

**Health Patterning of Im/migrant and Asylum-Seeking  
Emerging Adults from Guatemala and Honduras**

A DISSERTATION

Submitted to the Faculty of Boston College

Connell School of Nursing

in partial fulfillment of the requirements

for the degree of Doctor of Philosophy

by

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December 9, 2022

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**Health Patterning of Im/migrant and Asylum-Seeking Emerging Adults  
from Guatemala and Honduras**

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**Abstract**

**Background:** Over the past decade, increasing numbers of emerging adults, defined as ages 18 to 22, have journeyed to the United States (US) from Guatemala, Honduras and El Salvador. Upon arrival to the US, many experience inequities in health and healthcare access. The inequities are shaped by US practices and choices connected with broad structural and systemic-level barriers within planetary, social, economic and necropolitical forces. Applying a critical framework of antiracism, anti-oppression and anticolonialism, nurses and other healthcare providers must seek to understand the health patterning and life experiences of emerging adult im/migrants from Guatemala, Honduras, and El Salvador so that their health and healthcare needs may be supported.

**Approach:** This qualitative research project aimed to explore health patterning of emerging adult immigrants from Guatemala, Honduras, and El Salvador using the nursing specific research praxis of Health as Expanding Consciousness (HEC). The second aim explored themes across the group. Critical posthuman, feminist, and new materialist assumptions also informed the

approach to the study. Between June 2021 to November 2022 thirteen emerging adult participants from Guatemala and Honduras were interviewed twice. Enrollment occurred through community-based recruitment and snowball sampling methods. Each person's individual story was explored using the HEC praxis method.

**Results:** Participants' stories uncovered unique profiles with situated, context-specific individual health patterning. Four themes were identified across stories using the qualitative analytic method of Sort and Sift, Think and Shift: Family is Fundamental, The Journey Holds Meaning, Opportunities Exist Amidst Constraints, and Movement and Art are Healing.

**Conclusions:** The discussion section reviews main implications for building critical nursing praxis; understanding intersections of health, nursing care and human mobility; advancing nursing policy for people excluded from care; advancing research using HEC praxis as a caring act of accompaniment; and transforming nursing education for social justice and radical possibility. Im/migration and asylum-seeking were viewed as fundamental human rights including critically advancing the right to health and safety for people in mobility contexts.

*Keywords:* emerging adults, qualitative health research, critical nursing theory, migration studies, Science of Unitary Human Beings, Health as Expanding Consciousness

### **Resumen**

**Antecedentes:** Durante la última década, un gran población de adultos emergentes, definidos como personas de 18 a 22 años, han viajado a los Estados Unidos (EE. UU.) desde Guatemala, Honduras y El Salvador. Al llegar a los EE. UU., muchos experimentan desigualdades en la salud y el acceso a la atención médica. Las desigualdades están moldeadas

por las prácticas y elecciones estadounidenses conectadas con amplias barreras estructurales y de nivel sistémico dentro de las fuerzas planetarias, sociales, económicas y necropolíticas.

Aplicando un marco crítico de antirracismo, antiopresión y anticolonialismo, las enfermeras y otros proveedores de atención médica deben buscar comprender los patrones de salud y las experiencias de vida de los inmigrantes adultos emergentes de Guatemala, Honduras y El Salvador para que sus necesidades de salud y atención médica puedan ser soportados.

**Enfoque:** Este proyecto de investigación cualitativa tuvo como objetivo explorar los patrones de salud de inmigrantes adultos emergentes de Guatemala, Honduras y El Salvador utilizando la praxis de investigación específica de enfermería de Salud Como Expansión de la Conciencia (HEC). El segundo objetivo exploró temas en todo el grupo. Los supuestos críticos posthumanos, feministas y del nuevo materialismo también informaron el enfoque del estudio. Entre junio de 2021 y noviembre de 2022, trece participantes adultos emergentes de Guatemala y Honduras fueron entrevistados dos veces. La inscripción se produjo a través de métodos de muestreo de bola de nieve y reclutamiento basado en la comunidad. Se exploró la historia individual de cada persona utilizando el método de praxis HEC.

**Resultados:** Las historias de los participantes descubrieron perfiles únicos con patrones de salud específicos del contexto y situados de cada persona. Se identificaron cuatro temas en las historias utilizando el método analítico cualitativo de Clasificar y Examinar, Pensar y Cambiar: La Familia es Fundamental, El Viaje Tiene Sentido, Las Oportunidades Existen en Medio de las Limitaciones y El Movimiento y el Arte Son Curativos.

**Conclusiones:** La sección de discusión revisa las principales implicaciones para la construcción de una praxis crítica de enfermería; la comprensión de las intersecciones de la salud, el cuidado de enfermería y la movilidad humana; el avance de la política de enfermería para las personas

excluidas del cuidado; el avance de la investigación que utiliza la praxis HEC como un acto de cuidado y acompañamiento; y la transformación de la educación de enfermería por la justicia social y la posibilidad radical. La inmigración/migración y la búsqueda de asilo se consideraban derechos humanos fundamentales, incluido el avance crítico del derecho a la salud y la seguridad de las personas en contextos de movilidad.

## Contents

<i>List of Tables</i> .....	12
<i>List of Figures</i> .....	13
<i>Preface</i> .....	16
Dedication.....	17
<i>ACKNOWLEDGEMENTS</i> .....	18
<i>Chapter One</i> .....	22
Statement of the Topic.....	22
Significance of the Topic.....	36
Explanation of Terms.....	36
Unitary-Transformative Perspective.....	38
Assumptions.....	39
Author’s Positionality, Reflexivity, and Life Experiences.....	39
<i>Purpose Statement</i> .....	46
Aims of the Research.....	46
Research Questions.....	46
<i>Summary Chapter One</i> .....	47
<i>Chapter Two</i> .....	48
<i>Theoretical Frameworks</i> .....	49
<i>The Science of Unitary Human Beings</i> .....	50
Rogers’ Early Theorizing (1970).....	50
Rogers and Rhizomatic Thinking.....	52
Newman’s Health as Expanding Consciousness.....	53
Feminist Ontology.....	54
Key Concepts in HEC.....	55
<i>Health</i> .....	55
<i>Assumptions of HEC</i> .....	56
Young’s Spectrum of the Evolution of Consciousness.....	57
Definitions of Concepts in the Evolution of Consciousness.....	58
Patterning Recognition and Health.....	59
Additional Theories that Informed HEC.....	60
<i>Phenomenology</i> .....	62
Phenomenological Hermeneutic Dialectic Approach.....	63

Phenomenology in Nursing Science.....	65
Participation in Participatory Research .....	66
<i>Additional Theories and Their Influence on this Research</i> .....	67
Posthumanism .....	67
Critical Posthumanism.....	68
The Anthropocene and the Capitalocene.....	68
Slow Violence of Climate Injustice.....	69
Activist Scholarship.....	71
Liberation Philosophy and Critical Race Theory.....	72
Poem by Margaret Newman (1990): Embodies Values of PAR .....	72
HEC and Emerging Adults from Northern Central America.....	74
Suffering as a Path to Consciousness .....	75
Cultural Biases in HEC.....	76
<i>Appropriation of Ideas and Lack of Historical Context of SUHB and HEC</i> .....	76
Situating the Research in Historical Consciousness.....	77
Acknowledging the Guatemalan Genocide of Maya People .....	78
Indigenous Groups in Present Day Central America.....	79
<i>Contextualizing Systemic Violence in Central America</i> .....	80
Non-Knowing as Epistemological Ignorance .....	82
Indigenous Identity and Emerging Adulthood.....	83
Summary of the Theories.....	84
<i>Literature Review</i> .....	86
Developmental Period of Emerging Adulthood.....	86
Critique of Emerging Adult Constructs.....	87
<i>Cross-cultural Studies</i> .....	88
<i>Influence of Global Internet on tasks of Emerging Adulthood</i> .....	88
<i>Structural and Systemic Barriers for Emerging Adult Immigrants</i> .....	90
<i>Being “Undocumented”: Precarious Legal Status</i> .....	90
<i>Lack of Access to Health and Mental Health Services</i> .....	91
<i>Language Barriers</i> .....	91
<i>Targeted Marketing by the Alcohol, Tobacco and Food Industry</i> .....	92
<i>Discrimination and Racism</i> .....	93
<i>Additional Challenges for Emerging Adult Immigrants</i> .....	94

Material Realities .....	94
Acculturated Stress.....	95
Depression and Loneliness .....	96
Adverse Childhood Experiences .....	97
<i>Personal, Social and Family Interactions</i> .....	98
<i>Family and Social Relations</i> .....	98
<i>Community Connections</i> .....	99
<i>Risks Associated with Gender/Sexuality</i> .....	100
<i>Gender Based Violence</i> .....	100
<i>Substance Use</i> .....	100
<i>Sexual Health and Gender Affirming Care</i> .....	101
<i>Nicotine, Cannabis, and Pill Use</i> .....	103
<i>Employment</i> .....	103
<i>The Highest Employment Rates</i> .....	103
<i>Substance Abuse Risks Associated with Employment</i> .....	104
<i>Locations of Knowledge Building about Im/migrant Emerging Adults</i> .....	105
<i>Summary of Chapter Two</i> .....	106
<i>Chapter Three</i> .....	109
<i>Introduction</i> .....	109
<i>Method</i> .....	110
Research Design Overview.....	110
Protection of Human Subjects.....	111
<i>Participant Recruitment</i> .....	112
<i>Key informant interviews</i> .....	122
<i>Participant Interviews: Preparation for the Interviews</i> .....	123
<i>The Interview</i> .....	123
<i>Concluding the Interview</i> .....	127
Recording and Data Transformation .....	127
Data Analysis Strategies .....	128
<i>Data Analysis Plan</i> .....	128
Methodological Integrity .....	129
Strategies to Ensure Trustworthiness .....	130
<i>Considerations for Reflexivity and Positionality</i> .....	132
Intersectionality.....	133

My Bracketing: Critical Reflexivity .....	134
<i>Summary of Chapter Three</i> .....	136
<i>Chapter Four: Their Stories</i> .....	137
<i>Introduction</i> .....	137
Description of Participants .....	138
<i>Newman's HEC</i> .....	145
The Narrative Maps .....	146
Painting the Patterning .....	147
<i>Pulse and Power Quotes</i> .....	149
<i>Their Stories</i> .....	151
Participant 1 .....	151
Participant 12 .....	157
Participant 9 .....	162
Participant 4 .....	167
Participant 8 .....	172
Participant 2 .....	176
Participant 11 .....	181
Participant 5 .....	185
Participant 10 .....	191
Participant 7 .....	196
Participant 3 .....	200
Participant 6 .....	205
Participant 13 .....	210
<i>Threading Stories</i> .....	215
Family is Fundamental .....	219
The Journey Holds Meaning .....	223
Opportunities Exist Amidst Constraints .....	225
Movement and Art are Healing .....	228
<i>Summary Chapter 4</i> .....	230
Non-Conclusions and Conjectures .....	230
<i>Chapter 5: Discussion</i> .....	232
Introduction .....	232
<i>Discussion</i> .....	233

Reflections on Receiving Stories and the Process in Relation to Newman’s HEC ....	233
Memos and Reflections .....	234
<i>Implications for Nursing</i> .....	252
Building Critical Nursing Praxis .....	252
Intersections of Nursing, Healthcare, and Human Mobility .....	256
Nursing Policy Implications: Excluded from Care .....	260
Research: HEC Research Praxis as a Caring Act.....	263
Nursing Education: Bridge to Social Justice and Radical Possibility .....	265
<i>Connecting Back: Reflections on Theory and Language</i> .....	267
Reflections on Theory .....	267
Reflections on Evolving Concepts of HEC .....	270
Reflections on Language .....	273
<i>Limitations of the Research Project</i> .....	276
<i>Next Steps and Non/Conclusions</i> .....	278
<i>APPENDICES</i> .....	283
Appendix A: Informed Consent (Spanish and English) .....	283
Appendix B: Invitation to Participate Flyer (Spanish and English).....	291
Appendix C: Demographic Inventory .....	293
Appendix D: Enrollment Form .....	294
<i>References</i> .....	295

### **List of Tables**

**Table 1.** Theories Informing HEC

**Table 2.** Descriptions of the Participants

**Table 3.** Health and Connection to Healthcare

### **List of Figures**

**Figure 1.** NO ES FUEGO ES CAPITALISMO (Translation: It's not fire it's capitalism)

**Figure 2.** The Border Quilt Project

**Figure 3.** Rhizomatic Representation of Proposed Theories

**Figure 4.** Mass Shooting Through Nov. 22 of Each Year 2014-2022

**Figure 5.** Episode Profiles November 25, 2022

**Figure 6.** Pages from Field Notes and Question Guide/Theory October 2022

**Figure 7.** Snowball Sampling and Referrals from 5 Trusted Messengers

**Figure 8.** The Spiral Helix from Google Images

**Figure 9.** Painting the Patterning

**Figure 10.** Participant 1 Narrative Map

**Figure 11.** Participant 1 HEC Concept Summary

**Figure 12.** Participant 1 Pulse and Power Quotes

**Figure 13.** Participant 12 Narrative Map

**Figure 14.** Participant 12 HEC Concept Summary

**Figure 15.** Participant 12 Pulse and Power Quotes

**Figure 16.** Participant 9 Narrative Map

**Figure 17.** Participant 9 HEC Concept Summary

**Figure 18.** Participant 9 Pulse and Power Quotes

**Figure 19.** Participant 4 Narrative Map

**Figure 20.** Participant 4 HEC Concept Summary

**Figure 21.** Participant 4 Pulse and Power Quotes

**Figure 22.** Participant 8 Narrative Map

**Figure 23.** Participant 8 HEC Concept Summary

**Figure 24.** Participant 8 Pulse and Power Quotes

**Figure 25.** Participant 2 Narrative Map

**Figure 26.** Participant 2 HEC Concept Summary

**Figure 27.** Participant 2 Pulse and Power Quotes

**Figure 28.** Participant 11 Narrative Map

**Figure 29.** Participant 11 HEC Concept Summary

**Figure 30.** Participant 11 Pulse and Power Quotes

**Figure 31.** Volcano at Night

**Figure 32.** Participant 5 Narrative Map

**Figure 33.** Participant 5 HEC Concept Summary

**Figure 34.** Participant 5 Pulse and Power Quotes

**Figure 35.** Participant 10 Narrative Map

**Figure 36.** Participant 10 HEC Concept Summary

**Figure 37.** Participant 10 Pulse and Power Quotes

**Figure 38.** Participant 7 Narrative Map

**Figure 39.** Participant 7 HEC Concept Summary

**Figure 40.** Participant 7 Pulse and Power Quotes

**Figure 41.** Participant 3 Narrative Map

**Figure 42.** Participant 3 HEC Concept Summary

**Figure 43.** Participant 3 Pulse and Power Quotes

**Figure 44.** Participant 6 Narrative Map

**Figure 45.** Participant 6 HEC Concept Summary

**Figure 46.** Participant 6 Pulse and Power Quotes

**Figure 47.** POESÍA Y POÉTICA

**Figure 48.** Poema en Español

**Figure 49.** Poem in English

**Figure 50.** Protest at Homestead Detention Center

**Figure 51.** Circle of Migration, Deportation, Migration

**Figure 52.** Sunflower

**Figure 53.** Research Pod November 2022

## Preface

Stories go in circles. They do not go in straight lines. It helps if you listen in circles because there are stories inside and between stories and finding your way through them is as easy and as hard as finding your way home. Part of finding is getting lost, and when you are lost you start to open up and listen.

(Tafoya, 2008, p.6)

*En español: Las historias van en círculos. No van en línea recta. Ayuda si escuchas en círculos porque hay historias dentro y entre historias y encontrar el camino a través de ellas es tan fácil y tan difícil como encontrar el camino a casa. Parte de encontrar es perderse, y cuando estás perdido empiezas a abrirte y escuchar.*

*(Tafoya, 2008, p.6)*

I wrote this dissertation from the unceded lands of the Massachusetts People including Nonantum, Nipmuc, and Naponset People who lived in this area before the settler colonizers arrived enacting forced displacement and genocide (Native Land Digital, 2022). This acknowledgement does not take the place of advocating for giving stolen land back and recognizing full sovereignty to Native, Indigenous and First Nations People, or for creating authentic relationships with Indigenous communities. It serves as a first, insufficient but necessary step in naming and honoring the history of the people whose land I occupy. To be meaningful land acknowledgements must also include action for Indigenous Communities, including: “challenge and reject all stereotypes about Indigenous people; insist that your children and grandchildren are taught accurate information about the histories, cultures, and

contemporary lives of Indigenous peoples in your school system; inform yourself about issues impacting Indigenous communities and speak up; and protect the environment (Watt, 2022).

### **Dedication**

I dedicate this dissertation to a number of people. First to my four children, Emily, Patrick, Peter, and Molly, and to my husband Ed. I know you are my super fans and loudest cheer leaders. Your love and unwavering support made and make this all possible. Emily, it has been joyful to be on our PhD journey together. Molly and Emily, thank you for your editorial labor, wise suggestions, and close reading of this document. We did it.

I also dedicate this dissertation to my deceased mother Anne Loise Thibodeau, a nurse graduate of the Massachusetts General Hospital diploma program, divorced mother of five. Anne graduated with her BA from a state college at age 65 and worked as a full-time gerontology-unit charge nurse specializing in Alzheimer's care until age 72. Anne was born as a hearing child of deaf adults (CODA), raised on a small working farm in rural Maine by deaf parents who were active in the local community, as well as politically active leaders in the national deaf community. In her 90 plus years of living fully, my mother inspired me with her love of nursing, adult learning and education, gardening, travel, food, music, painting and fiber art—creating joy and beauty. She flourished while focusing on family, friendships, and accompaniment to the greater community. I am my mother's daughter.

Lastly, I humbly dedicate this dissertation to the emerging adults who participated in this research project—13 participants who trusted me with their uniquely personal stories. It was an honor to hear your words and experiences, and to learn about your lives and the important people and events you hold in your hearts. I thank you for sharing your stories and I hope that I have represented your stories accurately. I am also grateful and indebted to the trusted community

messengers and key informants who believed in the importance of this study, and who had faith and trust in me to refer participants for interviews.

*En Español: Por último, dedico humildemente esta disertación a los adultos emergentes que participaron en este proyecto, 13 participantes que confiaron en mí sus historias únicas y personales. Fue un honor escuchar sus palabras y experiencias, y aprender sobre sus vidas y las personas y eventos importantes que guardan en sus corazones. Les agradezco por compartir sus historias y espero haber representado sus historias con precisión. También estoy agradecido y en deuda con los mensajeros comunitarios de confianza y los informantes clave que creyeron en la importancia de este proyecto, y que tuvieron fe y confianza en mí para referir a los participantes a las entrevistas.*

### **ACKNOWLEDGEMENTS**

I am grateful for the funding that I received to support this research project. I want to thank the Society for the Study of Emerging Adults (SSEA) who awarded me a small research grant for this study in February, 2020. I also received a summer research grant in April, 2020 from the Center for Human Rights and International Justice at Boston College Lynch School of Education. Materially, both of these awards partially supported the participant thank you gift cards and assisted with transcription services. However, the scholarly recognition I received from each of these respected organizations provided priceless confirmation to me that my doctoral research project was important. For that I am very grateful. I am also grateful to the NLN Jonas Scholars Program Cohort VI for the opportunity and honor of being chosen to be part of the Jonas Scholars community.

The knowledge-making apparatus is vast, collaborative, collective and pluralistic. “There is no ‘I’ that exists outside of the diffraction pattern, observing it, telling its story (Barad, 2014,

p. 181). In truly honoring the collective authorial voice that resonates in this dissertation, I acknowledge many dear friends, scholars, and esteemed mentors and professors at Boston College and beyond. Many of you are cited here and have words and ideas that supported and shifted my thinking. I carried you and your ideas with me throughout this project. You all resonate here in my diffraction patterning.

I am very grateful to my entire dissertation committee and I want to acknowledge them each here. I acknowledge the unwavering support of my nursing theory mentors Dr. Jane Flanagan and Dr. Dorothy Jones who continue to inspire me with their knowledge about Science of Unitary Human Beings, and who encouraged me to be present and trust the HEC process and method. Thank you for introducing me and nominating me to the board of the Society of Rogerian Scholars. Thank you to my advisor Dr. Jane Flanagan who always supported me fully in this research project throughout all its stages, twists and turns.

Thank you to my committee members Dr. Susan Kelly-Weeder and Dr. Norma Martínez Rogers. Dr. Kelly-Weeder provided enthusiastic support and guidance throughout my PhD program at Boston College, and nominated me for the NLN Jonas Scholars Program which I was awarded in 2018-2020 cohort VI. Dr. Martínez Rogers agreed to join my dissertation committee after meeting me very briefly in 2019, and since then she has never wavered in her confidence in me and this research project. Dr. Martínez Rogers was named an Academy of Nursing Living Legend, the highest honor in the academy in August 2022. She traveled from Texas to Boston to be present for my proposal defense. Thank you Dr. Martínez Rogers and to the others. I am privileged and honored to have all of you on my dissertation committee.

I feel privileged to have personally studied at Boston College Connell School of Nursing with many nurse leaders who nurtured, valued and honored the thinking practices of nursing. I

am grateful to Dr. Pam Grace, my nursing philosophy mentor who introduced me to and nominated me for the board of IPONS International Philosophy of Nursing Society. To Dr. Sister Callista Roy, thank you for sharing books by Angela Davis, gifting me books by Newman and Rogers, and for embodying your vast love and knowledge of nursing theory, and your radical vision for what nursing can be if it chooses.

Thank you to Dr. Judith Vessey, Dr. Karen Lyons, and Dr. Monica O'Reilly-Jacob in Nursing, Dr. Brinton Lykes and Dr. Mike Russell in the Lynch School of Education, and so many others who mentored and taught me here at Boston College. The workshops, seminars and the certificate program at The Center for Human Rights and International Justice at Boston College also deeply shaped and informed this research project.

I am also so very grateful for Dr. Alejandro Olayo-Méndez S.J. professor in the Graduate School of Social work at Boston College and a Jesuit Priest from the West Coast Province in the United States. I met Dr. Olayo-Méndez when taking his graduate course on Immigrant and Refugee Issues as an elective for the Human Rights and International Justice certificate program at The Lynch School Boston College in 2020. He later invited me to be a research assistant which led to multiple experiences that deeply informed this dissertation. These include research trips to Tijuana and Juarez, Mexico in 2022 visiting shelters that serve migrant and asylum-seeking people, and a project about accompaniment practices for people in mobility contexts in Latin America and the Caribbean. These experiences and others were important influences on this study..

I cannot imagine this journey without my Compost Collaborative soulmates, nurses Jessica Dillard-Wright, Brandon Brown, Christian Tedjasukmana, Jamie Smith and Eva Willis. Together we have embodied collaborative-creative-critical-collective-being-thinking-doing and I

am so thankful for you all and excited for what comes next. Thank you to co-conspirators and co-founders, friends and mentors in Nursology Theory Collective: Chloe, Patrick, Heather, Jess, Brandon to name a few. We joined together in 2019 to critique and advance thinking practices in nursing and I look forward to continuing in that journey with you all.

I am grateful to Dr. Lucinda Canty, Dr. Peggy Chinn, and Dr. Christina Nyirati for creating a space in 2020 for the important work of Reckoning with Racism in Nursing.

Finally, I acknowledge lifelong commitments to critical consciousness while walking, working and being in the world in ways that are anti-oppressive, anticolonial, antiracist. My own diffractions in future time will undoubtedly reveal how I could have/should have written words differently, framed something more radically. Because despite best intentions I acknowledge that best intentions are often cloaked, as Tuck and Yang (2012) taught us, within settlers moves to innocence. I acknowledge as a white cisgender heterosexual settler colonizer I have blank spots in my critical consciousness yet to be uncovered.

## Chapter One

The purpose of this chapter is to introduce the present-day challenges for emerging adults im/migrating from Guatemala, Honduras and El Salvador, and to outline why it is a significant and important priority for research by nurses. This chapter will also include brief sections on definition of key terms and major assumptions of the research approach. Chapter One explains the positionality of self as nurse researcher, as it relates to the proposed research with emerging adult im/migrants and asylum-seekers from Guatemala, Honduras and El Salvador. Finally, Chapter One will conclude with a research purpose statement and outline the specific aims of this research proposal.

### Statement of the Topic

Over the past decade, increased numbers of emerging adults, defined in this research project as ages 18 to 22, have journeyed to the United States (US) from the Northern Central America countries of Guatemala, Honduras and El Salvador (Diamond et al, 2020). They do so to seek sociopolitical asylum, economic and educational opportunities, climate refuge, family reunification, and general opportunity (Diamond et al., 2020). Increased numbers of young people on the move to the US from Guatemala, Honduras and El Salvador are contributing to population level expansion of diverse groups of people labeled by the United States government with the pan-ethnic terms Latino and Hispanic (Abrego & Menjivar, 2022; Chishti, et al., 2019; Cohn, et al., 2020; Gonzalez-Barrera, 2022; Lopez, Krogstad, & Passel, 2019; Passel & Cohn, 2018; 2019). Contemporary Latin American scholars and political activists also use the term Latinx or Latine, though the term is highly contested about whether to use or reject the *x* and/or to add the *e* or other symbols, including asterisk Latin\* (de Onis, 2017; Salinas, 2020). Any labeling of people by academics who are outsiders to the community like me is problematic and

has roots in colonialism (Martinez & Rhodes, 2020; Salinas, 2020). The word Latinx is used here in this dissertation after a nurse scholar from Central America recommended the use of the term to me for this project. The rationale is explained further in the following pages.

The Latinx population in the US comprises both the youngest and the most rapidly expanding population group, with the northeastern and southern areas of the US reporting the largest population increases of 25-33% between 2008 and 2018. (Flores et al., 2019; United States Census, 2019). The 2020 census showed the Hispanic or Latinx population grew 23% from 2010 to 2020 (Jones et al., 2021). By 2060 US census estimates the number of Hispanic and Latinx people in the US will reach 111 million, accounting for 28% of the total residents of the US (Lesser, & Batalova 2017; United States Census Bureau, 2019).

Upon arrival to the US, im/migrant emerging adults from Northern Central America countries of Guatemala, Honduras and El Salvador experience inequities in health and health care access shaped by US political practices and ethical choices attributed to broad systemic-level barriers within social, economic and political structures (Menjivar & Perreira, 2019). These structures historically privilege US-born white people over other groups (Bailey et al., 2017; Baily et al., 2021; Bhabha, 2004; 2017; Bonilla-Silva, 2006; Hebert et al., 2008; Hicken, et al., 2018). Inequities in health for im/migrant and asylum-seeking people are also associated with criminalization of migration across geopolitical borders that result in detention, deportation, and risk to life and wellness, made especially clear during the Covid 19 pandemic. Due to lack of transparency of data the exact number of people who have died in ICE detention of Covid is unknown, but in 2020 ICE reported 15 deaths accounting for the highest death rate for detained people in 15 years (Smart et a., 2021). ICE confirmed that 10,000 people tested positive as

of March 2021. and official reports do not account for people who may have been infected while detained and released and possibly dying later (Smart et al., 2021).

“Crimmigration” refers to the criminal detention of people in mobility contexts of immigration. In the US, this includes adults, elderly adults, babies, children, and families seeking asylum or im/migrating for sociopolitical and myriad of other reasons. Crimmigration uncovers biopolitical forces of government, including power and control, for people who are on the move (Kubal & Olayo-Méndez, 2020; Foucault, 1982; 2012). Mbembe calls this force necropolitics—the geopolitical ordering that decenters some lives as less important than others (Mbembe & Shred, 2021). This is also discussed in migration literature as biopolitics of migration (Walters, 2015). Crimmigration, necropolitics and biopolitics of migration share assumptions around the workings of power in society, governmentality, hierarchical systems of power and control. This results in “othering” im/migrant people as “foreign” -- bordering both bodies *and* land, constructing and enforcing laws and regulations that literally decide the fate of people’s bodies, personal agency, autonomy, inclusion, exclusion with clear implications for health, life and death. To avoid the silencing narratives that Guyatri Spivak (1999) refers to as “sanctioned ignorance,” it is imperative that studies about people in global mobility contexts be connected to past and present entanglements with imperialism, empire, racism, extractive capitalism, and critical analyses of power and colonialism (Spivak, 1999; Mayblin & Turner, 2021). Thousands of people die each year on the migration journey through Mexico and while navigating border violence and precarity (Sheridan & Mcguire, 2019). In June 2022, 53 migrants, predominantly from Guatemala, died of hyperthermia in the back of a tractor trailer crossing the Mexican border (Moravec et al., 2022). In September 2022, Republican governors from Texas and Florida were found to be potentially criminally liable for their role in a political stunt that targeted and

provided false information to 48 asylum-seeking families and children from Venezuela. Private contractors were hired to fly the families, children and adults to Martha's Vineyard, Massachusetts where they were left on the small island tarmac to fend for themselves without food, water, or shelter (Sandoval et al., 2022). These few examples of many, show the necropolitical and biopolitical forces of crimmigration.

Broadly speaking, racial and ethnic health inequities and disparities like those experienced by many im/migrant people after arrival to the US have roots in structural racism. Structural racism is defined as the historical and current day structural exclusion of “non-white” groups via sociopolitical, geographic, and economic injustices like segregated housing and environmental toxicity. People who are part of historically excluded and oppressed groups in the US have increased exposure to pollutants in predominantly segregated neighborhoods including lead and other heavy metals from proximity to highways, waste dumps, and factories, toxins from oil refineries, and inequitable access to clean drinking water (Bonilla-Silva, 2006; Hendricks & Van Zandt, 2021; Roberts, 2011). Yet until very recently, most health disparities research focused on individual level biomedical risks attributing risks to biological ethnicity and race, not on the historic and present-day systemic influences of structural exclusion, environmental injustice, oppression, and socioeconomic, political, and power inequities (Bailey et al., 2017; Bailey et al., 2021; Bonds & Inwood, 2016; Delgado & Stefanic, 2017; Hicken et al., 2018; Rothstein, 2017). White supremacy and white privilege are theoretical concepts linked to systemic structures and institutions of power, domination, and exploitation in the US, where the idea of race is almost exclusively applied to non-white people (Bonds & Inwood, 2016; Mucchetti, 2005). The concepts of white supremacy, white privilege and structural exclusion are foundational concepts associated with health disparities found between people who are classified

by governments and societies as non-white people (Kendi, 2019; 2020; Bonds & Inwood, 2016). The forces linked to racism, economic and sociopolitical and health inequities are especially pronounced in settler-colonial nations like the US (Bonds & Inwood, 2016; Misra et al., 2021). In the years 2021-2022, health organizations like the American Nurses Association (ANA), the American Medical Association (AMA) and the American Psychology Association (APA) all issued acknowledgements and apologies for the role their organizations played in upholding systems of structural violence, racism, and white supremacy. These forces have had direct consequences for the health and wellbecoming of people and communities that nurses accompany, as well as for nurses themselves (ANA, 2022; AMA, 2021; APA 2021).

According to Peruvian sociologist Aníbal Quijano, in nations like the US dominated by colonialism and white supremacy, race and racial identity are established as coloniality of power via instruments of basic social classification and domination (Quijano & Ennis, 2000). Specifically, in the US, who and what groups are considered “white” is non-fixed, constantly shifting, shaped by biopolitical census questions fixated on social constructions of binary classifications of race and ethnicity, and part of ongoing governmental, political and social discourse (Davenport, 2020; Lopez, 2006). Social hierarchies in the US were and are created on the basis of skin color and ancestry. Hierarchies shift when the boundaries between groups diminish, like the period in US history when Irish and Italian im/migrant people were marginalized and othered as foreigners, only to be later included in the racialized boxes known as white or Caucasian (Ruggiero, 2022; Mayblin & Turner, 2021).

At the systemic level, emerging adults arriving to the US from Guatemala, Honduras, and El Salvador experience a multitude of structural challenges. These challenges include unequal power relationships and barriers due to precarious legal status (Yoshikawa et al., 2017;

Zimmerman et al., 2022), erasure of their Central American identity described as compounded foreignness (Zimmerman et al., 2022), increased poverty rates, environmental inequities of crowded and substandard housing, food insecurity (Menjivar, 2003; Hall & Greenman, 2013), and inability to participate in traditional emerging adult rites of passage linked to cultural capital and upward mobility like getting a license or applying to college (Gonzales et al., 2013; Hsin & Ortega, 2018). Latinx and Hispanic people in the US are the least likely to have health insurance, a proxy used for assessing a person's access to preventive health care, dental care, eye and vision care, medical care, and mental health services (Ortega et al., 2018).

After immigrating, health disparities in Latinx emerging adult immigrants have been linked to structural inequities that affect other historically excluded populations in the US. This includes intergenerational political, socioeconomic and educational disadvantages (Bonilla-Silva, 2006; Hicken et al., 2018; Roberts, 2011; 2014), systematic punishment and policing (Beall, 2018; Nichols et al., 2018), and targeted marketing by the alcohol and tobacco industries (Center for Alcohol Marketing and Youth, 2005; Chaudhuri, 2017; Harris, 2020; Noel et al., 2017). In the past decade, there has been an increase in “legal violence” (Menjivar & Abrego, 2012, p. 1380), referring to a national milieu of overt, militarized hostility and aggression toward Latinx im/migrant people and their communities. This has resulted in stigmatization, ethnic stereotyping, profiling, targeted violence, deportations, workplace raids, and criminalized mass detentions of asylum-seeking families, children and emerging adults (Alimahomed-Wilson, & Williams, 2016; Cervantes, & Menjivar, 2018; Jessup et al., 2019; Southern Poverty Law Center, 2019). Furthermore, for Latinx emerging adult immigrants, stressful migration experiences, language barriers, discrimination and racism, fear of deportation, lack of understanding about complex legalities of the migration system, and structural racism in employment, policing, and

other societal systems may influence the development of unhealthy human stress responses. This highlights pathways through which structural oppressions place emerging adult im/migrants from Northern Central America at higher risk for physical and mental health problems (Baily et al., 2017; Baily et al., 2021; Hicken et al., 2018; McCord et al., 2019; Roberts, 2011; 2014).

Health disparities research, frequently framed as social determinants of health, too often decontextualizes structural forces surrounding race and ethnicity. Instead, it focuses on vulnerability paradigms, deficits, and deficiencies, without acknowledging necropolitical economies, systemic injustice and structural inequity (López & Hogan 2021). Within these vulnerability paradigms of research, Latinx emerging adults are reported to be at increased risk for health disparities in the US including higher rates of anxiety and depression when compared to other groups (McCord, et al., 2019; Perriera et al., 2019; Potochnik & Perriera, 2010), increased rates of heavy alcohol use (Daniel-Ulloa, 2014; Lotfipour et al., 2013), higher mortality rates related to car crashes (Sanchez et al., 2016; Vaca et al., 2011), unintentional injuries, homicide, and suicide (Center for Disease Control and Prevention [CDC], 2019a), and higher risks for HIV infection when compared to other groups (CDC, 2014). In addition, researchers suggest that emerging adult im/migrants who have moved to the US from Northern Central America may also be at risk for mental health and physical health consequences related to adverse experiences of being victims or witnesses to violence in their countries of origin, or experiences of transnational trafficking and violence along the migration route (Cook Heffron, 2019; Diamond et al., 2020; Menjivar et al., 2019b; Swanson & Torres, 2016).

Yet within the reported literature few studies point to the structural exclusions and global neoliberal forces that emerging adult im/migrants face, focusing instead on downstream social determinants of health without pointing to upstream factors where the power inequities could be

better understood as social determinants of death. Overall, the critical race theory movement, “studying and transforming the relationship between social constructions of race, racism and power” has been slow to take a hold in nursing literature, failing to shine the light on how these forces are linked to health patterning and health inequities (Delgado & Stefanic, 2017, p.3).

The developmental tasks and challenges of emerging adult age may be compounded by structural and systemic necropolitical factors, and mobility-related factors for im/migrant and asylum-seeking people from Northern Central America. Despite these challenges there is a paucity of nursing research focusing on the life experience of emerging adult im/migrants from Northern Central American countries of Guatemala, Honduras and El Salvador. The few studies available focus on unaccompanied minors, referring to children and adolescents migrating without a parent and who are under age 18 (Hernandez, 2015; Tello et al., 2017). Furthermore, very few studies within im/migration research emanate from disciplines like nursing that attempt to understand the unique experiences of the whole person within a holistic and human-centered health perspective (Gonzales et al., 2013). Little is known about the general life experiences or health responses of recently im/migrated emerging adults ages 18 to 22. Limited research has included samples of recently arrived emerging adults from Guatemala, Honduras, and El Salvador (Cooper, et al, 2019). Migration scholars suggest that Central American people “are overlooked in scholarship and misrepresented in the media ” (Zimmerman et al., 2022, p.2). Scholars also comment that research interest and funding for Central American studies significantly lags behind the “big three,” referring to social science studies about people im/migrating from Mexico, Puerto Rico and Cuba (Menjivar, 2017). The experiences of people from Central America are situated and contextualized. Differences in experiences may be due to multiple factors including sociopolitical and economic conditions, along with harsh climate

related phenomenon in Northern Central American. Sociopolitical and climate events impacting these three countries have resulted in extremes of poverty and war-like conditions of violence forcing the largest amount of migration of emerging adults to the US in recent decades with multiple consequences for health (Bermeo, 2018; Bermeo & Leblang, 2021; Mora & Lopez, 2021). The migration journey includes many risks for safety and health, especially for women and children (Diamond et al., 2020). Understanding the whole-person story of emerging adult im/migrants in the US who self-identify as Latino/a/x/e or Hispanic people requires letting go of notions of ethnic and cultural homogeneity and necessitates increased understanding with specific subgroups of individuals from context specific regions in the world (Chartier et al., 2013; Salas-Wright & Schwartz, 2019; Menjivar, 2017). It is important to include emerging adult im/migrants from Northern Central America in co-creating nursing knowledge about how they are experiencing life and how this experience influences their overall health and well-being.

Knowledge about general lived experiences, understood through narratives and storytelling, increases nurses' understanding about emerging adult im/migrants' holistic health care needs, including the complex structural and systemic factors that may influence their health responses. Knowledge gained can point to areas for policy and social change. However, as a first step it is most important to gain an understanding of the unique and individual life pattern and meaning in emerging adults im/migrants, including important relationships and life events, and the meaning the events and relationships hold for the person. "*La migración es una historia que exige ser narrada mostrando su complejidad*" (translation: "Migration is a story that demands to be narrated showing its complexity" [Marroquin Parducci, 2008, p.42]). Migration is a social and political movement, a complex process rather than a single event.

A limited understanding of general life experiences in individuals and groups of emerging adult im/migrants coming from Northern Central America means there are gaps in understanding the individual's unique life pattern and experiences about the meaning of health. Lack of knowledge about marginalized groups of emerging adults is an example of structural missingness, a form of structural oppression that perpetuates cycles of inequity and health disparities (Hopkins-Walsh & Dillard-Wright, 2020). In short, the specific knowledge gap in research with emerging adult immigrants from Northern Central America results in health and health care inequities and highlights issues of structural exclusion and social injustice that can and must be addressed by nurses (Grace & Perry, 2013; McGuire, 2015).

Disciplinary-specific nursing research efforts are needed to more fully understand the life experiences and meaning of those experiences in emerging adult immigrants from Guatemala, Honduras and El Salvador (Boutain et al., 2018). Understanding the life experiences and the meaning of those experiences in small samples over time may serve as a foundation for further understanding about human responses to im/migration. Exploring the experiences of emerging adult im/migrants, may provide insight to stresses that are unique, point toward structural and political factors that can be used as entry points for activism and policy change, and also assist to identify and support healthy patterns of response like joy, resistance and refusal (Tuck & Yang, 2012). The intention of this exploratory qualitative research approach is nonjudgmental and not aimed to identify or "fix" behaviors. However, an emerging adult's understanding of unique life patterns may reduce health and safety risks by way of increasing self-awareness, encouraging the person to have the individual freedom to make choices for self care and/or harm reduction (Barrett, 2010).

Indigenous studies scholar Tuck (2009) asked researchers to “suspend damage” and focus on historically excluded and oppressed persons’ stories of resistance and success (p. 409). It is important to document narratives of life experiences and their meaning, including health, hope and resistance in groups of people who experience structural inequities in the US, not just perpetuate damage-based research that further adds to oppression and marginalization (Tuck & Yang, 2014; Fine, 2018). The knowledge gained from this antiracist framework helps inform culturally safe and relevant approaches for holistic health promotion by nurses and other health care providers and support human flourishing in diverse groups of emerging adults from Northern Central America. Research with structurally excluded, underserved and marginalized populations while focusing on dismantling oppressive structures can also be framed as emancipatory nursing practice and as radical acts for social justice (Grace & Willis, 2012; Kagan et al., 2010; McKeown, 2019). However, researchers’ motives must be critically examined so as to not continue reenacting colonizing narratives and actions centered around fantasies of white-settler “saving” of marginalized and structurally oppressed people (Tuck, 2009; Tuck & Yang, 2014; Fine 2018).

