in, Perla´s earlier excerpt, and Luca´s previous quotation from their narratives about having changed their personalities.

A possible explanation of the finding of feeling like you are the other, and the related experiences of feeling scrutinised, misrepresented and ´improper´, concerns the (re)construction of identity and the (re)negotiation of self-positions. The (re)construction of identity and the (re)negotiation of self-positions is carried out by the migrant in relation to personal and social encounters they have with New Zealanders. They also engage in this process in respect to encounters they have with the New Zealand culture, and other cultures co-existing in New Zealand. This process of (re)constructing identity and (re)negotiating self-positions due to feeling like the other is consistent with Hermans' (2002) counter-positioning process. Hermans' (2002) counter-positioning process, described in chapter one, is experienced by migrants during their process of acculturation. Also, as previously conjectured in the section which outlines the finding of not being able to participate in social interactions, cultural differences and misunderstandings concerning values and body language, can lead to a cultural clash. It might be that such a clash has impacted on the dynamics of the self and identity, as well as on the *I*-positioning and counter-positioning of the Latinos participating in this research. This could have led them to akiwisarse.

Experience of Being Positive as a Way of Being Healthy

An important experience that arose from the data analysis of this research was the experience of being positive as a way of being healthy. In Monica´s excerpt she talks about being healthy and what being healthy means to her

Monica: '' I hardly ever go to the doctor, I am a positive person and I have really good health. I might have needed to go to the psychologist when I divorced now that I think of it but I didn´t. I don't know why I didn't but I didn't go to the psychologist, but it might have been a good idea. But I am quite healthy so I never go to the doctor's...I keep being positive most of the time. I always go for long walks around Oriental Parade alone or with my girlfriends. I also do Yoga, I love my Yoga and Zumba, ahh I really love Zumba, Zumba is the best and our Zumba instructor! She is great, I think she is the best and my Latina friends also do Zumba with me. We absolutely love it and have so much fun doing it! ''

Another central finding that arose from the data analysis of this research was that all the participants in this research experienced being positive as a way of being healthy. All of the Latino participants talked in their narratives about not having to go to the doctor due to enjoying good health. Monica´s excerpt reflects this situation of being positive as a way of being healthy and therefore not having to go to the doctor. For all the participants, being positive as a way of being healthy meant agentively taking measures to be healthy including exercising, eating healthily, taking vitamins and thinking positively. The following quotation from Augusto´s narrative exemplifies the situation of taking measures to be healthy: *'' I have really good health, I never go to the doctor. The last time I went to the doctor was in 1996 when my mother died of cancer...I play football weekly and eat healthily.''*

A possible implication of the finding of being positive as a way of being healthy was that participants considered that being positive was a personal stance that they had adopted. They considered that this stance was crucial for maintaining good physical and mental health. Good physical and mental health was seen by the participants as synonymous with well-being. The following excerpt from Mariano´s narrative reflects this outlook.

Mariano: '' I am a positive person and working with children has taught me a lot. Children only live in the moment, when I am coaching them football, they are happy, they are not worried about what they are going to eat later for dinner. They don´t think their mother is

going to cook veggies and they don't like veggies so I try to do the same, live by the moment and enjoy life. Life is hard when you don't have your family with you.''

In relation to the finding of being positive as a way of being healthy, it emerged from the data analysis that being positive appeared to be a crucial coping mechanism, especially when things were not going the way the participants wanted. The following excerpt from Cita´s narrative illustrates this.

Cita: '' I have always been a positive person who is relaxed and can see things in perspective. Things hardly ever push me to the edge and this helps me with my health. I am very resilient, I always manage to find something good in any situation. ''

This research's data analysis showed that for most participants, maintaining a close relationship with their families through skype, the phone or by visiting their families, was crucial for keeping positive and therefore maintaining good health. This also meant that participants who were not able to visit their families every so often found it harder to remain positive. The following excerpt from Lautaro´s narrative exemplifies this situation of keeping a close relationship with his family back home and having to visit them to keep positive.