### **Emerging Adults in Mobility Contexts**

In Guatemala, Honduras, and El Salvador, conditions of extreme poverty, gang violence, and the world’s highest murder and femicide rates continue to force many emerging adult immigrants to the US despite recent militarized attempts by the US government at tighter border controls (Diamond et al., 2020; Fonseca, 2013; 2016). Guatemala, Honduras and El Salvador contribute about 85% of the total US immigrant population arriving from Central America (Diamond, et al., 2020; Fonseca, 2013; 2016). The numbers of immigrants from the specific countries of Guatemala, Honduras and El Salvador have risen by 25% from 2007 to 2015, and

are now estimated to be over 3 million (Cohn et al., 2017). People from Mexico and Central America account for up to two thirds of people in the US with irregular immigration status (Esterline & Batalova, 2022). Families with children, unaccompanied minors, and emerging adult im/migrants and asylum-seekers often present themselves at US border processing stations to request asylum, however their human rights as refugees under widely recognized international conventions are ignored. Most all people are criminally detained without due process, in dehumanizing conditions that present severe risks to their health and well-being. They are detained in extremely cold rooms known as “heileras” (freezers) and large dog cage structures known as “perreras” (dog cages), forced to sleep in crowded conditions on concrete floors with single aluminum mylar covers as blankets (Androff, 2016; Becerra, 2019; Hernandez, 2015; Huynh, 2019; Human Rights Watch, 2018; Peeler et al., 2020). Asylum-seeking im/migrant people from Northern Central America experience the highest rates of denial of refugee status from the US government, with about 98% of applications being denied by judges (Abrego & Cárcamo, 2021). Scholars have linked refusal by the US courts to recognize their rights as refugees to the complex and powerful political relationship and entanglements the US has with Guatemala, Honduras and El Salvador. These entanglements implicate the US government’s complicity in political coups, civil wars, genocides, and extractive mining and hydroelectric industries— conditions linked to displacement, violence, poverty, and migration (Abrego & Cárcamo, 2021).

The Pew Hispanic Research Center estimates close to 14% of all foreign-born Latinx immigrants in the US are between the ages of 18-29, with a total number over 1 million (Noe-Bustamante, 2019). In 2014, approximately 50,000 unaccompanied minor children were apprehended at the US border from the countries of Guatemala, Honduras and El Salvador,

reaching previously unprecedented numbers (Diamond 2020; Hernandez, 2015). Indigenous Mayan adolescents fleeing Guatemala represented the highest numbers of unaccompanied minors detained at the border in 2014 (Hernandez, 2015). In 2021, a new record of 147,000 unaccompanied minor children were apprehended at the US-Mexico border (Montoya-Galvez, 2021). The Office for Refugee Resettlement (ORR) reported that 30% of unaccompanied minors apprehended in 2015 were over age 17 years, and 38% were between 15 to 16 years of age (Estefan et al., 2017).

Studies suggest im/migrant emerging adults from Northern Central America may have been exposed to extreme violence both in their countries of origin and while migrating (Cleveland & Frankenfeld, 2019). UNICEF (2014) reports that Guatemala and El Salvador have the highest rates of homicide for children ages 0-19 in the world. Rates of femicide, meaning gender specific violence and homicide, in Central America are some of the highest in the world, and females frequently suffer kidnaping and sexual violence along the migration route as part of human trafficking (Menjivar & Walsh, 2017; 2019). Childhood and early adult exposure to violence has been associated with increased reports of poor health outcomes and mental health conditions, including depression, anxiety and higher alcohol and overall substance use (Estefan et al., 2017; Jester et al., 2015). The Pew Research Center reports that emerging adult immigrants from the northern countries of Central America are more impoverished, have less education, and have higher rates of having precarious legal status, without legal migration documentation on arrival when compared with immigrants from other Spanish speaking countries (Passel & Cohn, 2016).

On arrival, emerging adult im/migrants with precarious legal status in the United States are uninsured, barred from accessing anything but emergency care in most states, which excludes

them from preventive health services and limits their access to mainstream community institutions such as primary care clinics (Hall & Rosenbaum, 2012; Marrow & Joseph, 2015). In addition, being denied access to healthcare may mean fewer chances of developing relationships with nurses and other health professionals who are trained and educated to identify and support youth at risk for health and mental health challenges. Therefore, nurses are unable to provide assessment, education and counseling regarding health and safety, or to accompany them in other health, mental health, and wellness needs.

In summary, researchers suggest that emerging adult im/migrants from Northern Central America are living in large numbers within many communities in the US and they face, at minimum, equal or possibly greater challenges commonly experienced by all emerging adults. A gap in knowledge exists about their general life experiences in the context of the whole person within their situated and material environment. Furthermore, structural barriers exist, like institutionalized racism, unequal access to health care, language barriers, and sociopolitical and cultural issues preventing emerging adult immigrants from interacting with nurses. Nurses are therefore unsure how to meet their unique needs. It is important to try to understand the life pattern and experiences of emerging adult immigrants from Guatemala, Honduras, and El Salvador. This study was a step toward exploring their life patterning and understanding more fully their unique health and wellness needs so that their needs may be addressed by nurses. With that background, the purpose of this research project is to explore the life pattern of emerging adult immigrants from Guatemala, Honduras, and El Salvador using the nursing specific, qualitative research praxis of Health as Expanding Consciousness (HEC) Newman, 1999; 2008). The significance and implications for this research proposal are outlined below in the following section.

### **Significance of the Topic**

The National Institute of Minority Health and Healthcare Disparities (2018) issued an urgent call for research to reduce disparities with research focused on health promotion with diverse populations. The research proposed here aligns with the National Institute of Nursing Research (NINR) (NINR, 2018) goals of health promotion and disease prevention. In addition, the National Institute of Minority Health and Healthcare Disparities (2018) currently identifies Latinx people as a high-risk group needing targeted research that leads to disease prevention and reduction of health care disparities, including in the areas of substance use and HIV. A strong link has been shown between heavy alcohol use and HIV risk in Hispanic and Latinx identifying immigrant samples (Gilbert et al., 2014). National mandates highlight the importance of understanding the unique life experiences and their meanings, including the health needs of hidden and historically excluded and underserved subgroups like emerging adult immigrants from Guatemala, Honduras and El Salvador. Meaning is manifested in the behaviors and human responses of the whole person in process with the environment, and meaning is reflected in pattern (Newman, 1999; 2008). Pattern is defined as reflecting the wholeness of the person, their rhythm and movement across space and time and within relationships (Newman, 1999; 2008).

The following section provides working definitions for key terms that will be used in this research proposal. In addition, an outline of the general assumptions guiding the research process and philosophical approach will be included.

### **Explanation of Terms**

The following terms used within the context of this qualitative research project are defined briefly below:

1. Nursing: “the study of unitary, irreducible, indivisible human and environmental fields; people and their world” (Rogers, 1992, p. 259).
2. Health: “an evolving unitary pattern of the whole including pattern of disease” (Newman, 2008, p.6).
3. Emerging adult: person between the ages from 18 to 22 years.
4. Im/migrant: persons who were born in Guatemala, Honduras, and El Salvador and have arrived to live or work in the US sometime within the past 5 years. The emerging adults in mobility contexts may consider *themselves* to be immigrant or migrant or asylum-seekers or refugees, or possibly a combination of all of some of these governmental labels, or none of them. Labels about people in mobility contexts are reductionist, governmental, nationalistic, dehumanizing, and binary, denying space for the appreciation of the complexity of human movement. The United Nations High Commissioner defines a migrant as someone who “chooses to move not because of a direct threat of persecution or death, but mainly to improve their lives by finding work, or in some cases for education, family reunion, or other reasons. Unlike refugees who cannot safely return home, migrants face no such impediment to return. If they choose to return home, they will continue to receive the protection of their government” (UNHCR, 2016, np).  
Immigrant refers to a person who was born in a country other than the country they currently reside in (Gimeno-Feliu et al., 2019).
4. Refugees are persons fleeing armed conflict or persecution who are protected under international law called the 1951 Refugee Convention and who cannot return to their country of origin due to well founded and credible fear and who cannot be protected by their governments (UNHCR, 2016).

5. Asylum-seekers are people who may be fleeing armed conflict or persecution but have not been recognized as refugees under international law.

6. Northern Central America: Northern countries of Guatemala, Honduras and El Salvador

### **Unitary-Transformative Perspective**

This research project uses Newman's praxis theory Health as Expanding Consciousness referred here as HEC (Newman, 1999; 2008). HEC is a methodology with a unitary-transformative perspective and philosophical assumptions (Newman, 2008). The unitary-transformative perspective provides the ontology for a dynamic, resonating, relationship-based praxis described by Newman as active, not passive, because "the researcher is a participant in the evolving pattern of the whole" (Newman, 2008, p.14). This theoretical viewpoint "directs nursing toward the we in the relationship, the meaning of the whole, and mutual process partnering" (Cowling, 2007, p.62). Newman suggests meaning is discovered in "unbroken wholeness" (Newman & Jones, 2007, p. 122). There is no separation of research whole into parts like in postpositivist research about variables, and the experience of mutual processes and change can be both unpredictable and uncontrollable (Newman, 2008). Newman alludes to the potential for unrest and anxiety while flowing within the unitary-transformative realm because it means giving up the "false certainty of logical positivism" for less certain, but potentially very powerful paths to knowing as understanding (Newman, 2008, p. 50).

The philosophical assumptions of the unitary-transformative perspective outlined below guide the focus of the discipline of nursing and they also provide the ontological values contained within this research proposal. The values are expressed in the following four statements (Newman, Smith, Pharris & Jones, 2008, p. E18):

1. The human being is characterized by wholeness, complexity, and consciousness.
2. The essence of nursing involves the nurse's true presence in the process of human-to-human engagement.
3. Nursing theory expresses the values and beliefs of the discipline, creating a structure to organize knowledge and illuminate nursing practice
4. The essence of nursing practice is the nurse-person relationship

### **Assumptions**

Assumptions in all research proposals frame the world view of the researcher, guide the development of the research questions, and influence the way that data are interpreted and disseminated. The assumptions that are broadly shaping this research proposal are informed by the author's clinical, educational and life experiences, the author's certificate in human rights and international social justice which informs the language important to this dissertation, and the perspective of the Unitary Transformative approach of Newman (2008).

### **Author's Positionality, Reflexivity, and Life Experiences**

As a nurse clinician and researcher consciously navigating with and through frameworks of critical race theory, antiracist scholarship, and self-reflexive praxis, it is imperative that I am critically aware of my own location in systems of race, gender, class, privilege, advantage/disadvantage, with the goal of doing no harm and advancing equity for all (Lopez et al., 2018c). I am a white, heterosexual, able-bodied, cisgender female (pronouns: she/her) born in the Northeast United States. I identify as a nurse, woman, mother, wife, activist scholar, and pediatric nurse practitioner focused on the health of young adults in an urban medical center in the northeast United States. I am not an im/migrant to the US and I am not Latina/x. For now, my biopolitical privilege allows me to cross most global borders without question. This research

project is informed by my life's work--over 35 years of clinical pediatric practice with Spanish speaking immigrant/migrant (im/migrant) and asylum-seeking populations in rural and urban settings in the US. Specifically, my clinical and research experience includes work as a nurse with migrant farm worker families in rural Colorado, accompaniment of multiple generations of im/migrant children, young adults, and families from the Caribbean, and Central and South America as a community based pediatric nurse practitioner in a large urban medical center. I am bilingual English-Spanish, and I have lived, worked, and traveled extensively in Central and South America. Interest in emerging adult im/migrants emanates from decades of synergistic clinical practice and experience across the pediatric age span, my own self processes evolving alongside children, as they transition from babies to becoming young adults. Additional experiences throughout my nursing career that inform my research include community-based health care, gender affirming care, maternal child health, alternative service delivery models, and caring for historically excluded populations, including young adults with substance use disorders.

Over a decade of work as a volunteer health care provider in the dry corridor of rural southern Honduras allowed me to witness up close the harsh material and health consequences of climate change and global social and economic injustice. In the US, my clinical work includes human rights advocacy while caring for economic, political and climate refugees in the US, and legal child advocacy in Custom and Border Patrol facilities and immigrant detention centers located at the southern border and across the United States during the Trump presidency spanning years 2016-2020. From 2018-2020, I served as a volunteer child welfare advocate taking declarations on behalf of the Center for Human Rights and Constitutional Law in child and family detention centers in Florida and Chicago, as well as in Customs and Border

Protection Facilities on the Texas-Mexico border for human rights lawyers who represented detained im/migrant minors under the federal Flores protections.

Doctoral education in nursing and completion of a graduate certificate program for human rights and international social justice further informed my critical thinking skills, and exposed me to courses and training in critical theory, anti-racism activism, and in ongoing work to undo internalized racism and white supremacy. After the 2016 Presidential election in the US, white racialized nationalism became the defining messaging campaign of the Trump presidency and this created serious consequences for im/migrant communities (Canizales & Vallejo, 2021; Lopez et al., 2018b). While racism in the US always existed, after 2016 there were escalated anti-immigrant policies, criminalization of human mobility, and complete dismantling of asylum application processes in the US. The overt racist political climate in the US under the Trump administration often targeted people from Mexico, Latin America and the Caribbean among others, with overtly racist insults and ethnic slurs (Canizales & Vallejo, 2021; Morey et al., 2021). This political shift strengthened my commitment to im/migrant social justice and im/migrant rights activism. This also reaffirmed the need for critical, anti-racist and anticolonial approaches to knowledge development that acknowledge the structural and historical issues of power, race, gender, and precarious im/migration legal status.

For two years, I was immersed in a noncredit graduate seminar called *Confronting Racism* that critically evaluated the white racial framing within quantitative research, and I had the opportunity to spend several days with esteemed critical race scholars Dr. Eduardo Bonilla-Silva and Dr. Nancy Lopez. Applying sociopolitical awareness and unitary transformative perspective in this study centers the individual experiences and personal stories of emerging adult im/migrants from Guatemala, Honduras and El Salvador, who are often referred to in

research reports with dehumanizing statistics and in the media with derogatory and inflammatory rhetoric (Rodriguez et al., 2018).

### **Language and Resistance**

In presenting the research topic and framing the knowledge gap in the literature, the following chapters contain language frequently used by social science researchers such as Hispanic, Latino, Black or White to describe groups of people that have participated in their research studies. The doctoral journey provided me with opportunities for engagement with critical scholars, critical education about historical and racial reckoning, along with the realization that as a settler in a colonial nation like the US, this critical awakening is only ever partial and thus never complete. Racialized US census labels are complex, historical, social constructions with roots in colonialism, dehumanization and oppression, and census labels are structured to maintain white supremacy (Canagarajah, 1996; DiAngelo, 2018; DuBois, 2013; Freire, 1970/2000; Mills, 2014; Roberts, 2011; Bonilla-Silva, 2006). The author recognizes that the use and choice of language in academia are important acts of social justice (Coronel-Molina, 2017; Holmes et al., 2008). The research project draws upon assumptions of critical discourse analysis understanding that language- the words researchers chose to use or not use- are social acts, purposeful conscious act of resistance and support for those people in the world who have been excluded, colonized and oppressed, including people and communities who have experienced racism and oppression in the pursuit of nursing and medical science and research (Washington, 2008; Zuberi, & Bonilla-Silva, 2008).

Latinx is a gender-neutral term, evolving within contemporary Latin American studies and political activist communities (Martinez & Rhodes, 2020). The term Latinx first appeared in 2014 within the Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)

communities, in scholarly literature, and on the internet (Salinas & Lozano, 2017). The Spanish language uses gendered nouns and the term Latinx was meant to be more intersectional and inclusive to nonbinary people who were historically recognized and accepted within many Indigenous cultures throughout the Americas (Coronel-Molina, 2017; Morales, 2018; Salinas, 2020; Salinas & Lorenzo, 2017). Hispanic and Latino are pan-ethnic terms designated by the US government for purposes of classifying people and data (Roberts, 2011; Bonilla-Silva, 2006). Some critique the labels Hispanic and Latino because they are thought to be examples of the systematic and racialized ways the US government tries to organize, identify, include or exclude certain groups of non-white people (Delgado-Romero, et al., 2007). Others have criticized the pan-ethnic term Latinx, and the term is contested and not universally accepted (Martinez & Rhodes, 2020).

The labels Hispanic and Latino are unique to the US and are meant to describe people's cultural and ethnic affiliations and are not meant to describe race (Salinas & Lozano, 2017), though confusion about labels results in many Latinx and Hispanic identifying people checking the "other" box in race categories in the census form suggesting they do self-identity as a race (Amaro & Zambrana, 2000; Telles, 2018). Scholars report on the importance of people self-labeling, because observer labeling is problematic and results in errors (Amaro & Zambrana, 2000). The categorical census labels of Hispanic and Latino fail to account for the complexities of mixed race and discount the many distinct, unique Indigenous groups that are found within Northern Central America—like the Maya, Zapotecs, Mixtecs, Garifuna, and P'urhépecha (Blackwell et al., 2017). About 25% of all US Hispanics self-identify on census surveys as Afro-Latino (Krogstad & Lopez, 2016). Critical studies scholars point out that the pan-ethnic labels Latino and Hispanic discount and erase the multiple intersections of Indigenous, mixed race, and

Afro-Latinx identities found within the emerging adult populations that are immigrating from Northern Central America to the US (Blackwell et al., 2017). Emerging adult im/migrants from Northern Central America may be Indigenous identifying or mixed race Latinx people, or they may not self-identify as either Indigenous or Latinx or Hispanic (LeBaron, 2012; Blackwell et al., 2017).

Latinx populations are not homogenous and they defy simple categorical or binary labeling (Blackwell et al., 2017; Urrieta et al., 2019). Even the use of the geographical term Northern Central America to describe a group of people erases the unique historical and cultural intersectionality and heterogeneity within people who may be im/migrating to the US from Guatemala, Honduras and El Salvador (Alvarado, 2017; Rodriguez, 2009; Urrieta et al., 2019). Critical Latinx Indigeneity is a framework of scholarship within Latinx Studies that examines complex colonial and power dynamics within the transnational migrations of Indigenous people into other Indigenous people's land, further drawing attention to the levels of complexities surrounding migration within the Americas (Blackwell et al., 2017). Migration within the Americas is heavily entangled in histories of colonialism and imperialism demonstrated in the activist slogans of many Indigenous led groups including, "No one is Illegal on Stolen Land" and "No Ban on Stolen Land" -- chants in response to the Trump administration's xenophobic authoritarian Muslim ban in 2016 and other anti-immigrant actions in the US and Canada (Yalamarty, 2021).

In 1976, Congress passed the only law in history designed to collect information about a groups' ethnicity, specifically Americans of Spanish origin or descent (Lopez et al., 2019). The term Hispanic was officially adopted in the US census in 1980, referring to people originating from over 20 countries where Spanish is spoken, and Latino was later designated to be used to

describe people of mixed-race heritage that have origins in Central America, South America, Mexico and The Caribbean (Salinas & Lozano, 2017). The terms Hispanic and Latino are often used interchangeably, but studies report that most people self-identify with their country of origin, with only 24% preferring to use a pan-ethnic label as suggested by the US government (Taylor et al., 2016).

When citing existing research, I purposefully include attention to labels to acknowledge resistance to oppression and “to begin the process of revision and transformation” (hooks, 1989). In the title of this dissertation, I chose to describe the invited sample group by country of origin intentionally to honor the participants and their countries and to avoid perpetuating the use of stereotypical racialized homogenized labels in social science research. Speaking truth to power about the oppression of racialized labels, Gloria Anzaldúa (1987; 2012) described that “the “Hispanic” is derived from Hispanis (España a name given to the Iberian Peninsula in ancient times when it was a part of the Roman Empire) and is a term designated by the US government to make it easier to handle us on paper” (2012, p. 45). This quote is an example of the oppressive, racialized “othering” felt by scholar Anzaldúa (2012) when describing the categorization of her people by the US government. The words that Spanish speaking people use to label themselves are layered and complex, and it is important to consider the meaning the label has for the labeled (Rumbaut, 2009).

In summary, in order to avoid heteronormative assumptions, the author uses the pan-ethnic gender-neutral term Latinx to be “provocative in an assertive way that wakes up Anglo people” (personal conversation with anonymous Latinx identifying immigrant PhD nurse scholar from Central America September, 2019). As bell hooks -- who uses lower case letters in her name as an act of social resistance -- states, “This choice is crucial. It shapes and determines our

existing cultural practice and our capacity to envision new, alternative, oppositional aesthetic acts. It informs the way we speak about these issues, the language we chose. Language is also a place of resistance” (hooks, 1989, p.15).

### **Purpose Statement**

The primary purpose of this qualitative nursing study is to apply a hermeneutic phenomenological dialectic approach as described by Newman (1995; 1999; 2008) to explore the individual life pattern and meanings of the pattern in a group of m/migrants and asylum-seeking emerging adults from Guatemala, Honduras, and El Salvador. The secondary purpose of this study was to uncover and describe common themes across the study group.

### **Aims of the Research**

The aims of this research project are to:

1. Explore individual health patterning of the whole for emerging adult im/migrants ages 18 to 22 from Guatemala, Honduras and El Salvador using a hermeneutic phenomenological approach as described by Newman called Health as Expanding Consciousness (HEC) (1995, 1999, 2008).
2. Explore the meaning of health patterning expressed by individual participants.
3. Explore and describe common themes across participants.

### **Research Questions**

The specific research questions to be addressed in this study will be:

1. What is the health patterning of individual emerging adult im/migrants ages 18-22 from Northern Central America?
2. What meaning is uncovered in the health patterning as described by each individual study participant?

3. What are common themes shared across the sample group?

### **Summary Chapter One**

In summary, this chapter introduced the topic of emerging adult im/migrants from Guatemala, Honduras and El Salvador, explained the general gap in knowledge, the significance for health promotion and disease prevention by nurses, discussed why nursing focused research is needed in this area and outlined assumptions influencing this work. Chapter 2 will discuss important theoretical frameworks and relevant literature to examine and frame the specific gaps in knowledge.

## Chapter Two

On life and mobility:

“Part of what we are witnessing as a result is a novel imbrication, a symbiotic merging of life and mobility. To be alive, or to survive, is more and more co-terminus with the capacity to move.” (Mbembe 2019, p. 10)

To review, Chapter One, introduced the knowledge gap in understanding the life pattern and meaning of that life pattern in emerging adult immigrants from Guatemala, Honduras and El Salvador. The discussion focused on the significance of the problem, why the topic is an important area of inquiry for nurses, and why the unitary-transformative perspective serves as an approach to explore the experience and its meaning. Key terms were explained, major assumptions were described, and the purpose and aims of the research project were explicated. In addition, the positionality of the researcher was detailed. Finally, Chapter One introduced the theory and praxis of Health as Expanding Consciousness (HEC) as a holistic, relational exploratory approach to the proposed research problem (Newman, 1999; 2008).

The research questions of this proposal were:

1. What is the health patterning of individual emerging adult immigrants ages 18-22 from Guatemala, Honduras, and El Salvador?
2. What meaning is uncovered in the health patterning as described by each individual study participant?
3. What are the common themes shared across the sample group?

Chapter Two is comprised of two major sections. The first section is an in-depth review of the theories that inform this research project. The second section provides a synthesis and

critique of the most current research on the topic of life experiences for emerging adult im/migrants from Central America. Finally, Chapter Two summarizes the gaps in the literature, and briefly reviews the importance of conducting the research, using the proposed theories to describe the individual narratives of emerging adult im/migrants from Central America.

To begin, the first section of Chapter Two describes Rogers' early work (1970). Rogers's 1970 book contains important foundational views about human-ecological-environment processes that connect to present-day challenges for emerging adults in mobility contexts from Guatemala, Honduras and El Salvador.

### **Theoretical Frameworks**

HEC theory evolved within Rogers' (1992) Science of Unitary Human Beings (SUHB). Therefore, it is helpful to understand Rogers' concepts to appreciate the connections that led to the origins of Newman's theory. In addition, Rogers' early work provides a unique way of viewing emerging adults in mutual processes with the environment. Theorizing within a framework that merges concepts of human-environmental processes is important given the role of climate change in immigration patterns (Bouroncle et al., 2017).

After Rogers' SUHB, Newman's HEC is discussed. This discussion includes other influences on Newman's thinking and will be followed by a discussion of posthumanism, critical liberation, feminist, anti-colonial and anti-racist frameworks that also influence this work. Within a unitary-transformative perspective, HEC provides the overall theoretical umbrella uniting the other theories in this proposed research. A graphic model and one table will be included in order to visualize and synthesize the connections between the major theoretical concepts of HEC and these other theories. Lastly, important Central American historical events and current political issues are highlighted from the lens of HEC, further contextualizing the project in political,

social, and planetary space-time, further justifying the use of critical theory to explore the research questions.

### **The Science of Unitary Human Beings**

Rogerian scholars suggest Rogers' (1992) article entitled *Nursing Science and the Space Age* as the essential citation for her science, along with contemporary writings by others who summarize her work, and who also continue to advance her ideas (Phillips, 2019; Butcher & Malinski, 2015). This research proposal relies on the recommended sources, however intentional connections are also made to Rogers' 1970 book entitled *An Introduction to the Theoretical Basis of Nursing*, because her early ideas contain explicit references to planetary challenges including global climate and atmospheric changes, and social and economic inequities (p. 137-138), allowing human health experiences to be appreciated within mutual entangled processes of global climate change and social injustice. The connections between Rogers' early work and posthumanism will be further explained below.

#### **Rogers' Early Theorizing (1970)**

Rogers wrote about human environment energy exchange, which she first referred to as "interactions" (1970) and later replaced with the phrase "open and mutual processes" (1992). Rogers (1970) had a novel theoretical approach that recognized humans and non-humans as co-equal, open living systems. This idea links to ideas in posthumanism (Haraway, 2016). Conditions of global climate injustice like catastrophic hurricanes and floods, and extreme droughts and crop failures, are material realities—human-nonhuman entanglements for emerging adults living in Northern Central America—forcing many to im/migrate to the US in search of a safer life (Myrntinen, 2017; Nixon, 2011).

#### **Humans and Nonhumans in Mutual Process**

Rogers' SUHB allows for viewing humans in mutual processes with nonhuman forces like rising earth temperatures, extreme weather phenomenon, agricultural hardships, pesticide exposures, water shortages, food insecurity, and political and oppressive forces. Rogers (1970) viewed human-environmental connection as whole, as unitary, and she warned about long term consequences if contemporary problems were not addressed with an expansive and new world view. Specifically, Rogers' early ideas referred to ecological imbalances, and she discussed the perils of pollutants, toxins, nuclear fallout, and atmospheric radiation (1970) and later global warming (1990). Decentering humans, she seemed to anticipate a posthuman theoretical future when she asked, "Can Homosapiens expect to remain forever at the top of the phylogenetic scale?" (1970, p. 71). Concepts about energy exchanges between the living and the nonliving are foundational to Rogers' view of human and environmental entanglements (Rogers, 1970; 1992), as discussed in the next section.

### **Key concepts in SUHB**

Rogers preferred the term "postulates" to "concepts" because she did not create the terms, but borrowed them from science (Butcher, 2018). "Postulates" reflects the terms used in science that capture its dynamic, ever-changing nature and energy (Butcher, 2018). There are four postulates and three principles of homeo-dynamics that provide the scaffold for the SUHB (Rogers, 1992). Specifically, the four postulates are 1) energy field: unifying, fundamental unit of living and nonliving; 2) pattern: the characteristic of an energy field; 3) openness: continuously exchanging energy fields where causality is not an option; and 4) pandimensional awareness: nonlinear domain without space or time (Rogers, 1992; Butcher, 2018). According to Rogers these postulates are dynamic and interrelated. Rogers also suggests the focus of nursing is on the unitary human being, and energy field. The unitary human being is the irreducible

energy field identified by pattern; and the environment is defined as an irreducible energy field integral with the human field (Rogers, 1992).

Rogers' three principles of homeodynamics are 1) resonancy: human and environmental field wave pattern in continuous and mutual change from lower to higher frequency; 2) helicy: increasingly diverse, innovative and unpredictable human environmental field pattern; and 3) integrality: mutual human and environmental field process (Rogers, 1992). The three principles emphasize constant and continuous change from lower to higher wave frequencies, speaking to the nature of change as continuous, unidirectional and unique (Rogers, 1992). Together the five postulates and three principles are the foundations of viewing manifestations of human and environment energy field patterning as complex, and unpredictable. These five postulates relate to the proposed study because they assume that emerging adults are energy fields in continuous mutual processes with environmental energy fields in ways that are indivisible and pandimensional. This view provides a unitary perspective of viewing the phenomenon of emerging adults that is whole and complex, set within environmental, social, personal, and political challenges.

Furthermore, Rogers' SUHB (1992) delineated the process of change within human experiences as dynamic, creative, individual, whole, and in continuous mutual processes with the environment. Rogers' conceptualization of change found within the principles of homeodynamics is theoretically foundational to the proposed research project, relevant within the constructs of both emerging adulthood and transnational immigration.

### **Rogers and Rhizomatic Thinking**

As evident in her postulates and ideas, Rogers' (1970; 1990; 1992) science drew upon knowledge from multiple and diverse disciplines like evolution, space science, art, philosophy

and quantum physics drawing upon scholars such as Bohm (2005), Capra (1982), and Lovelock (1972; 1988). Rogers stated that the SUHB “flows in novel ways from a multiplicity of knowledge, from many sources, to create a kaleidoscope of possibilities” (1990, p. 28). The SUHB connects knowledge across domains and encompasses the poststructuralist concepts of *rhizomatic thinking* (Guattari, & Deleuze, 2000; Braidotti & Bignall, 2019), another idea that is important to this research project.

Rhizomatic thinking rejects hierarchies, binaries, linear thinking, and harshly imposed boundaries around knowledge in favor of loose, boundaryless interconnections across domains of knowledge using the specific metaphor of the rhizome (Deleuze & Guattari, 1987). A rhizome is a plant that does not grow up in a hierarchical and treelike manner in the way that many American based nursing theories are conceptualized (Risjord, 2011). Instead, rhizomes grow horizontally and occasionally upward by sending out shoots and tangles of roots. The new plants grow in haphazard and unpredictable ways, always creating new, entangled and ever-changing possibilities. Thinking of the SUHB in this manner allows the proposed research project to connect across multiple critical theoretical perspectives within the unitary transformative view of human environmental processes.

Rogers’ SUHB (1992) is foundational to Newman’s (1999; 2008) HEC. Newman (2008) further constructed her theory with philosophies of feminism, and principles of participatory action research, which allowed for the development of a research praxis that will be described next.

### **Newman’s Health as Expanding Consciousness**

The following section describes and illuminates the ontological and epistemological approach that was used to design the study and that guided the approaches to data collection,

data analysis, and data synthesis. The study was grounded in the Science of Unitary Human Beings (SUHB), a framework that was described in detail above. Health as Expanding Consciousness arises from the SUHB and provides both a research theory and research methodology. The rationale for choice of HEC is that the ontology and epistemology of HEC align with an antiracist, anti-oppression and anticolonial approach to knowledge development, and HEC is grounded in the discipline of nursing. In the methodological approach of HEC there are rejections of metanarratives in favor of local points of view and individual stories, what poststructuralist Lyotard described as “petit récit,” or “little narratives” (Andersen & Hokowhitu, 2007). I deliberately chose the specific approaches to inquiry used in this project because of their rejection of universal truths in favor of subjective local narratives. However, throughout this process I also acknowledge/ed the inherent messiness and tensions that exist between “doing research,” which is by design and nature a colonizing and oppressive structure of the academy, and I accept that the process of “doing research” can never be fully antiracist, anti oppressive and anti colonial under the current systems of inequity (Wilson, 2020). With that acknowledgement, next I will discuss the specific concepts that were the foundation of the HEC approach.

### **Feminist Ontology**

HEC is a nonlinear destabilizing approach to research and inquiry that is both a theory and a research method. The word “destabilizing” in feminist methodology challenges and subverts common binaries and hierarchical approaches of traditional research in exchange for a human centered, relationship-based experiential process (Barrett & Phillips, 1992; Newman, 2008). Applying this method to nursing inquiry is in line with the values of the unitary transformative perspective (Newman 1999). HEC allows the nurse to engage in relationship-based praxis using a theory-based approach to explore individual human experiences and the

meaning the experience holds for the participants (Newman, 1999; 2008). Destabilizing methods, like HEC, attend to the “science question in feminism” (Harding, 1986, p.9). Newman’s approach challenges the traditional post positivist scientific methods, rejecting those traditions in favor of more emancipatory and alternative knowledge building practices grounded in experiential knowing, meaning, and being. Newman’s theory included a concrete feminist research method that eschewed universalism within the generalizable, to instead explore more emancipatory analyses of the particular, the local, and the specific (Barrett & Phillips, 1992, Newman 2008). The HEC theory was appropriate for this study because the major concepts align with both the developmental theory of emerging adulthood (Arnett, 2000; 2007; 2015) and with critical posthuman and new materialist philosophy, as well as concepts discussed by nurses working with im/migrant people and communities like im/migrant health stress responses (Caplan 2007; Caplan, & Munet-Vilaró, 2016). The concepts that are shared among these three theories are motion, nonlinear movement, attention to time and space, and multiple and diverse choice points in life as opportunities for awareness, agency, choice, action, and transformation.

### **Key Concepts in HEC**

#### ***Health***

Newman’s HEC theory views health and illness as not distinct entities but rather as being the manifestation of the whole, and she assumed that person-environment mutual processes influence health (Newman, 2008). Within this framework behaviors related to the stress of the im/migration experience would be seen as reflecting the manifestations of the whole, and reflecting pattern and meaning. HEC theory embraces a nonjudgmental approach to understanding behavior, and this approach aligns with contemporary harm reduction strategies used within many substance abuse programs caring for emerging adults (Logan, & Marlatt,

2010). HEC does not try to fix or cure illness or problems but rather sees illness as another aspect of health, focusing instead on self-awareness, relationship, choice, action and transformation (Newman, 1999). Self-awareness and recognition of behavior has the potential to increase change, action and transformation, which can lead to opportunities for greater choice and for decision making that may lead to an expansion of consciousness (Newman, 2008). Newman's theory provides a holistic view that involves more than just explaining risk behaviors (Pharris, 2002). HEC is based on ideas of mutual patterning between humans including the relationship between the participant and nurse researcher, understood within HEC and SUHB as inseparable from the environment (Newman, 1979; 1999; 2008).

### *Assumptions of HEC*

Newman's theory of HEC involves key assumptions of movement, space, time and consciousness, ideas she put forth in 1979 and continued to refine through 2008 (Newman, 1979; 1995; 1999; 2008). She proposed different realities of time and space, encompassing both physical and social realities like see-touch, behavioral, and inner experiences (Newman, 1995, p.71-73). The ideas and assumptions of the key concepts are as follows: 1) time: flows both evenly/unevenly and includes past, present and future, for example the experience of present contains past and future; clock time is different than personal time: 2) space: may be a geographical or behavioral space with perceptions of being too close or far; space may be geometric, personal shared, private, or in relation to family space; 3) movement: a natural condition of life with fast or slow flow and rhythm fluctuations; movement is a choice point for evolving to higher consciousness; 4) awareness and consciousness: information of the system, and the ability of the system to interact with the environment; consciousness increases with increasing age and contains endless energy and creativity (Newman, 1995; 1999; 2008).

HEC method as an approach to inquiry asks the researcher to let go of preconceived notions of health and illness and to suspend beliefs that science cannot uncover patterning of the whole being (Newman, 1999). HEC involves co-creation of knowledge and critical self-reflection by participants and the researcher together that may enable opportunities for choice and movement not just for the participants, but also the nurse researcher because they resonate together during the research praxis—nurses can also learn and grow from the interaction (Newman, 1999; Newman, 2008). One of the strengths of HEC is that people claim their own reality, a tenant that is also foundational within practices of critical liberation philosophy by way of individual-centered, participatory-based, qualitative research (Chavez, 2012; Fals-Borda, 1987).

### **Young's Spectrum of the Evolution of Consciousness**

Young's (1976a) spectrum of human evolution is an important influence on Newman's thinking. Young's V-shaped conceptualization discussed the process of human becoming. Young's stages, called degrees of freedom, together formed a movement toward greater freedom: "a geometry of meaning" (p. 142). Newman reframed this linear evolutionary model to a non-linear conceptualization of human becoming that flows through processes of binding, centering, choice, unbinding, decentering, to freedom/consciousness (Newman, 2008, p.44). The seven stages were embedded in four levels representing varying potentials of freedom. Newman defined freedom as a possibility in the journey of increasing consciousness and human becoming (2008, p. 44). The word stages is challenging in SUHB because it tends to sound linear, but it is envisioned as part of evolving wholeness.

The process of becoming may be characterized by stages of restricted choice and restricted freedom, often as one's physical and self-identity form. Newman suggests, the nurse

while in dialogue with another may help to facilitate “aha” moments during which there is recognition that the old rules are not working (Newman, 1999). This turning point may open the opportunity for choices to become clearer to the person. This period may be marked with self-understanding, a shift toward renewed freedom, opportunities to explore new ways and higher consciousness (Newman, 1999; 2008). The consciousness shift involves an awareness shift, letting go of old rules and laws in favor of new solutions and meanings, and an “inward self-generated reformation” (Newman, 2008, p. 45).

### **Definitions of Concepts in the Evolution of Consciousness**

The concepts found within Newman’s evolution of consciousness are defined broadly. They are: 1) potential freedom: development of the physical and universal self at birth; 2) binding: everything is regulated, no need for initiative, the self is sacrificed for the sake of the collective; 3) centering: identity and individuation, self-consciousness and self-determination emerge with self-identity and break from authority; 4) choice: the turning point and an inward reformation 5) de-centering: a shift from self to something greater than self with outward energy, animation and vitality, building order from disorder; 6) unbinding: infrequent experiences of transcendence or superpowers like healing; 7) real freedom/consciousness: transcends space and time, one’s essence extends beyond the physical; words may be inadequate to describe the concept of higher consciousness (Newman, 1999). These HEC concepts were applied critically to the research project, especially the idea of potential freedom. I critically examined this idea, wrestling with freedom or lack of freedom of body and mind in settler colonial space-time for emerging adults im/migrants in the US. Many may experience inequities surrounding freedom of movement of physical body and minds because of precarious legal situations, power inequities, and structural exclusions from healthcare and education.

### **Patterning Recognition and Health**

Patterning is a fundamental concept in HEC and is defined as reflecting the wholeness of the person, their rhythm and movement across space and time and within relationships-- patterning reflects the uniqueness of ourselves and our lives (Newman, 1999; 2008). Pattern is reflected in life stories and how the stories reveal connections, or disconnectedness. Pattern can reveal information about health. The way that a pattern unfolds can reveal information about turning points and themes such as searching, alienation, or breaking away (Newman, 1999; 2008). There is a paradox to be grappled with in understanding patterning within Rogerian literature. Recognizing and describing patterning is a challenge for nurses working in unitary caring science, because patterning may be never actually fully captured (Cowling, 2004). Framed another way, in trying to capture patterning, the nurse can attempt to appreciate fully, be aware of, and illuminate the factors and forces that describe the human spirit, but patterning often evades words and patterning is often more of an experience (Cowling, 2004; Newman 2008). Newman used the word pattern, but in this study, I chose the word patterning purposefully because it connotes an active process, and is more in alignment with the most current thinking within Rogerian Science by scholars who are experts in the SUHB (Cowling, 2022). Jones (2007) further outlines how the Newman theoretical method is a process whereby emphasis is placed upon the participants “expression of the human experience” within a unique pattern and within a holistic energy field” (Jones, 2007, p. 166).

The evolutionary spectrum of HEC and the action of becoming aware of patterning in the HEC praxis may support emerging adult im/migrants experience of self-reflection that increases awareness and opens up the possibility to capture and recognize opportunities for choice, action

and transformation (Newman, 2008). The process could lead to higher awareness or facilitate certain aha moments (Newman, 1999; 2008).

Developmental researchers have suggested that the period of emerging adulthood is a time period that is neuro-developmentally charged in ways that may allow for meaningful self-reflection. Emerging adult brains are primed for self-centeredness and therefore they are also primed for the development of self-awareness (Jensen, 2018, Arnett, 2015). This makes Newman's theoretical assumptions and methodological approach to qualitative research and pattern recognition especially appropriate for use with groups of emerging adults who are developmentally poised for self-transformation, action, and growth (Arnett, 2000).

### **Additional Theories that Informed HEC**

In addition to the influence of Rogers (1992) and Young (1976a; 1976b), HEC was further informed by Bohm's (2000) theory of implicate order and Prigogine and Stenger's (1984) theory of dissipative structures (Newman, 1999). Newman (2008) also drew upon the theories of Bortoft (1986), Bentov (1978), and Argüelles (1984; 1987). Table 1 summarizes these important theoretical contributions of the theorists, beyond Rogers, that influenced HEC along with their key contributions, and strengths and limitations if identified. HEC is more than a guiding theory therefore it is important to deeply explore the roots of the tenants and assumptions of the theories that influenced the theory and the method of the current project, and to critically evaluate the assumptions. What follows next is a table detailing HEC's contributing theories' key concepts and their contributions to HEC. This allows for ongoing comparison, analysis, and synthesis. Further, the critique of the limitations and strengths as realized by this author helps to understand how the theory and the theories it is derived from, do or do not connect in this research.

### **Table 1**

*Theories Informing HEC*

Theory	Key Concepts	Contributions to HEC	Limitations(L) Strengths (S)
Bohm (1980) Theory of Implicate Order	Absolute consciousness is implicate order meaning; universal, unseen pattern is the basis of all meaning; explicate order arises from implicate and is based in sensory and tangible	Holomovement: individual consciousness cannot be separated from the web of things and events (Newman & Jones, 2007); implicate order is the meaning of health, the focus of nursing	(L) abstract ideas (S) interconnectedness and underlying unseen patterns helped build theory “of all that is;” body temperature and blood pressure are explicate patterns of implicate order
Bentov (1978)	Consciousness pervades all things; knowledge goes beyond observable facts; space-time perception; variation in subjective and objective space-time	Contrasting concepts become reconciled and fused; dialectic opposites not contradictory (Newman 1999.p. 61) Space-time as expanding consciousness across the lifetime; nonlinear; real love transcends space-time	(L) link to religious beliefs with de Chardin could exclude some nurses; enforces Christian Eurocentric roots of science and nursing, limits emancipatory potential (S)” We are on our way ready or not”; potential exist always
Prigogine (1976) Theory of Dissipative Structures	Decreasing order is entropy; and increasing order is negentropy	Order is lower to higher organization; HEC drawing as knowing pattern	(S) fluctuations in movements are dynamic and nonlinear
Young (1976a;1976b) Theory of Evolution of Consciousness	Consciousness has feeling and meaning; Connects this to resonancy linking back to Rogers (1992) Draws from astrology,	Insight, pattern recognition, concomitant choice; <i>movement, and space-time</i> as manifestations of consciousness (Newman 2008 p.38)	(L) Linear model as envisioned incongruent with nonlinear values; <i>see new graphic below Figure 3.</i> (S) Young’s concepts provide major scaffold of HEC theory
Argüelles (1984/1987) The Maya Factor: Path Beyond Technology	The whole is reflected and contained in the parts; Maya galactic knowing Stand in the center of your truth; there is only consciousness; the essence of information is resonance; time connection to galactic core; Maya Consciousness; all experiences are neutral neither good nor bad; use meditation, reflective silence to become selfless	All nurses have access to the truth of the universe, be open and let it guide your relationships with patients; follow path to one’s center, reciprocal resonance is whole; time goes forward and backward; experience more and analyze less; connects to resonance (Newman 2008, p.39; p. 94; p.33; p. 36-37)	(L) New age mysticism may turn some off; not all nurses are able to tap into meditative and reflexive capacity; Maya Indigenous appropriation in era of Maya genocide (S) Seeing all experience as neutral is nonjudgmental; powerful potential exists in centered practice; asks: can religion be removed from philosophy? Indigenous knowing incongruent with Western science

Although the philosophies reviewed thus far are holistically congruent in framing a research proposal with emerging adult im/migrants from Guatemala, Honduras and El Salvador, several concepts of HEC required further critical evaluation. Applying a critical anti-racist lens to HEC is not to presume that Newman was insensitive to issues of power, race and gender-concepts that are key in critical theory approaches (Patel, 2015). On the contrary, HEC has strong foundations in feminist and liberation philosophy rooted within the participatory praxis that will be discussed in Chapter Three. However, in light of current environmental, social, and political stressors facing emerging adult im/migrants from Northern Central America, ideas evolving from critical and anti-racism theory were applied within this study. The discussion includes reflections on historical and present-day structural oppressions of im/migrant people from Northern Central America, acknowledgment of the researcher's positionality (as discussed in Chapter One) and complicity within historical and present-day colonial realities, and attention to issues of power, culture and identity. Within the context of a research project with emerging adult im/migrants from Northern Central America, it is important to make explicit that HEC was developed within a global northern western Eurocentric context where individualism is valued over collectivism, and some HEC assumptions are not culturally congruent within a context of contextualized culture and meaning. The next section offers a critique of HEC within the specific context of this project.

### **Phenomenology**

Phenomenology is a qualitative method that focuses on the lived experience of people experiencing a phenomenon. The ideas have arisen from over a century of work and writings done by many European continental scientists outside of nursing including Husserl, Heidegger, Gadamer, Van Manen, and Giorgi (Creswell, 2013). Descriptive phenomenology focuses on first

person conscious experiences. This approach, most commonly associated with Husserl, attempts to describe without interpretation the phenomena of concern (Munhall, 2012). The researcher is an objective listener who suspends or brackets personal thoughts and in no way is a conduit in the telling of the story, and the report is a pure description from the teller's perspective without interpretation from the researcher (Creswell & Poth, 2018).

Heidegger critiqued these ideas and suggested phenomenology was understanding the meaning, suggesting not only is objectivity and interpretation possible, but in fact they are necessary to understanding the meaning of an experience (Creswell & Poth, 2018). He suggests it is important for the researcher to acknowledge personal experiences, thoughts and reflections. He further suggests that personal experience offers a lens that helps to inform the questions asked, shape the story and interpret the meaning. In using this approach, it is suggested that the researcher's process involves stating personal influences and assumptions and acknowledging them rather than suspending them as Husserl suggests (Creswell & Poth, 2018).

Hermeneutic phenomenology focuses on the interpretation with emphasis on language and meaning, and the main results are achieved by analyzing the pattern and the meaning of the experiences as they are situated in "time, space, embodiment, and relationships" (Munhall, 2012, p.116). Hermeneutic phenomenology is a way of understanding a phenomenon through interpreting the lived experience and by exploring the meanings that the experience holds for the person, whereby meaning is valued as the essence of the *Being* (Bleicher, 2017). Hermeneutic phenomenology values the interpretation of "the-Being-in-the-world" and is situated at a point in time (Dreyfus, 1991, p.70). The values of hermeneutic phenomenology further connect to the definition of nursing used in this study: *people and their worlds* (Rogers, 1992, p. 259).

### **Phenomenological Hermeneutic Dialectic Approach**

The purpose of this qualitative nursing study was to apply Newman's (1999) phenomenological hermeneutic dialectic praxis method to explore the life experiences, patterning, and meaning of those experiences in a sample of young adult immigrants ages 18 to 22 from Guatemala, Honduras and El Salvador. As stated above, Newman's phenomenological hermeneutic dialectic method is rooted in the philosophy and method of hermeneutic phenomenology. Dialectic refers to the meaning that inhabits the language found in the question and answers of dialog between people, and hermeneutics is the philosophy of interpretation to explore the meaning found in language (Bleicher, 2017). Newman's HEC method indicates that the researcher and participant engage in dialogue as a way to uncover meaning in life patterns. By applying this method within a relationship-based praxis with emerging adults who have experienced im/migration from Guatemala, Honduras or El Salvador, it was possible to uncover holistic meaning in ways that are not possible by simply focusing on discrete variables that highlight disease (Flanagan, 2009; 2010).

The hermeneutic phenomenological roots of HEC are founded in the postmodernist transformative theoretical world views of poststructuralism and feminism with elements of critical theory (Jones, 2007; Creswell, 2013). Native studies scholars Andersen and Hokowhitu write: "The alignment of decolonial thinkers with post-structuralism is not surprising given the skepticism of post-structuralists regarding the enlightenment view that reason provides the foundation for deciding between truth and falsehood and, consequently, that through reason the world is intrinsically knowable" (Andersen & Hokowhitu, 2007, p.48). HEC supports the idea that there are multiple realities for participants and Newman is specific in the multiple ways that physical and social realities are described in time and space (Newman, 1995). Newman's HEC allows for inclusion of multiple levels of reality in data that are observable and describable, as

well as more abstract data that may evolve from inner realities like intuition (Newman, 1995). In HEC, these ontological realities are not contradictory (Newman, 1999). Intuition as a form of knowing relates to Rogers' view of pandimensionality (Rogers, 1992; Butcher & Malinski, 2015). Health and illness are one spectrum and Newman cited Hegel's dialectic fusion of opposites (1999) and asks the nurse researcher to consider the "fusion of opposites where health includes disease and disease includes health" (Newman, 1999, p.6). Within the anti-racist framework of this proposal, it is important to note that Hegel's philosophy has been critiqued for imbuing phenomenology with colonialist ideal, and Eurocentric and racist assumptions, including race-based deficiencies in groups of non-white people and assumptions about white superiority (Aching, 2012; Purtschert, 2010; Tibebu, 2011).

### **Phenomenology in Nursing Science**

Some scholars have critiqued nurses when they referred to their research method as phenomenology (Bleicher, 2017; Johnson, 2000; Paley, 1998). Thorne (2011; 2016) and Thorne et al., (2004) suggest that the use of phenomenology in nursing research is distinct from other disciplines. Further, they state that as an applied science, nurses need not adhere to the strict tenants and method of phenomenology. Rather, they may need to adapt the method to consider nursing disciplinary knowledge with actions directed toward human caring. Rogerian nurse scholar Butcher (2022, p. 149) advocates for adapting phenomenology in nursing research that links to an extant caring based nursing theory, using discipline specific ontology and epistemology from nursing, like that found within HEC.

Nursing scholars have discussed the limitations of being constrained by the excessive boundaries of specific phenomenological methods in qualitative research practices like those that arise from psychology or sociology, and encouraged nurses to adapt the methods to meet the

needs of the discipline and to be creative in exploring new ways of inquiry (Thorne, 2011; Sandelowski, 1993). Newman did exactly that with the evolution of HEC (Newman, 1995; Newman 1999; Newman, 2008). The development of the Newman's theory and praxis of HEC was influenced by the work of many diverse disciplines and scholars including traditions drawn from continental phenomenology, and Heron and Reason's (1997) studies in cooperative inquiry and participatory action research as outlined in Chapter Two (Husserl, 1970; Newman, 1999). This study proposes to expand HEC ontology and epistemology by connecting to and incorporating assumptions and ideas from liberation scholars from the Global South and anticolonial scholarship for the purposes of supporting antiracism, anti oppression and anti colonial praxis. A main tenant of antiracist process is reflexively attuning to the position of oneself as researcher and understanding how dynamics of power are at play in the study. The need for ongoing critical reflexivity in the research itself will be further discussed in sections below.

### **Participation in Participatory Research**

Colombian scholar Fals-Borda (1987) discusses the need to actively deconstruct the "subject/object binomial" in traditional scientific research in favor of a more symmetrical and egalitarian subject-subject participation. Therefore, to *participate* in participatory action-based approaches means to explicitly "break up voluntarily and through experience the asymmetrical relationship of submission and dependence implicit in the subject/object binomial" (Fals-Borda, 1987, p. 332). Critical liberation philosophy rejects the supposed neutral objectification of participants as in traditional research methodologies because this approach perpetuates oppressive, racist and colonial narratives and is a form of "unjust class monopoly" (Fals-Borda, 1987, p. 332). The alternative approach is one that is based in participatory action

assumptions of reflexivity and intersectionality as described in section above, with active attention by the researcher to their own positionality, power and privilege (Collins & Bilge, 2016). Within HEC theory, the researcher “invites” the person to participate and actively participates in a *prescription for consent* (Tsaplina & Huffman, 2021).

In summary, the theory of HEC focuses on the whole person, as evolving patterning of transformation unfolds. While there is an intention to be aware of patterning, Newman acknowledges that writing about the patterning will never capture the conscious experience of resonating with the pattern in the moment of “aha” recognition (Newman, 2008, p. 42). In HEC, the nurse resonates with the participant to highlight the individual patterning that may be grounded in the lived experiences of the participants, and together the nurse and person may uncover the meaning that the patterning holds. In the relationship-based HEC praxis, meaning is embedded in lived experience, and from meaning the patterning unfolds (Newman, 2008). Newman’s theory of HEC aligns with the feminist, postmodern, poststructuralist world view. Newman’s approach emphasizes the dialectic hermeneutic method of dialog based on the energy flow within an authentic nurse- participant relationship.

### **Additional Theories and Their Influence on this Research**

#### **Posthumanism**

Similar to poststructuralism, posthumanism is a worldview that critically decenters science as leading to truth (Deleuze & Guattari, 1987). However, posthumanism as theorized by feminist philosophers like Braidotti and Bignall (2019), Haraway (2016), and Tsing (2015) pushes further by decentering human beings in relation to nonhuman beings and non-living materials. This is an important non-hierarchical conceptual tool to examine the current economic, social, and ecological crises facing emerging adult im/migrants from Northern Central America

(Braidotti & Bignall, 2019; Deleuze & Guattari, 1987; Haraway 2016; Tsing et al, 2017).

Posthuman concepts connect to Rogers' early theorizing linked to the many references Rogers made to the living and the nonliving within each perspective. However, Rogers' (1970; 1990; 1992) theory and certain framings of posthumanism (Deleuze & Guattari, 1987) both fail to adequately account for critical inequities of power, race and gender, and sexuality. Therefore, this proposal will explore additional concepts that are found within the genre of critical posthumanism.

### **Critical Posthumanism**

Critical posthumanism adds ideas and assumptions from critical race theory and critical feminist perspectives. Critical posthumanism decenters white human beings in order to examine racialized histories and power inequities in the colonization of the planetary system, and within the dominant cultures' (the colonizer's) assemblages of power and truth, including those found and replicated within structures of academia, research, and science (Bhattacharya, 2016; Holmes et al., 2008; Yusoff, 2018). Critical posthumanism as a theoretical tool has been cited within nursing, described as being a useful path for connecting abstract theory to material realities like structural inequities in health and well-being, while looking at intersectional issues of power in relation to disability, gender, race, class, and language (Aranda, 2019; Brown et al., 2022; Dillard-Wright et al., 2020; Holmes & Gastaldo, 2004; Holmes et al., 2008; Hopkins-Walsh et al., 2022a; 2022b). Critical posthumanism also examines the role that humans (Anthropos) play in the context of the Anthropocene and the Capitalocene.

### **The Anthropocene and the Capitalocene**

Anthropocene refers to the global destruction caused by humans within the driving forces of the Capitalocene, defined as the dominant society's way of organizing nature through

capitalist, profit driven, world ecologies (Nixon, 2011; Moore, 2015). Like Rogers' early work, rhizomatic thinking found within critical posthumanism connects across many disciplines and co-situates human-environment mutual processes to expose the harsh consequences and inequalities of capitalism and climate injustice. The concepts in critical posthumanism allow for the proposed research questions to interconnect and be situated within macro-level, structural forces of global society's capitalism and its consequences. Capitalism is an unrelenting force of profit and power, and often results in dire consequences for specific groups of humans and nonhumans; both the living and the nonliving (Yusoff, 2018; Haraway, 2015; 2016).

The Capitalocene frequently excludes, marginalizes and victimizes women, children, Black, Indigenous, and People of Color (BIPOC) including emerging adult immigrants from Central America through what Nixon (2011) described as the process of "slow violence" (p. 2). Slow violence is defined as "violence that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all" (Nixon, 2011, p.2). The idea of slow violence is particularly congruent with human-ecological-environmental processes as described by Rogers (1970, 1992) linking history of the past to the present and the future, and to issues of environmental and social injustice.

### **Slow Violence of Climate Injustice**

Massive geologic and timber mining, coffee, palm oil, and sugar cane industries, transnational hydroelectric projects, and deforestation for cattle ranching are examples of global capitalism linked to ongoing racialized extractive industries in Central America, affecting the health and well-being of im/migrant people and BIPOC (Esteva, & Prakash, 2014; Nixon, 2011; Yusoff, 2018). For example, development and deforestation for cattle ranching were blamed for

the August 2019 fires in the Brazilian Amazon rainforest, called the “lungs of the planet” because of the balanced recycling of oxygen and carbon dioxide within the forests (Fauset et al., 2019; Gloor, 2019; Boykoff et al., 2019). The number of Amazon rainforest fires in 2019 rose 84% from the prior year (Boykoff, et al., 2019), and resulted in smoke that was visible from space (Gonzalez-Alonso et al., 2019). The Amazon fires resulted in displacement and migration of thousands of Indigenous and mixed-race people including many who lost their lives, their livelihood, and their land (Sims, 2019).

Brazilian illustrator Giovana Medeiros (2019) created a graphic design of the Amazon fires burning within the lungs of a human figure. See Figure 1 in titled “*No Es Fuego Es Capitalismo*” (translated; It’s Not Fire It’s Capitalism) for a posthumanism depiction of the destructive forces of capitalism within the Anthropocene (Nixon, 2011). Global climate injustices driven by capitalism like the Amazon fires further contribute to climate and social inequities, and create conditions of social and economic chaos, marginalization, and forced mass migration (Yusoff, 2018). Indigenous people have been protesting against racialized extractive forces for hundreds of years, often with grave consequences for their families or their own lives (Esteva & Prakash, 2014; Yusoff, 2018). Climate injustice with loss of biodiversity impacts species, plants, animals, ecologies that are foundational to Indigenous ways of knowing and being (Bergström, 2021). Acknowledging and naming the forces of the Anthropocene and extractive capitalism in climate, social and racial inequities as they may relate to the lives of emerging adult im/migrants from Northern Central America and their ancestors is an example of historically contextualized activist scholarship. Critical race scholar Nancy López refers to drawing attention to racialized inequities as “making the invisible visible” (López et al., 2018c).

### **Figure 1**

*NO ES FUEGO ES CAPITALISMO (translation: It's not fire it's capitalism)*



*Note:* Permission to use image received from the artist via Instagram Message on November 24, 2019: from Image by Giovana Medeiros @giovanamedeiros Instagram “No Es Fuego Es Capitalismo” is a meme created on Twitter and Instagram retrieved from Instagram #DecolonizeThisPlace, October 15, 2019.

### **Activist Scholarship**

Climate conditions are not experienced equally by people across the globe (Yusoff, 2018). Instead, inequities fall as material realities for the disproportionate majority of the world's economically impoverished and Indigenous people, including many emerging adults who are currently fleeing extreme poverty and other sociopolitical conditions in the Northern Central America countries of Guatemala, Honduras and El Salvador (Fonseca, 2013; 2016; Passel & Cohn, 2017; Nixon, 2011; Smith 2021). As Yusoff (2018) explains, for the past 500 years, BIPOC people and communities have unjustly borne the burden and the consequences of

extractive industries under global capitalism, and for many the “end of the world has already happened” (Yusoff, p.12).

Attending to upstream, structural-level causes critically situates this research in the moral and social justice imperatives of the nursing profession (Aranda, 2019). Activist scholarship opens space for a deeper, more critical unitary-transformative knowing in the form of critical consciousness, a value held with HEC and expressed by multiple nurse scholars who have critically influenced this research project (Cowling & Chinn, 2001; Eloisa et al., 2013; Grace & Perry, 2013; Hopkins Walsh & Dillard-Wright, 2020; Newman, 1999; 2008; Rogers & Cantu, 2009).

### **Liberation Philosophy and Critical Race Theory**

HEC contains social justice and liberation values, including the idea that research is participatory and must be linked to action for transforming reality (Fals-Borda, 1987; Smith, 2021) and the idea that critical self-reflection can increase a person’s ability to transform through awareness and conscious action (Freire, 1970/ 2000, Chavez, 2012). Specifically, HEC has values and ideas that align with *conscientization*, referring to Freire’s vision for critical consciousness as a deep form of awareness, transcending knowing as the simple act of reflecting or looking, and allowing people to move towards deeper transformational awareness (Freire, 1970/2000). The liberation values found within HEC apply to the proposed project with emerging adult immigrants from Northern Central America.

### **Poem by Margaret Newman (1990): Embodies Values of PAR**

In 1990, Newman shared a poem as an introduction to an article describing her Theory of Health as Praxis. The poem, entitled *Transforming the Meaning of Health and Practice*,

demonstrates her philosophical leanings toward relationship-based care- a key tenant of nursing inquiry within HEC.

### **Transforming the Meaning of Health and Practice**

I don't like

Controlling, manipulating

Other people

I don't like

Deceiving, withholding

Or "treating"

People as "subjects" (objects)

Nonperson

I don't like

Acting as an "objective"

Nonperson

I do like

Interacting

Authentically: listening; understanding; communicating

Freely

I do like

Knowing and expressing myself

In mutual

Relationships (Newman, 1990, p.37)

Newman's (1990) poem demonstrates alignment with Freire's (1970/2000) liberation values and Fals-Borda's (1987) PAR philosophy and deconstruction of the subject / object binomial. All of these approaches are ways of thinking that align with the assumptions of this study. Critical consciousness about the history described was applied within the theories of the research project in order to purposefully contextualize the research and connect the past to the present.

Knowledge is always situated politically and materially. The next section explains additional theories that have informed the research project.

### **Theoretical Critique and Reflection**

#### **HEC and Emerging Adults from Northern Central America**

Newman suggests that the individual in the binding phase may be sacrificed for the sake of the collective (Newman, 1995, p. 148; 1999, p.45). This framing of "binding" implies a specific position on the consciousness spectrum, and must be reconciled within a cultural context of cultural values where collectivism, and early dedication and duty to family and community, is often valued over self (Arnett, 2000; Fuligni, 2007). Rather than binding this could be seen as decentering, described as transcendence of ego where the person is dedicated to something greater than self – thus further evolved along the spectrum (Newman, 2008). Researchers suggest that emerging adult im/migrants frequently work several jobs to send remittances home to families that were left behind, a responsibility that researchers have described as both a positively experienced duty and an obligation (Held, 2017).

Newman is clear that no one position in the process of HEC is better than another (Newman, 2008). There is no judgment of a person for being more or less positioned along the consciousness spectrum (Newman, 2008). In addition to individualism and collectivism, the

concept of freedom within Young's continuum will be critically reconciled in light of the structural barriers that many emerging adult im/migrants with precarious legal status experience within situations of poverty, discrimination, and literal lack of freedom of bodily movements within certain spaces in society and community- an immigration concept referred to as discredited social positions (Asad & Claire, 2018). For example, how do intersectional and structural issues of gender, race, class, power, and im/migration status influence Newman's concept of freedom as experienced by emerging adult im/migrants who may have restrictions of space time movement due to precarious legal status?

### **Suffering as a Path to Consciousness**

Newman's HEC has explicit spiritual undertones, perhaps reflecting her religious upbringing and her education at a Baptist founded University. Newman expressed a belief that suffering may lead to higher consciousness; specifically, "avoidance of suffering may deter movement to higher levels of consciousness" (Newman, 1999, p. 142). The valorization of suffering is common across many religions but especially linked to Christianity with its fascination with the immortalization of saints and martyrs (Foth & Nazon, 2022). Imbuing any positive attributes to suffering is actively rejected by liberation philosophers. Freire (1970/2000) and other contemporary human rights scholars suggest that these beliefs about suffering may perpetuate apathy and fatalism in people whose ancestors may have experienced centuries of colonial violence and racial oppression. Critical scholars suggest that for structurally excluded and systematically oppressed people, imbuing suffering with connotations of religious positivity entrenches power imbalances, and obscures experiences of violence and human pain within religious convictions. Whereby suffering, especially for many poor and oppressed people, is accepted as the path to God (Yamin, 2016; Farmer 2004). Farmer (2004) refers to the religious

framing of suffering as a form of structural violence rooted within colonial pathologies of power.

### **Cultural Biases in HEC**

Critically, it is important to bring attention to Eurocentric western biases in Newman's theory. For example, her writings neglected to credit the non-western scholars or philosophers within the cultures from which she borrowed or appropriated the non-western leaning ideas. HEC has several concepts that align with non-western, non-Eurocentric thought including the idea of illness or intense emotion being blocked energy (Newman, 1999), a concept Newman attributes to "China" (Newman, 2008, p. 19). Also, Buddhist leaning ideas of centering self and meditative stillness before the research praxis are used as foundations to the praxis method (Newman, 1999; 2008). However, the concepts are not clearly credited to non-western cultures, practitioners, Buddhist philosophies or scholars, opening up her theory to critique of ontological appropriation (Gandhi, 2019). Ontological appropriation refers to western Eurocentric practices of appropriating wisdom and knowledge from non-western cultures without credit, a practice that has roots in colonialism (Gandhi, 2019; Morgan, 2003; Todd, 2016).

### **Appropriation of Ideas and Lack of Historical Context of SUHB and HEC**

My critical reading of SUHB and HEC uncovered that Rogerian conceptions of circular and spiraling time and pandimensionality share similarities with Indigenous epistemology and ontology. Potawatomi scholar and activist Whyte (2018) writes about spiraling time where past, present and future temporalities flow and spiral together as a belief that connects Indigenous people across many cultures. Furthermore, Whyte (2018) writes that time travel, including alternate realities and experiences are foundational to Indigenous philosophy and story telling-beliefs that align with Rogerian pandimensionality (Rogers, 1992). Hernández Castillo (2020) in

dialogue with Maya philosopher Xuno López Intzin writes of the geopolitics of knowledge, specifically related to memory studies and notes that “the global North is still the quintessential space of theorization” (p.806). Hernández Castillo (2020) links this hegemonic domination to the persistence of knowledge origin myths, raising important questions about decolonization of historical memory studies specifically, and in general about how scholars collectively remember the past.

Furthermore, ontological appropriation is seen in the work of Jose Argüelles (1987) who Newman heavily references for theoretical concepts related to consciousness and universal becoming in her 2008 book. Argüelles (1987), a new-age art historian who conceived and organized an event in 1987 called the harmonic convergence, wrote liberally about Maya cosmology and Maya calendars without citing Maya or Indigenous scholars. Argüelles also neglected to situate the political, historical and contemporary context of his scholarship. In the decade of the 1980’s, at the time that Argüelles published his book called *The Mayan Factor* (1987), Maya people were experiencing a US-backed systematic genocide in Guatemala linked to agrarian conflicts with the government over Indigenous land rights (Cano, 2022; Falla, 2011; Suter & Buell, n.d.). In addition, a US-backed civil war was raging in El Salvador, also home to many Maya people (Martín-Báro, 1994).

### **Situating the Research in Historical Consciousness**

Although the genocide of the Maya people is rarely discussed or written about (Grandin, 2011), specific massacres were subsequently recorded in detail by Dr. Ricardo Falla, a Jesuit priest and anthropologist. Falla lived among Maya people during the Guatemalan civil war. He continues to publish books and speak publicly about this violent history (Falla & Rios, 2000; Falla, 1994; 1995; 2011). I attended several lectures with Dr. Falla in the Fall of 2018 as part of

the human rights graduate certificate program I completed during my doctoral studies. I heard Dr. Falla recount personal narratives of the Maya genocide in Guatemala that he himself had witnessed firsthand.

Failing to situate and contextualize this research study within truth-based, factual political and social contexts of the violent civil wars in Northern Central America creates historical vacuums and erasures (Foth et al., 2018; Smith 2019). A-historicity perpetuates racial injustices by preventing researchers from learning from the past thus limiting our emancipatory potential as nurses (Foth et al, 2018; Smith 2019). Lack of historical consciousness contributes to structural racism by hiding the systemic and institutionalized biases and prejudices that get passed down through time and space (Hiken et al., 2018). Within the theory of HEC, Newman explicitly stated that the experience of the present contains the past and the future (Newman, 1995, p.71). In order to politically contextualize and position both the researcher and the research project, it is important to understand the past and present political history of Central America. It is also important to acknowledge the dominant role of the US governmentality in many Indigenous agrarian land conflicts, Central American civil wars, and ongoing capitalist extractions.

### **Acknowledging the Guatemalan Genocide of Maya People**

Grandin & Oglesby (2019) review of a 2013 human truth commission report outlines the role that the US military had in training the Guatemalan officers and soldiers who executed between 160,000-200,000 Maya men, women and children during the 36 years of the civil war that stretched from 1960 to 1996 (Canby, 2013; Grandin, 2011; Crosby & Lykes, 2019). Over 40,000 people disappeared, and it is estimated that over 440 communities were eliminated (Montejo,1999). The genocide included not only calculated mass murder of the Maya people, but

systematic and highly organized sexual violence carried out against Maya women by the Guatemalan military (Crosby et al., 2016; Crosby & Lykes, 2019).

Details of the genocide were recorded from lone survivor reports, and single massacres were linked to mass migration of up to 9,000 refugees in 1982 alone, northward toward Mexico and beyond (Falla, 2011). Maya female survivors of systematic sexual violence, including rape, torture and kidnapping, have begun to document their stories over the past two decades, but for many, the details of the violence remain secret even within their own families (Crosby et al., 2016; Crosby & Lykes, 2019). Theoretically, this research project must be politically situated in this historical context to position the researcher's own colonial connections to Central American history as a US national, to expose violent historical truths, and to purposefully link the past to our present as it relates to emerging adult im/migrants from Northern Central America. "We cannot speak about migration without addressing the presence and actions of the West in the rest of the world." (Mbembe, 2019, p. 16).

### **Indigenous Groups in Present Day Central America**

Guatemala is currently home to the largest population of Maya people, comprising about 60% of the total population of the country, including 22 Maya identifying tribes with over 23 active Mayan languages (Montejo, 1999; 2022). Other Maya descendants are scattered throughout vestiges of their former civilization located in Honduras and El Salvador (Hammond, 1982; Suter & Buell, n.d.). Generational trauma contained within the history of genocide in Guatemala cannot be erased, nor has the trauma ended. The context of the genocide and ongoing dispossession of Indigenous land in Northern Central America by multinational corporations must be viewed within the history of the past and contextualized within the present (Recinos, 2019). Three percent of the population of Guatemala own more than 70% of the land,

representing one of the most unjust balances of land rights in Latin America, and contributing to extremes of poverty and economic based im/migration (Montejo, 1999; 2022).

### **Contextualizing Systemic Violence in Central America**

Present day transnational extractive industries for palm oil supplies, timber, coffee, sugar cane, geological mining, and hydroelectric power continue with colonial practices of murder, land grabs, and forced displacements of people in Guatemala, Honduras and El Salvador (Edelman & León, 2013; Recinos, 2019). In Honduras, Blitzer (2016) details the 2016 murder of Indigenous water rights activist Berta Cáceres while in her home, and references 101 other murdered Indigenous land rights activists in Honduras between 2010 and 2014. In 2017, the US military was implicated in the training of the elite group of soldiers that were indicted in Berta Cáceres murder in Honduras (Lakhani, 2017). Violent transnational political and economic forces continue to influence many Indigenous people, forcing them to migrate to the US, though scholars have commented on the absence of attention paid to Indigenous identity within current day discussions of Central American immigration to the US (Bazo Vienrich, 2019).

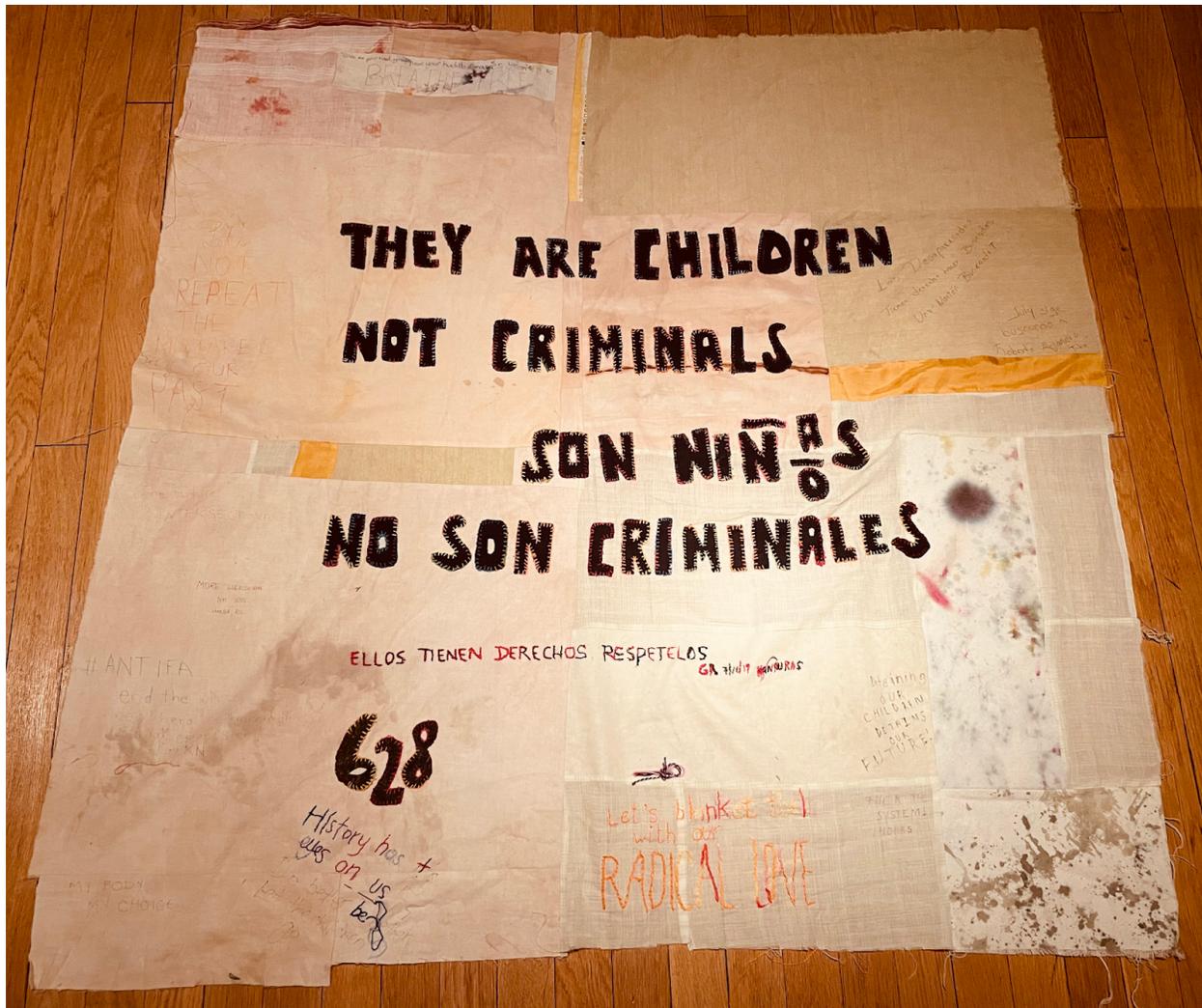
Currently, in the US, the criminal detention of asylum-seeking migrant families and children perpetuates Nixon's (2011) idea of slow violence. The US has the most extensive immigration detention system in the world (Diaz et al., 2022). Several young children with Maya surnames died between 2018-2019 while being detained by Custom and Border Patrol in immigrant detention centers on the southern US border. Their deaths were made public in public media but most likely represent a fraction of children who die while in mobility contexts at the border. The period of 2018-2020 was also a time when anti-immigrant rhetoric and illegal child and family separation policies prevailed in the US under the Trump administration (Grandin & Oglesby, 2019). Further examples of systemic violence are entangled in the political,

economic, and imperialist interests implicated behind the US government's involvement in the 2009 Honduran military coup that ousted the socialist leaning, and democratically elected president Manuel Rosales Zeleya, (Abrego, 2019; Fernández, 2021; Recinos, 2019). The US government and military are implicated in the 1981 El Mozote massacre in El Salvador during El Salvador's civil war, one of the deadliest massacres in recent Latin American history (Bonner, 2018; Tharoor, 2019). These events are etched and entangled within US history, and linked to ongoing systemic violence, regional destabilization, and generational trauma contributing to mass migration to the US borders today (Bonner, 2018; Tharoor, 2019).

Figure 2 Border Quilt Project (#BorderQuiltProject on social media) shows the author's fiber drift, a roving protest quilt that has traveled to Honduras and Guatemala, the Texas- Mexico border in Tijuana and Juarez Mexico, and to the Capitol building in Washington DC to name a few places. The fiber piece is an unfinished protest quilt called The Border Quilt Project—started in 2018 to protest child and family separation and detention under the extremely cruel Trump administration policy called Zero Tolerance (Drozdowski & Chong, 2018). The protest quilt documents the names of 9 children (possibly there are more) who died in detention or in the custody of customs and border patrol during this time period. The number 628 refers to the number of separated children whose parents were deported when the children and parents were separated under the chaotic policy, and as of 2020, 628 detained childrens' parents could not be located (Gonzalez, 2020).

**Figure 2.**

*The Border Quilt Project*



### Non-Knowing as Epistemological Ignorance

Failure to acknowledge the historical facts, especially those related to ongoing colonialism and oppression, creates a politics of ignorance, an erasure that in itself is structurally related to forms of political non-knowing as described by nurses Perron and Rudge (2015). Non-knowing is an epistemological ignorance that is contained within constructs of ongoing colonialism and racism, and the concept entangles materially to this research project in ways that are important to acknowledge (Bazo Vienrich, 2019). The forces of oppression described within historical stories are not only vestiges of past colonial history but also the unbroken circle of

exploitation and repression for the people of Northern Central America, including Indigenous people, that continues to define social realities today (Grandin, 2011). “The academy plays a role in shaping the narratives that erase ongoing colonial violence” (Todd, 2016, p.15). Ongoing colonialism is driven by the forces of neoliberalism and capitalism, and colonialism must be understood not as an event but as a structure (Tuck & Yang, 2012; Wolf, 2006). Maya people from Guatemala, Lenca, and Garífuna people from Honduras and Guatemala, and multiple other Indigenous emerging adults from Northern Central America are reflected in the millions of im/migrants who are currently fleeing extreme violence, poverty and unrelenting conditions of modern-day capitalism and colonialism, as well as climate injustice (Bazo Vienrich, 2019; Blackwell et al., 2017; Cano, 2022; Latour, 2018; Parker et al., 2015).

### **Indigenous Identity and Emerging Adulthood**

Personal identities of nationality and Indigeneity are complex, there are no universalisms, and emerging adult im/migrants and asylum-seekers may or may not identify with their Indigenous cultural roots (Parker et al., 2015; Tuck, 2009). Denham (2008) writes of transgenerational trauma and how historical trauma may be manifested through family identity and narratives of sorrow or resilience. Furthermore, scholars have described that Indigenous self-identifying emerging adults may have experienced higher levels of discrimination, marginalization and socioeconomic disparities in their Central American countries of origin, and this discrimination may translate to a harsher reception in the US receiving communities as well (Bazo Vienrich, 2019; Capetillo-Ponce, & Abreu-Rodriguez, 2010; Parker et al., 2015). For example, in New Bedford, Massachusetts in 2007, 300 Immigration and Custom Enforcement staff (ICE) raided a leather factory that made equipment for the US department of defense (Capetillo-Ponce, & Abreu-Rodriguez, 2010). Over 50% of the 350 detained workers without

documentation were from a single Indigenous Maya K'iche community in the Western mountains of Guatemala (Capetillo-Ponce, & Abreu-Rodriguez, 2010). It was reported that the detained Maya workers represented a fraction of the larger community that had remained largely hidden and underserved within parts of Rhode Island and Southern Massachusetts (Capetillo-Ponce, & Abreu-Rodriguez, 2010).

### **Summary of the Theories**

In summary, Figure 2 represents the author's drawing demonstrating the rhizomatic and interconnected epistemologies grounding the proposed research project, depicted as flowing together within the wholeness of the unitary-transformative perspective. The key concepts within SUHB and HEC interconnect with posthumanism, critical posthumanism, feminism, PAR, anti-racism, liberation, anticolonial, and emancipatory theory. The graph depicts my interpretation of SUHB and HEC, envisioning that the theories are alive in the bodies of the participants and the researcher (Clark/Keefe et al., 2017; Clark/Keefe & Haines 2019).