Mariano: '' My partner and I went to visit my family back home and we stayed there for two months. We went together because (pause) to maintain good emotional health. We always keep in contact though, I call them or Skype them but I needed to see them too. I also wanted them to meet my partner. ''

In relation to the finding of being positive as a way of being healthy, the data analysis of this research showed that most participants found Wellington's weather to be a constant challenge to their positivity. It exacerbated pre-existing tensions which stemmed from a lack of social connectedness and difficulty gaining employment. Experiencing Wellington´s weather as a constant challenge meant that most participants experienced feeling sad due

to the impact of the weather on their mood. They also reduced their social activity due to the challenging weather. Their experience of feeling sad and their reduction of social activity contradicted their previous accounts of their decisions to be positive as a way of being healthy. Cita´s excerpt illustrates this contradiction as well as highlighting how any pre-existing tensions she has felt have been exacerbated by the weather.

> Cita: '' I have always been an active, social, positive person. But when the weather is bad and you have those grey days and it´s raining and cold or super windy aggh (pause) the truth is that it affects you (she puts her hands on her head and nods) you know. I feel like just staying inside my house, watching television doing nothing. I think we (Latinos) straight away associate those grey days with sadness and you can't help yourself, just feeling sad...And the light?...not seeing the light and seeing the gray instead! It really really affects you, you know. ''

The importance of this finding of the weather being a constant challenge is that it shows how an environmental factor hindered most of these participants' positive stance and coping mechanisms. The resultant difficulty these participants had of maintaining positivity and emotional health, exacerbated the stress they already had in their lives due to not participating socially.

A possible explanation of the finding of being positive as a way of being healthy might be found in the ´Latino Paradox´. According to research conducted in the US, the 'Latino Paradox´ describes the situation where Latinos' mortality rates are lower than those of other cultural groups such as non-Latino Whites and African Americans (Abraido-Lanza et al. 1999). These lower rates occur regardless of the socio-economic status and educational differences of the Latinos. The Latino paradox suggests that being positive, accompanied by a healthy diet, exercise and family support, could act as a health buffer for Latinos´ in the US. On the one hand the Latino Paradox could account for our research finding of being positive as a way of being healthy. On the other hand, however, it could reflect the Latino participants in our research´s pre-existing good health and education; both

requisites for obtaining a permanent visa for New Zealand as previously discussed in chapter 1.

A further possible explanation of this finding of being positive as a way of being healthy is related to the way participants (re)constructed and (re)negotiated their identity and self in their personal narratives. As previously discussed in the section of the finding of a lack of social participation and social connectedness, participants may have (re)constructed their experiences around values of individual agency and personal responsibility. It might be that Latinos participating in this research extended these values to the way they (re)constructed their narratives about their health. The large majority of the participants in this research seemed to downplay how social variables including underemployment, poor conditions at work, lack of social participation and experiences of feeling discriminated against, could impact on their health. This situation is evident in Cielo´s earlier excerpt in the section of the finding of having difficulty gaining employment, where she goes through a very difficult experience of discrimination. She (re)constructs her narrative, downplaying the discrimination she experienced on the part of her colleague at the ministry they both worked for. She then turns the story into a story of personal power and self efficacy.

Another possible implication of this finding of being positive as a way of being healthy, could have occurred when the participants (re)constructed and (re)negotiated their identity in their narratives. At this point they may have dismissed or rejected the negative elements of their narratives. This rejection of negative elements could have been in deference to Latino cultural values that stigmatise disease and mental illness. It could also be related to Latino values of positive self positioning in social contexts, especially in the face of adversity. The following excerpt from Emma´s narrative reflects the rejection of the negative elements in her life.