### **Figure 3**

*Rhizomatic Representation of Proposed Theories*

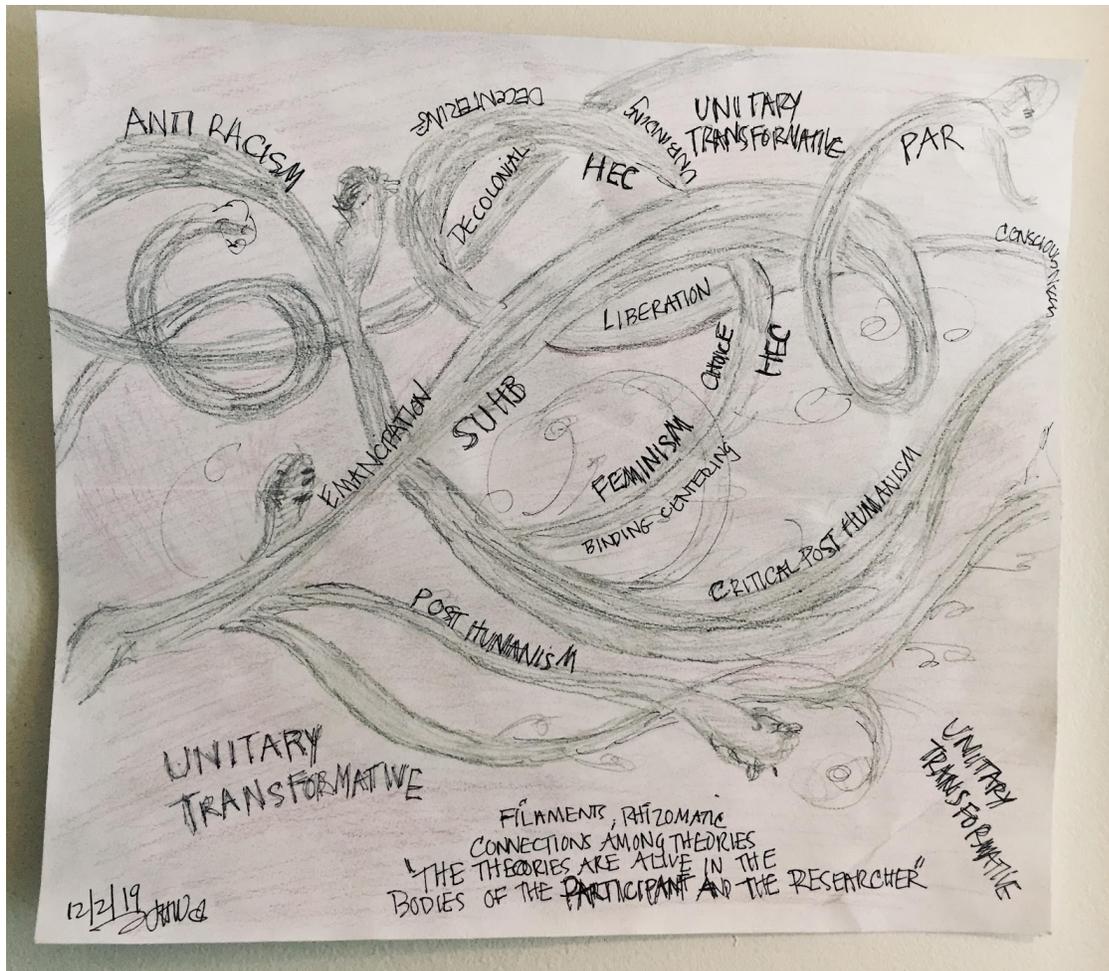


Figure 3 depicts the theories as nonlinear and re-frames Newman's (2008) V-shape of Young's spectrum of the evolution of consciousness in a novel manner, avoiding linear, geometric, angular, and binary assumptions. Young (1976a) proposed the idea that "all meaning is an angle" (p. xiii). However, this V-shape may erroneously be conceptualized as being linear, which is not in line with Newman's (2008) thinking. Therefore, re-conceptualizing Young's spectrum in a non angular way provides a more free-flowing, multidirectional and open-ended visualization of the process of evolution and movement toward higher awareness and consciousness, consistent with Newman's thinking (Newman, 2008). Specifically, binding, centering, choice, unbinding, decentering and freedom are viewed as flowing within a wholeness

that is multilayered, situated historically, unpredictable, and inherently complex. This conceptualization is also consistent with the looping visual of helicy as envisioned by Rogers: “continuous innovative unpredictable, increasing diversity in human and environmental field patterns” (1992, p.6). This next section will provide a review of the literature relevant to this dissertation beginning with a discussion of the developmental period of emerging adulthood.

## **Literature Review**

### **Developmental Period of Emerging Adulthood**

Emerging adulthood is defined as the time between 18 and 25 years. This developmental period is distinct from either adolescence or adulthood (Arnett, 2000; 2007; 2015; Berzin, 2010; Berzin & De Marco, 2010; Schwartz et al., 2013). Exciting opportunities may exist for emerging adults because the future has yet to be fully determined. Emerging adulthood is marked by identity exploration, instability of work/education, romance, and living situation, deep self-focus and self-exploration, feeling in-between and having hopes about possibilities for the future (Arnett, 2000; 2007; 2015). However, multiple opportunities for choice also demand critical decision-making and abstract judgment, which are skills that may be beyond the developmental and cognitive abilities of many emerging adults (Arnett, 2000, 2007, 2015; Wetherill & Tapert, 2013).

Cognitive nuances, including the ability for awareness of self and others, continues to become more complex throughout the period of emerging adulthood (Luna et al., 2013; Sebastian et al., 2008). Being developmentally primed for self-awareness may allow emerging adults to move toward awareness, choice, action and transformation, concepts that are foundational in HEC (Newman, 2008). Further, neuroscience research with emerging adults shows that the prefrontal cortex has not yet fully developed. This with an increased dopamine

drive results in extreme optimism, impulsivity, increased sensitivity to situational motivations, and more risk-taking behavior than in other developmental periods (Tusaie, 2014; Wetherill & Tapert, 2013).

Complete separation from family and community supports during this critical time period, as in the case of some emerging adult im/migrants who may be apart from family, may pose additional risks to health and safety (Arnett, 2000; Danielson et al., 2009; Resnik et al., 1997). Further compounding factors are the social and cultural stressors that emerging adult im/migrants may experience such as language barriers, racism, discrimination, and fear of deportation (Torres & Wallace, 2013). For example, researchers suggest that being historically marginalized, poor, and part of racial and ethnic minorities may place Latinx identifying emerging adult im/migrants at higher risk for depression and risky related behaviors like substance abuse (Cano et al., 2021; Salas-Wright & Schwartz, 2019). However, very few social science and health studies have included this specific sample group of 18 to 22 year olds, and even fewer have focused on samples from Northern Central America (Cano et al., 2021; Unger et al., 2014). Furthermore, questions arise as to whether biases are present within the framing of theories of emerging adulthood. This will be discussed next.

### **Critique of Emerging Adult Constructs**

Scholars have criticized the methods surrounding emerging adult frameworks as emanating from upper middle-class young adults living within the US who have more robust socioeconomic options including the privilege of postponing commitments, participating in more expansive education, and delaying responsibility-taking (Côté, 2014). Critically, theories about emerging adult milestones may be biased as described by Global Northern theorists within Eurocentric colonizing frameworks. Emerging adult im/migrants from lower- and middle-income

countries may have structurally limited life choice options for career and higher education. Côté (2014) challenges the entire idea of a developmental period of emerging adulthood, calling it a “myth and a metanarrative.” Structural factors like poverty and norms of heteropatriarchy may make some emerging adults either more *or* less likely to delay adult responsibilities like marriage/partnering and child raising (Côté, 2014; Galambos, & Martínez, 2007). Additional factors that may challenge the idea of emerging adulthood for im/migrants from Northern Central America include increased interdependence within and between family members, strong collectivist values, and responsibility to contribute to family income by way of transnational remittance for siblings, parents, and aging family members (Unger et al., 2014). Some emerging adult studies have been done in the Global South and offer insight into north-south comparisons.

### ***Cross-cultural Studies***

Emerging adult studies in socioeconomically diverse samples in Argentina and Brazil have shown that many of the concepts outlined by Arnett (2004) are similar between cultures of Global North and Global South, especially the developmental tasks of feeling in-between, feeling positive about future possibilities, exploring new freedoms, and exploring identity (Facio et al., 2007; Dutra-Thomé, 2013). These themes connect to the concepts found within Newman’s HEC as a description of moving from binding to centering (Newman, 2008). Researchers noted that emerging adult samples in Argentina and Brazil were more collectivist thinking than US samples. However, at the same time it is acknowledged that the globalization of western values, mainly from the US through the internet, has influenced emerging adults in middle-and lower-income countries to delay childbearing and marriage like their peers in the Global North (Facio et al., 2007; Dutra-Thomé, 2013).

### ***Influence of Global Internet on tasks of Emerging Adulthood***

US based values related to emerging adulthood may influence populations globally through mainstream media, news, popular music, television, cinema and social media platforms/processes that have been described as international cultural exchanges (Iwabuchi, 2015), and virtual cosmopolitan communities (McEwan & Sobré-Denton, 2011). Globally, internet usage facilitates the ability of many emerging adults from Central America to transcend national, socioeconomic, and ethnic boundaries (McEwan & Sobré-Denton, 2011). Latin America has experienced greater than 2000% growth of internet usage over the past 20 years, with 69% of the population having access to the internet in 2019 (Miniwatts Marketing Group, 2019). To compare these statistics, the highest global internet population penetration rate of 89% is reported in North America, and the lowest rate of 40% in Africa (Miniwatts Marketing Group, 2019). Therefore, despite potential cultural biases of emerging adult frameworks, studies suggest that similarities are found between US and Central American populations, largely influenced by global internet usage.

In summary, emerging adults must maneuver a number of identities and developmental challenges related to “ethnicity, social class, gender roles, immigration status, political or religious affiliations, family relationships, friendships, romantic relationships and sexuality, educational and work pursuits, and physical and mental health statuses” (Morgan, 2018, p.383). The emerging adult period is often referred to with binary concepts and descriptive words like peril / promise, risk / resilience and flourish / flounder (Padilla-Walker & Nelson, 2017). However, it is important to note that all of these descriptions seem to suggest stages of emerging adulthood, as either/or, binary and static conditions. The experiences of emerging adults were framed in this project within the flowing wholeness of HEC and the unitary-transformative perspective, entangled, complex, and multilayered-rather than as binary, either/or experiences.

### **Structural and Systemic Barriers for Emerging Adult Immigrants**

Structural level systemic barriers experienced by emerging adult immigrants from Northern Central America may be understood using Newman's concept of binding, conceptualized by restrictions on self (Newman, 2008, p. 23). These restrictions include being "undocumented" with precarious legal status, language barriers, lack of access to health, dental, vision, and mental health services, targeted marketing by capitalistic driven enterprises like tobacco, alcohol, and the food and beverage industries, as well as discrimination and racism. Multiple overlapping and intersectional factors such as these have been suggested as being associated with poor health outcomes in immigrant farmworker and day laborer samples including discrimination (Martinez et al., 2011), language barriers to healthcare, and inability to access resources secondary to being undocumented (Martinez et al., 2011; Rhodes et al., 2009). These topics will be briefly presented in the next section.

#### ***Being "Undocumented": Precarious Legal Status***

The Pew Hispanic Research Center reports that emerging adult immigrants from Northern Central America are more likely than immigrants from other countries to be undocumented (Passel & Cohn, 2016; 2018; 2019). Scholars have written about powerful movements of political resistance and social activism of undocumented Latinx youth over the past decade (Fine, 2018; Negron-Gonzales, 2013; Schreiber, 2018). Researchers also report the emotional and physical challenges of being undocumented including feeling unsafe and insecure, with constant attention and energy expended in order to navigate living within the space of being seen and labeled as illegal (Greenman & Hall, 2013; Negrón-Gonzales, 2013; Vaquera et al., 2017). Feelings of fear, shame, social exclusion, depression, and anxiety have been associated with Latinx youth who are undocumented, but studies in this area mainly focus on adolescents

who suddenly become conscious of their precarious legal status having been brought to the US when they were very young (Negron-Gonzalez, 2013), with fewer studies that include emerging adult im/migrants from Central America who immigrated at an older age for economic and sociopolitical or other complex and multifaceted reasons.

### ***Lack of Access to Health and Mental Health Services***

Precarious legal status affects emerging adult im/migrant people's ability to access basic health, mental health, and medical services compounding risk factors like delayed diagnoses, a reality for many immigrant people in the US (Perreira, & Pedroza, 2019). In the US, people who identify as Hispanic have the highest uninsured rates (26%) compared to all other races and ethnicities (Artiga et al., 2019). Without proper documentation immigrants are barred entirely from accessing private insurance, relying instead on emergency safety net services in emergency rooms and federal safety net clinics, availability that varies greatly between and among states based on state level political leanings and factors like proximity to rural and urban settings (Hall & Rosenbaum, 2012). Systemic barriers such as these may account for higher rates of cirrhosis and HIV/STDs in Hispanic and Latinx people related to structural level exclusion of im/migrant people from access to preventive health care services in the US (Hall & Rosenbaum, 2012; Marrow & Joseph, 2015).

### ***Language Barriers***

Emerging adult immigrants from Northern Central America are less likely than other immigrants to have proficiency with the English language (Passel & Cohn, 2016). Language barriers have been associated with adverse health outcomes, possibly explained by non-English speakers being less likely to try to seek medical or health care when experiencing health or medical issues, and also having incomplete understanding of directions for medications after

being seen in the emergency room (Ribas-Roca, & Eamranond, 2016). Emergency mental health evaluations become especially challenging for non-English speaking emerging adult immigrants, when interpreters are unavailable, and assessments for safety risks around self-harm may be underestimated or over exaggerated (Ribas-Roca, & Eamranond, 2016).

### ***Targeted Marketing by the Alcohol, Tobacco and Food Industry***

Advertising plays a role in how young people make decisions about health-related behavior including their attitudes about drinking alcohol, using tobacco products, and the types and quantities of foods they may consume (Alaniz, 1998; Alaniz, & Wilkes, 1998; Anderson et al., 2009; Nguyen et al., 2020; Sudhinaraset et al., 2016). For example, the alcohol industry actively targets Latinx emerging adults with culturally specific marketing with facsimiles of their images, based upon projections for future Latinx population rates that are expected to exceed 19% of the US totals by 2025, and over 25% by 2060 (Alaniz & Wilkes, 1998; Center for Alcohol Marketing and Youth, 2005; Chaudhuri, 2017). Total potential purchasing power, combined with the relatively young age of Latinx populations results in youth targeted billboards, with one study finding that Latinx neighborhoods had 35% alcohol-related billboards greater than any other comparison of racial or ethnic communities (Alaniz, 1998; Anderson et al., 2009; Sudhinaraset et al., 2016). The Center for Alcohol Marketing and Youth (2005) reports that Anheuser-Busch company created a special advertising division devoted to Hispanic sales and marketing in 2005, with millions of dollars each year funneled to the Hispanic market by way of alcohol-related concert and sports endorsements, and television, radio, print and billboard advertising. General Foods and Krafts Food companies applied marketing strategies taken directly from the tobacco industry and have used strategic and targeted marketing campaigns to target Black and Hispanic youth and communities with overly processed unhealthy food products

and highly sweetened beverages (Harris et al., 2022; Nguyen et al., 2020). Oppressive capitalist practices like targeted marketing of products linked to poor health to Latinx people and communities provide examples of structural racialized capitalism and colonialism with implications for the present and future health of emerging adult immigrants from Northern Central America.

### ***Discrimination and Racism***

Racism and discrimination may be experienced by emerging adult im/migrants at the structural level (Menjívar, & Abrego, 2012) or at the individual level in daily material and embodied experiences (Bryant-Davis and Ocampo, 2009; Burnette, & Figley, 2016). Over half of the people who identify as Hispanic in the US report they have suffered discrimination, and rates are higher in younger people like emerging adults (Krogstad, Lopez, 2016). Researchers suggest complex interactions between perceived discrimination in Latinx immigrant youth, peer interactions, acculturation stress, ethnic identity, and substance abuse risks (Acosta et al., 2015; Otiniano Verissimo et al., 2014). Experiences with racism and discrimination have been linked to post traumatic stress disorder at levels similar to experiences of domestic violence and rape (Bryant-Davis and Ocampo, 2009; Comas-Díaz et al., 2019). Critical race theorists argue against the predominance of trauma frameworks that are grounded in white persons experiences, because this framing discounts the multiple, racist traumatic experiences of BIPOC (Bryant-Davis and Ocampo, 2009). For many emerging adult immigrants living in the US, there is no “post” as in post-traumatic. Rather, there are experiences of ongoing daily trauma, including less recognized traumas such as societal and intergenerational traumatic experiences (Bryant-Davis & Ocampo, 2009; Burnette & Figley, 2016; Duran et al., 1998). Developmental considerations for racism-based trauma in immigrant people have mainly focused on older adults or younger children and

adolescents whereas emerging adult Latinx immigrant experiences are lacking in the literature (Martinez & Rhodes, 2020; Saleem et al., 2020).

There are additional challenges related to immigration for emerging adults from Northern Central America associated with the unique tasks of the developmental period. These include high-risk behaviors associated with processes of negotiating intimacy, sexuality and sexual self, gender-identity, issues around substance use and abuse, acculturation, and decreased social and family support (Chartier et al., 2013; Hingson & Rehm, 2014; Vaeth et al., 2012). These factors have also been suggested to also contribute to higher health disparities within groups of im/migrant people who identify as Hispanic and Latinx, but overall, there is a lack of research that targets the age period of 18-22 years. Most research focuses on children and adolescents below under the age of 18, or samples of adult im/migrants. Additional challenges for emerging adult im/migrants from Northern Central America will be discussed in the next section.

### **Additional Challenges for Emerging Adult Immigrants**

#### **Material Realities**

The citizenship laws of the US serve as a fundamental mechanism of social stratification defining one's social position in relationship to one's rights. Asad and Clair (2018) describe this as racialized legal status, a concept that describes upstream mechanisms of social exclusion that produce racial and ethnic health disparities. "Undocumented" im/migrant people from Central America report poor housing, overcrowded living conditions, low home ownership, structural dwelling problems, and poor quality of services in their neighborhood compared to "documented" im/migrant people (Hall & Greenman, 2013). These conditions may contribute to increased stress, depression, experiences that are associated with high-risk health behavior in

emerging adults (Menjívar & Perreira, 2019; O’Conner et al., 2015; O’Conner, et al., 2019). At the structural level, undocumented Latinx migrant workers from Central America reported more worry about public services and environmental conditions in their neighborhoods, and concerns around violence and crime (Hall & Greenman, 2013). Being an unaccompanied male immigrant worker was correlated with being poorer and living in worse housing conditions, and both conditions related to more acculturated stress (O’Conner et al., 2015; Ruiz et a., 2016).

### **Acculturated Stress**

Acculturated stress refers to the psychosocial and emotional strain of im/migration to a foreign country triggered by multiple challenges and minimal resources (Arbona et al., 2010). This concept has been linked to increased depression and risky substance use in im/migrant studies (Lee et al., 2013a; 2013b). Lotfipour et al. (2013) linked gender differences in alcohol use patterning to environmental factors such as increased access to alcohol in way of heavier concentration of community liquor stores, and also increased acculturated stress, more common in male than female immigrants. Arbona et al. (2010) compared people who reported to be undocumented and documented immigrants from Central America. They found increased acculturated stress in undocumented people who were more likely to be male, live alone, separated from family, have less English proficiency, higher endorsement of traditional values, and greater daily fear of deportation, suggesting that these factors were associated with heavy alcohol use (Arbona et al., 2010; Perreira et al., 2019).

One of the few studies that sampled female only emerging adult Latina/x immigrants suggested that heavy drinking exacerbated acculturated stress in the initial months in the US especially when linked to high endorsement of “marianismo” traditional beliefs (Ertl et al., 2018). Marianismo beliefs were described as female gendered cultural norms related to being

chaste, subordinate and religious. Findings suggest the values conflicted with more relaxed US norms around alcohol use by female immigrants causing increased acculturated stress in those with heavy drinking (Ertl et al., 2018).

### **Depression and Loneliness**

A qualitative study by Hurtado-de-Mendoza et al., (2014) with female Latina/x immigrants suggested that lack of friends in the US contributed to feelings of loneliness and social isolation. The participants cited lack of free time due to employment responsibilities in the US as a barrier to making and maintaining new friendships. Informal friendship networks are important for mitigating depression in Latinx immigrants who are unable to access more formal support, due to structural health and mental health care barriers (Ornelas & Perreira, 2011b). Loneliness was linked to increased risk for suicide in Latinx im/migrants, and the research results were placed in cultural context where collectiveness and family connectivity are key for sense of well-being (Chang et al., 2010). Latinx immigrants in the study by Lee et al. (2013a) reported feeling most vulnerable to loneliness during the early years after immigration. Participants noted that stressors experienced during the early time period after immigration increased risk for depression related problems. Immigrants in one sample used alcohol as a way to feel happy during periods of loneliness after immigration (Lee et al, 2013a; 2013b). Another study noted that heavy drinkers reported less social support, and had higher associated rates of stress and depression (Loury et al., 2011). Depression was positively linked to heavy drinking in a sample of Latino migrant day laborers (Organista et al., 2017). The inability to access mental health services presented a structural barrier for movement toward increased self-awareness in this group. Internalizing behaviors like depression have been examined in immigrant Latinx samples while examining associations with poor living conditions and stressful

environments. However, the studies lump together many Latinx ethnic groups and tend to focus on youth under age 17 years (Lara-Cinisomo et al., 2013).

### **Adverse Childhood Experiences**

Recent studies suggest that Latinx identifying youth in the US are more likely to have experienced two or more adverse childhood events (ACE) when compared to other racial and ethnic groups, including physical and sexual abuse, discrimination, social isolation, and exposure to high rates of community and intimate partner violence (Cook Heffron, 2019; Maguire-Jack et al., 2019). Immigrant emerging adults from Guatemala, Honduras and El Salvador may have also experienced ACEs and/or witnessed gang violence including murder, sexual assault in their countries of origin or during im/migration, and parental or caretaker abuse as children (Kaltman et al., 2011, Rosado, 2018).

Central American females have reported elevated rates of post-traumatic stress disorder (PTSD), reporting having witnessed military and political shootings and murder of civilians and family members as children (Kaltman et al., 2011). Human trafficking both during migration and after arrival to the US carries risk of sexual assault and trauma especially for females. Femicide rates are increasing throughout Central America, defined as “individual and state level violence against women because they are women” (Menjívar & Walsh, 2019a; 2019b; Menjívar, & Walsh, 2017. Kaltman et al., 2011; Rosado, 2018).

Femicide stories are frequently documented in current day asylum applications for women in immigrant detention in the US (Menjívar & Walsh, 2019a; 2019b). El Salvador has the highest femicide rates in the world, and for Latin America, Guatemala is second and Honduras is third highest (Menjívar & Walsh, 2017). Heavy alcohol use has been associated with both victimization and perpetration in the cycle of violence and trauma for Latinx identifying

samples (Cummings et al., 2013). Endorsing greater than four ACEs was associated with higher rates of substance abuse in a sample of Hispanic identifying emerging adults (Forster et al., 2019).

## **Personal, Social and Family Interactions**

### ***Family Beliefs and Health Behavior***

A number of cultural concepts have been explored in studies done with Latinx and Hispanic im/migrants including familismo, fatalismo, machismo, desperción, simpático, marianismo, nervios, and religiosity (Nicasio et al., 2019). For example, researchers suggest that desesperación is a type of depression and anxiety that may be related to not earning enough money to send back to family left behind (Organista et al., 2017) and familismo and religiosity may be protective against emerging adult high risk behavior (Kissinger et al., 2013). Abaidio-Lanza et al., (2007) caution against making any generalizations about individual or collective cultural beliefs and links to health behavior, commenting that structural level factors are often more influential, tied to im/migrant people's feelings and beliefs of disempowerment and oppression.

### ***Family and Social Relations***

Dillon et al. (2013) emphasize how the family provides the primary connection for human development across the lifespan. Pre-immigration familismo is a Latinx concept that is marked by close relations to relatives in the nuclear and extended family. This was found to be protective-inversely correlated with higher-risk behaviors after immigration (Dillon et al., 2013). For example, having family in the receiving community post-immigration protected against alcohol use (Kissinger et al., 2013). Dillon et al. (2013) suggest that having precarious legal status was associated with being less educated, having less family in the receiving community,

and reporting less pre-and post-immigration immigration familismo are all factors that placed them at increased risk for high-risk emerging adult behaviors.

Transnational connectedness, meaning the way that immigrant emerging adults may keep in contact and feel connected to family and loved ones left behind, is an area of research requiring further study. This is especially true considering the use of social media applications like Instagram™, Facebook™ and WhatsApp™ where video calls and messages can be sent for free, as long as the person has a connection to the internet. Recent studies suggest immigrants remain very connected to people in their countries of origin through internet technology. Ways that this connection may influence post immigration experiences and behaviors like substance use is expected to be a large part of the next wave of immigration research (Salas-Wright & Schwartz, 2019).

### ***Community Connections***

The powerful influence of close family relationships, social support, and religious groups were endorsed by participants as ways they positively reinforced safe and healthy behavior, (Menjivar, 2003; 2010; Worby & Organista, 2007; 2013; Worby et al., 2014). Daniel-Ulloa et al. (2014) suggested religious affiliation and higher education to be associated with less high-risk behaviors. Vaquera et al. (2017) reported that attending church, playing sports, and turning to close family and community members in times of stress were protective psychosocial factors among a sample of Latinx young adults in Florida with precarious legal status.

The results of the two qualitative studies (Rhodes et al., 2009; Martinez et al., 2011) allowed for detailed reflection by the participants on themes linked to community strengths and positive environmental interactions that helped Latinx immigrants resist certain risky health behaviors. Religion, Spanish language community services, soccer leagues, and extensive non-

alcohol using friendship networks were found to be assets in mitigating harsh work environments, discrimination and isolation among less assimilated Latinx immigrant samples (Ertl et al., 2018; Rhodes et al., 2009; Kissinger et al., 2013). However, in most of these studies mentioned above, emerging adult im/migrants 18-22 years of age are reflected in very small numbers within the sample of people participating.

### **Risks Associated with Gender/Sexuality**

#### ***Gender Based Violence***

In a scoping review, Cerdeña et al., (2021) highlight the multiple structural oppressions and intersectional forces impacting Latinx people in mobility contexts, citing intergenerational trauma, effects of colonialism, migration related stressors, and historical and political violence. Importantly, people who are transgender, or members of sexual and gender minority groups may migrate to seek more permissive and safer spaces in the global north (Cerdeña et al, 2021). Over 75% of migrants from Latin America to the US report a history of trauma (Keller et al., 2017), with intimate partner violence and domestic violence against Latina/x women being the most prevalent (Gonzalez et al., 2020). Menjivar and Walsh (2019a; 2019b) write about extremes of transnational, gender-based violence that im/migrant and asylum-seeking women experience along the migration route, including rape, kidnapping, and femicide with the rates of violence especially high for women from Guatemala, Honduras, and El Salvador.

#### ***Substance Use***

Researchers suggest there may be elevated risks for adverse health outcomes for immigrant people who identify as sexual minorities, with particular associations between environmental racism and discrimination, as well as heavy substance use in Latinx immigrants and risky sexual behavior also increasing risk of HIV and STDs (Rhodes et al., 2012; Rojas et

al., 2014; Martinez et al., 2021; Wilson et al., 2010). In a sample of Latinx immigrants comprised of bisexual, transgender people, and men who have sex with men, over 33% had heavy alcohol use, associated with an increased risk of STI and HIV (Rhodes et al., 2012). Having sex while intoxicated may decrease cultural inhibitions in Latinx people who are sexual minorities, acting as a social dis-inhibitor for behavior that carries significant religious and cultural stigma (Otiniano et al., 2018; Paul et al., 2014). Heavy alcohol use was reported in samples who identified as gay Latinx men suggesting there was a cultural push to demonstrate machismo. In this sample, heavy drinking was associated with norms around masculinity; marijuana use was common, and hard drugs like crystal meth were done behind closed doors due to the less common acceptance of hard drug use in the Latinx community (McKay et al., 2012).

In general, people who are sexual minorities within groups of historically excluded people are thought to be at greater risk for polysubstance abuse including club drugs and stimulants along with alcohol. However, Latinx and Hispanic bisexual young men who have sex with men reported this behavior at lower rates than other racial groups (Newcomb et al., 2014). Overall, this area of inquiry studying chem-sex, defined as high-risk sexual behavior mixed with club related drinking and drug use, among sexual minorities like men or nonbinary people who have sex with men, gay, queer, and bisexual people has been mainly studied in the United Kingdom (UK) and Global North, not Central American samples, so it remains unclear how this behavior relates to immigrant emerging adults from Guatemala, Honduras, and El Salvador (González-Baeza, et al., 2018).

### ***Sexual Health and Gender Affirming Care***

Wilson et al. (2010) cited that 54% of immigrant people did not use condoms in a sample where 5% reported use of commercial sex workers, and 11% were men having sex with men.

The demographics for the group of Latinx immigrants at highest risk for HIV/STI were those who had recently arrived, less educated, single, unaccompanied males (Wilson et al., 2010; Rojas et al., 2014). Studies suggest that Latinx identifying persons in the US have 1.7 to 2.2-fold higher rates of gonorrhea when compared to white identifying people (CDC, 2019c). Critically, these reports have been directly linked to structural barriers like lack of access to health and medical care and not to individual-level behaviors (Hirsch et al., 2018; Kirkcaldy et al., 2019). Lack of culturally congruent care was a perceived barrier experienced by Latinx immigrants who identified as bisexual (Martinez et al., 2011).

Solorio et al. (2016) reported that 70% of HIV positive Latinx im/migrants were diagnosed late with HIV in samples in Washington. These findings are possibly related to maintaining heteronormative roles due to cultural norms and expectations, and also related to persistent lack of access to HIV testing and treatment. Latinx/e identifying adolescents and young adults represented 26% of the new cases of HIV that were diagnosed in 2017 (CDC, 2019d). While structural issues like access to care remain prominent as health inequities for im/migrant people, heavy alcohol use is also consistently cited as a factor in higher risk sexual practices among im/migrant emerging adults (Rhodes, et al., 2012; 2009; Wilson, et al., 2010).

Similar to data found within almost all gender minority studies, less is known about immigrant female and nonbinary sexual minorities because most studies with im/migrants include majority male samples (Ertl et al., 2018) Researchers suggest that relaxed social norms around drinking in the US raise risk for female and non-binary Latinx immigrants (Caetano et al, 2014). Females who identify as Hispanic or Latinx have traditionally been cited as drinking less than men, however recent studies suggest that norms are changing, and Hispanic and Latinx females in the US are reported to be drinking as much as males drink, and possibly even more

(Ramisetty-Mikler et al., 2010). Identifying as a gender minority im/migrant emerging adult can be considered a risk factor for heavy alcohol use, hypothesized as stress related to navigating multiple stigmatized identities of race, gender, and sexuality (Boyas et al., 2019). Latinx gender minorities are reported to be at elevated risk for suicide ideation, planning and attempt, and this has been associated with higher rates of substance use, and less use of mental health services, again raising questions around structural racism, and access to care, preventive supports and services (Boyas et al., 2019; Martinez, 2021).

### ***Nicotine, Cannabis, and Pill Use***

It has been suggested that Latinx and Hispanic emerging adults may also be using and abusing other substances like cigarettes, marijuana, and non-medical use of prescription drugs (Newcomb et al., 2014; Patrick et al., 2017; Salas-Wright et al., 2019). In one study of emerging adult male Latinx immigrants, 34% of the sample smoked cigarettes and 31% also engaged in heavy drinking (Ornelas et al., 2011). Large data surveys with adolescents, they reported that greater than 25% of extreme heavy alcohol users also reported non-medical use of pills, (McCabe et al., 2017). Alcohol plus other substance co-use has been implicated in the rising rates of alcohol related hospital admissions and alcohol overdoses (White et al., 2011). Rates of thirty-day marijuana use for Hispanic identifying 12<sup>th</sup> grade youth were 21% about the same as for other racial comparison groups (Johnston et al., 2017). Analyses of a large data survey suggested that while US born youth have decreased cannabis use over the past decade, rates of use remained high among im/migrant adolescents, and have increased two-fold in immigrants when compared to US born adults (Salas-Wright et al., 2019).

### **Employment**

#### ***The Highest Employment Rates***

Globally, most people immigrate in order to work, and this appears especially true for emerging adults from Northern Central America (Freeman, 2006; Mallet, 2018). The Migration Policy Institute reports that Northern Central American immigrants have the highest employment rates (72%) working at rates that are higher than both other foreign born (66%) and US born workers (62%) (O’Conner et al., 2019). Specifically, immigrant people arriving from Guatemala and El Salvador have the highest rates of participation in the US workforce at 74% each (O’Conner et al., 2019).

The jobs most frequently held are service jobs like hotel and food (32%), construction and maintenance (23%), and jobs (18%) related to moving people, products and materials (O’Conner et al., 2019). Dirty, dangerous and demeaning are terms often used to describe the jobs such as meat packing, dairy farming, agricultural farm labor, fruit picking, construction, and transportation that are most frequently held by immigrant emerging adults (Underwood, 2018). Undocumented emerging adult immigrant workers accept lower wages than US workers (Albert, 2017). They also experience elevated job-related accidents, injuries and death rates, and higher pesticide exposure, heat stroke, and kidney disease (Underwood, 2018).

### ***Substance Abuse Risks Associated with Employment***

Longitudinal studies suggest that being young, male, single, and having disposable income can be predictors for heavy drinking in Latino im/migrant workers, and that Latinx men do not age out of high intensity drinking patterns like other ethnic groups (Sanchez et al., 2015; Worby & Organista, 2007). Researchers suggest a link between employment and heavy alcohol use in Latinx male migrant day laborers (Kissenger et al., 2014; Rhodes et al., 2012). Stress associated with harsh work conditions, easy access to alcohol, alcohol offered on the job, and relaxed social norms around drinking in the US, have been suggested as possibly explaining the

connection between being employed and heavy rates of alcohol use in Latinx migrant male laborers (Ertl et al., 2018; Worby & Organista, 2013). In female Latinx samples, waitress and bar work were associated with heavy drinking (Fernández-Esquer, & Diamond, 2014).

The absence of trusting relationships with friends and family was related to drinking more at work by Latinx immigrant bar workers (Fernández-Esquer & Diamond, 2014), and being employed was also found to be a risk factor for young female Latinx immigrants and was associated with increased alcohol use and higher risks to sexual health (Ertl et al., 2018). Kissinger et al. (2013) noted that having a friend in the receiving community, being single, and working in construction were all associated with extreme patterns of heavy alcohol use in Latinx immigrants.

### **Locations of Knowledge Building about Im/migrant Emerging Adults**

Overall, it is unclear if the data described in the studies above apply to im/migrant emerging adults from Central America because in general, they are included in very small numbers in the im/migration research. Additionally, several studies are over a decade old. Geographical contexts are also limiting and scholars have noted that much of the research in Latinx and Hispanic immigrant people emanates from the same few research teams located in Florida, Texas, California and North Carolina where the samples seem to include more im/migrants from Cuba, Mexico, South America and the Caribbean, not Central America (Daniel-Ulloa et al., 2014; Martinez & Rhodes, 2020; Salas-Wright et al., 2014). Immigrant people from certain countries and villages have patterns of settling in concentrated communities within specific states or receiving communities, joining family and friends that have immigrated before them (Odem & Lacey, 2009).

Recent data show that the Northeast and Midwest are large receiving communities for im/migrants from Central America, pointing to the need for more research in diverse geographical areas, including Massachusetts, home to over 72,000 Central American immigrants (O’Conner et al., 2019; Passel & Cohn, 2019). Massachusetts was one of five states that experienced the highest immigration of people with irregular migration status between 2007 and 2017 (Passel & Cohn, 2018; 2019). Failure to include a full range of subgroups of emerging adults from different regions in the world in the production of knowledge about im/migration means that there is incomplete understanding of their life pattern and the meaning of the pattern in diverse subgroups including immigrants from Central America (Perreira & Pedroza, 2019). Additional reasons for low numbers of emerging adults in im/migration studies may point to the need for special recruiting methods including developmentally specific approaches for study enrollment, gaining trust, and creative methods for engaging with emerging adults. Specific studies like this project seek to invite samples of im/migrant emerging adults to narrate their stories, promote and ensure their unique perspectives and experiences are included and represented in im/migration research.

### **Summary of Chapter Two**

In summary, the multiple theoretical frameworks and philosophical assumptions described above overlap under an umbrella of ideas and practices that could be described as focusing on methodological justice and activist scholarship all contained within the Unitary-Transformative perspective. This chapter summarized how many emerging adult im/migrant people from Northern Central America may have been affected by the 500-hundred-year history of colonization of their lands by European and North American settlers (Said, 1979; 2012; Freire, 1970/2000), and by present-day multinational corporations extracting natural resources for

capitalistic gain (Gordon, 2009; Recinos, 2019; Singham, 2019; Yusoff, 2018). It is important to frame and politically situate research on immigration, migration, poverty, and health inequities in emerging adult im/migrant and their families, and to weave the history with current day colonial forces of exclusion, othering, and oppression. This includes targeted marketing by the nicotine, alcohol, tobacco and cheap food and sugary beverage industry. These are examples of present day racialized extractive capitalist forces that impact im/migrant peoples' health in the US.

The chapter also outlined four main ideas that lead to the purpose of this research project: 1) critical race theorists and health equity researchers repeatedly point to structural and systemic forces to suggest that historically excluded groups like emerging adult im/migrants are at high risk for specific structural health inequities; 2) large numbers of Northern Central American emerging adults have im/migrated to the US over the past decade; 3) Hispanic and Latinx identifying people may be at increased risk for health disparities, but researchers suggest that disparities research contains implicit racial biases that are often not identified (Harper et al., 2010; Zuberi, 2001); 4) scant research is available on general life experiences and the holistic meaning of those experiences in emerging adult immigrants ages 18-22 years from Northern Central America within a nursing perspective pointing to epistemological inequity in inquiry and research. These four factors lead to the gaps that connect to the purpose of this study. That is, to explore the individual life patterning and meanings of the patterning in a group of emerging adult im/migrants from Northern Central America using an antiracist, anti oppression and anti colonial approach. The study was launched as the first step in a future trajectory of socially just health equity research within a framework of health, human rights, social justice, migration and human mobility. It was hoped that this study would create a greater depth and breadth of understanding about the health patterning, lived experiences, and the phenomenon of im/migration in the

invited participants. Chapter 3 will explore detailed methods of how the study was conducted using the theory and praxis of HEC as the methodological foundation for the project.

## Chapter Three

### Introduction

As stated in Chapter One, the primary purpose of this qualitative nursing study was to apply a hermeneutic phenomenological dialectic approach as described by Newman (1995; 1999; 2008) to explore the individual life patterning and meanings of the patterning in a group of emerging adult im/migrants from Guatemala, Honduras and El Salvador. The secondary purpose of this study was to uncover and describe common themes across the study group. To review, Chapter One introduced the purpose of the research proposal. This was followed in Chapter Two by an overview of the overarching and supporting theoretical frameworks along with assumptions. Lastly, a review of the literature was provided that focused on structural, social, and environmental challenges for emerging adult im/migrants from Central America. The proposed research questions were situated within the unitary-transformative perspective as described in Chapter One. Critical and historical analyses consistent with themes of resistance and social justice were applied to the chosen theories and to the literature review. The research questions of this proposal were:

1. What is the life patterning identified through exploration of the life experience for a sample of emerging adult immigrants ages 18-22 from Guatemala, Honduras and El Salvador?
2. What is the meaning of the life patterning for each individual participant?
3. What are the common themes shared across the sample group?

Chapter Three further explains the chosen approach to inquiry, specifically the theory and praxis of Health as Expanding Consciousness, referred to here as HEC (Newman, 1999; 2008), and discusses the philosophical underpinnings of HEC. As the two prior chapters outlined, very

little information is available regarding the life patterning of emerging adult im/migrants from Guatemala, Honduras and El Salvador. Therefore, it was appropriate to do an exploratory qualitative study as a first step to exploring general lived experiences and the meaning those experiences have for them. In addition, in this study HEC theory and praxis aimed to explore subjugated knowledge by focusing on the individual perspectives of a historically excluded and underserved group—emerging adult im/migrants from Guatemala, Honduras and El Salvador. Their unique stories and perspectives have not been well represented in health science and social science literature even though they are living and working in great numbers in the US. Next I will discuss the specifics of the study design.

### **Method**

This section provides descriptions of the study design including information on participants, procedures, sampling, data sources and analytic strategies.