Emma: " After I gave birth and went home alone I had a major crisis. My family thought I might have had postpartum depression. I couldn't sleep at all and the babies were constantly

crying and I was a real mess...I never said anything to my midwife because I didn't see the
point. At the end of the day I was like that for only three weeks. ''

A further possible implication of the finding of being positive as a way of being healthy
could be that this research´s participants extended New Zealand social values to their
understanding of health and illness. They could then have reconstructed their narratives
around these values. This highlights the power that language and social discourse has had
over our research's participants in relation to the values of personal responsibility,
individual agency and self efficacy. Therefore, it could be that the combination of the
participants' Latino cultural values as well as the values they adopted from New Zealand
culture, could have affected the way these participants (re)constructed their narratives.
Their narratives would also reflect the way this dual set of values has impacted on these
Latino participants' process of acculturation. This dual set of values may, too, have led
these participants to reject the negative in their narratives as a coping mechanism which
they had developed in the face of adversity.

Experience of Experiencing Disparity in The Healthcare System.

Another important experience that arose from the data analysis of this research was the
lived experience of experiencing disparity in the healthcare system. In Lucas' excerpt he
talks about his experience with the healthcare system, an experience which illustrates an
aspect of this finding of experiencing disparity in the healthcare system.

Lucas: '' I had an accident at work, I couldn't believe there wasn't some kind of work
insurance but at work they didn´t help me with it. Anyway, I went to the hospital with my
partner but they said I had to pay a ridiculous amount of money, because I only had a work
permit not a resident visa. I saw the wound on my arm and it hurt but it wasn't severe or
anything. I wasn't dying of pain either and the wound didn't look too bad. Well I decided that
it was ok, that I could go home and look after myself. It was too much (money), you know I
could have paid for it (pause) but it was way too expensive for what it was. I looked after

myself and I was fine in a few weeks. It would have been the same if the doctor had seen me,
because that was what it took for the wound to heal. ''

A further central finding of this research that emerged from the data analysis was the finding of experiencing disparity in the healthcare system. This finding of disparity in the healthcare system was experienced by a large number of the Latino participants in this research. It was also experienced in many different ways. These ways included: not being able to afford treatment, experiencing poor doctor consultations, not being offered a translator when not understanding the doctor, and not knowing how the public healthcare system works. Lucas' excerpt illustrates the experience of deciding not to undergo medical treatment because of the cost.

It also emerged from the data analysis that this finding of experiencing disparity in the healthcare system meant that a large number of Latino participants developed feelings of distrust for doctors in New Zealand. This distrust participants experienced was due to encounters that they or others close to them had had with the healthcare system. Cita´s excerpt illustrates the experience of distrusting doctors in New Zealand due to a close friend's personal encounter with a doctor.

Cita: '' My Argentinean friend went like three times to the doctor at different times. They
didn't check her at all but they gave her some sort of pills. But she got worse, she'd cry in bed
all day long and she would keep going back to the doctor and the same thing. In the end
another doctor said she had a urinary infection and gave her some treatment and she got
better in a week, that´s why I don't trust doctors In New Zealand. How can they diagnose you
or prescribe you something if they don't check you thoroughly? ''

Also in relation to the finding of experiencing disparity in the healthcare system data analysis showed that the experience of distrusting doctors led to most participants undergoing health treatment in their home country. Cita´s excerpt

illustrates this experience of distrusting New Zealand doctors and seeking medical treatment back home.

Cita: '' They have not even taken my blood pressure or checked me at all when I have been to the doctors so I don't believe in them. In Mexico they take my pulse, check my pressure and check me thoroughly, and without even thinking about the cost. ''

At times a lack of access to treatment also contributed to the participants undergoing treatment back home. A quotation from Ramon´s narrative illustrates getting treatment at home because of the high cost of dental procedures in New Zealand: '' *Dentists here are really expensive so every time I go back to Mexico I go to the dentist. ''*

It emerged, too, from the data analysis of this research that the finding of experiencing disparity in the healthcare system meant that a considerable number of participants lacked understanding of public healthcare in its entirety. Furthermore, it emerged from the data analysis that due to a lack of understanding of the healthcare system in New Zealand, a considerable number of participants did not know about access to public health care. They did not know they could access a specialist through the public healthcare system. Lautaro´s excerpt reflects this lack of understanding of how the public healthcare system works.