To review, the qualitative design and approach emerged from the following research questions and was grounded in the research praxis of HEC:

1. What is the life patterning identified through exploration of the life experience for a sample of emerging adult immigrants ages 18-22 from Guatemala, Honduras and El Salvador?
2. What is the meaning of the life patterning for each individual participant?
3. What are the common themes shared across the sample group

### **Research Design Overview**

The hermeneutic dialectic phenomenology study explored the significant people and events in a group of Spanish speaking emerging adult im/migrants from Guatemala, Honduras and El Salvador and the meaning these people and events hold for the participants. Minimal

demographic variables such as age, gender, employment status were captured to further describe the sample. Other demographic variables were revealed as the HEC praxis and the participant's story unfolded. I entered this project with significant prior experience accompanying emerging adults in mobility contexts of im/migration as a nurse in settings of primary care in the US and in Honduras, and with human rights activism work at the US-Mexico border, and in my personal life with friends who crossed the southern border from countries in Northern Central America. For over 20 years, as a friend, I have accompanied people with precarious legal status to court, to official government agencies and interviews, and to hospital visits to act as interpreter, and provide transportation and support. These life experiences enhanced my understanding of the lived experiences of people who im/migrated from Guatemala, Honduras, and El Salvador, and were a foundation for the passion behind this study. I acknowledge significant past and current personal experiences with emerging adult im/migrants, and actively embrace the rich and varied experiences of my life that led me to this research project while maintaining an open curiosity to uncover the unexpected (Creswell, 2013).

### **Protection of Human Subjects**

Confidentiality and protection of human subjects was maintained through submission and approval of this study for IRB at Boston College. Consent forms were developed and executed in Spanish with each participant to explain the potential benefits and potential hazards of participating. A resource guide of community agencies serving im/migrants was available for all participants. Data were collected and stored in passcode-encrypted laptop and recording devices. To protect participant anonymity, all data were de-identified and participants were provided pseudonyms. Any paper generated was devoid of information that could be linked to participant identity. Careful attention was paid to protect study participants by adhering to the values and

ethics of basic human rights including human dignity, nondiscrimination, participation, transparency and accountability (Androff, 2015).

Ethical dilemmas were anticipated for work with im/migrant people that may have precarious legal status including not putting them at risk by participating in the research. This was discussed with community key informants and covered in the IRB application. Lists of services that could be accessed by im/migrants in the community were developed to assist in case there are issues that arise in the course of the research like participants needing help with medical, legal, emotional or socioeconomic needs. I have access and knowledge of many community agencies that serve im/migrant people, and drew upon the support of known community connections for this project. A copy of the informed consent is located in Appendix A.

### **Participant Recruitment**

#### **Setting and Process for Meeting the Community of Interest**

Participants were invited to participate in the study and were recruited from communities in the Northeast US, mainly from Massachusetts and Rhode Island, and from Ohio, and primarily from urban settings. I made efforts to enroll individuals of diverse genders and nationalities and a variety of ages within the 18-22 range. However, because the study used convenience and snowball sampling, I enrolled all who were referred, and who met eligibility criteria, and who agreed to participate.

I kept a detailed journal titled Recruitment Reflections where I made notes of possible paths to participant recruitment including actions and contact information that included reaching out to all people in my personal and professional networks, passing out flyers in communities, posting flyers in spaces like laundromats, small neighborhood variety stores, and gas stations. I

made outreach emails, calls and personal visits to Catholic priests in parishes that were known to serve im/migrant populations, through referrals from personal connections. Through deep engagement and commitment in the community, I earned the trust of several community workers and community health promoters who became key trusted messengers and were major sources of referrals. I was invited to visit and volunteer at a food pantry, and was invited to make announcements about the study there on multiple occasions. I was involved in deep and prolonged community engagement through volunteer work for over 2 years including throughout the pandemic, in community-based children's art programs, teen leadership programs, and summer school programs. I volunteered for a federal grant renewal writing project with town leaders for a specific community agency. Together these activities totaled well over 100 volunteer hours in one community between 2019 and 2022. These experiences resulted in trusted community relationships that led to referrals for this project.

### **Participant Selection**

The study was proposed to participants by me as inviting them to participate in a confidential nursing study to understand the life experiences of young people from Central America. The purpose of the study was explained as understanding about lived experiences, health, and how nurses can support young people to feel safe and healthy. The Invitation to Participate Flier is contained in Appendix B in both Spanish and English. The recruitment flier invited people to participate, reviewed the inclusion criteria, and described the purpose and the goals of the research. Study contact information was provided. The flier was reviewed with key informants for clarity and language. Literacy was kept to about a fourth to fifth grade level in both Spanish and English.

Early interviews with two key informants recommended the use of Amazon or UberEats gift cards and those were the ones used by most participants, but one participant requested Target cards and another asked for a Visa Gift card. Amazon as a buying platform was not widely understood or used by all the participants, and one participant asked for help buying a t-shirt and a set of wireless earbuds from that site. One participant asked for a gift card to a grocery store PriceRite. People who referred a person who completed the two interviews were eligible for 20 dollars in gift cards. This referral process will be discussed in more detail below under snowball sampling.

### **Inclusion and Exclusion Criteria**

From March 2021 until November 2022, 28 people were formally referred to me as potential participants. I contacted all 28 to complete screening through text and WhatsApp messaging platform, resulting in the full screening and successful enrollment of 13 participants. A detailed 13-page spreadsheet was kept on an encrypted password protected laptop with referral sources and screening outcomes, among other study details. Inclusion criteria were ages 18-22 and having im/migrated from Guatemala, Honduras or El Salvador since 2016. Reasons for exclusion from participation included im/migration from other countries outside of Guatemala, Honduras and El Salvador, like Mexico, Peru, Colombia and the Dominican Republic. Another common reason for exclusion was being outside the age range of 18-22 years old or having im/migrated prior to 2016.

One participant was eligible but refused after several outreach attempts. They firmly stated that they were very busy and would let me know if they had time in the future, and that they did not care at all about the gift card. This example of refusal came in a month where I had to refuse several others who wanted to participate (a 17-year-old and two other people- ages 26

and 28 ) and my journal reflection heading for November 2021 says: REFUSALS. Also, that same month came a powerful insight from a trusted messenger who was negotiating a referral that never materialized because he was “shy and his aunt demanded to be present.” Given that he was detained by immigration control and released to her care, she felt great responsibility to protect him and the trusted messenger told me “it’s a very delicate situation” “*es muy delicado*.” In the end, 13 participants were enrolled and all 13 people completed the two HEC interviews.

In September through November 2022, strategic recruitment efforts focused on enrolling participants from El Salvador since to date none had been enrolled. This occurred through targeted outreach in personal networks of professionals and among friends who may know of people to invite to participate. I also made strategic enrolling for Honduras since only one participant was enrolled from Honduras as of early October 2022. This effort resulted in the enrollment of two other participants from Honduras in November 2022.

Potential participants had to be willing to be interviewed for approximately 30-60 minutes for each of the two separate interviews.

### **Setting**

I envisioned that more interviews would occur in community spaces but in the end only one face to face interview was conducted in a private space within a community agency. The pandemic shutdown significantly impacted community engagement in public places throughout most of 2021 and into 2022. One interview was conducted in a personal home and one in a community food pantry. I employed a short Covid screening tool as per IRB protocol for the two in-person interviews and this tool is located at the bottom of the consent form in Appendix A.

All of the other 24 interviews were conducted over the messaging platform WhatsApp using telephone alone or telephone-video calls. Three participants agreed to have video calls for

both interviews and the other 10 people chose telephone only when given the option. Having private space to talk freely was an issue for two people and these two interviews were done with one person walking outside and the other was sitting in a car. Two participants asked to have the trusted community messenger on the call for the first interview. The transcripts for those two interviews reflect that the trusted messenger was a participant as well, as part of the three-way interview process. The trusted messenger mainly listened, but she also added some data to the interview by clarifying about dates of arrival and about awards and honors in the school.

The interviews were almost all pre-planned and conducted at mutually convenient times, mainly in the evening or on weekends. However, I learned to be very spontaneous, to respond to sudden offers to participate after several participants reached out and wanted to do the first interview at the moment of first contact. Potential participants had to be willing to be interviewed for approximately 30-60 minutes for each of the two separate interviews. Key informants assisted in giving feedback to the proposed recruitment plan.

### **Sampling and Recruitment**

There is no agreed upon number of participants for qualitative studies (Vasileiou et al., 2018). Transferability of findings in qualitative research is made by the readers themselves who connect to deep detailed descriptions of personal lived experiences in the narratives and make connections to their own stories and worlds (Norwell et al., 2017). In the individual case study approach of Newman's (2008) HEC method of two interviews per person, the method yielded large amounts of information shared across participants, and contained within their unique and individual episode profiles created from the total number of interview events. It was estimated beforehand that to capture a variety of local stories and narratives, the sample size would be approximately 15 to 25 participants, with each participant being interviewed twice. This number

could still be reached within the plan for ongoing and future work. However, a deliberate pause in recruitment was made in November 2022 for data analyses, after 26 interviews yielded an abundance of information about the health patterning and lived experiences of participants.

Decisions about the number of participants is based on previous research using HEC, which has shown rich saturation of themes with this sample size (Antonelli, 2018; Endo, 2004; Flanagan, 2009; 2010; Picard & Jones 2005; Yang et al., 2009).

### **Pilot Test**

A pilot test was done in summer 2021 to test the method and understand the HEC process through two case studies and co-analyses. A faculty mentor who was experienced in this method at Boston College was used for triangulation. The faculty mentor reviewed two transcripts that were translated from Spanish to English using Google Translate, and after being checked for accuracy by the primary researcher. The faculty provided expert feedback and debriefing in the HEC process. The faculty mentor was also included in decision making around the final number of project participants and reinforced that 13 participants interviewed twice was a satisfactory sample for analysis. In summary, after the pilot was conducted on the first two participants, the research plan remained intact after finding that no major adjustments were needed.

### **Intentionally (and Unintentionally) Slow and Deliberate Recruitment**

Challenges in sampling were anticipated beforehand and noted throughout as the HEC theory unfolded in this study. My reflection journal on recruitment documents both intentionally and unintentionally slow recruitment reflections. Intentionally slow recruitment refers to the intentional, deliberate processes of slow, measured, deep and prolonged engagement in the community. I dedicated extensive volunteer hours and built authentic caring and trusting relationships with community members over the course of two years in one community and over

decade within others. Efforts to recruit for this research project were not prioritized within the community work, but instead came at the end of months and years of prolonged accompaniment and commitment to the community. However, at the same time as I was intentional and slow, this research project was influenced by a number of unintentional planetary forces that resulted in slower than expected recruitment.

This project unfolded as the world faced the deadly global Covid-19 pandemic in early 2020 that significantly affected both nurses in the workforce and im/migrant people. Together, we were both groups who upheld the work at the front lines of care and service delivery as the rest of the world locked down. In addition to the pandemic, during the years of recruitment for this study 2020-2022, the participants and I were witness to many volatile political events including violent attempt to overthrow the US government, the first non-peaceful transfer of presidential power in US history, a major economic recession, and some of the highest gas and grocery prices in decades. During this time period of recruitment 2020-2022, Central America experienced over thirty tropical storms and two of the most massively destructive hurricanes in decades— Eta and Iota—while the US suffered unprecedented wildfires.

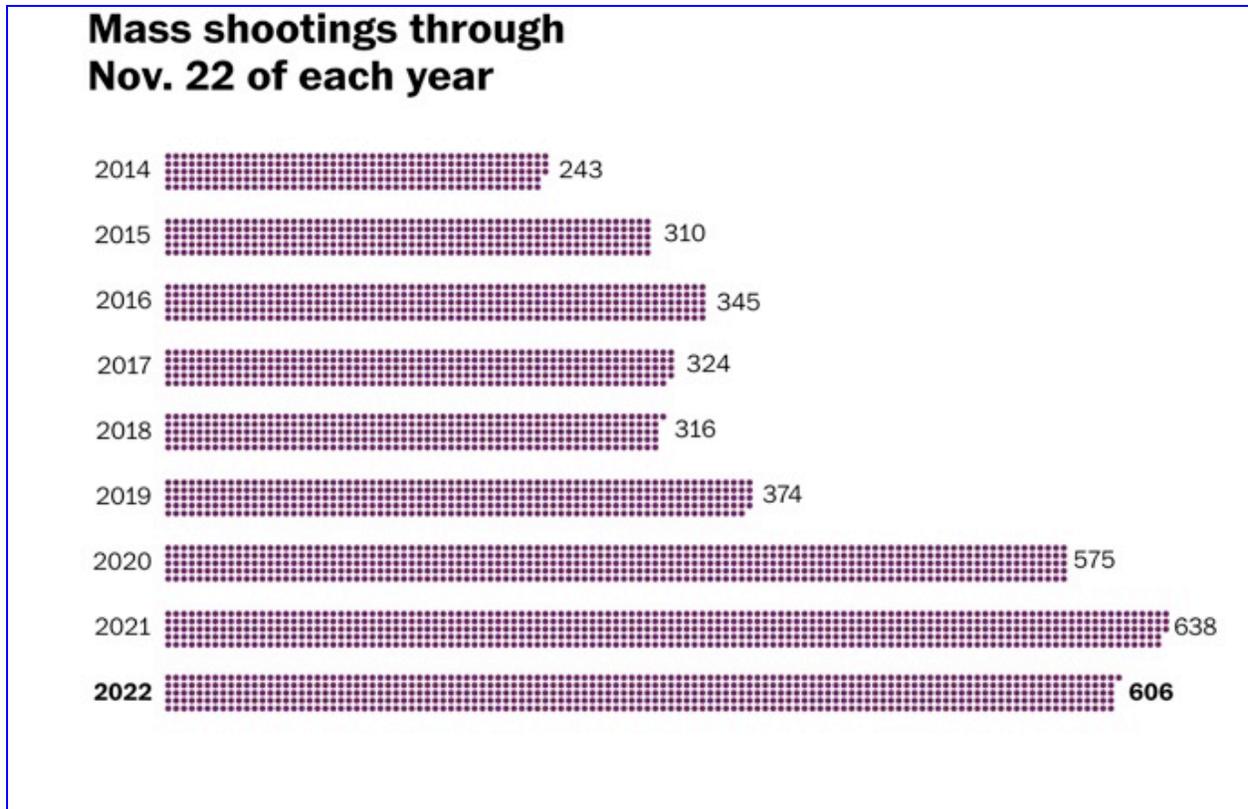
Between February and May 2020, the world watched repeated events of unarmed Black people being brutally murdered in the US in continuing examples of anti-Black violence and police brutality (Francis & Wright-Rigueur, 2021; Knopf, et al., 2021). Those murders included Ahmaud Arbery, who was murdered by three white neighbors while jogging near his home, Breonna Taylor, an aspiring nurse, who was shot and killed in her bed by police issuing a search warrant, and George Floyd, who was murdered by a policeman in the summer of 2020 while witnesses captured the execution on video. These events sparked a national and global outcry about state-sanctioned racism and police violence. Across the US, myself and millions of others

attended months of protests and marches, demonstrations that peaked on June 3, 2020 when over half a million people in the US protested in a single day in support for Black Lives Matter movement (Buchanan et al., 2020).

Multiple mass shootings continued throughout this period of recruitment 2020-2022. Many gun violence events are racially motivated terrorist killings specifically targeting and killing im/migrant people. Examples include the event in 2019 that killed 23 people in a Walmart in El Paso. There have been well over 600 mass shootings so far in 2022, notably the Highland Park murders that included several im/migrant people at a parade on July 4th, 2022, the murder of 19 school children and two teachers in im/migrant community of Uvalde Texas on May 24, 2022, and the racially motivated mass shooting that killed 10 Black people shopping on a Saturday in a grocery store in Buffalo, New York on May 14, 2022 (Ledur & Rabinowitz, 2022).

**Figure 4**

*Mass Shooting Through Nov.22 of Each Year 2014-  
2022*



*Note:* Graph from Washington Post article online November 22, 2022 (Ledur & Rabinowitz, 2022). <https://www.washingtonpost.com/nation/2022/06/02/mass-shootings-in-2022/>

My field notes and recruitment journal document apprehensions around how to ethically recruit young people to a study while the world burns literally and figuratively, during unprecedented sociopolitical events of extreme racialized violence, police brutality, gun massacres, white nationalist terrorism, economic uncertainty, and an ongoing pandemic where people are still getting ill and dying in great numbers. I questioned how to recruit for research while the headlines screech alarm sirens and red alerts and we (meaning me and the participants) are all supposed to pretend life is normal and everything is just fine. I navigated these forces of unintentionally slow periods of recruitment between mass shootings and other politically and

planetary charged events by taking deliberate breaks from calling people to recruit or interview and letting days and even weeks pass before re-engaging.

Overall recruitment for this research project was positively influenced by the qualifications that I as the researcher brought to the study. I had extensive experience within the Latinx community and I had established trusting relationships with key stakeholders in several towns, along with engagement with national level im/migrant community groups and immigrant rights agencies. I had experience and extensive history working with emerging adult im/migrants in the US and in Central America, and I also have language skills to speak, read, and write in Spanish. Specific snowball strategies for sampling and participant recruitment are discussed below.

### **Convenience and Snowball sampling**

The first participants were a convenience sample that were then expanded to a larger sample by network referral (snowball sampling) and outreach. Snowball sampling takes advantage of social networks like friends who have characteristics in common (Gray et al., 2016; Goodman, 1961; Heckathorn, D., & Cameron, 2017; Spreen 1992). One advantage of snowball sampling is that participants had the expertise needed to explore the phenomenon of interest. One of the biases of this approach is that participants are not independent of each other (Heckathorn & Cameron, 2017). Woodley and Lockard (2016) identify snowball sampling as a transformative method that is more apt to capture the lived experiences of historically underserved and marginalized groups. Therefore, this method of recruitment was consistent with feminist and qualitative based, emancipatory methodology like HEC and aligned with the aims of the research. Specifically, a single participant was enrolled through convenience sampling and then the participant was given an extra thank you 20 dollar gift card for successfully referring another

person who meets the eligibility criteria and completes the two interviews. Trusted messengers in the community were also provided with a 20-dollar gift card for every referral that resulted in two interviews. For this project, I kept track of which participants had social network connections. I documented a referral map to show the connections and follow how the participants were referred to better understand the social network alliances. I recruited initial participants from diverse geographical areas to obtain diversity of human experiences both within and outside of various social networks, and this resulted in geographic diversity across multiple towns and states (Gray et al., 2016).

### **Data Collection Strategies**

#### ***Key informant interviews***

Before recruiting people to the study, I built upon the multiple connections in the local Latinx community and set up a schedule for a key informant interview starting in late fall 2020 and early spring 2021. Key informants, also known as trusted messengers or super recruiters, are persons with insider knowledge of the culture and phenomenon, and they may be used to help the researcher map and plan recruitment, and discuss the tools and data collection procedures (Gilchrist, 1992). The key informant for this study was a Spanish speaking emerging adult im/migrant from Guatemala. The purpose of the key informant interviews was to review the research aims and to discuss recruitment strategies. Involving key informants was foundational to methods of participatory action research. Immigrant and disability activist groups have coined the phrase “nothing about us without us” (Strega & Brown, 2015, p. 3). This participatory value aligns with the unitary-transformative perspective. The key informant interview pretested the enrollment forms, reviewed the wording of the informed consent, and reviewed the tools that were used to ask the demographics, and the general interview questions. He also offered advice

about types of gift cards to be used for participant thank-you gifts. The tools and forms were tested in Spanish and attention was paid to literacy levels and understanding of terms and meanings. Several revisions and clarifications were made based upon this interview. Key informants in the community also assisted in giving feedback to the proposed recruitment plan.

### ***Participant Interviews: Preparation for the Interviews***

For the interviews, when possible, I took 10 minutes of quiet and reflective meditative time before the interview to clean my mind and try to empty it of any preconceived ideas about how the process may unfold. Attention was given to being present, active listening and being comfortable with silence. Attempts to remain neutral in body language and responses were incorporated. I relied on responses like “go on” and “tell me more,” and used nodding of the head in silence to support the participant. As part of my education, I participated in a three-day training by the People’s Institute for Survival and Beyond (2019) called *Undoing Racism* sponsored by the Boston Haymarket Collective. This type of training assisted in identifying blank spots and implicit internalized racist attitudes and biases (Schroeder & DiAngelo, 2010). I tried to listen with the “third ear” that Munhall describes as the art of listening and as the way of truly “listening to understand” (Munhall, 2012, p. 22).

After obtaining informed consent and prior to the commencement of the interview, demographic information was collected. This includes: questions about characteristics of the people such as age, gender identity, date of immigration, education level, and employment status, and a general question about self-rated health status. Using the HEC theory, this study attended to additional health-related data that unfolded naturally within the individual narrative.

### ***The Interview***

The interview started with an introduction, a review of the invitation to participate, and a brief review of the purpose of the research, including the qualifications of the researcher, and protections and consent about recording the interview. Verbal consent was obtained by reading the consent form in Spanish. Pseudonyms and case numbers are assigned, and foundational rules of confidentiality, anonymity and protocols of research are reviewed including the ability to stop at any time, or refuse to answer any questions. Intention was made to carefully de-identify any data.

The methodological approach for HEC involved two 30-60-minute interviews. All interviews were conducted in Spanish, the language most comfortable for the participant. The following steps were included in the process: Interview; transcription, development of the narrative diagram, and components of narrative, follow up second interview; application of the theory. Patterning is appreciated by synthesizing the whole narrative, including chronological events and their meaning that may reveal important relationships within the flow and rhythm of lived experience. The first interview follows the approach suggested by Newman (1999, p., 147) with the main research question: *“Tell me about an important person or event in your life.”* A research guide was developed that included other questions such as: Where were you born? What memories do you have from your childhood and the place of your childhood? Can you describe your family composition? What was your childhood like? What memories can you share about your school life, family life; friends and relatives? What images arise when you think about the space of your childhood (looking for connections to nature, animals, land, food, music, culture)? What are your talents and passions? What are your dreams and aspirations? Who are your social supports, friends or family here in the US? Who were the important people you left in your home country? Can you tell me about a challenging time in your life? How do you like to

spend your time? Health related questions centered around experiences with Covid, and access to vaccines, medical, dental and vision care. I ended the first interview by asking, “What advice can you give nurses who want to understand more about how to support young people coming from your country to the US?” Interviews were interactive and dynamic.

After the first interview, a handwritten narrative diagram as an episode profile was made that outlined life patterns, important life relationships and their meaning with a focus on childhood, adolescence and emerging adulthood, relationships and events, movement, action, transformation, and choice points. Figure 5 below shows 12 of the 13-episode profiles in the photo taken on November 25, 2022.

**Figure 5**

*Episode Profiles November 25, 2022*



During the second interview, the narrative was reviewed with the participants as a way to validate what the researcher heard, as a way to provide insight, and as a way to discuss the meaning of the pattern for the participants. Participants were asked if the story sounded correct as I retold it. They were asked if they wanted to make any changes or add anything to the story. Many data sources were considered valid as evidence within HEC including verbal and written information, drawings, and other forms of epistemology like art and music. Potential participants had to be willing to be interviewed for approximately 30-60 minutes for each of the two separate interviews. Key informants in the community also assisted in giving feedback to the proposed recruitment plan.

### ***Concluding the Interview***

I stayed tuned to the time and was prepared to forgo some questions if the time was up, but worked to focus on getting through data collection when possible. If the participant strayed off track I gently redirected back to the questions, but the dialectic process was unpredictable and often flowed naturally. When the time reached about 50 minutes I begin to conclude with a few wrap-up statements, a brief summary validating what I think I heard, and also importantly to thank the participant for their time. Wrap up statements included “We have only 10 minutes left, is there any more information that you would like to tell me about X?” and “Do you have any questions for me?”

A formal conclusion to the interview was important because it honored the time and interactions that took place in the process. I ended with a brief review of what happens to the data, and remind the participant that the next time they will review the data together. This step of HEC is an important ethical choice— to provide feedback and follow up for any participant that engaged in the development of knowledge- *their knowledge*- the research.

### **Recording and Data Transformation**

All interviews were recorded using a hand-held voice recorder that was password protected and encrypted. Immediately after the interview ended, I uploaded the recording to my password protected and encrypted laptop, and uploaded the recording to TranscribeMe, an online transcription service that is a professional security-guaranteed transcription of audio to text service with services for Spanish language multi speaker transcription. Within 24-48 hours I would receive notice that the transcription was complete and I would sign into the password protected portal to download the written transcription. All data is stored in the TranscribeMe password protected portal, using a securely generated password that I change every 4 weeks.

## **Data Analysis Strategies**

### ***Data Analysis Plan***

Demographic information will be described in Chapter Four to provide information about the sample. The interviews were analyzed by hand by me as the primary researcher. For triangulation with non-Spanish speaking research supports, two of the transcripts were translated to English with Google translator and with the editing of the author as a bilingual primary researcher. Individual case analyses focused on the relationship presence between the participant and the researcher, and the unique lived experiences of each participant as the narrative and meaning unfold. Individual case analyses followed the HEC methodology. Categories of analysis included life-line and timeline narrative mapping in areas of childhood, adolescence, emerging adulthood, connections both old and new, data on time/space, choice points, nonhuman connections to land and animals, art and culture, health, dreams and aspirations, challenges and shocks, advice for nurses, and any moments of consciousness or “aha” moments.

In the data I looked for narrative banners that are patterning clues. I added color and images that emerged from the data. In alignment with theories of posthumanism that also informed this study, I included connections to land and animals to also guide the imagery, with focus on any emerging colors, imagery of food and smells of food, flowers, nature and earth. After most first interviews, I added images that arose from the data to a folder in my phone as a form of memoing. Examples include sunflowers, soccer stadium, music festival photo, foods, tomatoes in the garden. I downloaded music and listened to songs after it was mentioned in an interview.

For across case analyses, coding and analysis were conducted as suggested by Maietta et al. (2021) using the Sort, Sift, Think, Shift method, an iterative approach currently being used by

many qualitative health researchers in which the researcher dives in to understand content and dimensions then steps back to see what they have learned. There is focus in this approach to data analysis on power quotes and pulse quotes, intense reading, re-reading and listening to the data, deep immersion in the data, and looking for the shift to new knowledge. Between 2020 and 2022, I participated in over 200 hours of qualitative research training at ResearchTalk affiliated with the Odum Institute for Research in Social Science at the University of North Carolina at Chapel Hill. ResearchTalk is an internationally recognized center for qualitative research. The research training, I participated in was organized and taught by qualitative research leaders, including Johnny Saldaña, Ray Maietta, Allison Hamilton, Rayshwn Rea, and Sarah Tracey.

The individual case analyses and cross case analyses were an iterative process, and analyses were done after each interview for the first five interviews to get a sense of how the process was unfolding and to determine if the method or approach needs to be modified. No methods were modified.

### **Methodological Integrity**

Generalized claims are avoided in the methodology of HEC. Instead, the researcher provides descriptions of what was uncovered in the first interview to the participant during the second interview– a literal participant check of the data interpretation. In addition, in this research project, methodological integrity was achieved with close engagement with two Spanish speaking scholars who assisted in reading and analyzing interviews, and discussion of agreement of findings was done across 6 of the 13 participant interviews. Both scholars are PhD students/candidates, one in social work and one in nursing and public health who is familiar with Rogerian Science. Each scholar is trained in research in qualitative methods. The nurse scholar is a Colombian woman who lives in Medellin Colombia and the social work scholar, a Mexican

man born in Chiapas, Mexico, land that was once part of Guatemala. The social work scholar is also trained in bioethics and philosophy. The collaborative work with the Spanish language transcripts with both of these scholars provided rich cultural content analysis, deep exploration, and enlightening discussion that allowed for deep inquiry and synthesis. All data discussion sessions were recorded and saved. There was a high agreement among co-analysts with regards to categories of data analysis within episode profiles and across the six cases that were discussed.

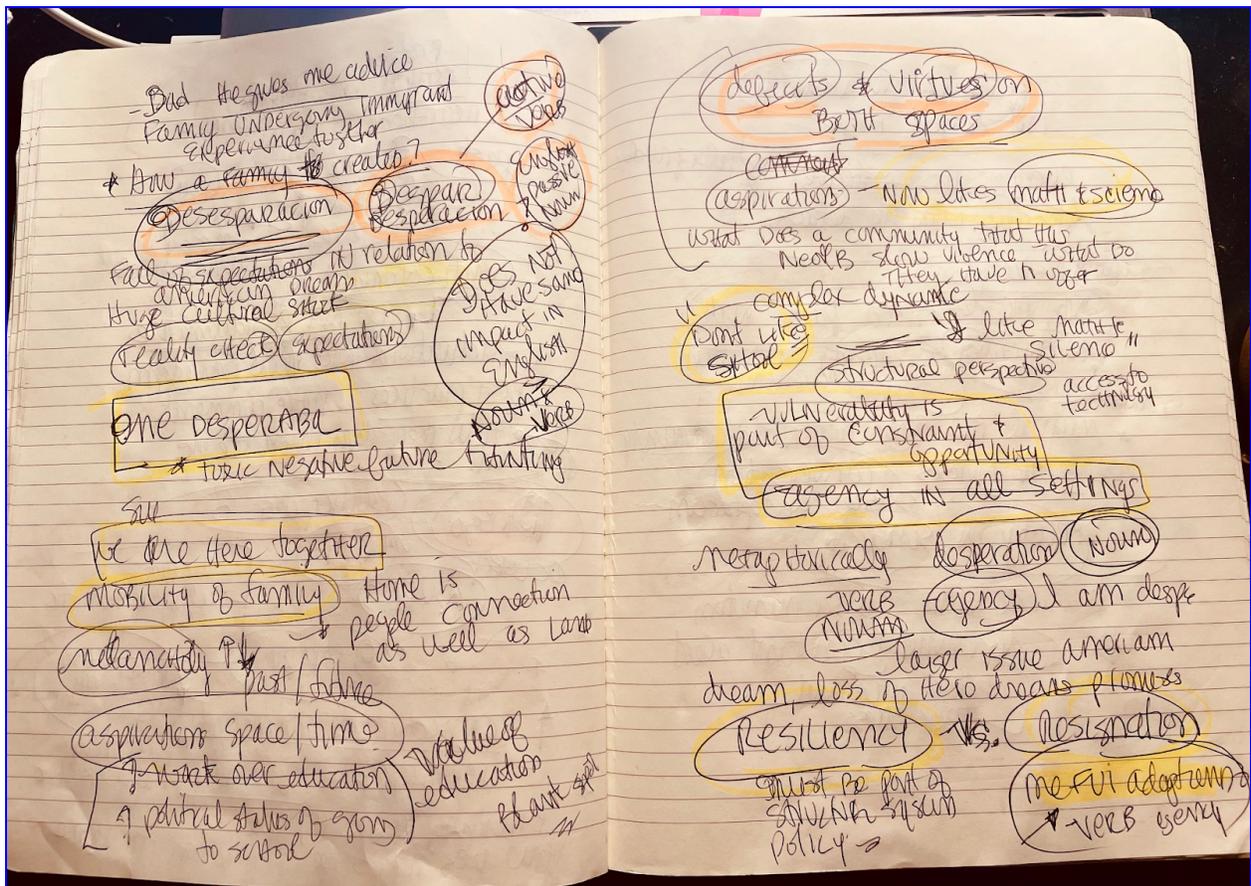
### **Strategies to Ensure Trustworthiness**

Throughout the study I used reflexivity and bracketing to better understand personal biases, values and experiences, and in order to be held accountable to the standards of knowing and the telling of the stories of the participants (Creswell & Poth, 2018). Prolonged engagement with data occurred across the two-interviews per person allowing for deep immersion in the data. Member checking, which is taking the research interpretations back to the participants, as a case by case review in the HEC praxis, is also an important part of trustworthiness (Munhall, 2012). Triangulation was planned with experienced researchers in this method and content to assist in the establishment of credibility. Two of my committee members are method mentors in the process of the HEC and are well respected experts in SUHB. The credibility of results occurred internally by member checking via the second interview, and externally by checking with the experienced mentors and culture language experts throughout the study. Audio recordings and audit trails were maintained to ensure added trustworthiness (Creswell & Poth, 2018). I kept a total of four journals throughout this project and a 13-page Google spreadsheet. I maintained handwritten and annotated episode profiles (narrative mapping) for each participant. The four journals I kept were titled: 1) Stuff to think About; 2) Field Notes and Question Guide/Theory; 3)

Recruitment Reflections; and 4) Posthumanism/New Materialism. These journals contain detailed field notes, links to ideas from talks, seminars, critical readings, notes from travels to the US-Mexico borderlands. These journals and notes are additional data that provides an accessible audit trail to the design and methods, and documents my personal experiences, memos and reflections that grounded this study. Figure 6 shows a page from a journal titled: Page from Field Notes and Question Guide/Theory October 2022, documenting notes taken while in discussion with a Spanish speaking co-analyst about one participant's story.

**Figure 6**

*Page from Field Notes and Question Guide/Theory October 2022*



Other standards of trustworthiness as initially described by Schwandt et al., (2007) and Lincoln and Guba (1986) and clarified by others in qualitative research were applied (Creswell, 2003; Miles & Huberman, 1994; Munhall, 2012; Saldaña, 2016). These include the issues of transferability, accomplished by asking non-participants who are members of the community to comment on the data. Confirmability was achieved through reflexivity as discussed below and through an audit trail I kept to outline the steps taken throughout the process to ensure clarity of the data collection and analysis. Lastly, dependability was assured through keeping detailed field notes and detailed memoing within the data collection and analysis processes, providing a rich detailed description of the findings and reporting of the study in a way that is clear to readers so that the study can be reproduced.

### **Considerations for Reflexivity and Positionality**

Intersectionality and positionality are concepts that are important in all qualitative research. These are particularly so in the HEC approach because the nature of the method assumes an active role for the participant and the researcher together. This means that there are many opportunities for bias and threats to trustworthiness to enter the process. As an active participant in the HEC method, the researcher is more engaged in the research process in a way that is less common in other methods like ethnography or qualitative descriptive (Creswell, 2013). Attending to issues of intersectionality and positionality throughout the research process were ways to attend to bias in HEC and to increase trustworthiness. Journal entries, and memoing were used after all interviews to document my reflexive thoughts. Cowling (2004) describes nursing praxis as twofold: research-in-action and reflection-in-action for emancipatory purposes. Critical reflection means examining one's own practices together with reflecting on ways that practices are maintaining the status quo (Cowling, 2004). I participated in critical

reflection throughout this research project through ongoing critical readings and active participation in educational training and group thinking spaces with nursing and non-nursing critical scholars. I did this with goals of learning, unlearning and relearning about white supremacy and settler colonialism, and unpacking the role I play in supporting and maintaining those imperialist structures. I was/am influenced in this study by the writings of Michelle Fine (2018) in her book entitled *Just Research in Contentious Times: Methodological Imagination*:

Those of us who are White researchers walk in a long and shameful history of story-lifting, hawking stories of Black and Brown pain and pocketing the profits. We must be exquisitely careful about over borrowing and under-crediting –stealing–the words, stories, metaphors of others, especially people of color. Those of us who are White, have an obligation to excavate critically our own, his/her/their stories of privilege understand how we sit in tragic dialects of oppression and how we might replace ourselves within solidarity movements of resistance. (Fine, 2018, p. xiv).

### **Intersectionality**

Intersectionality is a concept that highlights how researcher and participant simultaneously inhabit multiple and intersecting identities including gender, race, class, ethnicity, age, religion and citizenship (Collins & Bilge, 2016; Crenshaw, 1991). It is essential the researcher identify and acknowledge intersectional identities in self and other, and explicitly explore how this may influence the power dynamics within the research process. Understanding the positionality of self in the research process is a type of bracketing that is essential in critical post structural philosophy (Collins & Bilge, 2016). Critical reflexivity is crucial to limiting bias in qualitative participatory research. In the HEC method, the researcher must analyze the selves that they bring to the research setting as discussed by Reinharz (1997) specifically the research

self, the brought self and the co-constructed self. Understanding how these three selves enter into the relationship process and influence data collection and interpretation was crucial in this project. Newman method involves guided meditation and centering of self before interviews so to be open and in the moment with participants. This allows for relationship presence, reciprocal and open sharing of mutual energy between researcher and participant, and may allow for the important data to emerge.

### **My Bracketing: Critical Reflexivity**

I critically acknowledge my position as a US born with US citizenship privilege to cross most global borders without question. I am cisgendered, white, female, nurse scholar with many years of experience accompanying people from im/migrant communities in the US, and in communities in Central America. I was born into the lower middle class and crossed into the upper middle class by proximity to white supremacy, heteropatriarchy, education opportunities, and income privilege. I recognize the inherent biases and internalized racism that emerge from my own connections within necropolitical economies of white supremacy and biopolitical privilege and power, including familial links to settler colonialism (Yusoff, 2018; Patel, 2015). I acknowledge the need to deconstruct this privilege and power, and understand how this may influence and bias my work as a scholar/researcher. As a nurse, an advocate and an accompanier,

I occupy spaces as both an “insider” (as an experienced key informant), but at the same time I am also an “outsider.” My identities provide me with privilege and access to resources that are not shared by the participants that participated in the research, including border crossing and access to healthcare services (Távora et al., 2018). Sometimes nurse clinician researchers like me may inhabit the role of an intermediary when positioned as an advocate; positioned in a middle

space that some have likened to being a “double agent” (Merry, 2006, p.40). Furthermore, critical migration researchers Lønning & Uzureau (2022) discourage thinking insider/ outsider binaries in qualitative research with young people on the move. The authors reflected to consider positionality as nonbinary, fluid, materially situated depending on the context and location. Carling et al. (2014) suggest there are five types of third spaces flowing in the between spaces of insider and outsider positionality including explicit third party, honorary insider, insider by proxy, hybrid insider-outsider, and apparent insider. All require ethical considerations unique to each research setting and research team. Fine (1994) theorized this third space of positionality in qualitative research as working the hyphens meaning to “examine the hyphen where Self and Other join in the politics of everyday life” (Fine, p. 4).

I recognize that ethical issues arise from simultaneously inhabiting roles as a nurse researcher and a health care provider. However, moral and ethical reasoning asserts that nurses treat all patients with equal concern, and not as a means to an end (Grace, 2019). This means that ethical and humanistic nursing care of participants took precedence over research intentions. To this end, during this project I shared community resources with participants like numbers to community health clinics and other support and legal services. Reflexivity also involved deep listening practices.

Nursing as a practice-based discipline requires that nurses never forget the *nursing* located within the act of developing knowledge within *nursing science* (Barrett, 2017; 1998). Within HEC, it is assumed that participants chose to disclose to the nurse what they find most meaningful. It is important that the nurse remain open to receiving meaningful information by being fully present, and attending to possible shifts in emotions. Honoring the authenticity of the whole person was done by echoing back what I thought I heard from participants. Sensitive

interview practices were demonstrated by carefully considering ways that the HEC process asked participants to relive difficult experiences, or uncover areas of past trauma that may trigger mental and physical health reactions (Rosado, 2018). These ethical issues were addressed in critically planned informed consent practices, and by having ready a list of services for support that could be accessed by immigrant participants in the community. These services were also shared with the community contacts. In addition, I remained open to unknowing in the research process. In a paper lowercase entitled *a prescription for consent*, authors Tsaplina & Huffman (2021) discuss the right to opacity and resistance as forms of both consent and nonconsent, including the idea of unknowability in research. Embracing a person's right to opacity is to reject false familiarity and transparency of relation to hold space for strangeness, unknowability and danger (Tsaplina & Huffman, 2021). Working within this research approach meant rejecting notions that some interviews were more "rich" or "detailed" than others, understanding that each participant activated agency and conscious decision making about what to share in every story. All stories were appreciated for their wholeness within their right to opacity, regardless of length or depth of sharing.

### **Summary of Chapter Three**

This chapter reviewed the method of the theory HEC and explicated the research praxis to outline the steps in the proposed research project. The strengths of HEC qualitative design are that it builds on a nursing specific method of research based in relationship praxis to develop theory-rich, nursing knowledge (Jones & Antonelli, 2021). The method utilized the dynamic and transformative potential of the nursing relationship, and by working with a historically excluded and underserved community it builds upon the goals of nursing around issues of unitary transformative caring, specifically co-creating knowledge about holistic and unique human

experiences and their meaning (Newman, et al., 2008; Smith, 2020). The qualitative approach of HEC allowed for holistic constructions of meanings that are not possible in quantitative designs. The aim in HEC is to understand participants as people and not use the research to focus on their symptoms or problems as is often done in disease models. The emphasis in HEC is on wholeness, human experience and meaning (Newman, 1999; 2008).

Next, I will present the results of the narratives uncovered in qualitative interviews with 13 emerging adults who agreed to participate in this qualitative nursing project.