Lautaro: '' I think I have to go to the specialist because I have this thing on my hand and it is growing (shows his hand to me). But I haven't gone yet because the specialist here (New Zealand) is quite expensive and charges like three hundred dollars. I need to go but because it´s so expensive I haven't gone yet. ''

After I asked him if he had tried to access the specialist though the public healthcare system he said he did not know he could do this. I also had to explain to other participants, who did not know about waiting lists, that they could access a specialist through the public healthcare system.

A considerable number of Latino participants in this research talked about going to the doctor when they did not have the language. In relation to the finding of experiencing disparity in the healthcare system, it emerged from the data analysis that these participants could not understand the doctor and the doctor could not understand them either. Nevertheless, they were never offered the services of a free translator by any health professional. Perla´s excerpt illustrates a situation where the service of a free translator should have been offered by the doctor.

Perla: '' I showed him the recording because he was from the Philippines and quite cool and knew a few words of Spanish. I showed him the recording that my hubby had made for me, who speaks a bit of Spanish so knew what I meant. He listened to it and we kind of made some signs and used a bit of Spanish and he told me what I had and gave me some panadol.''

Most participants in this research did not know that they had the right to request the free services of a translator until I told them about it. An implication of this finding of experiencing disparity in the healthcare system, that emerged from the data analysis, was that a considerable number of the participants in this research experienced poor consultations. Experiencing poor consultations left them confused and uncertain about what the doctor had said. Emma´s excerpt illustrates this situation.

Emma: '' I had asked three times if he could repeat to me what he had said and he started to get visibly annoyed with me. So I backed off and pretended that I understood what he had said. He carried on with the consultation like nothing had happened. It´s this Chinese doctor. He´s quite tedious. I never made an appointment with that doctor again. I only wanted to finish the consultation without having any conflict with the doctor but I felt so much uncertainty about what he'd said. I went home unsure of what he'd said. So I decided I was going to take my partner with me every time I had to take my children to the GP. I always wonder if I have totally understood what the doctor has said. ''

There emerged from the data analysis several other possible negative implications of the finding of experiencing disparity in the healthcare system. One implication relates to not being offered the free services of a translator. Not understanding the doctor´s advice could have led to a considerable number of participants in this research misinterpreting future symptoms. It could also have led to participants not being able to negotiate successful outcomes for their consultation, build rapport with their doctor, or adhere to their treatment. Emma´s excerpt in the paragraph above illustrates this situation clearly, as she went home full of doubt after a failed consultation.

Another example of a possible negative implication of the finding of experiencing disparity in the healthcare system is related to having a poor doctor´s consultation. Having a poor doctor´s consultation led to participants in this research incurring further medical costs as they had to go back to the doctor. At times, this meant having to seek a third consultation with another doctor. An earlier excerpt from Cita´s narrative where she talks about her Argentinean friend, illustrates how a Latina incurred further costs after having to go back to the doctor. Additionally, some participants also had to seek advice from another doctor after misdiagnosis.

A possible explanation of the finding of disparity in the healthcare system that these Latino participants experienced, is that it is a reflection of health inequalities experienced by different ethnic groups in New Zealand. Research on ethnic mortality trends in New Zealand acknowledges that the quality of, and access to healthcare services have contributed to health disparities between New Zealand Europeans, and Māori and Pacific Island peoples (Blakely et al. 2003). Therefore, there is evidence of ethnic based health disparity in New Zealand which could support our claim that a large number of Latino participants in this research experienced disparities in the healthcare system.

For some participants in our research the cost of medical consultations was a barrier to them accessing primary and secondary healthcare services. This is consistent with a study

by Blakely et al. (2003). This study deemed that the cost of primary healthcare acted as a gatekeeper for secondary healthcare services, which were, at the same time, a gatekeeper for access to tertiary healthcare services. In addition, the Blakely et al. study found evidence of ethnic differences affecting access to healthcare. Altogether, it can be conjectured that the factors of: poor doctor consultations, not understanding the healthcare system, not being offered the available translation services, high medical costs, and ethnic disparity in access to healthcare have impacted on the Latinos in this research´s health experiences. These factors may have also shaped these Latino participants' encounters with the healthcare system itself, which may have generated for these Latinos experiences of disparity in the healthcare system.

Chapter 5

Conclusion

In conclusion, our research found that the Latinos who participated in this research, made sense of their experiences of migration and acculturation to New Zealand as part of a process of resilience building. They felt that they achieved this resilience by being positive in the face of adversity. Participants who did not have the language encountered more difficulties than participants who did have the language. However, during the process of acculturation to New Zealand society all of these participants underwent a diverse array of experiences. These experiences included variously: a lack of social interaction, a cultural clash between their cultural values and the values of New Zealand society, a lack of social participation and social connectedness, difficulty gaining employment, feeling like they are 'the other', and experiencing disparity in the healthcare system. All these experiences have in some way hindered these Latinos´ process of acculturation as well as their upward mobility.

From the analysis of the narratives of the Latinos participating in this research, we found that these Latinos negotiated their identity positioning by adopting multiple identity positions. These multiple identity positions included among others, a Latina, a migrant and an international. The adoption of multiple identities enabled participants to navigate their world, an endeavour which was more successful for those who had the language than for those who did not have the language. Our research also determined that one of the major impacts that acculturation had on the Latino participants, stemmed from their adoption of New Zealand social values. Participants adopted the New Zealand social values of individual agency, personal responsibility and self efficacy. This affected the way in which these Latinos (re)constructed their narratives, *I*-positionings and self-positionings; an effect which we became aware of through the analysis of these Latinos' narratives. The adoption of New Zealand social values also impacted on the way the Latino participants made sense of their experiences of acculturation, social connectedness and health.

Moreover, from the analysis of the narratives in this research, we also determined that the adoption of New Zealand social values by the Latino participants highlighted the permeation of their inner and social dialogues. It also highlighted the shaping of their experiences by power dynamics relating to language and social discourse. Furthermore, the internalisation of New Zealand social values meant that these Latino participants downplayed a series of difficult circumstances that they had experienced. These circumstances included the experiences of: a lack of social connectedness, isolation, discrimination, marginalisation, and the encountering of barriers to social mobility. Adoption of individualistic New Zealand social values seems to have also hindered the self awareness these Latinos had of the impact of social health determinants on their physical and emotional health. This was evident in their taking personal responsibility for all impacts on their health outcomes.

Finally, it emerged from the analysis carried out in our research that the concept of well-being held by the participants was founded on the notion of being positive as a way of being healthy. These participants linked their concepts of well-being to not having to go to the doctor, which they took as a sign of having good health. From this research's analysis we also found that the participants´ encounters with the New Zealand healthcare system had (re)shaped their understanding of healthcare, at least in a New Zealand context. This was the case owing to them experiencing disparity in the New Zealand healthcare system. Experiencing disparity in the healthcare system also generated in these Latinos, feelings of distrust of: doctors in New Zealand; doctors consultations, their ability to negotiate a successful consultation while building rapport with their health professional and other experiences of a medical nature. These feelings of distrust experienced by these participants meant that they prefered to undergo medical treatment in their home countries. Overall, the participants retained their own Latino cultural values relating to health while at the same time having their understanding of health (re)shaped by applying New Zealand social values to their concepts of well-being. The Latino cultural values they

retained in relation to health included being positive in the face of adversity and incorporating exercise and a healthy diet.

The importance of this research is that is has highlighted several ways in which the complex process of acculturation can impact on migrants, such as on the group of Latinos who participated in this research. Positive outcomes in relation to factors such as language proficiency, social interaction, employment, access to services and quality of health can contribute to a migrants' successful participation in the acculturation process. These factors are also important social determinants of health. Therefore, an important contribution of this research is that it maps out how the acculturation process can impact on a migrant´s health. It does this through reference to the impacts on the health of Latinas and Latinos living in Wellington as revealed by this research's analysis. Moreover, another contribution of this research is that it demonstrates how the internalisation of New Zealand social values, discourses and dialogues, can impact on the process of (re)construction and (re)negotiation of the self and identity. This research demonstrates how this process took place for the Latino migrants participating in this research.