## **Chapter Four: *Their Stories***

### **Introduction**

Chapter 4 presents stories that were shared with me by the 13 participants in this study. Traditionally in doctoral dissertations chapter 4 is labeled results or findings. I called chapter 4 *Their Stories* to remain grounded in antiracism, anti oppression and anti colonial framing. Intentional word choice for this chapter centers the Spanish language voices of the participants in order to disrupt practices that uphold and perpetuate colonialism, recognizing that education in the US are systems built of colonial power and whiteness (Dancy II et al., 2018; Espino et al., 2022; Wozolek, 2023). Words like results and findings uphold and perpetuate subject/object binomial common in scientific research systems dominated by white supremacy, and are aligned with reductionist scientific methods. Newman (1995) acknowledged “the discrepancies between our values as a profession and our practices as scientists “(p. 50). I acknowledge my discomfort navigating the accompaniment of im/migrnt and asylum-seeking emerging adults within the hegemonic research structures of the nursing academy.

To review the purpose of the study, this qualitative nursing project was designed to explore life patterning of im/migrant and asylum-seeking emerging adults from Guatemala,

Honduras and El Salvador using a rhizomatic theoretical approach grounded in assumptions of equity and social justice. The research questions were 1) What is the life pattern of individual emerging adult im/migrants ages 18-22 from Northern Central America? 2) What meaning is uncovered in the life pattern as described by each individual study participant? 3) What are the common themes shared across the sample group?

As discussed in Chapters 2 and 3, the values and beliefs of the theoretical approach emerged from a unitary transformative approach in nursing, and are informed by multiple critical theories including feminism, critical posthumanism, critical race theory, and liberatory pedagogies arising from participatory action research. The project was guided by the research praxis of Newman's Health as Expanding Consciousness (Newman, 1995; 1999; 2008).

In Chapters 2 and 3, I critiqued Newman's theory and detailed potentially problematic applications of the theory in this study, including critiques of the ancestry theories, the work of scholars that Newman used in developing her work. I outlined the specific strengths and limitations of the ancestral theories used in the formulation of HEC in Chapter 2 Table 1 entitled Theories Informing HEC. Next I will discuss how the research praxis of health as expanding consciousness was critically applied for this research, and how I approached each individual participant's story to explore health patterning and meaning, and then to describe the process of exploring themes across their stories.

### **Description of Participants**

Table 2 Description of the Participants and Table 3 Health and Connection to Healthcare summarizes the demographic questions that were asked of all participants. I have chosen to present the demographic findings from this qualitative study with raw numbers in keeping with the antiracist and anticolonial ontology of the work. I chose not to describe the participants with

descriptive statistics commonly used in human science research as an act of resistance to the traditional methods of logical positivism, where statistics are used to universalize descriptions of people to means, medians and modes. Newman (2008) states “What is lost in strict empiricism is the active role of the theory (Newman, p.45). Each row number in this table represents a unique person and their experience they agreed to share with me as part of the HEC praxis method.

**Table 2**

*Description of the Participants*

Nationality	Number of Participants
Guatemala	10
Honduras	3
El Salvador	0
Age at Time of Interview	
18 years	6
20 years	4
21 years	1
22 years	2
Gender	
Man	8
Woman	4

Prefer not to say	1
Non-binary	0
Transgender	0

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Education

Grade Level in Country of Origin

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Grade 12 +	4
Grade 11	4
Grade 10	2
Grade 6	2
Grade 4	1

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School Status in US

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Community English Classes (non-degree)	1
Community Adult GED Classes	1
Some High School Completed (did not graduate)	1
High School Graduate	1
Current High School Student	5 (2 on honor roll)
Not Attending School in US	4

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Current Employment (Y/N)	Number of Current Jobs
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Yes	9	1
No	4	N/A
(1 person was working in cleaning until very recently but quit due to transportation problems)		
Type of Employment (8 participants working)	Average Number of Hours Worked per Week	
Landscaping	70	
Factory work in shipping products and goods	35-40	
Pizzeria	28-30	
Cleaning at a major global tech Company	30-40	
Cleaning at a hotel	30-40	
Cleaning in offices	28-30	
Restaurant work cooking	35	
Washing dishes in restaurant	35-40	
Electrician Apprentice	40+	

**Table 3**

*Health and Connection to Healthcare*

How would you rate your health?	Number of Participants
Excellent	2
Very Good	7

Good	1
Fair	3
Poor	0
Do you have a dental care clinic in the US?	
Yes	3
No	10
Have you ever accessed dental care in the US?	
Yes	4
No	9
Do you have a medical care clinic in the US?	
Yes	3
No	10
Have you ever accessed medical care in the US?	
Yes	5
No	8
Do you have a vision care clinic in the US?	
Yes	3
No	10
Have you ever accessed vision care in the US?	
Yes	2
No	11

Overall, 26 interviews were completed with 13 participants, two interviews each-generating 26 document transcripts for analysis. All of the interviews were conducted in Spanish, the preferred language of the participants. Recruitment began in March 2021 after significant project delays due to the Covid-19 pandemic. The first interview was conducted in July 2021. The last interview was conducted on November 30, 2022. I had no prior relationship with any of the interviewees. One participant disclosed significant mental illness (schizophrenia) in the

second interview and the second interview for that person shifted to active listening and did not involve a review of interview one as per the HEC process because the participant found talking about the past too emotional. Other than the one incident, there were no other specific characteristics of the sample that influenced data collection.

Participants were mainly from Guatemala, male, working one job about 30-40 per week, and rated their health as very good. Seven of 13 participants were currently in school at time of the interviews. Prior to migrating, ten of the participants were in high school or university level in their country of origin. Being in high school in the US played an important role in multiple participants' lives. Five of 13 participants were currently in high school and one was taking community English classes, and another community GED classes. Ten of the participants reported no access to healthcare as in connections to clinics or services for dental, medical, or vision care. Several participants (6, 10) were excelling in English language high school and receiving honors. Five participants stated art and music were important to them, and three people shared art and music as part of the HEC praxis process.

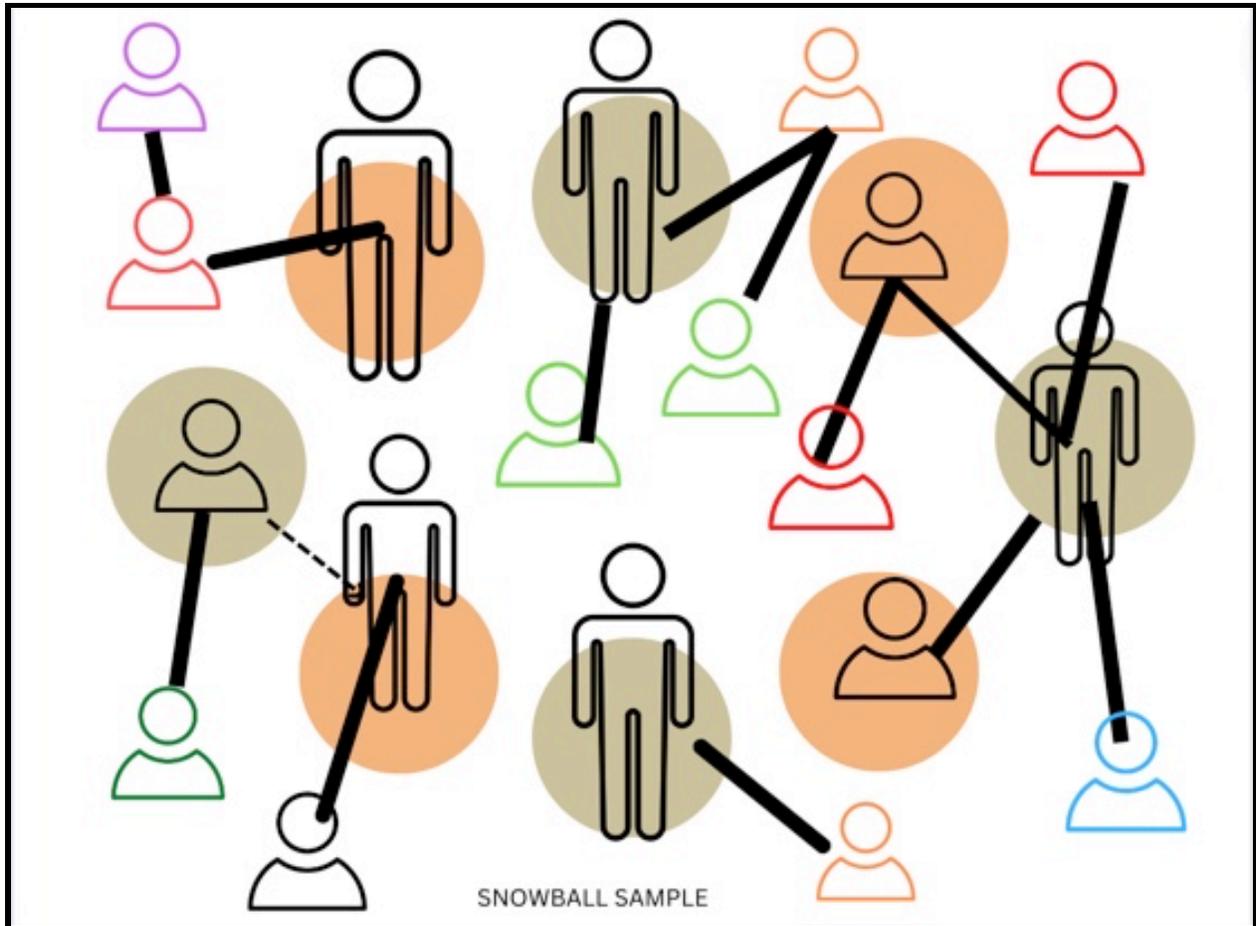
All 13 participants who were enrolled completed both interviews. The first interviews ranged from 17 minutes to 54 minutes and averaged approximately 39 minutes. The second interviews ranged from 16 minutes to 41 minutes and averaged approximately 25 minutes. On average, I spoke with each participant for approximately 1 hour and 5 minutes including both interviews. The recorded time did not include the process of obtaining consent, or the collection of the demographic questions. A gift card of \$50 was offered as a thank you to participants for completing the two interviews.

The interviews were almost all pre-planned and conducted at mutually convenient times, mainly in the evening, or on weekends. However, I learned to be very spontaneous, to respond

suddenly to offers to participate after several participants reached out and wanted to do the first interview at the moment of first contact. Figure 7 titled Snowball Sampling and Referrals from 5 Trusted Messengers shows the participant referrals that were resulted from five trusted community messengers. The larger figures represent the trusted messengers and the smaller head figures are the participants. Nine referrals were made by the trusted messengers resulting in three more snowball referrals for a total of 13 participants screened into the study. Trusted messengers referred over 27 people over the course of the research project resulting in 13 who were eligible and who agreed to participate. The 13 participants who participated are reflected with the bolded black lines figures below.

**Figure 7**

*Snowball Sampling and Referrals from 5 Trusted Messengers*



### Newman's HEC

All of the stories presented in this chapter included responses by the participants to the main research question arising from the Newman (1995, 2008) HEC praxis: *tell me about an important person or event in your life* (1995, p.147). After the first interview, I created a hand-drawn narrative map approximately 14 by 24 inches on paper to organize each participant's story with text, colors and images. The embodied work of hand transcribing was a way to resonate physically with materials and their story. I described their patterning chronologically the way I heard it, using images, words, quotes, notes, and memos that arose from the stories. Next, I read and analyzed the written transcript and listened to the story again. Then arrangements were made

to meet again with the participant. The story was recounted back to the participant in the second interview. The second interview was done several days, weeks or sometimes months later, when it could be mutually arranged with the participants, navigating the intentionally and unintentionally slow process described in Chapter 3. Consistent with the methodology of HEC within each storytelling episode, I was interacting, listening, and resonating with each person “sensing into the whole person” and resonating in what Newman describes as the “holographic model of intervention” (Newman, 1995, p. 86).

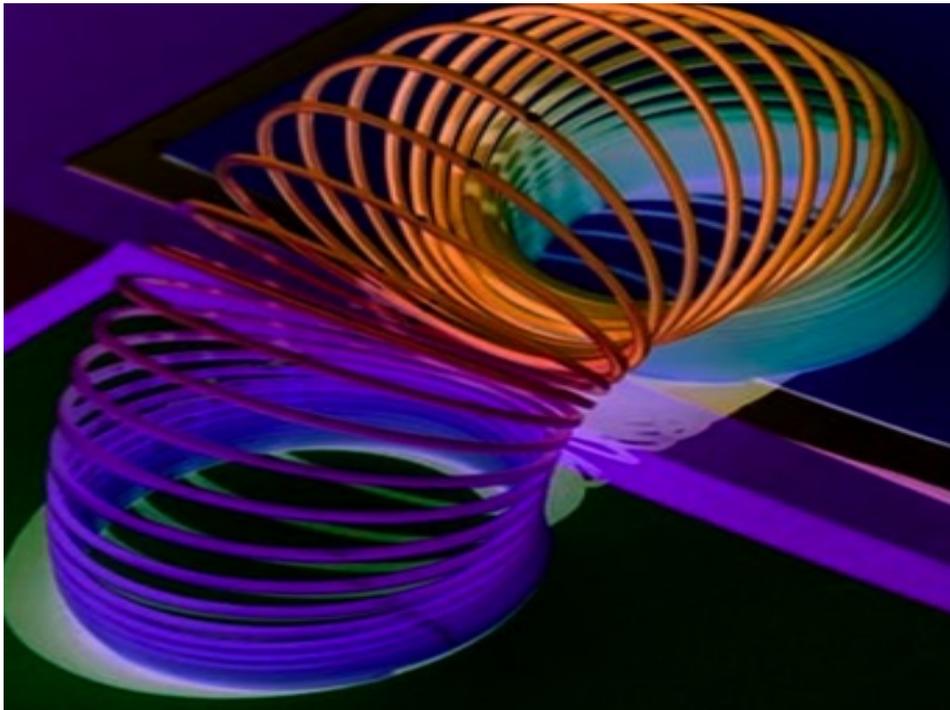
### **The Narrative Maps**

The traditional Newman approach involves a specific coding of the narrative maps to identify connection and disconnection, using symbols and marking to denote relationship assessments inferring meanings of blocked, unclear, bonded, unidirectional, and mutual (Newman, 1995, p. 97). The symbolic markings were derived from her epistemic alliance with Young’s stages of human evolution, binding, centering, choice, decentering, unbinding and freedom (Newman, 1995, p. 132). I critiqued Young’s model in Chapters 2 and 3. Specifically, I disagree with the linear model and find the model incongruent with the flowing nature of the unitary transformative approach. I also find the narrative map markings to be judgmental and applied in ways that are aligned with white supremacy and therefore not appropriate or congruent for use in this study. Labeling a personal relationship shared with me with slash marks and symbols after one single interview felt aligned with colonizing Eurocentric ontologies and therefore I intentionally chose not to apply the relationship markings to the narrative maps in this project. Instead I applied the spiral helix, the modern slinky, on the figures that summarize the narrative maps, HEC concept summaries and pulse and power quotes to remind readers of the nonlinearity and pandimensionality of thinking within HEC and SUHB. Figure 8, entitled The

Spiral Helix, is a prominent figure within Rogerian Science and symbolizes the nonlinear and pandimensional ontologies used in theorizing participants' stories.

### Figure 8

*The Spiral Helix from Google*



*images*

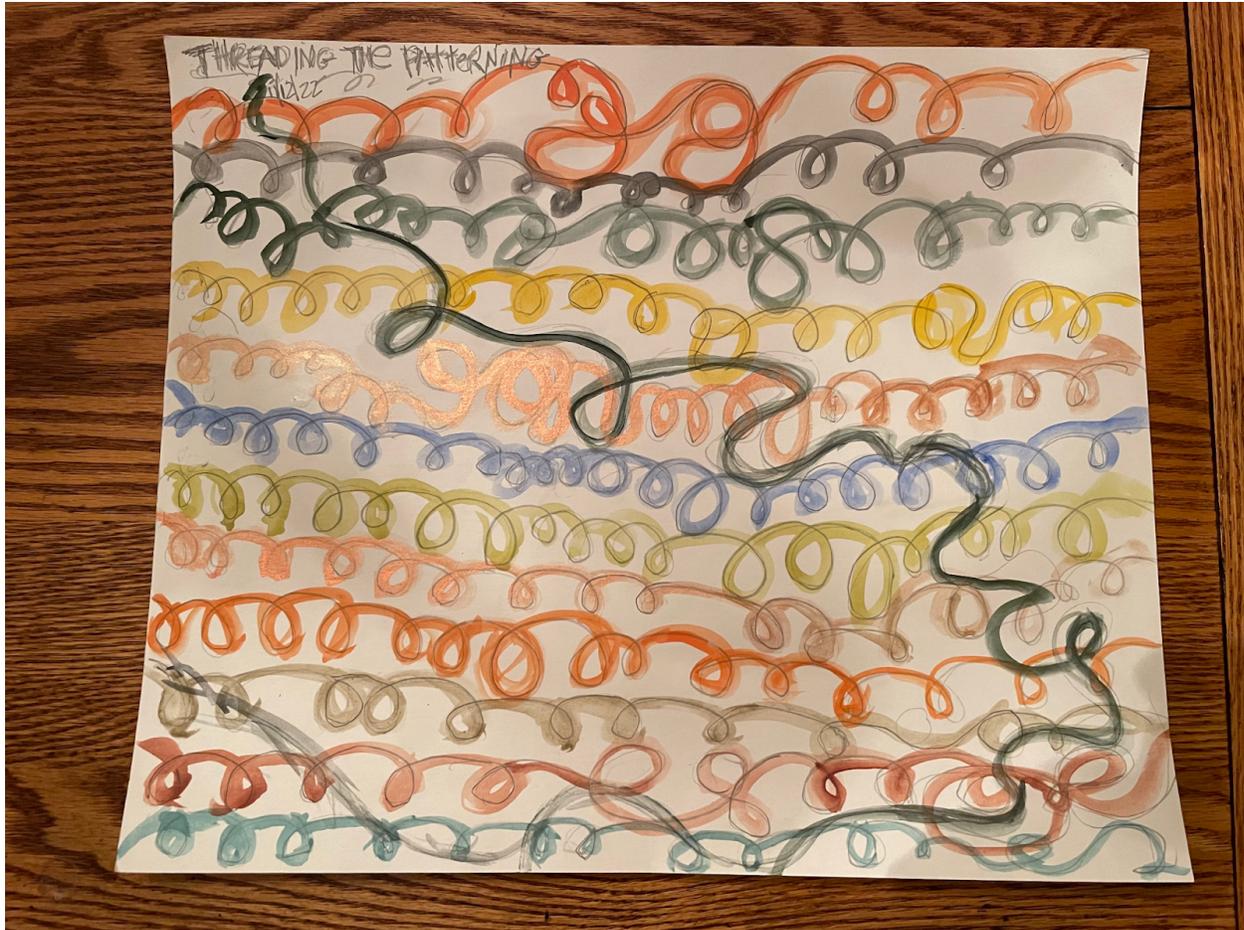
### Painting the Patterning

Newman also uses free form hand drawn flowing lines in HEC, often overlaid on the narrative maps to attempt to *show the* unitary evolving patterning (Newman, 1995, p.67). This process of HEC praxis was applied in a painting I created where the colors and movements of the 13 stories were painted to include patterning knowledge that is image-based and embodied. In painting the patterning, the process felt aligned with knowing through art and holographic resonance (Newman, 1995), and attuned with material feminist modalities. According to Clark/Keefe, art can be “implicated for provocation, theorization, and encounter” to embody feminist qualitative inquiry practices (2010, p. xv).

Figure 9 is titled *Painting the Patterning*. For each participant, the free-flowing curvilinear lines were painted reflecting my interpretation of the energy of the patterning, where tighter, more uniform lines and circles are time-spaces of stability and even flow. Bigger lines and circles of instability infer increased movement and choice. Color choice came from my resonance with story data. My own patterning flows through the stories. Newman theorized that all patterning is value neutral, so no value or judgments can be inferred from the colors or the free-flowing painted curvilinear lines. However, Newman notes that periods of uncertainty and instability, choice and movement, may reveal opportunities for self-awareness and moments of growth in consciousness (1995).

**Figure 9**

*Painting the Patterning*



### ***HEC Concept Summaries***

After summarizing the narrative map, I created a figure for each story called HEC Concept Summary. The purpose of the HEC concept summary was to pull ideas from the participant's narrative and to thread and weave ideas within HEC. The headings and content below the headings are not meant to be binary or disparate, but to reveal meaning reflected in integrality and wholeness flowing within the unitary patterning of the person. The information was cross-organized under headings called Transnational Kinship Networks and Connections, Time and Space, Losses and Challenges, and Opportunities and Dreams.

### ***Pulse and Power Quotes***

Each narrative also included samples of pulse and power quotes to highlight powerful words and moments where the “picture became clear,” revealing information about health patterning (Newman, 1995; Maietta et al., 2018). Pulse quotes are defined as depicting rhythms of daily experience (Maietta et al., 2018). Power quotes are defined as powerful words that make the listener or reader pause and reflect, creating an emotional embodied response (Maietta, et al., 2018). The name pulse and power quotes is derived from the qualitative health data analysis methodology of Sort and Sift, Think and Shift (Sort and Sift), a process of diving into the data and stepping back to see what you have learned, while letting the data (the stories in this study) be your guide (Maietta, et al., 2018). The ontology of Sort and Sift method aligned well with Newman’s HEC in that the process is suited to understanding people’s stories as individual narratives and case studies, and is “intra-active” with the researcher who is active in the process. This is consistent with feminist framings of this research project. Identifying the pulse and power quotes was also a way to think about health patterning, the moments in the interview that created holographic resonance (Newman, 1995). I developed an understanding of the data through interacting with data content, looking for unexpected discoveries, and combining story details alongside my prior knowledge and readings from other scholars in the field..

After individual case analyses, the Sort and Sift process was applied across stories to identify topics and themes across multiple people's narratives. The themes and big ideas were developed through collaborations with two Spanish speaking scholars, and involved over 30 hours of individual and group analyses. These are presented in this chapter after the individual stories.

To summarize, Chapter 4 presents 13 unique stories with a focus on individual health patterning. Each story contains a narrative description with attention to connectedness, context,

movement and choice, time and space matters, and relationships with other people, as well as connection to art and music. Spanish language excerpts from the story will be presented centering the participant's language, with English translation second. The narrative maps were oriented in developmental unidirectional progression, left to right with early childhood on the far left and emerging adult experiences on the far right, and experiences of adolescence in the middle. The pulse and power quotes in this section were highlighted in Spanish text with word art font to appreciate the words *as word art*, narrative poetry that arose from their stories with English translation found below each quote.

To maintain utmost caution and care around participant's protection of anonymity, I presented each story labeled as Participant 1 through Participant 13 aligning to the order they entered into the study. I used numbers for participants instead of a pseudonym to avoid labeling people in ways that may be gendered and sexualized. I realize that names researchers assign to people in social science research are not neutral. The 13 narratives below are presented out of order to further disengage from linear thinking. I invite readers to thread the stories in circles with me while experiencing the patterning and the meaning that unfolded. Sometimes the narratives connect to each other and other times they diffract. Individual countries of origin were de-identified. Presentations of cross case themes that were derived using collaborative analysis methods from Sort and Sift (Maietta, et al., 2018) are found at the end of this section in Chapter 4. The next section presents the 13 participants' stories.

### **Their Stories**

#### **Participant 1**

*“Estamos lejos de la familia, pero acá estamos mejor. Estamos mal pero estamos bien.”*

*"We are far from the family, but here we are better. We are bad but we are good."*

Participant 1 is a 22 years old male who arrived to the US about 4 years ago. I chose the quote, “*Estamos lejos de la familia, pero acá estamos mejor. Estamos mal pero estamos bien,*” (translation: “We are far from the family, but here we are better. We are bad but we are good”) as his narrative banner that suggested his meaning of holistic health patterning. His words made me *feel* his story about simultaneous loss and opportunity. He dreamed of being with parents and siblings again, and returning home one day, stating, “*Quiero regresar algún día*” (translation: “I want to return one day”). He aspires to own a construction company, or a hardware store, or another business. Emerging from Participant 1’s interviews were experiences of existing in two imperfect time spaces (the *here* and the *there*), with losses, opportunities, and challenges in each time space. He is both “good and bad.” “*Estamos mal pero estamos bien.*” He answered the main interview question with a story about an important event. He recounted the excitement of being chosen 1 of 50 players for the national soccer team at age 16 years, after intensive childhood training in a special soccer school alongside his cousin, his best friend. Being chosen for the national soccer team meant achieving a goal he worked years toward, a happy and proud time for Participant 1. He recounted this important story:

*Y me llevaron a jugar contra la selección y llegó mucha gente. El estadio estaba lleno, había radios y todo. Eso, jugar contra la selección de {PAÍS ELIMINADO} y estar entre los mejores de {PAÍS ELIMINADO}.*

Translation: And they took me to play against the national team and a lot of people came. The stadium was full, there were radios and everything. That, playing against the {COUNTRY REMOVED} national team and being among the best in {COUNTRY REMOVED}.

Later that year he experienced a violent assault, “*casi me mataron*,” (translation: “they almost killed me,” referring to local gang members) and he quickly planned an urgent exit north to the US. He stated, “*No queria venir*” (translation: “I didn’t want to come”). Participant 1’s story was filled with fond family memories and ongoing family love connections. He visits with his older sister, nieces and nephews, and half brother frequently as they live nearby. Despite being far away from home and parents and other siblings, he has almost daily contact with his mother who embodies transnational parenting from afar, inquiring about what he is doing and how he is eating. “*Sí. Ella siempre está mandándome audios: ‘Hijo, ¿qué estás haciendo? ¿Cómo es que ayer comiste?’ [risas]*” (translation: “Yes. She is always sending me audios: ‘Son, what are you doing? How did you eat yesterday?’ [laughs]”). His cousin is his best friend and soccer mate. He migrated once with him but then remained in his country after getting deported at the border, and his cousin is now a professional soccer player in his country. Participant 1 was confident in his current athletic skills to play professional soccer but understands the opportunity to play professionally here is extremely restricted, connections mainly available to people who study in university.

Participant 1 enrolled in high school on arrival in the community as a requirement of immigration detention release. He left high school at age 18 after one year to work, and now works 70 hours per week in landscaping. He said his talent is “to work,” placing meaning to work in the context of migration dreams and life choices, as well as choices around work-life obligations here in the US compared to his country. He understands he needs to work and provides meaning in the context of migration. Speaking about work importance he said: “*It’s the mentality that every Hispanic brings, I imagine, that leaves their country for something better, to try to build something better.*” This lifestyle, he said, leaves little time for soccer. He framed it as

he had to work, stating “*I choose work, because I need the money, or play soccer. And how am I going to eat?*” After hearing his story retold back to him in the second interview he responded that the summary was captured accurately, correctly summarized and retold. He said that I got a “summary of what seemed good to you” (me). This quote resonated, teaching me that he is aware of my subjective involvement in both the story listening and story re-telling. He said his story sounded “fine” to him, he laughed, then ended with an emphasis – “*la verdad.*” (the truth).

### Health

**Patterning and Meaning:** Participant 1’s story contained many references to time, space, movement and choice, and multiple connections to community, family near and far, and connections to music, sports and exercise. He noted he felt depressed on first arrival, space restricted living in a single room, and from lack of familiar community. He arrived like *un desconocido* “an unknown. He said: ” *nosotros, los hispanos que venimos a un cuarto nada más, no conocemos al que vive acá, no sé su nombre, no sé quién es, es extraño. Porque uno es como que un desconocido*” (translation: “*We Hispanics we come to a single room only, we don't know who lives there, I don't know his name, I don't know who he is, it's strange. Because we are like an ‘unknown’ (a stranger)*”). This powerful descriptive word “*un desconocido*” lacks the same impact translated into English. But he later talked of increased freedom of movement, enjoying his day off each week by walking around, playing soccer, and sharing food with friends. He planned a vacation to Florida later in the summer and he recounted attending a music festival in another state. He also made multiple references to time– time passing too quickly, not having enough time due to working all the time, and time spent in transnational family caring and concern. Newman noted time awareness connected to increased consciousness (Newman 1995,

p. 113). His holistic patterning is summarized below in two figures; Figure 10, Participant 1 Narrative Map and Figure 11, Participant 1 HEC Concept Summary.

**Figure 10**

*Participant 1 Narrative Map*

Narrative Map: Participant 1: Shared Important Event: Chosen for National Soccer Team 			
<p><b>Family: mother, father, 2 sibs, step sib and adopted sib.</b></p> <p>Early childhood was calm and happy and centered around family.</p> <p>Entered soccer school age 6, very dedicated to soccer intense training every day.</p> <p>Up at 5 AM, bus ride, soccer 8-11AM, bathe / eat, school 12-6 PM then home; games on weekends.</p>	<p><b>Chosen for national soccer team age 16.</b></p> <hr/> <p>Experienced violent assault with rapid exit out of home country leaving behind his dream career as pro soccer player.</p> <p>11th Grade education.</p>	<p><b>Migrated with cousin at age 17.</b></p> <p>Detained in dog cage (perrera) 10 days and deported back to home country.</p> <p>Immediately migrated again 2 days later.</p> <p>Detained again 75 days total in TX and FLA, then released to adult sister.</p> <p>Has work permit and driver's license, connections to health care systems.</p>	<p><b>Loves music, musical festivals.</b></p> <p>Lives with non-family in one room; visits with sister and half brother regularly.</p> <p>Works as landscaper, left school to work.</p> <p>Coaches soccer and is team captain and leader; one of the youngest players on the team.</p> <p>Went to NY and planning trip to Florida.</p> <p>Never imagined at age 16 he would be in the USA at age 17.</p>

**Figure 11**

*Participant 1 HEC Concept Summary*

Health Patterning: Participant 1 			
Transnational Kinship Networks and Connections	Time and Space	Loss and Challenges	Opportunity and Dreams
<ul style="list-style-type: none"> <li>• Rents one room from non-family.</li> <li>• Sister, half brother close by.</li> <li>• Connected to Spanish language health and dental clinic, Family contacts. Facebook, WhatsApp plays Fifa with cousin, talks to mother daily by phone.</li> </ul>	<ul style="list-style-type: none"> <li>• Friend at health center.</li> <li>• Has insurance.</li> <li>• Friends and supportive boss, soccer team.</li> <li>• Landscape job with sunburn, rash, poison ivy, excess heat.</li> <li>• Covid infection 2021.</li> <li>• Appendix out as child.</li> </ul>	<ul style="list-style-type: none"> <li>• Misses family and cousin (best friend).</li> <li>• Migrated after being violently attacked.</li> <li>• Left behind dream of being a professional soccer player.</li> <li>• Misses connections to family and community.</li> </ul>	<ul style="list-style-type: none"> <li>• Enjoys meeting new people from other countries.</li> <li>• Stable work life.</li> <li>• Coaches and plays soccer, enjoys live music festivals.</li> <li>• Owns a car.</li> <li>• Dreams to be with all family again “to have my own construction business, or maybe a hardware store”.</li> </ul>

Participant 1’s quotes were often poetic, pulse and power quotes as shown in Figure 12 entitled Participant 1 Pulse and Power Quotes. His words echo meaning in opportunity and loss, the choices based on economic necessity of finding work. The third quotes give meaning to experiences after arrival to the US, and the last describes “the void” he feels away from loved ones.

### Figure 12

*Participant 1: Pulse and Power Quotes*

## Participant 1: Pulse and Power Quotes



**"Para venir aquí se abren muchas puertas para experiencias,  
pero es difícil."**

"To come here many doors open for experiences, but it's difficult"

**"Si uno va para allá, no hay trabajo.  
Acá hay trabajo pero esta lejos de la familia uno."**

"If you are there, there is no work. Here there is work but you are far from the family."

**"Es como uno viene ciego y es algo nuevo para uno,  
estilo de vida diferente, el tiempo".**

"It's like you come blind and it's all new for you, different style of life, the weather".

**"Pero lo único malo es no tengo a mi familia cerca, a mi mama, a mi papa,  
siempre es como un vacío".**

"But the only bad is I do not have my family close, my mom, my dad, it's always like a void".

## Participant 12

*"Conseguí 1,000 dólares y con eso arranqué a la deriva."*

*I got 1,000 dollars and with that I started adrift."*

Participant 12 is a 22-year-old male who arrived in the US about 5 weeks before talking with me in interview one. He said, "*conseguí 1,000 dólares y con eso arranqué a la deriva*" (translation: "I got \$1,000 and with that I started adrift"). This poetic power quote made me pause, a moment Newman would say describes holistic patterning. I chose the phrase for the narrative banner of his story. Drifting implied perceptions of choice, movement in space and time, being intentional, having agency, while remaining open to uncertainty and possibility. Uncertainty, opportunity, adventure as well as danger are all possibilities found in drifting. He answered the main interview question with a story about an important event: arriving in the US after a very long migration journey of more than seven months. Inferring the meaning and

importance of this experience, he said it meant he could help his family and his mom, and also have opportunities to help himself. Details about sensory experiences of his migration journey were prominent throughout the interview.

*Evento importante fue cuando entré a Estados Unidos. Me sentía feliz porque ya podría ayudar a mi familia, a mi mamá. Y podría ser mejor persona y un mejor futuro... Me vine con mi mujer.*

Translation: An important event was when I entered the United States. I felt happy because now I could help my family, my mom. And I could be a better person and have a better future... I came with my girlfriend.

Participant 12's story resonated as a migration narrative with many details related to the physical and emotional toll of the journey, and early economic hardships after arrival. He was deported from the Mexican capital at his first migration attempt. He immediately started north again the same day and had a protracted journey through Mexico with 2-3 month stays in two different places along the dangerous migration route, the Mexican capital and in Monterey, a large city about 138 miles from the US border. Concepts linked to space and time emerge from the story: traveling, waiting, being forcibly returned, traveling again, waiting again, traveling again, then finally at last arriving at his destination, the US. Participant 12's story included many details about the physical toll the migration journey takes on the body: "*Hambre, cansancio, me rallé, me corté...*" (translation: "Hungry, tired, I scratched myself, I cut myself..."). He detailed deprivations and physical sensations, and risks to health from drinking bad water and eating days' old food. Since his arrival he has had stomach aches, and he links this to the migration journey as well as to eating cold food at lunch time on the job in the US. He is not accustomed to eating a cold lunch and believes eating cold food is bad for your health; "*Sí, es que es malo*

*comer comida helada*” (translation: “Yes, it is bad to eat cold food”). Participant 12 was a student in college career classes up to the time he left his country. He detailed his reasons for migration including lack of work, lack of opportunity, scarce income, hunger and food insecurity, and danger from crime and gangs in his city. The word “*hambre*” (hunger) came up four times in his story related to early childhood experience, reason for migration, experience on the migration route, and economic scarcity on first arrival to the US. Since his arrival to the US less than two months ago with his partner “*mi mujer*” (translates as my wife or my woman), he works six days per week as an electrician apprentice with his partner’s brother who owns an electrician business. He talked about the material and economic difficulties at first arrival, like sleeping poorly on an inflatable mattress, owning only three shirts, not having money to buy a “*panita*” (slang for piece of luck or a friend). But he bought a bed recently and is now sleeping better, recovering from the long journey.

**Health Patterning and Meaning:** Finally, he arrived in the US with his partner, and this was the most important event to share. For him, the event held the meaning of dreams and hope—to help his family, to build a house for his mother and for him and his partner. His current stomach aches may be a manifestation of stressful life processes, the migration journey, possibly parasites and infection, months of not eating well, ingesting bad water and food on the journey, and cold food at lunch in the US. He named many connections, positive physical and emotional connections to his partner’s family, living together, working together. Figure 13 shows the narrative map and Figure 14 shows the HEC concept summary for Participant 12.

### **Figure 13**

*Participant 12 Narrative Map*

Participant 12: Narrative Map Male 22 years old Shared Important Event Arriving to the USA			
<p><b>Family: Mom, Dad, parents separated, two Step Dads, 3 siblings.</b></p> <p><b>Early childhood economic hardship hunger, Little work and few opportunities.</b></p> <p><b>Brother works as a barber and mom works at a beauty salon.</b></p> <p><b>Lived near the junction of river and the sea; freshwater and saltwater.</b></p> <p><b>Very hot weather.</b></p>	<p><b>Was enrolled in college level classes.</b></p> <p><b>Hunger and economic uncertainty continued.</b></p> <p><b>Hurricanes in 2020: witnessed loss of homes for many people, his family were not impacted as much as others were.</b></p>	<p><b>Migrated in February 2021 with partner at age 22.</b></p> <p><b>Deported back to home country from MX; Immediately migrated again same day.</b></p> <p><b>Long migration journey of 7.5 months.</b></p> <p><b>Many hardships, hunger, bad water and food, danger.</b></p>	<p><b>Arrives in the US a few weeks before first interview.</b></p> <p><b>Lives with partner's family and begins work as electrician.</b></p> <p><b>Recovers from long journey.</b></p> <p><b>Works 6 days with 1 day off, eats cold lunch.</b></p> <p><b>Looks forward to experiencing snow, feels emotional because he always wanted to see snow.</b></p>

**Figure 14**

*Participant 12 HEC Concept Summary*

Health Patterning Participant 12			
Transnational Kinship Networks and Relationships	Time and Space	Choice Points and Challenges	Opportunity and Dreams
<ul style="list-style-type: none"> <li>• Mother Father, Step Fathers and half siblings in home country.</li> <li>• Partner and her family, friends in US .</li> <li>• Brother-in-law in US teaching him how to be an electrician.</li> <li>• No connection to health, dental or eye care.</li> </ul>	<ul style="list-style-type: none"> <li>• Sleeping better now in proper bed.</li> <li>• Stomach aches from migration journey and eating cold lunch.</li> <li>• Cuts and scrapes.</li> <li>• Making new friends in job.</li> <li>• Living with girlfriend's family.</li> </ul>	<ul style="list-style-type: none"> <li>• Recovery from seven and half month migration journey.</li> <li>• Adapt to cold weather and cold food.</li> <li>• "Drifting" on the long migration journey.</li> </ul>	<ul style="list-style-type: none"> <li>• Enjoys watching soccer, going downtown, driving cars, exploring new places.</li> <li>• Enjoys job as electrician.</li> <li>• Dreams to buy houses for my mother, and for my girlfriend and me, plans to return to country one day.</li> </ul>

Other quotes that resonated from his story are included in Figure 15. Participant 12 Pulse and Power Quotes. The quotes chosen connect to time and space, movement and opportunity.

### Figure 15

*Participant 12 Pulse and Power Quotes*

## Participant 12: Pulse and Power Quotes



**"Me parece bien. Estoy aprendiendo rápido y me gusta este trabajo,  
la verdad."**

"That seems fine to me. I'm a fast learner and I really like this job."

**"En la ciudad sí me siento seguro,  
me siento con más oportunidades, me siento libre, me siento bendecido."**

"In the city I do feel safe, I feel with more opportunities, I feel free, I feel blessed."

**".conseguí 1,000 dólares y con eso arranqué a la deriva."**

"I got 1,000 dollars and with that I started adrift."

**"...el mismo día, me volví a ir. "**

"...the same day, I left again."

## Participant 9

*"En mi tiempo libre, salgo con mi hermana a conocer lugares. A estar con ella, porque si no, ay  
Dios."*

*In my free time, I go out with my sister to see places. To be with her, because if not, oh  
God"*

Participant 9 was a 19-year-old female who arrived in the US about 9 months prior to the first interview. Her banner quote is about going out with her sister, summarizing the relationship with her older sister who arrived 6 months after Participant 9 migrated to the US. Her sister is an important source of support in everyday life here, and she emphasizes wanting to be with her in her free time, "because if not - Oh God." Her exclamation at the end of the quote adds humor but the meaning implies love, positive regard, and reliance. Her story had meaning in the relationship with her older sister whom she relies upon for information about how to get around,

where to go for Covid shots, how to move about, and how to safely spend leisure time. Her decision to migrate was a life choice point of opportunity and action, and a decision made suddenly without much warning— when the opportunity arrived, she took it. She answered the main research question about important people saying that her mother and father were the most important, meaning linked to family connections. “*Mis padres. Lo más importante en mi vida es mi papá y mi mamá*” (translation: “My parents. The most important thing in my life is my dad and my mom”). Yet even though she depends on her older sister in many ways for support, Participant 9 made the migration journey before her older sister, alone and without any close family members. The details of her story resonated with simultaneous complexities such as her stated reliance on her sister, amidst multiple examples of patterning of self awareness, personal strength, and agency. Newman described this as an evolving pattern of the whole (1995, p. 93), and Butcher (1993) as kaleidoscoping in life’s turbulence. The kaleidoscope metaphor encompasses patterning amidst life’s unpredictability, complexity, nonreducible, in constant mutual flow, everything all at once, continuously changing. Similarly, feminist philosopher Barad (2014) theorizes patterning as differentiating *and* entangling, together-apart. Participant 9 has personal dreams of working and saving money, building herself a house in her home country where she could own a small attractive business that could also support her parents and family back home. She said “*AHA*”- (Capitalized in English by transcriptionist) when thinking about selling shoes, perhaps resonating in an idea, a moment of consciousness, flow and imagination. “*Ajá. Venta de zapatos o algo así, que llame mucho la atención*” (translation: “AHA. Sale of shoes or something like that, that attracts a lot of attention”).