It is possible that the Latino culture´s stigmatisation of health and illness has resulted in a bias in this research. This is because it is possible that the stigma Latino cultural values still attach to mental health problems has impacted on these Latino participants will and ability to disclose experiences of illness and mental health. According to Interian et al. (2010), and Vega and Lopez (2001), the Latino culture´s stigmatisation of mental health is a significant impediment for Latinos in the US seeking mental health advice, treatment and medication. However, during the interview process the participants and I created a rapport which leads me to think they were being open and honest. This honesty was also evident to me in their (re)constructed narratives of migration, social connectedness and health.

From our research's analysis it could be conjectured that a series of factors could have contributed to the Latinos participating in our research being at risk of mental and physical health problems. These factors include: Latino cultural stigma attached to (mental) health, a lack of social participation, power dynamics impacting on migrants' employment, experiences of discrimination, Wellington´s inclement weather, and New Zealand individualistic social values. It could be that all these factors might also have impacted on these Latino participants ´ability to reach out for help and treatment.

Our research has put the lack of social participation and integration experienced by migrants who do not speak the language, including a considerable number of our participants, back on the social agenda. Most of the participants in this research who did not have the language attended English language schools for adults. The challenging reality for migrants who do not speak English reinforces the already important role of these English language schools. Additionally, our research has highlighted pre-existing power dynamics which impact on migrants' employment, work opportunities and upward mobility. In the case of the Latino migrants participating in this research these power dynamics have hindered these migrants process of acculturation.

Further research on Latino immigrants in New Zealand might want to focus on how Latino cultural understandings of illness and mental health might impact on these Latino's recognition of symptoms and seeking of treatment. Moreover, further research on Latino immigrants in New Zealand might want to focus on how the New Zealand government's immigration policies impact on Latinos' health, upward mobility and social participation. In general, further research on migrants in New Zealand, including Latino migrants, might want to look at the impacts of power dynamics in the area of employment. Similarly such research might want to look at the impact of power dynamics on the health of migrants from different cultural groups, during their process of acculturation.

From here to where? The accessibility to and quality of education in English language schools is crucial for migrants in order for them to begin to participate in society and to lead meaningful lives. Therefore, the New Zealand government through the Ministry of Education, must prioritise the accessibility and quality of education of adults in English as a second language. Moreover, it is evident that more effort on the part of the New Zealand government and its respective institutions is needed. This effort is required in order to ensure that migrants can acculturate to New Zealand society by participating socially, contributing their skills and qualifications, and enjoying good quality healthcare. It is also necessary that the New Zealand government, through the Ministry of Health, invests in research on disparities in the healthcare system in relation to migrants. Experiences of health parity will considerably improve migrants' quality of life and access to healthcare.

My hope with this research is to have been able to contribute to the empowerment of our Latino community. I hope to have done that by bringing to light the lived experiences of the Latinos who participated in this research, and by adding the voice of our community to the wider social dialogue. I also hope that this research will contribute to the revision of policies in New Zealand relating to: English language education for adults, cultural integration, and universal healthcare access and quality. Additionally I hope that this research will contribute to the formation of future social policies in New Zealand which will improve migrants processes of acculturation as well as their social connectedness and health.

Finally I want to emphasise the conclusion of this research stated earlier, that the Latino participants in this research experienced the process of migration and acculturation to New Zealand society as one of resilience building. Through this research process I came to realise that while acculturating to New Zealand society it is important to embrace our Latino culture. At the same time it is also important to integrate New Zealand values into the (re)construction of our identities and selves in a positive way, so that we can lead

meaningful healthy lives. It was also evident from this research that Latino migrants in New Zealand want to experience racial harmony and have opportunities as do any other New Zealand citizens. Through improved research, policy making and education in relation to the social determinants of health, such harmony and opportunities could be achieved which would ultimately contribute to the well-being of Latino migrants.