**Health Patterning and Meaning:** Participant 9’s story resonated with strong family interconnectedness, intradependence, love and caring. She answered a question about current life

challenges with an example of spacetime mattering (Newman, 1995; Barad, 2014), telling of having to leave her job recently because of greater than 2 hour commute time, taking two trains and a bus each way to arrive and return. “*Ahorita, dificultades de que mi trabajo estaba muy lejos y me costaba*” (translation: “Right now, difficulties because my work was very far away and it was difficult for me”). She is currently looking for new work. Overall she said things are going well for her here. She volunteers at a food pantry, the site of our first interview. This action of volunteerism resonated with the meaning of commitment to community, something she said was important to her. Her aunt invited her to volunteer at this food pantry after her arrival here. Her talents include drawing with colored markers and pencils and playing soccer—examples of personal creative flow and integrality within her patterning. Flow in Rogerian science is a foundational concept, and can be described as hobbies and passions, experiences outside work that are often not materially rewarded but that bring enjoyment and pleasure (Butcher, 1993; 2002; 2006). Examples of flow in patterning were her experiences of connecting to art, nature, animals, soccer, volunteering for the community to name a few. Figure 16, entitled Participant 9 Narrative Map, summarizes her narrative, and Figure 17 summarizes Participant 9’s HEC Concept Summary.

**Figure 16**  
*Participant 9 Narrative Map*

Narrative Participant 9: Female 19 years shared important people: “Mi Mama y mi Papa”			
<p>Family: Mother, Father and 5 siblings.</p> <p>Early childhood was stable.</p> <p>Mother taught her to cook.</p> <p>Recalls favorite foods including chicken soups with yucca and rice with milk / arroz con leche.</p> <p>Very hot climate.</p>	<p>Attended school until 6th grade “basica”.</p> <p>Worked in a metal shop and at a water purification plant.</p> <p>Did not go out much.</p> <p>Enjoyed playing soccer with friends.</p>	<p>Migrated without family in November 2021, arrived in December 2021.</p> <p>Sudden migration decision, arrived in winter and it was very cold, had first experience with snow.</p> <p>Migration journey was “without problems” but was also hungry, tired and sad thinking of family left behind.</p>	<p>Has older sister and female cousin here in US, and an aunt who she lives with here in US.</p> <p>Was working a job here but left job due to long commute, two hours each way.</p> <p>Currently looking for job but finds it hard.</p> <p>Volunteers in a community food pantry.</p> <p>Enjoys drawing and would like to play soccer again.</p> <p>Likes to cook “a little”.</p>

**Figure 17**  
Participant 9 HEC Concept Summary

Health Patterning Participant 9:			
<p><b>Transnational kinship Networks and Relationships</b></p> <ul style="list-style-type: none"> <li>• Mother Father and 5 siblings.</li> <li>• One sister, an aunt and cousin here.</li> <li>• Friends from home country also here.</li> <li>• WhatsApp phone calls to home.</li> <li>• No connection to health, dental, or eye care clinic.</li> </ul>	<p><b>Time and Space</b></p> <ul style="list-style-type: none"> <li>• Rates health as very good.</li> <li>• Needs eye check as feels vision is not good.</li> <li>• Volunteers.</li> <li>• Feels things are going well currently.</li> <li>• Goes to the park and the beach.</li> <li>• Eats in cafes with sister and friends.</li> <li>•</li> </ul>	<p><b>Choice Points and Challenges</b></p> <ul style="list-style-type: none"> <li>• Migration decision.</li> <li>• Misses family that remained in home country.</li> <li>• Misses playing soccer.</li> <li>• Had to leave job here because of extremely long commute each day.</li> <li>• Finds it hard to get a new job.</li> <li>• Adjusting to snow, cold weather and new foods.</li> </ul>	<p><b>Opportunities and Dreams</b></p> <ul style="list-style-type: none"> <li>• Wants to find a new job.</li> <li>• Dreams of building herself a house in home country and owning a small business in the house to help the family, selling shoes or clothes.</li> <li>• Wants to play soccer again.</li> </ul>

Participant 9’s narrative had many pulse quotes related to patterning of relationship, action, moving and doing. She misses playing soccer and wants to join a team here. One quote made me consider gender related to navigating being out in the street. She talked about safety, comparing

the US and her home country. “*Pero sí, cuando uno sale a la calle, tal vez, hay personas que uno no conoce, ¿verdad? O tal vez, están por ahí, tal vez, le pasa algo a uno, no sé*” (translation: “But yes, when you go out, maybe there are people you don't know, right? Or maybe they're out there. Maybe, something happens to you. I don't know”). She ends with an inflected question: *verdad?* (right?), perhaps seeking understanding about safety concerns in our shared experience as women. After noting that the dangers were greater in her home country, she implied there are safety issues in all places. This quote made me think about the diffraction of difference and gender vis a vis safety for im/migrant emerging adults. For Participant 9, there are physical safety issues no matter the time and space, here or there, inferring there is no space that is completely safe when you go out on the street especially when there are people you do not know. Figure 18 summarizes a selection of Participant 9’s pulse and power quotes showing meaning, connection, desire and agency.

### **Figure 18**

#### *Participant 9 Pulse and Power Quotes*

## Participant 9: Pulse and Power Quotes



**"Porque mi hermana me apoya; entonces, el apoyo de ella es lo que más cuenta ahorita, y el de mi familia."**

"Because my sister supports me; So, her support is what counts most right now, and that of my family."

**"Pero sí, cuando uno sale a la calle, tal vez, hay personas que uno no conoce, ¿verdad?"**

"But yes, when you go out, maybe there are people you don't know, right?"

**"Sí, algún negocio que sea bueno ahí para poder ayudar también a la familia."**

Yes, make some good business there to be able to help the family as well.

**"Sí. Si había oportunidad de entrar a algún equipo aquí, sí me gustaría jugar fútbol."**

Yes. If there was an opportunity to join a team here, I would like to play soccer.

## Participant 4

*"He ido sanando mis heridas porque estoy rodeada de amor, de familia, de amistades"*

*"I have been healing my wounds because I am surrounded by love, by family, by friendship."*

Participant 4 was a 22-year-old female who arrived in the US about 3 years prior to our first interview. Her banner quote noted above describes one of the meanings that emerged from her interviews-- healing and love. She used the words "healing my wounds" and "surrounded by love" from family and friends after arriving in the US. The graphic word "wounds" refers to multiple years of physical, sexual, emotional abuse, and bullying she suffered from family members and school mates because of identifying as lesbian. Her narrative contained many long and detailed quotes about her personal experiences of gender and sexuality-based violence beginning after she acknowledged her queerness in early adolescence. She placed her personal story in a greater cultural narrative with long quotes detailing general violence against women in

her community. She migrated alone on her mother's advice to flee to save her life, after her father's brother, her uncle, tried to kill her for the second time because of her queerness.

*Yo sufría de mucho maltrato por mis compañeros y con muchas compañeras también. Me agarraban el pelo, me golpeaban, me quitaban mis cuadernos. También mucha discriminación por parte de mi mamá porque no era aceptada por ella. Y por mi papá tenía un hermano, que me tuve que salir de mi casa porque me intentó matar como dos veces.*

Translation: I suffered a lot of mistreatment by my male school colleagues and with many female school colleagues as well. They grabbed my hair, beat me, took my notebooks.

Also a lot of discrimination on the part of my mother because it was not accepted by her.

And on my dad's side, he had a brother, who I had to leave my house because he tried to kill me like twice.

**Health Patterning and Meaning:** Even though her mother did not accept her queerness she responded to the main research question about important people—her mother and her siblings “*Una persona importante en mi vida, mi mamá y mis hermanos son lo más importante en mi vida*” (translation: "An important person in my life, my mom and my sisters and brothers are the most important in my life"). She described her mom as “fria”— cold and critical of her lifestyle, but she talks with her daily by phone and said she was attentive and a very good mother. Participant 4 arrived at the US-Mexico border in the early days of the pandemic in 2020 after also being physically and sexually victimized along the migration route, a journey that lasted about 1 month. She was detained for 6 months in an adult detention center in a US-Mexico border state with over 5000 women, many of whom were sick, with overall poor sanitation, unable to socially distance. As the pandemic conditions worsened she witnessed many friends in

detention die of Covid. Regarding surviving the pandemic in detention, she said: “*muchas murieron de eso, porque fue un tiempo muy, muy, muy duro, la verdad*” (translation: “many died of that, because it was a very, very, very hard time, really”).

Her use of the word “very” emphasized three times implied meaning of dire seriousness, conveying experiences of fear and dread in that restricted carceral time space. Finally, after 6 months of immigrant detention she was released to a distant family member who lived in the US, now owing lawyer debts of 12,000 dollars. She later reunited with her older sister where she remains today living in a large midwestern city. She wants to be a nurse and also study psychology, because she believes that by helping others you can help yourself. She said, “*Y ayudarme a mí misma a superar lo difícil que se pasó en el camino y ser una persona de bien, una persona exitosa*” (translation: “And help myself to overcome the difficult things that happened along the way and be a good person, a successful person”). Figure 19 summarizes Participant 4 Narrative Map and Figure 20 outlines Participant 4 HEC Concept Summary.

### **Figure 19**

*Participant 4 Narrative Map*

<b>Narrative Map Participant 4: Shared Important People:            “Mi Mama y Mis Hermanos”</b>			
<p><b>Family:</b> Mom, Dad, 6 now 5 siblings, (one died).</p> <p><b>Dad is fisherman.</b></p> <p><b>Early childhood healthy, fond memories of friends and family.</b></p> <p><b>Poverty with food insecurity, lack of money.</b></p> <p><b>Very hot climate on coast.</b></p>	<p><b>Embracing her lesbian sexuality, life changed dramatically in young adolescence.</b></p> <p><b>Victim of bullying and physical and sexual abuse in home and school by family members and school mates.</b></p> <p><b>Mother did not accept her sexuality.</b></p> <p><b>Paternal uncle tried two times to kill her and her mother was unable to physically defend her.</b></p>	<p><b>Mother urges her to flee to US to save her life.</b></p> <p><b>Age 19 migrates to US, is victim of gender based violence and hunger on migration route.</b></p> <p><b>Detained at US border in early pandemic January 2020.</b></p> <p><b>Locked in migrant detention facility 6 months in early pandemic.</b></p> <p><b>Witnessed people dying of Covid .</b></p>	 <p><b>Released to her older sister in the US after about 6 months.</b></p> <p><b>Spent time in 3 states. Works 8 hours a week as hotel cleaner.</b></p> <p><b>Feels safe and accepted.</b></p> <p><b>In a stable romantic relationship and living together with sister</b></p> <p><b>Celebrated a birthday recently with cake and dancing.</b></p> <p><b>Loves art, painting and drawing and music and singing.</b></p> <p><b>Enjoys playing soccer.</b></p> <p><b>Worried about pending immigration court date, losing sleep with worry.</b></p>

**Figure 20**

*Participant 4 HEC Concept Summary*

Health Patterning Participant 4				
<b>Transnational Kinship Networks and Relationships</b> <ul style="list-style-type: none"> <li>• Family Mom, Dad, 6 siblings, (one died).</li> <li>• Two siblings in the US, lives with older sister currently.</li> <li>• Talks to mom daily and friends as well on WhatsApp, has Girlfriend/ Novia.</li> <li>• Childhood nature connections to rivers, the sea, and beaches.</li> <li>• No current healthcare home, no insurance.</li> <li>•</li> </ul>		<b>Time and Space</b> <ul style="list-style-type: none"> <li>• Rates health very good.</li> <li>• Needs vision check, vision not good.</li> <li>• Would like a therapist to help process trauma.</li> <li>• Trauma history at home, on migration route, adult detention 6 months in pandemic.</li> </ul>	<b>Choice Points and Challenges</b> <ul style="list-style-type: none"> <li>• Decision to migrate at age 19 after experiences of persistent violence.</li> <li>• Older sister died in home country one month before migrating.</li> <li>• The journey.</li> <li>• Adjusting to cold and snow.</li> </ul>	<b>Opportunities and Dreams</b> <ul style="list-style-type: none"> <li>• Along with sister moves between 3 states for work.</li> <li>• Works in hotel cleaning.</li> <li>• Wants to study psychology and be a nurse.</li> <li>• Wants to help her family and other people.</li> <li>• Wants to have legal status.</li> <li>• Dreams to be a successful person.</li> </ul>

Participant 4's narrative had many pulse and power quotes related to patterning of healing, connection to family and friends, and freedom that comes from being safe in her true self. She said, "*Sí, me siento segura, feliz y me siento libre*" (translation: I feel safe, happy and I feel free"). Figure 21 summarizes a selection of Participant 4's pulse and power quotes showing meaning in past experiences, connection and agency.

### Figure 21

#### *Participant 4 Pulse and Power Quotes*

## Participant 4: Pulse and Power Quotes



**“Hay mucha discriminación, mucha violencia, no hay oportunidades para nosotras, no somos aceptadas en lugar, golpean a las mujeres.**

“There is a lot of discrimination, a lot of violence, there are no opportunities for us, we are not accepted instead, women are beaten.

**“En la escuela yo tenía muchos problemas con mi preferencia sexual.”**

“At school I had a lot of problems with my sexual preference.”

**“Sí, me siento segura, feliz y me siento libre.”**

Yes, I feel safe, happy and I feel free.”

**“.. me gustaría ser enfermera también, ayudar más a mi familia.”**

“...I would like to be a nurse too, to help my family more.”

## Participant 8

*“Bueno, no tan duro porque, como le digo, mi familia está acá.”*

*“Well, not so hard because, as I say, my family is here”*

Participant 8 is an 18-year-old male who immigrated to the US about 9 months prior to our first interview. His banner quote above refers to the meaning attached to having a lot of family members here in the US with him. Being surrounded by his nuclear and extended family has helped make the post migration adaptation process “not so hard.” He is the eighth in line of 13 siblings, now 12 siblings because one had died. He has eight brothers and four sisters and he is here in the US with both of his parents and 6 siblings. Coming to the US and being once again reunited as a nuclear family was emotional for him after not seeing his mother for a long time. Talking about the connection to family he said, *“Sí, la verdad, sí fue una conexión muy grande, porque ya hacía tiempo que no lo había visto mi mamá y, bueno, gracias a Dios, estamos aquí*

*juntos*” (translation: “Yes, the truth is, it was a very great connection, because I had not seen my mother for a long time and, well, thank God, we are here together”). Meaningful sibling connections were mentioned often in his story, like working together with brothers in agriculture and construction the home country before migration, and talking and going out together here in the US. His brother helped him be less depressed when he first arrived by urging to go out often, and with this sibling support he now says, “*Pero ya no me desespero para nada*” (translation: “But I don't despair at all anymore”). This reflective and self-aware quote resonated in Spanish with a punctuated beginning, “*Pero ya*” (translation: “But now”) and definitive ending phrase “*Para nada*” (translation: “At all or For nothing”) – precise words exuding agency and self-confidence.

**Health Patterning and Meaning:** He shared an important person in response to the main question, naming his father as the most important person because he gives him good advice. Here he connects again to family relationships. In addition to family, Participant 8’s story was about new experiences, love of learning, and his success in school since arriving. He said his talent is school. In his home country he left school in the 4th grade after his father left for the US in order to help his brothers in the fields to ensure they had enough food to eat. Now he wants to be an engineer and his story contained enthusiasm around success in school in the US, achieving honors, especially enjoying math and science. He also spoke of discrimination in the workplace. He experienced discrimination in his cleaning job. saying they give immigrant people the worst jobs but there is no choice but to take it.

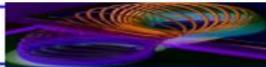
*En el trabajo a veces sí, la mayoría de las personas somos maltratados porque somos inmigrantes, pero uno sabe que tiene que trabajar y no le queda de otra. Sí, pero hay mucha discriminación, como que le dan trabajo a unos.*

Translation: Sometimes yes, at work, most of us are mistreated because we are immigrants, but you know you have to work and you have no other choice. Yes, but there is a lot of discrimination, in the way they give work to some.

He used the words “*me desesperaba*” and “*desesperacion*” to describe how he felt when he first arrived. Literally it translates to “desperate,” but he later explained his meaning that it also means depressed. He said that the depressed feeling was linked to stress around adapting on first arrival but he assured confidently that this feeling is behind him now. Participant 8’s narrative map is summarized in Figure 22, and Figure 23 summarizes Participant 8’s HEC Concept Summary.

**Figure 22**

*Participant 8 Narrative Map*

Narrative Map Participant 8 Important Person: “Mi Papá”			
<p><b>Family: Mother, Father, 13 siblings now 12 as one died.</b></p> <p><b>Completed to 4th grade.</b></p> <p><b>Childhood home rural space with mountain view.</b></p> <p><b>Favorite food: salad.</b></p>	<p><b>Played soccer and took walks in the country on the weekends.</b></p> <p><b>Worked in the fields with brothers and helped in construction.</b></p> <p><b>Planted crops fruit trees, coffee and jicama.</b></p> <p><b>Tended to animals pigs, chickens and horses.</b></p>	<p><b>Left school in home country at 4th grade to help brothers in the fields after his father left for the US.</b></p> <p><b>Did not like school in home country. Stopped school when Dad left for US.</b></p> <p><b>Migrates with brothers at age 17 to reunite with family.</b></p> <p><b>Reunited as family in the US with both parents, and 6 siblings.</b></p>	<p><b>Now dedicated to school and succeeding in all subjects.</b></p> <p><b>Enjoys learning new things here, new language, new friends.</b></p> <p><b>Goes out with brothers, goes shopping, or talks with brothers and sisters.</b></p> <p><b>Experiences mistreatment and discrimination on the job and on the street related to being an immigrant person.</b></p>

**Figure 23**

*Participant 8 HEC Concept Summary*

Health Patterning Participant 8			
Transnational Kinship Networks and Relationships	Time and Space	Choice Points and Challenges	Opportunities and Dreams
<p>Family connections Mother, Father, 12 siblings, lives as family in the US with both parents, and 6 siblings.</p> <p>Has friends in school.</p> <p>Father gives him good advice.</p> <p>School vision check recent eye exam normal.</p>	<p>Rates health as very good.</p> <p>Had a Covid exposure once but did not get sick. Has one Covid vaccine.</p> <p>Gets headaches sometimes.</p> <p>Feels secure life space together with family, united.</p> <p>Shares time with siblings and family.</p>	<p>Migrated with siblings to reunite with family at age 17.</p> <p>Journey took 1 month.</p> <p>Experienced hunger and thirst on the journey.</p> <p>Very depressed when he first arrived. Felt lost.</p> <p>Had a hard time adjusting after arrival but had support from brothers.</p>	<p>Wants to be an engineer.</p> <p>Enjoys school now and is on honor role in local high school.</p> <p>Loves math and science.</p> <p>Had a job cleaning for 25 hours a week.</p> <p>Stopped work to go to school.</p> <p>Plans to look for summer job.</p>

Participant 8’s story had pulse and power quotes that linked to learning and new experiences. I understood that learning for him had multiple meanings within the context of being a migrant person in the US. In addition to learning in school it also brought experiences of learning about discrimination, and experiencing mistreatment in the workplace. Figure 24 shows Participant 8’s pulse and power quotes.

**Figure 24**

*Participant 8 Pulse and Power Quotes*

## Participant 8: Pulse and Power Quotes



"Sí, la matemática, yo, la verdad, esa es la clase donde más me entretengo."

"Yes, mathematics, me, the truth, that is the class where I amuse myself the most."

"Sí, a mí me encanta estudiar. Me gusta todo."

"Yes, I love to study. I like everything."

"..en el trabajo a veces sí, la mayoría de las personas somos maltratados porque somos inmigrantes"

"...at work sometimes yes, most people we are mistreated because we are immigrants"

"Acá uno aprende cosas diferentes."

"Here one learns different things."

## Participant 2

*"Mi primer libro está allá en {PAÍS} y ahora yo tengo mi primer año que yo estoy escribiendo mi otro libro aquí, en los Estados Unidos."*

*"My first book is there in {COUNTRY}, and now I am in my first year writing my other book here, in the United States."*

Participant 2 was a 20-year-old female who was approaching the anniversary date of completing her first year in the US. Her banner quote above resonates with the poetic metaphor of framing her life experiences as different editions of her life book. She wrote her first book in her home country and now is writing her second book in the US. She had a migration experience that gave her a shock, literally transporting her from one world to another in two hours. She arrived on a plane to Miami with her entire family after applying for asylum in the US and receiving international refugee status. Her family owned a business and were extorted by local

criminal gangs-*pandillas*– unreasonable demands for money, death threats and violence. They had moved many times within her country but found there was nowhere else to go safely. They applied as asylum-seekers from the home country and the family granted permission to enter as refugees in 2020. She arrived with her 89-year-old grandfather, mother, sisters, niece, and brother to a city in the northeast in the middle of a frigid winter. Her narrative was filled with colorful visual details of her life, food, sunflowers, mint green color of her soccer jersey, the grayness of winter as she looked out her window in December. Her story had long threads of text, many with quotations that included “*risas*” (laughing). She often narrated her story by voicing the other person in the story, especially her grandmother and mother using the endearments they each used like “*mija*” and “*mijo*” (a familiar endearment meaning “mi hijo” and “mi hija” (my son and my daughter). These terms of endearment are used commonly in conversation with family and friends. Through her impassioned storytelling I resonated with an actual sense of her grandmother, hearing her abuela’s loving voice for example in details of how to make *caldo de pollo*/chicken soup, after sending her to the market to buy the chicken and other ingredients.

*Cuando yo llegaba a la casa ella ya estaba esperándome sentada en la cocina, y ella me empezaba a decir: "Póngale primero el agua." Okay, le ponía el agua. "Pele estas papas, hágalas en cuadritos." Entonces, ella me iba diciendo paso por paso.*

Translation: When I got home she was already sitting in the kitchen waiting for me, and she would start telling me: "Put the water on her first." Okay, I put the water on. "Peel these potatoes, dice them." So, she was telling me step by step.

**Health Patterning and Meaning:** Participant 2 answered the main research question about important people, emphasizing emphatically her *whole* family were the most important. She said,

*“Las personas más importantes en mi vida, en primer lugar, mi familia, toda mi familia, pero en sí, es mi mamá, mi abuelo, mi abuela y mi papá”* (translation: “The most important people in my life, first of all, my family, all my family, but, it is my mom, my grandfather, my grandmother and my dad.”) Her grandmother and dad are both deceased but she gave meaning by frequently recounting detailed stories about her grandmother. She lived and cared for her grandmother for about 3 years after she fell and became immobile. Her grandmother and her mother gave her inspirational pep talks, life advice that helps her to navigate life challenges. She carried their voices in her and in her story, sharing important wisdoms that she drew upon frequently in her life.

*Ella me enseñó muchas cosas, a luchar por lo que quiero y nunca rendirme, a pesar de que en el camino van a haber cosas malas, uno siempre tiene que seguir adelante, y siempre confiar en Dios. Si ayer cometí un error, hoy voy a tratar la manera de no hacerlo. Y cosas así. si ayer fui mala, entonces hoy voy a ser buena.*

Translation: She taught me many things, fighting for what I want and never giving up, even though there are going to be bad things along the way, one always has to keep going, and always trust in God. If yesterday I made a mistake, today I am going to try not to do it. And things like that- If yesterday I was bad, then today I will be good.

Food, cooking and feeding others held significant meaning in Participant 2’s story. They always cooked more food in order to feed unexpected guests. One of her happiest memories of the last year was when a friend from her village migrated to the US and came to their home. Her mother eagerly fed him, carrying on the family tradition of feeding others. She has had trouble feeding herself since arrival, not feeling hungry due to depression, and she has lost a lot of weight over the past year. But she said things are getting better. She is working in a pizza shop and getting

monthly weight checks. She was offered antidepressant but in interview two said she is “better so I do not need medicine.” She had an “aha moment” after hearing her story told back to her. She indicated that September holds many important and meaningful dates, birthdays as well as anniversaries of loved ones’ deaths and her migration anniversary. In HEC theory this “aha” moment reflects patterning and consciousness. (Newman, 1995). Figure 25 summarizes her Narrative Map, and Figure 26 shows Participant 2’s HEC Concept Summary.

**Figure 25**

*Participant 2 Narrative Map*

Health Patterning Participant 2 			
Transnational Kinship Networks and Relationships	Time and Space	Choice Points and Challenges	Opportunities and Dreams
<ul style="list-style-type: none"> <li>• Refugee/ Migrated with her family.</li> <li>• Feels supported.</li> <li>• Three good friends in home lands talks on WhatsApp.</li> <li>• Connected to health and mental health home, insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Feels time moving very quickly.</li> <li>• Had shock of sudden arrival and many sensations around new time and place.</li> <li>• Depression, acne, anemia, lost weight.</li> <li>• Went to live w Grandmother after she had a fall and could not walk.</li> <li>• Shock of sudden arrival after family was granted refugee status.</li> </ul>	<ul style="list-style-type: none"> <li>• Getting out of bed when she feels depressed.</li> <li>• Adapting to the US shock and winter.</li> <li>• Learning English and working in a job where people were mean to her because she did not speak English.</li> <li>• Death of father and Grandmother.</li> <li>• Death of relative from Covid</li> <li>• Loss of life she had prior, team captain of soccer, championship winner, studying to be a secretary.</li> </ul>	<ul style="list-style-type: none"> <li>• Working and studying English, getting to know way around.</li> <li>• Wants to learn English well and resume secretarial school or maybe nursing.</li> <li>• Would like to join a soccer team.</li> <li>• Maybe would like to return to her country to work there with English language skills as a secretary.</li> <li>• Maybe will stay here, unsure.</li> </ul>

**Figure 26**

*Participant 2 HEC Concept Summary*

Narrative Map Participant 2: Important People“ Toda Mi Familia”			
<p>Happy childhood memories with parents and grandparents, 4 siblings, her father died at age 11.</p> <p>Very close to grandmother who died 4 years ago. She was “serene and patient” and gave lots of a great advice.</p> <p>Happy cooking and eating memories: caldo de pollo, tamalitos blancos envueltos en hoja. echar las tortillas con la mano. Las girasoles. Picked sunflowers grandmother’s favorite flower.</p>	<p>Was studying in secretarial school upper level education 2 years.</p> <p>Had a “regular” life, many friends, big family. Job selling things, dedicated to studying.</p> <p>Never wanted to migrate.</p> <p>Played soccer on winning team mint green shirts - las verdes.</p>	<p>Age 19 migrates on a plane from home country together with all family, mom, and siblings and grandfather age 89.</p> <p>Refugee asylum status for whole family. Received asylum due to violence and danger unable to remain in country.</p> <p>Lives here with mother, gf, 2 sister, niece ,and younger brother.</p> <p>Was very depressed on arrival, everything was gray and cold. Arrived in winter. Only wanted to sleep.</p>	<p>Mother gets her a cashier job at Dollar Store and they work together, mom and sister.</p> <p>Job is very stressful because does not speak English and people are rude and she feels discrimination.</p> <p>Mother helps her and inspires her to keep going. She learns determination and persistence.</p> <p>Studying English and working in a pizza shop 30 hr/wk. Feels job is good, friend from home country. Still depressed at times, but adapting slowly. Needs to gain weight.</p>

A sample of Participant 2’s Pulse and Power Quotes are shown in Figure 27. Several quotes are related to the meaning of food and feeding others. In the first quote she carries on the family tradition of her mother and grandmother saying to her dear friend, “*mijo venga comer*” (*my son, come and eat*). One quote emphatically reveals she did not want to come to the US showing agency, at a turbulent life challenge point. The last quote is about her grandfather who tried to plant in late summer northeast US the first year and the seeds froze. I resonated with this quote as a metaphor for the locally-situated knowledge that is necessary for seeds, plants and people to grow, to flower and to flourish in new time spaces, trial and error in the pattern that connects, unfolding in real time (Newman, 1995, p. 93).

**Figure 27***Participant 2 Pulse and Power**Quotes*

Participant 2: Pulse and Power Quotes	
"Mijo, venga a comer". Mi mamá le hizo comida, "coma, ¿quiere café, quiere esto?"	
Mijo, come eat." My mom made you food, "eat, do you want coffee, do you want this?"	
"Entonces sí cocinaba algo extra por si llegaba alguien, y siempre llegaba más de alguien"	
"So I did cook something extra in case someone came, and more than one person always came"	
"Te voy a explicar, yo no me quería venir para este país".	
"I'm going to explain to you, I didn't want to come to this country."	
"- ya estaba por acabarse el verano, pero él sembró y se le frisó."	
-- summer was about to end, but he sowed and it was frozen."	

**Participant 11**

*"Bueno, él se dedica a cultivar melocotón, aguacate, manzana.*

*También verduras, que sería cilantro, rábano, mostaza, papas. Creo que es casi todo tipo de  
verdura."*

*"Well, he is dedicated to growing peaches, avocados, apples.*

*Also, vegetables, which would be coriander, radish, mustard greens, potatoes. I think it's almost  
all kinds of vegetables."*

Participant 11 was an 18-year-old male who arrived in the US about 9 months before our first interview. His banner quote above describes the crops on his father's farm where he grew up

helping his father farm the land to sell in the market. The food was used to also feed his family. He helped to care for the animals, cattle and cows on the farm. He had a strong connection to nature and said that his future life goal is to be a cattle farmer. His quotes were more detailed and his voice resonated with meaning when he was talking about the farm, the countryside, and natural description of his land like mountains, rivers, waterfalls. He also verbalized concern for warming climate in relation to the recent 2020 hurricanes and the resulting landslides that affected his area of the country.

**Health Patterning and Meaning:** Participant 11's story reflected meaning in connection to animals and nature. He answered the main research question about important people or events by saying his family was the most important. He clarified emphatically before answering saying: "*No, sólo personas importantes en mi familia. Eventos no*" (translation: "No, only important people in my family. Events no") – implying meaning in people and connections over events. His migration journey started at age 17 when the local gangs around his high school pressured him to join, threatening violence if he did not. The family decided he should go north to his aunt and cousins for safety. He was detained at the border after two months on the migration route and sent to a southern state detention center. After two months in a minor detention facility he was released to his aunt and started going to high school again and working in a local restaurant.

He experienced a major life shock in Spring 2022 when he was violently attacked and robbed in a local park by a youth gang. He was hospitalized for two days and had surgery for a broken jaw, requiring his teeth to be wired shut for two months. He survived on a liquid diet and lost significant amounts of weight. Participant 11 found support in this crisis from the teachers at school who brought him nutritious drinks and helped find ways to pay expensive hospital bills. He continues to have dental problems, and needs medical and dental follow up but does not have

a current plan. The jaw wires have been removed. He is still anxious about going out in the community, but is working in a restaurant and going to high school. He chose to receive the project gift card to a local supermarket saying he would like to get food to fill the refrigerator, as he has tried to regain the weight he lost. Figure 28 entitled Participant 11 Narrative Map summarizes his life story, and Figure 29, entitled Participant 11 HEC Concept Summary, highlights the application of HEC.

**Figure 28**

*Participant 11 Narrative Map*

Narrative Map Participant 11 :Most Important People “Mi Familia” 			
<p><b>Family:</b>Mother Father and 3 siblings ages 17, 12 and 7. He is oldest of 4 children.</p> <p>Early childhood spent studying and helping father work in agriculture and farming.</p> <p>Crops : meloncito/melón, aguacate/avocado, manzana/apple, cilantro, rábano/radish, papas/potato y todo tipo de verdura/ all vegetables.</p> <p>Crops are for selling and also for family to eat.</p> <p>Favorite food memory: pumpkin soup.</p>	<p>Was studying in high school in local community.</p> <p>Effects of global economy, rising prices makes it hard to buy essential farming supplies like fertilizers.</p> <p>Land:mountains, rivers and waterfalls. Animals “there were chickens, pigs, cattle, horses and cows”.</p> <p>Hurricanes and landslides in 2020 impact his home community.</p>	<p>Age 17 decides to migrate to US due to physical safety issues, threats of violence and forced gang inscription in town he was studying in.</p> <p>August 2021 migrates north having “colds” and dehydration on the 2 month journey.</p> <p>Detained at US border for 2 days then sent to FLA minor detention center a “shelter” for 22 days and then released to his Aunt in the north east. Gets vision check in detention.</p> <p>Arrives to Aunt in November 2021.</p>	<p>Enrolls in local high school and starts class and learning English.</p> <p>Works in a restaurant in food preparation.</p> <p>Lives with Aunt and 3 cousins.</p> <p>Spring 2022: Survives a violent robbery and assault in a local park by a group of teens. Hospitalized and has operation for broken jaw. Liquid diet weight loss. Teachers are big source of support to help pay bills. Needs follow up care. No insurance.</p>

**Figure 29**

*Participant 11 HEC Concept Summary*

Health Patterning Participant 11			
Transnational Kinship Networks and Relationships	Time and Space	Choice Points and Challenges	Opportunities and Dreams
<ul style="list-style-type: none"> <li>• Parents and siblings remain in home country.</li> <li>• Lives with Aunt and similar aged cousins.</li> <li>• No connection to health care home.</li> <li>• Has friends in school and work.</li> <li>• Teachers at US school are big source of support.</li> <li>• Some local neighbors also here from home city.</li> </ul>	<ul style="list-style-type: none"> <li>• Reports health as very good, minor “gripes”, has 2 COVID shots.</li> <li>• Notices noise/noisiness of new space, sounds of the city, has troubling sleeping sometimes due to the “noise”.</li> <li>• Major health event after gang robbery and violent assault in park, broken jaw wired shut for two months, hospitalized 2 days, surgery, liquid diet weight loss, depression. Titanium in jaw, teeth are misaligned, has to eat slowly.</li> </ul>	<ul style="list-style-type: none"> <li>• Leaving school and home community to avoid forced gang inscription.</li> <li>• Violent robbery and assault in US in park near school and new home.</li> <li>• Still anxious and stays home mainly.</li> </ul>	<ul style="list-style-type: none"> <li>• Works in a restaurant in food preparation.</li> <li>• Highschool classes learning English but it is hard.</li> <li>• Wants to own a cattle farm. Loves cattle and cows, meat and milk variety.</li> <li>• Likes to watch movies and listen to music.</li> </ul>

A selection of Participant 11’s pulse and power quotes are displayed in Figure 30 Participant 2 Pulse and Power Quotes. The first two quotes chosen reflect his pattern of the whole as I sensed it in the situated daily routine of working and studying. In addition to all he has experienced, he continues working to support his family at home after having months of loss of income in recuperation from his assault. The last two quotes connect his worlds across space time showing things that matter to him like his farm and farm animals, connecting now with learning to adapt and sleep with “*el tipo de bulla*” –the type of movement and noise of the city life.

**Figure 30**

*Participant 11 Pulse and Power Quotes*

## Participant 11: Pulse and Power Quotes



"Pues, recientemente, nada nuevo.  
Solo trabajar, estar estudiando"

"Well, recently, nothing new. Just work, and studying"

"pero sí he podido ayudar  
un poco más a mi familia en lo que es económicamente"

"but i was able to help a little more to my family economically"

".había gallinas, cerdos, reses, caballos y vacas."

"...there were chickens, pigs, cattle, horses and cows."

"Bueno, cuesta dormir un poco por el tipo de bulla."

"Well, it's hard to sleep a bit because of the kind of noise."

## Participant 5

*En este momento no puedo porque cuesta, pero sí, en un futuro, si tengo la oportunidad, quisiera sacar un curso de enfermería.*

*"Right now I can't because it's hard, but yes, in the future, if I have the opportunity, I would like to take a nursing course."*

Participant 5 is a 20-year-old who chose not to answer the gender question preferring instead the option "prefer not to say." To honor that request and to maintain anonymity I will avoid using pronouns, and instead refer to Participant 5 in the narrative using "Participant 5" and "E," one of the letters contained in the participant's given name. E.'s banner quote reflects patterning in life goals, something E. has to put on hold for now as E. is parenting an almost 3-year-old-son. For now E.'s life is spent working 30 plus hours per week in McDonald's and parenting a preschooler with special needs. E's child has speech and language delays and E. is also balancing visits with pediatrician, and developmental specialists and enrolling him in

preschool. The banner quote resonated with self-awareness of time space –“Right now I can't because it's hard.”

The story highlights E.'s understanding that the responsibilities of now are challenging, while being simultaneously conscious and aware of potential career goals of being a nurse in the future. E.'s story had meaning in the balancing of life responsibilities as parent and also as worker, family member, and friend, common experiences of people parenting young children. E. graduated with a US high school diploma and is bilingual after arriving in the US at age 14, a little over 5 years ago. E. graduated with same-aged peers, passing the mandatory state comprehensive exams in the final year of high school. The participant shared proudly: *Sí, pasé mis exámenes, bueno, pasé dos al último año para graduarme [risas]* (translate: I passed my exams, well, I passed two the last year to graduate [laughs]).

**Life Patterning and Meaning:** Newman (2003) theorized that “the past of memory and the future of anticipation are both seen as encompassed in the present” (p.242). In application of Newman's theory, this idea can be seen in E.'s discussion of future life goals while living present life fully. Challenges of space and time were present in E.'s story, highlighted by the emotion of being physically apart from family. The village where E.'s family remains often has heavy rains and poor internet, making phone calls to family challenging. E.'s Grandfather had died recently. Of his death, E. said:

*Es difícil, porque muchas veces los extraño, quisiera estar con ellos, convivir como convivíamos antes. O a veces uno quiere un abrazo de mamá o de papá, y uno no puede porque está lejos.*

Translation: It is difficult, because many times I miss them. I would like to be with them, to live together as we used to live together. Or sometimes you want a hug from mom or dad, and you can't because you're far away.

Participant 5 's father farmed someone's land, and E. shared economic hardships and food insecurity of early childhood years with mentions of hunger, and parents having to go look for food for the children. Neighbors often robbed food from their garden, which I interpreted to mean food overall was scarce and there was hunger at a community-wide level. When describing childhood memories, E. painted a vivid and poetic picture of growing up with the physical presence of an active volcano— one of the more than 70 volcanoes currently active in Central America. E.'s quote resonates with emotion and feeling connected to appreciating awe and beauty found in the everyday, even when you are used to seeing it *every day*.

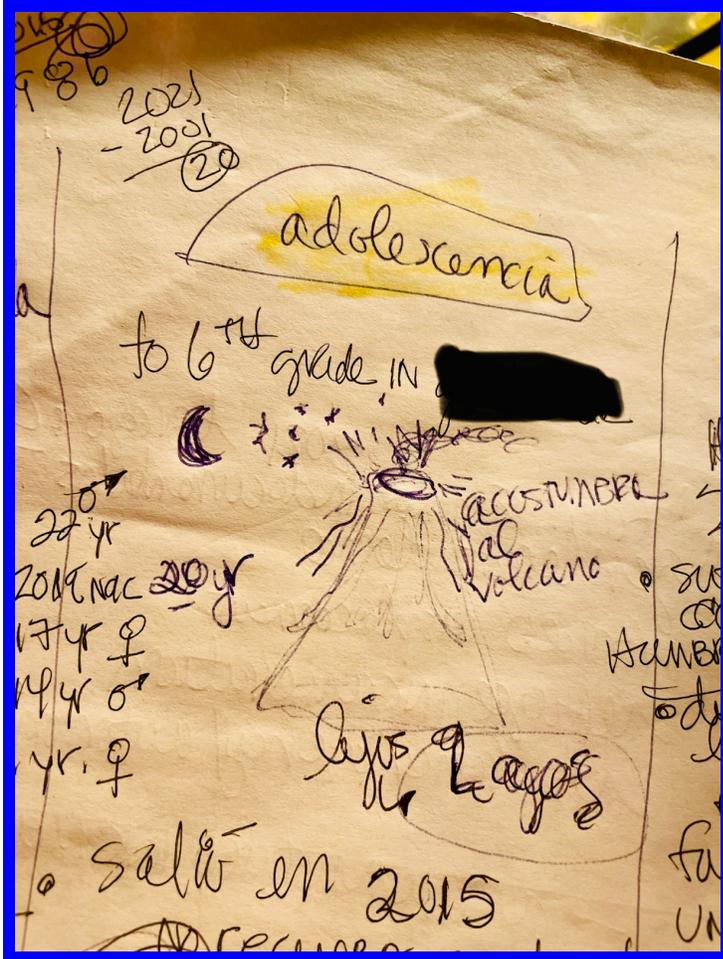
*Por las noches, cuando ya entraba la noche, y uno miraba que el volcán estaba haciendo ruido, que estaba tirando fuego, lava, todo, entonces ya uno sentía bonito la emoción verlo, sí uno ya estaba acostumbrado.*

Translation: At night, when night fell, and one saw that the volcano was making noise, that it was throwing fire, lava, everything, then you already felt the emotion—beautiful seeing it, yes and you were even used to it.