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Appendices

"Narraciones de Migración y Salud de un grupo de Latinos en Wellington"

Página de Información

Nos gustaría invitarte a participar en un proyecto de investigación. Mi nombre es Nancy Flores y estoy actualmente inscrita en una Maestría en Ciencias de Psicología en la Universidad de Massey. Durante mi Maestría voy a estar dirigida por el Profesor Kerry Chamberlain. El proyecto se trata de ganar una comprensión de las experiencias de migración y de salud de los Latinos en Wellington. Estamos interesados en saber acerca de sus historias de migración y las implicaciones de estas historias. También estamos interesados en escuchar acerca de sus historias de conexión social y sus historias acerca de su salud en general.

¿Quién puede participar de esta investigación?

Nos interesa saber de usted si es una persona de origen latinoamericano, está viviendo en Nueva Zelanda y tiene residencia permanente. Estamos interesados en sus historias respecto du su migración y su salud. El proyecto está abierto a cualquier hombre o mujer de origen latinoamericano que se encuentran entre 25 - 55 años de edad y acepte ser grabado(a) durante la entrevista. Dado el reducido número de participantes (10) requeridos para este proyecto, puede ser que algunas personas no sean entrevistadas si hay un gran interés. Si usted está interesado/ dispuesto a participar en esta investigación, por favor póngase en contacto conmigo, Nancy Flores, en la dirección de correo electrónico o número de celular que se encuentra en la parte inferior de esta página de información. Además, si usted sabe de alguien que esté interesado, por favor no dude en invitarle y hacer que se comunique(n) conmigo y yo le remitiré la información correspondiente sobre el proyecto. Puede estar seguro de que poniéndose en

contacto conmigo usted no está aceptando participar, sólo expresando su interés en una potencial participación

¿Qué se requerirá de usted si decide participar?

Si usted acepta participar, tendría que tomar parte en una entrevista que durará aproximadamente una hora. La entrevista serán grabadas en audio, y se llevarán a cabo principalmente en español. No anticipamos ningún malestar o riesgo para usted como resultado de su participación en este proyecto de investigación. La fecha, hora y lugar de la entrevista serán arregladas con usted y estas podrían ser en su casa o cualquier otro lugar que decidamos. Le invitamos a hacer cualquier pregunta y pedir una aclaración de cualquier duda o problema (s) que pueda tener sobre el proyecto o la entrevista en cualquier momento. Usted puede retirar su decisión de participar en cualquier momento durante la entrevista o hasta una semana después de completada la entrevista. Durante la entrevista no es necesario que responda a cualquier cosa que usted no quiere contestar o si se siente incómodo con la(s) preguntas. Usted puede pedir que la grabadora sea apagada en cualquier momento durante la entrevista. Su nombre y cualquier otra información suya que pudiera ser usada para identificarlo(a) no será utilizada, tampoco su información personal será publicada en los resultados del proyecto y su privacidad y confidencialidad serán preservados en lo mejor de nuestra capacidad. Si usted está interesado en conocer los resultados de este proyecto, puede solicitar un resumen de los resultados al final del estudio, indicando así en el formulario de consentimiento.

Contacts   Profesor
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Este proyecto ha sido revisado y aprobado por el Comité de Ética Humana de la Universidad de Massey: Norte, Solicitud 14/002. Si usted tiene alguna preocupación

acerca de la conducta de esta investigación, por favor póngase en contacto con Dr. Andrew Chrystall Presidente Interino de la Escuela de Comunicaciones, Periodismo y Marketing. Teléfono: 64 9414 0800 x 43317. Dirección electrónica: humanethicscomitteenorthen@massey.ac.nz.

"Narratives of Migration and Health of a group of Latinos in Wellington"

Information Sheet

We would like to invite you to participate in a research project. My name is Nancy Flores and I am currently enrolled in a Masters Degree in Science in Psychology at Massey University. I will be supervised by Professor Kerry Chamberlain. The project is about gaining an understanding of the migration and health experiences of Latinos in Wellington. We are interested to hear about your stories of migration and the implications of these stories. We are also interested to hear about your social connectedness stories and your stories about your overall health.

Who can take part?

We are interested to hear from you if you are a person of Latin-American origin, are living in New Zealand and have permanent residency. We are interested in your stories about migration and health. The project is open to any men or women of Latin-American origin who are between 25 -50 years old (inclusive)and agree to be recorded on audio during the interview. Given the small number of participants (10 participants) required for this project, it may be that some people will not be interviewed if there is a lot of interest. If you are interested and willing to participate in this research, please contact me, Nancy Flores, at the email or number provided below. Also, if you know of anyone else who is interested, please do not hesitate to ask them to contact me and I will forward to them information on the project. Please be assured that by contacting me you are not agreeing to participate but merely expressing an interest in potential participation.

What would be required of me if I decide to participate?

If you agree to participate, you would need to take part in an interview that will last for approximately one hour. The interview will be recorded on audio, and will

be conducted mainly in Spanish. We do not anticipate any discomfort or risk to you as a result of participation in this research project. The date, time and location of the interview will be arranged with you and could be at your home or any other place we decide. You are welcome to ask any questions and ask for clarification of any doubts or of any issues you may have with the project or interview at any time. You can withdraw your decision to participate at any time during the interview or up to one week after the completion of the interview. During the interview you do not need to answer anything you do not want to answer or feel uncomfortable with and you may ask to have the audio recording device turned off at any time. Your name and anything else that could possibly be used to identify you will not be used when reporting the results of the project, and your privacy and confidentiality will be preserved to the best of our ability. If you are interested in knowing the results of this project you can request a summary of the findings to be sent to you at the end of the study, by indicating this on the consent form.

Contact Information   Professor
Nancy Flores   Kerry Chamberlain
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This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 14/002. If you have any concerns about the conduct of this research, please contact Dr. Andrew Chrystall Acting Chairperson School of Communication, Journalism & Marketing. Ph - 64 9 414 0800 x 43317 email: humanethicscomitteenorthen@massey.ac.nz.

¨Narraciones de Migración y Salud de un grupo de Latinos en Wellington¨

Formulario de Consentimiento

Confirmo que he leído la hoja de información y me han sido explicados los detalles del estudio. Mis preguntas han sido contestadas a mi satisfacción. Entiendo que puedo hacer más preguntas en cualquier momento durante la entrevista o después de esta. También entiendo que si no estoy de acuerdo a que la entrevista sea grabada no voy a cualificar para ser entrevistado.

Estoy de acuerdo / no estoy de acuerdo que la entrevista sea grabado en sonido.

Estoy de acuerdo en participar en este estudio, en las condiciones establecidas en la Hoja de Información.

Nombre Completo.. Fecha: ....

Firma: ....

Narratives of Migration and Health of a group of Latinos in Wellington

Participant´s Consent Form

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time during the interview or after this. I also understand that if I do not agree to the interview being recorded in audio I will not qualify to be interviewed.

I agree/do not agree to the interview being recorded in audio.

I agree to participate in this study under the conditions set out in the Information Sheet.

Full Name... Date: ....

Signature: ....

"Narratives of Migration and Health of a group of Latinos in Wellington"

Guide for Interview Questions

This research project uses Narrative Analysis methodology. Hence, we are interested to know the stories of these participants. Broadly, the topics are:

- Migration

- Social connectedness

- Health

  Examples of questions;

- Can you tell me the story of your migration to New Zealand?

- Can you tell me about your experience in the labour market?

- Have there been periods in which you have been either unemployed or underemployed? Can you tell me about how this experience was for you?

- Can you tell me about the different circumstances in which you use the Spanish or English language? Can you tell me more about your experiences in these circumstances?

- Have there been times in which you have been sick? Can you tell about your experiences during these times?

- Can you tell me about the experiences you have had when dealing with health professionals in New Zealand? Can you tell me about how your communication with a health professional or health professionals impacted on recovery?

- Can you tell my about a time or times in which language was a barrier in dealing with a health professional or health professionals?

- Can you tell me about your experiences with the Health Care system in New Zealand? For example can you tell me about your experiences with availability, access or cost?