Figure 31, entitled *Volcano at Night*, depicts the drawing I made in the narrative profile after resonating in E.'s childhood story. The drawing acts as an example of the immanent and embodied praxis of HEC, narrative understanding through words and imagery.

### **Figure 31**

*Volcano at Night*



Participant 5 Narrative Map is found below in Figure 32. Figure 33 highlights patterning within the HEC Concept Summary.

### Figure 32

*Participant 5 Narrative Map*

Narrative Map Participant 5 : Most Important People “Mi Familia”			
<p><b>Family: Mother , Father and 4 siblings,</b></p> <p><b>Is second to oldest child. Grandmother and aunts and uncles. Grandfather recently died.</b></p> <p><b>Early childhood played pretend cooking, played with friends and siblings.</b></p> <p><b>Hunger, food insecurity and robberies in home.</b></p> <p><b>People stole food to eat from their garden.</b></p> <p><b>Agriculture included chile coffee/robusto, frijoles beans, milpa / corn.</b></p>	<p><b>Connection to land, rivers, lived near a volcano.</b></p> <p><b>Brothers experience local violence.</b></p> <p><b>Was in sixth grade in school.</b></p> <p><b>Active volcano in village, enjoys beauty found in night imagery of lava.</b></p>	<p><b>At age 14 years migrates because of local violence. Brother had an accident and they brought him here to seek care.</b></p> <p><b>Experiences hunger, thirst, and safety risks on migration route.</b></p> <p><b>Misses family and yearned for hugs from mother.</b></p> <p><b>Spent time before parenthood with friends walking around, eating ice cream.</b></p>	<p><b>Lives with older brother and his wife, and maternal uncles.</b></p> <p><b>Graduates High school in 2019</b></p> <p><b>Single parent of child age 2.5 years. Child has delayed speech and language and is in early intervention.</b></p> <p><b>Works at McDonald’s for past 6-7 months about 30 hours per week.</b></p>

**Figure 33**

*Participant 5 HEC Concept Summary*

Health Patterning Participant 5			
<b>Transnational Kinship Networks and Relationships</b>	<b>Time and Space</b>	<b>Choice Points and Challenges</b>	<b>Opportunities and Dreams</b>
<ul style="list-style-type: none"> <li>• Lives with brother and sister in-law helps takes care of child.</li> <li>• Connected to health center dental and vision center.</li> <li>• Calls to home are sometimes technologically challenging.</li> <li>• School and work friends.</li> </ul>	<ul style="list-style-type: none"> <li>• Does not remember exactly the year or month of migration journey or date of US arrival.</li> <li>• Entered local school after 2 months of arrival here and was asustada / scared.</li> <li>• Rates health as excellent. Covid vaccinated twice.</li> <li>• Eats ice cream and walk with friends, less now since being a parent.</li> </ul>	<ul style="list-style-type: none"> <li>• Was pregnant and gave birth in junior high school year.</li> <li>• Difficult trying to study and parent.</li> <li>• Challenges of parenting and working, less connections to friends.</li> <li>• Being separated from family.</li> <li>• Family has trouble accessing internet due to rain.</li> </ul>	<ul style="list-style-type: none"> <li>• Graduated high school.</li> <li>• Wants to be a nurse.</li> <li>• Has traveled for vacation to 3 other states.</li> <li>• Enrolling son in preschool and coordinating evaluation for speech and language delay</li> <li>• Working and parenting.</li> </ul>

The pulse and power quotes chosen from the narrative are found in Figure 34. The first quote relates to E. feeling scared when entering school here for the first time, not knowing the new language, facing something new. The second and third quotes relate to meaning found in patterning of family connectedness across space and time. E.'s goal of nursing is the focus of the fourth quote.

### Figure 34

#### *Participant 5 Pulse and Power Quotes*

## Participant 5: Pulse and Power Quotes



**"Cuesta porque yo me sentía como asustada o-- era algo nuevo para mí."**

"It's hard because I felt kind of scared or-- it was something new for me."

**"A veces uno quiere un abrazo de mamá o de papá, y uno no puede porque está lejos."**

"Sometimes you want a hug from mom or dad, and you can't because you're far away."

**"Sí. Bueno, mi abuelo acaba de morir. Nos queda solo mi abuela y mis tíos."**

Yes. Well, my grandfather just died. We only have my grandmother and my uncles.

**"En el futuro quisiera enfocarme en sacar un curso de enfermería."**

"In the future I would like to focus on taking a nursing course."

### Participant 10

*Creo que, a mi manera de pensar, era limitarme demasiado, cuando yo sé que puedo lograr cosas más grandes si me lo propongo.*

*"I think that, to my way of thinking, it was limiting myself too much, when I know that I can achieve greater things if I put my mind to it."*

Participant 10 was an 18-year-old male who im/migrated about 11 months prior to our first interview. His interviews provided texts with long narrative content and detailed descriptions about family and experiences. It was difficult to choose one banner quote among so many powerful words that resonated in the conversation and later the transcript text. Ultimately, I chose the one above because the words capture my interpretation of his patterning of life through meaning of desire, agency, expansiveness, potential, confidence. The quote was his choice point in 2021 explaining his reasons for migration. He said he is very comfortable with

his decision, happy that he decided to leave his country. He said he “aspired more to get out of the same line of thinking” that his life was going to be agriculture, living with the basics and nothing more. Participant 10 wanted to know something new. In the text below, his use of anaphora, deliberate repetition of the word “new” four times, evokes emotion and meaning around new experiences and new opportunities— his reason for migration.

*“llegando a este país yo vi que había un poco más de oportunidades creo que muchísimo más. Entonces, conocer nueva gente, relacionarme con diferentes tipos de personas, una nueva cultura, un nuevo idioma, una nueva escuela, acá el trabajo es muy diferente. Entonces, para mí hubo un cambio grande, pero me siento bien, porque realmente es lo que yo quería.”*

Translation: “coming to this country I saw that there were more opportunities, I think so much more. So, meeting new people, interacting with different types of people, a new culture, a new language, a new school, the work here is very different. So, for me there was a big change, but I feel good, because it really is what I wanted.”

Another reason for migration was feeling judged in his community because he did not share the same strict religious beliefs as the majority. He said he believed in God but not in religion and he felt stifled and discriminated against for thinking differently. He was studying accounting and bookkeeping at the level of early college at age 17 before migrating. He had always thought about migrating, keeping the idea mainly to himself, but one day in 2021 he decided suddenly “I have to go.” He left 14 days later.

**Life Patterning and Meaning:** There was self confidence in Participant 10’s story and strong connections to art and music. He answered the main research question about an important person— his father. He described his father as a farmer who grew corn, beans, coffee, and

vegetables for family consumption and the market. His father had vast knowledge of culture, history, physics, music, art, psychology, chemistry and more. He attributed his own love of learning and openness of mind to what he had learned from his father, and said he was very thankful for all that he has taught him. His father was informally educated, self taught by searching out mentors in the community who taught him for free. Participant 10 carried his father's love of learning, art and culture and shared his own talents for art and music in the two interviews. He is a talented artist and shared images of four pieces he drew, drawing upon multiple styles and mediums.

*Y arte. Me gusta también el arte, que sería el retrato y la pintura al óleo, con acuarela, Me gusta mucho intentar dibujar arte contemporáneo, arte renacentista y retratos de personas que conozco o de personas famosas. Me gusta mezclar un poco de lo que es el realismo y el surrealismo.*

Translation: And art. I also like art, which would be portraiture and oil painting, or with watercolors. I really like trying to draw contemporary art, Renaissance art and portraits of people I know or famous people. I like to mix a bit of what is realism and surrealism. His story was also about adapting and adaptation, another word that appeared frequently in the conversation. Things in the US were “new” and “different” but he’s “adapting” and “it’s all just what I hoped it would be.” His story provided connections to context, material situatedness, meaning and feelings connected to the differences noted in food, noise level, air quality, opportunities to exercise, learn, work and connections to nature. His migration journey was “easy” and “quick.” A former college accounting student, he is working 40 hours a week washing dishes in a fast food restaurant and getting honors in classes in high school. His “only” challenge is worried about not being able to go to US college due to his not “having papers.”

“Entonces, eso sí yo creo que es el único choque que yo tengo para las aspiraciones que yo he tenido, mas sin embargo, siento que es lo único. (translation: “So, yes, I believe that it is the only challenge that I have for the aspirations that I have had, nevertheless, I feel that it is the only thing”). Figure 35 summarizes Participant 10 Narrative Map, and Figure 36 details Participant 10 HEC Concept Summary.

**Figure 35**

*Participant 10 Narrative Map*

Narrative Map Participant 10 : Most Important People “Mi Papa”			
<p><b>Family: Mother Father, Oldest of 3 children sister age 7 and brother 17 year.</b></p> <p><b>Happy childhood played soccer, family, friends, school and studying.</b></p> <p><b>Father teaches him “have an open mind”, introduces him to history, physics, culture, chemistry, math, music , art and psychology.</b></p> <p><b>Family farm to sell and eat: agricultura de maíz, frijol, café, lechuga, repollo, zanahoria y tomate</b></p>	<p><b>Father is self directed in his intellectual curiosity and father learned from another person but was not in formal education.</b></p> <p><b>Played soccer in the streets with friends. Streets were their playground and soccer field.</b></p> <p><b>Advanced high school year travels 70 min per day to and from school in another town. Studies accounting and bookkeeping.</b></p> <p><b>Favorite food memory:Natural soups from family farm vegetables.</b></p>	<p><b>Connections to mountains, rivers, and peaceful countryside.</b></p> <p><b>At age 17 decides to migrate. Feels “judged” and “discriminated”, constricted in local community atmosphere of religious beliefs Catholic and Evangelical. Does not align with those beliefs.</b></p> <p><b>Aspires for more opportunities in life.</b></p>	<p><b>“Easy” and “quick” migration journey, 15 days. Detained for 2 days then released. Spent 30 days in community shelter in El Paso.</b></p> <p><b>Full-time highschool student, and receiving highest honors.</b></p> <p><b>Works 36-40 hours washing dishes in a restaurant.</b></p> <p><b>Feels growth as person .</b></p> <p><b>Enjoys running as exercise but here hard to enjoy fully due to the “noise”, notices even parks allow cars and not as much “peace” to be outdoors like home.</b></p>

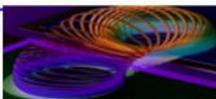
**Figure 36**

*Participant 10 HEC Concept Summary*

Health Patterning Participant 10			
Transnational Kinship Networks and Relationships	Time and Space	Choice Points and Challenges	Opportunities and Dreams
<ul style="list-style-type: none"> <li>Family and friends.</li> <li>Connection to school health center, connected him to community health center and now has a primary care home.</li> <li>Teachers</li> </ul>	<ul style="list-style-type: none"> <li>Health is “very good”</li> <li>Feels less able to “breathe” when running now due to air quality, or maybe less physical conditioning.</li> <li>Talents:piano painting and drawing, oils, watercolor, acrylic paint, graphite, music, music production.</li> </ul>	<ul style="list-style-type: none"> <li>Covid affected the economy in home country; price of fertilizer increased, economic stress</li> <li>Not “having papers” and “being legal is restriction, especially for college admission and scholarships. Feels limited choices.</li> <li>Looking for work without a social security number is a challenge.</li> <li>Would like to play soccer more but it’s hard to find the time and the people and the space.</li> </ul>	<ul style="list-style-type: none"> <li>Enjoys new school, new culture, meeting new people, learning English.</li> <li>Wants to be a musical production engineer, dedicated to art and music.</li> <li>Pushes self to high aspirations and dreams, and feels he can achieve them.</li> <li>Wants to graduate high school.</li> <li>Wants to go to college.</li> <li>Enjoys movement and sports, running and soccer and hopes to do this more.</li> </ul>

Figure 37 contains a sample of Participant 10’s pulse and power quotes. The first and last quotes resonate with his agency and confidence and emphasis on his ease and flow while adapting to his new environment. Quote two relates to noise here in the US, one of the many changes he notes in his personal connections to nature. Quote three is about his most important person, his father.

**Figure 37** *Participant 10 Pulse and Power Quotes*

<p><b>Participant 10: Pulse and Power Quotes</b></p>	
<p><b>"Yo siento que para mí es un desafío y yo lo tengo que lograr."</b>          "I feel that it is a challenge for me and I have to achieve it."</p> <p><b>"Sí, realmente, el ruido, creo que es una de las diferencias más grandes,"</b>          "Yeah, really, the noise, I think that's one of the biggest differences,"</p> <p><b>"En gran parte, la mayoría de los conocimientos que yo ahora poseo son gracias a él, porque él me enseñó de todo."</b>          "In large part, most of the knowledge I now possess is thanks to him, because he taught me everything."</p> <p><b>"Entonces, para mí hubo un cambio grande, pero me siento bien, porque realmente es lo que yo quería."</b>          "So, for me there was a big change, but I feel good, because it really is what I wanted."</p>	

### Participant 7

“Era más que todo una meta de venir para acá, y cuando se dio la oportunidad, pues me vine.”

*“It was more than anything a goal to come here, and when the opportunity arose, well, I came.”*

Participant 7 is an 18-year-old male that arrived in the US about 5 months prior to the first interview. His banner quote above reflects a recent turning point, the decision to join his father in the US. He spoke of the great emotion he had on arrival. *“Pues es un cambio muy grande de {PAÍS} para acá. Cierto, cuando uno viene de allá pues trae una gran emoción.”* (translation: Well, it is a very big change from {COUNTRY} to here. True, when one comes from there, it brings great emotion.) As the middle child of three, he was studying and helping run the family farm with his mother before deciding to migrate. The family farm grew and sold vegetables like tomato and güisquil (chayote pear squash) and green beans, and they raised dairy

cows. His mother made and sold homemade cheese with milk from the dairy cows- *queso fresco*. He enjoyed riding horses and playing soccer. He and his family are part of a church group, Evangelical Christian community in his country of origin. Community connections to church continued in the US after migrating. He plays guitar and drums in the church. Playing instruments and doing math are two talents that he shared.

**Health Patterning and Meaning:** Participant 7 answered the main research question with an answer about an important person, “*Mi Papá.*” When prompted to say more he said his “dad is 42 years old and is a good person.” His memories with his dad were of working together on the farm and planting crops. “*Cuando trabajábamos juntos trabajábamos en la agricultura. Cosechas. Cosechábamos güisquil, ejote. Güisquil.*” (translation: “when we worked together we worked in agriculture. Crops. We used to grow güisquil, green beans. Güisquil”). Here in the US Participant 7 is studying and working in construction and cleaning. His goals right now are to continue studying and learning English and he is unsure what comes after that, saying “for this moment I have no idea.” He often answered questions with one or two words, but used the word great “emotion” twice in the interviews. Once when describing coming to the US and also when meeting US born cousins and family here what he had never met before. “*Y pues sí, hay emoción cuando uno comparte con su familia que nunca ha visto.* (translation: “And yes, there is emotion when you share with your family that you have never seen”).

He shared meaning related to time-space-movement and conscious awareness in expression of evolving life processes. He said his migration journey was “easy” and “quick,” yet he shared details of what happens to others on the journey, especially when they are trying to jump over the border wall. He used an idiom that is difficult to translate to English. He said: “*No sé cómo decirlo, pero en español, el de nosotros, ahí mismo se dice: Se fajan o se quiebran una*

*canilla*" (translation: I don't know how to say it, but in Spanish, ours, they say right there: "Get yourself together or break a shin"). It resonated as metaphor with meaning in his life patterning reflecting persistence, dedication. When describing farm work, he said "it's dedication." Figure 38 summarizes Participant 7's narrative map, and Figure 39 outlines connections to HEC concepts.

**Figure 38**

*Participant 7 Narrative Map*

Narrative Map Participant 7 : Most Important People "Mi Papa"			
<p><b>Mother, Father and 2 siblings; middle child of three children and sibs are ages 21 and 15.</b></p> <p>Lives in town between rural and city medium sized, town had a school basica nearby.</p> <p>Mother is housewife (ama de la casa) makes cheese from farm cows' milk ;queso fresco. Food memory chilaquiles.</p> <p>Enjoys horseback riding, plays soccer, involved with Evangelical church community.</p>	<p><b>Memories of working with father in agriculture, tending crops and land before Father left for the US.</b></p> <p>Family farm as business; vegetables chayote, güisquil, ejote green beans tomato and selling cheese and cows.</p> <p>Economic hardship buying farm supplies fertilizers, ect.</p> <p>Plays instruments in the church.</p>	<p><b>Father (age 42) is living in the US.</b></p> <p>Decides to join Father in Aug 2021. Migration journey 1 month. Always a dream to join Father .</p> <p>Wants to learn English and study</p> <p>Meets uncles and cousins in NY who he never met. Family reunion. Feels very emotional to meet cousins born here .</p>	<p><b>Lives with Father and extended family.</b></p> <p>US based Evangelical Christian community. Plays instruments in the church.</p> <p>Lives in US community with connections to home town in home country.</p> <p>Goes to highschool. Classes in English are challenging.</p> <p>Works in cleaning and construction.</p>

**Figure 39**

*Participant 7 HEC Concept Summary*

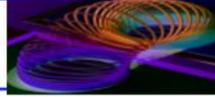
Health Patterning Participant 7			
Transnational Kinship Networks and Relationships	Time and Space	Choice Points and Challenges	Opportunities and Dreams
<ul style="list-style-type: none"> <li>• Mother and 2 siblings in home country.</li> <li>• Father lives with him in US.</li> <li>• Many cousins and Aunts and Uncles here in the US in NY.</li> <li>• School based health clinic.</li> <li>• School nurses are supportive and speak Spanish.</li> </ul>	<ul style="list-style-type: none"> <li>• Rates health as very good.</li> <li>• Mother has mild Covid case once.</li> <li>• He is Covid vaccinated.</li> <li>• Needs to get vision check, can't see well from far away.</li> <li>• Adjusts easily to winter because his home in the mountains also got very cold.</li> <li>• Spends time in school, work, and church.</li> </ul>	<ul style="list-style-type: none"> <li>• Age 17 decides to join Father in the US.</li> <li>• Misses connection to nature.</li> <li>• Hard to get used to living with relatives you do not know well.</li> <li>• Hard to learn English.</li> <li>• Wants to play wind instruments but can't.</li> </ul>	<ul style="list-style-type: none"> <li>• Dreams to learn English.</li> <li>• Wants to continue studying.</li> <li>• Unsure what future path may be; has not decided.</li> <li>• Enjoys playing instruments.</li> <li>• Would like to play wind instruments but no current opportunity.</li> <li>• Is talented at math.</li> <li>• Plays drums and string instruments in church.</li> <li>• Emotional to meet cousins and uncles and aunts who have always lived in the US.</li> </ul>

Figure 40 contains a sample of Participant 7’s Pulse and Power Quotes. Quote one reveals a desire to play wind instruments, something he has not yet mastered like guitar and drums. The second one describes the meaning of the family farm-survival. Quote three shows life’s gray area; great emotion of meeting new family, but hard to live with people you do not know. The final quote is about a “roadblock,” another metaphor filled with meaning, describing turning himself into immigration at the border.

**Figure 40**

*Participant 7 Pulse and Power Quotes*

## Participant 7: Pulse and Power Quotes



**"Pero los instrumentos que más me llaman la atención,  
y pues, lastimosamente, no puedo tocar son instrumentos de viento."**

"But the instruments that most attract my attention, and well, unfortunately, I can't play are wind instruments."

**"se podría decir que en base a eso sobrevive mi familia."**

"You could say that based on that my family survives."

**"y acá me tengo que convivir con gente que yo no había visto ."**

"and here I have to live with people that I had not seen."

**"Había un retén, se podría decir."**

"There was a roadblock, you could say."

## Participant 3

*"Sí, me siento triste. Como dijo que algún recuerdo más importante en mi vida, para mí este es uno de los más importantes y más duros que he tenido hasta ahora."*

*"Yes, I feel sad. As you asked for the most important memory in my life, for me this is one of the most important and hardest I've had so far."*

Participant 3 was a 21-year-old male who arrived in the US about 4 years prior to the first interview. His banner quote above describes sadness, the meaning found with his experience of remembering an important life event of coming to this country and then getting separated from his mother at the US-Mexico border in 2018. *"Venir a este país, creo que es el más memorable, hasta la fecha. Yo creo fue una experiencia un poquito grande y también un poquito difícil para mí."* (translation: Coming to this country, I think is the most memorable, to date. I think it was a big experience and also a little difficult for me.) Participant 3 said he and his mother were

separated at the border by immigration enforcement agents and “unfortunately after a time they deported my mother to my country.” Participant 3 was detained in an ICE facility for about one month, and then released to live with his father and sister who were in the US. About eight months prior to interview one his father was deported from the US. His goal was to go back to his home country so that he could be united with both of them again. He stated, “Right now a dream that I have is to see my parents again.” His parents are now living together in his home country— also an event that he shared as important and imbued with sadness, longing, and loss.

*‘Bueno, algo más fue cuando se fue mi papá, también fue un evento muy importante.*

*Cuando después de algunos años de estar separados con mi mamá, se volvieron a reunir ellos. Eso es un evento importante para mí, que fue hace como ocho meses. Unos ocho meses, algo así. Aproximado, sí, fue que ellos se volvieron a reunir.*

Translation: Well, something else was when my dad left, it was also a very important event. When after a few years of being apart with my mom, they got back together. That's an important event for me, which was about eight months ago. About eight months, something like that. Approximately, yes, it was when they met again.

**Health Patterning and Meaning:** Feelings of sadness, loss, stress were expressed throughout Participant 3’s two interviews. He said he felt “depressed” and “stressed.” He found it upsetting to talk about the past, and chose not to reflect on the past childhood memories. He also said talking about the future was upsetting and at times chose not to disclose more. I used a trauma informed approach in the first and second interviews and followed his conversational cues. He rated his health as “fair” and shared many current dental problems, including broken, chipped and infected teeth, and he said it was hard to eat sometimes. He said he had “no friends,” and his story resonated with being stuck, alone and isolated. He lives with his sister and her children, but

said he lacked the support of “nuclear family,” and he said it was hard to remain connected across borders (“they can’t do anything from there and I can’t do anything from here”). The technology and internet are not reliable where his family lives and communication is hard.

When asked about how the family is he seemed unsure and I sensed him not connecting emotionally long distance with family by phone. *“Está bien, según dice, yo no sé, porque desde ese entonces solo hemos hablado por teléfono. Sí, no sé decirle si está bien o está mal.”*

(translation: They’re okay, they say, I don’t know, because since then we’ve only spoken on the phone. Yes, I don’t know how to tell if they are good or bad.) About half way through the second interview Participant 3 disclosed a diagnosis of schizophrenia, something he repeated three times in interview two, almost as if trying to process it himself. He shared that he had recently been hospitalized. He said that the first interview made him feel stressed talking about the past and that he was not well afterwards. During the first interview I had observed that he seemed to be crying when he talked about reuniting with his parents, and we shifted subjects when he said he did not want to talk about the past or future. The second interview was grounded in listening and being present after he shared the diagnosis. I respected his desire to not discuss the past or the future, and abandoned the HEC praxis of reviewing the narrative from the first interview. His story in the second interview was nonlinear and pandimensional, filled with detailed descriptions of travels to Washington, Virginia, Philadelphia and New York over the past month. He said that he had just arrived back from a month of traveling “trying to go home,” but also the last month included hospitalizations across many states. In the second interview he shared wisdom filled observations about New York, the US-Afghanistan war, recent hurricanes and global climate events. He also talked about the pandemic effect on the economy, employment, and on food prices. After being hospitalized he said he had medication to take and was feeling better now. He

was returning to work and had decided to leave school for now. He had an “aha” moment in realizing that “you don’t need to study to get ahead.” Participant 3 was trying to access psychiatric community followup care but was finding it challenging, not having insurance, no money to pay for care, not having transportation, having ongoing immigration issues, and no one to help him figure it all out. He stated: “So, that is what also makes it difficult for me to find a center and find someone to help me with this. Figure 41 contains information for Participant 3’s Narrative Map and Figure 42 summarizes the HEC concepts.

**Figure 41**

*Participant 3 Narrative*

*Map*

Narrative Map Participant 3 : Most Important Event: Arriving to the US.			
<p><b>Family: Mother Father and 5 children.</b></p> <p><b>He is 21 years old, youngest of 5 children. Unsure of exact ages but siblings in range of 23, 25, 27, 29.</b></p> <p><b>Finished primary education until 6th grade in home town. Said it was uncommon to arrive at an advanced grade in his hometown.</b></p>	<p><b>Agriculture is primary source of income and support in childhood. Crops: frijol, maices, zanahorias, aguacates, ejotes; frutas, verduras.</b></p> <p><b>Finds it upsetting to talk about the past and the future.</b></p> <p><b>Chooses not to reflect on past life narrative.</b></p> <p><b>Also finds talking about the future upsetting and chooses not to disclose more.</b></p>	<p><b>Migrates with mother to join Father in the US in 2018.</b></p> <p><b>Separated at border from mother. Mother was deported immediately and he was detained in minor detention for one month.</b></p> <p><b>Father deported to home country and reunites with Mother. Parents living together after being separated for many years.</b></p>	<p><b>Currently lives with his sister. Enjoys bike riding and video games.</b></p> <p><b>Going to school but finds school challenging. Shares insight: “not everyone has to go to school.”</b></p> <p><b>Has dental and mental health challenges and is diagnosed with schizophrenia. Works office cleaning for a global tech company. Wants to go back to home country.</b></p>

**Figure 42**

*Participant 3 HEC Concept Summary*

Health Patterning Participant 3			
<b>Transnational Kinship Networks and Relationships</b>	<b>Time and Space</b>	<b>Choice Points and Challenges</b>	<b>Opportunities and Dreams</b>
<ul style="list-style-type: none"> <li>• Parents living together in home country.</li> <li>• Shared little information about siblings to protect.</li> <li>• Does not feel support of family in home country. Alone-Stuck-isolated.</li> <li>• Technology challenges.</li> <li>• Talks by telephone to mother but “has not seen her since 2018”.</li> <li>• Sister who lives in US supports him and helps him.</li> </ul>	<ul style="list-style-type: none"> <li>• Likes to ride bike.</li> <li>• Has many painful and broken teeth.</li> <li>• Mental health problems recently with hospital admission, diagnosed with schizophrenia.</li> <li>• Traveled and /or hospitalized in many cities over past months, “trying to get home.”</li> </ul>	<ul style="list-style-type: none"> <li>• Coming to this country was the most “memorable” event but also very “difficult”.</li> <li>• Separation from Mother at the border in 2018.</li> <li>• Feels absence of “nuclear family”.</li> <li>• Bike was stolen.</li> </ul>	<ul style="list-style-type: none"> <li>• Studies three days a week and works in cleaning job.</li> <li>• Like to play video games.</li> <li>• Wants to return to home country.</li> <li>• Wants to get a tattoo.</li> </ul>

Figure 43 contains a selection of pulse and power quotes from Participant 3. The first quote reflects his current economic restrictions and the impact on his aspirations like returning to his country, getting a tattoo. The second quote is about the event– the separation of mother at the border and the sadness and trauma he carries. The third quote is him enacting agency on the HEC praxis with self reflection that talking about the past is painful. The fourth quote is his “aha” moment related to realization about not needing to study, also his advice to share with other young people.

### Figure 43

#### *Participant 3 Pulse and Power Quotes*

**Participant 3: Pulse and Power Quotes**

**"Aunque tengo otras aspiraciones, pero no tengo los recursos para hacerlo. "**

"Although I have other aspirations, but I don't have the resources to do it."

**"La última vez que vi a mi mamá fue en un centro de migración de la frontera, en mayo del año 2018."**

"The last time I saw my mother was in a migration center on the border, in May of 2018."

**"Sí, la primera entrevista me causó mucho estrés, porque no me gusta hablar del pasado. "**

"Yes, the first interview caused me a lot of stress, because I don't like to talk about the past."

**"Por ejemplo, yo he estudiado, pero hasta ahora me he dado cuenta que el estudio no me sirve."**

"For example, I have studied, but up to now I have realized that studying is of no use to me."

**Participant 6**

*"salía a jugar con mis amigos, comíamos en algún lugar o en la casa de alguien más o a veces en la mía, y así todo bien bonito. Sí, mi familia está conectada con las vacas y los caballos. Era (el caballo) como color café."*

*"We would go out to play with my friends, we would eat somewhere or in someone else's house or sometimes in mine, and so everything was beautiful. Yes, my family is connected with cows and horses. It (the horse) was coffee brown."*

Participant 6 is an 18-year-old male who arrived in the US about 11 months prior to our first interview. His banner quote above is related to his deep connection to family, friends and community and the happy memories he shared about his childhood life, saying "everything was beautiful." His early life up to the time of migration at age 17 was also characterized by deep

connections to animals and nature. He shared observations about material and situated changes he noticed after arrival, like “noise” and increased movement of people and cars, and less opportunities to be in nature and forest and mountains. *“Es muy poco la oportunidad cuando se da de ir a lugares que haya muchos árboles, donde haya más agua, ríos -por así decirlo- y haya más naturaleza.”* (translation: “There is very little opportunity when given to go to places where there are many trees, where there is more water, rivers -so to speak- and there is more nature.”) His connection to nature guides his life goal of going to college to be an agriculturist, “someone who specializes in nature, trees, animals, all of nature.”

**Health Patterning and Meaning:** In addition to patterning that resonated with meaningful connections to family and nature, Participant 6 had commitment to education and learning. His mother taught him in the home and supported him being a student in school before im/migrating. He said the most important person in his life was his Mother, “mi Mamá.”

*Pues que es una buena persona porque desde que yo-- que ella supo que yo estaba en su vientre me ha cuidado y me protegió hasta los 17 años. Ella siempre ha estado para nosotros, mis dos hermanas y para mí, y siempre nos ha dado mucho amor.*

Translation: “Well, she's a good person because since I-- she found out I was in her womb, she has taken care of me and protected me until I was 17 years old. She has always been there for us, my two sisters and me, and she has always helped us. Given a lot of love.”

He shared a decision and choice points in life around migrating at age 17 when he decided to join uncles in the US in order to have a better life and more opportunities. His story uncovered scarce economic resources in his family, and while there was sufficient food, all the money went to basic needs and it was very hard to save. His father is a truck driver and his mother makes cheese

from the family dairy cows. His migration journey was quick and easy and he stayed at a community shelter in Arizona for a few months before arriving at his uncle's home. Before migrating at age 17 he won first place award in a "Toro," a bull riding competition at the local community fair where he had to stay mounted on the bull for 8 seconds or longer without touching the bull or the railing. In addition to a passion and talent for bull riding and horseback riding, he cited school as a talent. He earned an honor roll currently in high school after arriving last year speaking only a few words of English. Currently he lives with uncles and enjoys watching movies, talking with friends and studying. When asked, he shared advice for nurses revealing challenges of discrimination of being uninsured that im/migrant young people face when seeking health care.

*Pues un servicio que se necesita y no se encuentra es médicos para los inmigrantes, ya que sin seguro de vida no los atienden o no nos atienden, no les dan atención en los hospitales. Sí, porque me han comentado varios conocidos que eso ha pasado. Sí, se podría decir así, porque si no tienen seguro no lo atienden, sí.*

Translation: Well, a service that is needed and cannot be found is doctors for immigrants, since without health insurance they do not care for them or they do not care for us, they do not receive care in hospitals. Yes, because several acquaintances have told me that this has happened. Yes, you could say that, because if they don't have insurance they don't take care of them, yes.

Figure 44 shows Participant 6's Narrative Map, and Figure 45 summarizes the HEC theoretical concepts.

#### **Figure 44**

*Participant 6 Narrative Map*

Narrative Map Participant 6 : Most Important People “Mi Mama”			
<p><b>Family: Mother, Father, 2 siblings, Grandmother.</b></p> <p><b>Many friends. Early childhood filled with love, peace, tranquility.</b></p> <p><b>Family celebrations, lunches and birthday parties.</b></p> <p><b>Memories of the countryside and connections to nature.</b></p> <p><b>Dad drives trucks and mom cares for family and makes cheese.</b></p>	<p><b>Family farm with vegetables and dairy cows.</b></p> <p><b>Studying and going to school to 10th grade. Focus on education in home.</b></p> <p><b>Enjoys bike riding and playing soccer, horseback riding since age 8, eating with friends and family.</b></p> <p><b>Memory of “coffee” colored horse, dogs and roosters</b></p> <p><b>Favorite food beefsteak.</b></p>	<p><b>Champion first place winner Toro Bull rider in home country fair age 17.</b></p> <p><b>Decides to migrate to have better opportunity for education, learning and life.</b></p> <p><b>Migration journey is “quick”. Spends 2-3 months at a community shelter in Arizona.</b></p>	<p><b>Lives with Uncle and his Uncle’s partner in the US.</b></p> <p><b>Enjoys high school. Dedicated to school and studying.</b></p> <p><b>Misses connections to nature, animals trees and forests.</b></p> <p><b>Wants to graduate and go to college.</b></p>

**Figure 45**

*Participant 6 HEC Concept Summary*

Health Patterning Participant 6			
Transnational Kinship Networks and Relationships	Time and Space	Choice Points and Challenges	Opportunities and Dreams
<ul style="list-style-type: none"> <li>• Mother is very important person.</li> <li>• Family: Mother, Father, He is middle of 3 children. Grandmother.</li> <li>• In US has many uncles and cousins.</li> <li>• School connections. Friends.</li> <li>• Connects with family using WhatsApp.</li> </ul>	<ul style="list-style-type: none"> <li>• Strong connection to nature and animals.</li> <li>• Notices “noise” after migrating and less connections to nature.</li> <li>• Getting honors in high school classes in the US.</li> <li>• Toro Rodeo Champion first place prize in home country age 17.</li> <li>• Rates health as very good.</li> </ul>	<ul style="list-style-type: none"> <li>• Decides to migrate age 17 for education opportunities.</li> <li>• Decides to dedicate himself to school and is not working currently.</li> <li>• Notices very cold first winter.</li> <li>• Uncles help him buy winter gear.</li> </ul>	<ul style="list-style-type: none"> <li>• Wants to graduate high school.</li> <li>• Wants to go to college to study agriculture.</li> <li>• Wishes for increase connections to nature, trees, animals, and forests.</li> <li>• Talents are school and horseback riding, toro contests.</li> </ul>

Figure 46 contains a sample of Participant 6’s Pulse and Power Quotes. The first quote reveals his meaning found in being in a new time space, a new country, new school, new material world where he is adapting and “fitting in.” The second quote reveals meaning in his life choice to im/migrate to have a better future. The last quote captures his connection to nature, and shifts he made to having to live in time space where there is less time spent running and less connections to the natural world he knew before im/migrating.

**Figure 46**

*Participant 6 Pulse and Power Quotes*

Participant 6 : Pulse and Power Quotes	
<p style="text-align: center;"><b>"Y poco a poco uno tiene que ir encajando, porque en un nuevo lugar uno tiene que acoplarse o encajar a cómo son en ese lugar."</b></p> <p style="text-align: center;">"And little by little one has to fit in, because in a new place one has to fit in or fit in with how they are in that place."</p> <p style="text-align: center;"><b>"Lo que más me animó a venirme era porque quería un mejor futuro para mí y mi familia."</b></p> <p style="text-align: center;">"What encouraged me the most to come here was because I wanted a better future for myself and my family."</p> <p style="text-align: center;"><b>"Yo allá estaba relacionado más con la naturaleza, que andar en el campo corriendo y ahora nada más de la escuela a la casa."</b></p> <p style="text-align: center;">"I was more related to nature there, to walk in the field running and now nothing more from school to home."</p>	

### Participant 13

*"Sí. Tenía 34 años. Murió de diabetes. Dejó dos niños. Era la mayor de todas."*

*"Yes. She was 34 years old. She died of diabetes. She left two children. She was the oldest of all."*

Participant 13 was a 20 year old female who arrived in the northern area of the US where she was living with her 2 sisters about 1 month before the first interview. Her narrative banner above describes her sister who died of diabetes in 2017. She chose to tell me about her sister in response to the main interview question about important people or events. Her sister was the oldest of six children and she is the youngest in the family. Her narrative had rich details about loving family and community relationships and warm childhood memories. She said that her memories are all "lindo" (meaning pretty, beautiful, warm), "because *I was with my family, my childhood friends with whom I grew up. In the neighborhood, with the people I lived with, my neighborhood*". She grew up on the coast with a hot climate, and coastal life and seafood were a

big part of her childhood. Her father is a fisherman on a fishing boat, and her mother is an herbal healer, a midwife, and a community care practitioner healing everything from broken bones to fertility issues like *“cleaning ovaries for fertility problems.”* Through a memory about food she shared her Garífuna Indigenous heritage. She said: *“pero nosotros con mi mamá, nuestra familia es de una etnia, que la etnia de nosotros se llama Garífuna”* (*“but we and my mother, our family is from an ethnic group, our ethnic group is called Garífuna”*). Her favorite food memory was her mother’s shellfish soup prepared in the Garífuna tradition with mashed plantains and rice on the side, and a simple coconut milk broth with fresh shellfish. She said *“We mash the banana and add it apart from the soup, but the seafood is included in the soup, it doesn't take much.. apart from shellfish.”* She said she tries to make the recipe but *“It doesn't come out like my mom [laughs], but I do try.”*

**Health Patterning and Meaning:** Participant 13’s story held meaning in details about her migration journey which was long, difficult, and dangerous. She migrated because her family needed more money. She said: *“Yes, economically, because I came from my country because my family was in difficult conditions.”* She was detained 15 days and then deported after making it to the US border on the first attempt. She waited 1-2 months for her sisters to raise more money for the “coyotes” then started north again with a migration journey of over 4 months. She alluded to the dangers of being a female traveling alone, and that she had “trouble” with the coyotes and left them to go alone the rest of the way. On the journey she was cold and hungry and has many stomach problems now and has lost significant weight. She had an upper respiratory infection on the first interview with hoarse voice and cough. She had looked for a health clinic on a telephone map application on her phone after arrival at her sister’s home and had made an appointment for a physical, but was given an appointment 2 months in the future. She mentioned that she only

eats once a day sometimes because they do not have a lot of money for food right now. She had received two Covid vaccines, and her family was vaccinated as well. She did have an uncle that died of Covid. Participant 13 had been studying systems engineering but left school at age 18 when the pandemic started and shut down the schools. She has a passion for the art of makeup and hair styling, something she learned by studying videos as a child. She practices the salon art on her sisters and would like to work in a salon one day. She also wants to learn English and earn money to send home to help her family.

*Ahorita, como tengo deudas de mi país que tengo que cancelar y más el trabajo, no tengo la mente como que bien organizada. Pero más adelantito, en el transcurso de unos meses, quiero aprenderme la lengua del país, que es aprender inglés. Y seguir trabajando y ayudar a mi familia allá en Honduras, a mis padre*

*Translation: Right now, since I have debts from my country that I have to pay off and more work, my mind is not well organized. But later on, in the course of a few months, I want to learn the language of the country, which is to learn English. And continue working and help my family there in Honduras, my parents.*

Participant 13's story uncovered multiple action and choice points seen in decisions she made around migrating, leaving the smugglers when feeling unsafe to travel on her own, looking for health care, and making an appointment on arrival to the US. She said she felt safe now and in a healing environment with her two sisters.

Figure 47 shows Participant 13's Narrative Map, and Figure 48 summarizes the HEC theoretical concepts.

### **Figure 47**

*Participant 13 Narrative Map*

Narrative Map Participant 13 : Most Important People “Mi Hermana”			
<p><b>Family:</b> Mother, Father, 6 children 4 sisters (1 sister died of diabetes at age 34 leaving 2 children ages 9 and 13 , being raised by her parents now) 2 brothers.</p> <p>Early memories “everything was beautiful”.</p> <p>Father works on a fishing boat. Lived on the coast, memories of the sea and seafood.</p> <p>Mother works as natural healer, herbs and massages.</p> <p>Participant is youngest of 6 children.</p>	<p>Memories of “sopa de mariscos” en coco. Seafood stew in coconut. Garifuna recipe. Mom makes this “the best”.</p> <p>Was studying at level of segundo carrera age 18, left school in the pandemic. Studied system engineering. “Ingeniería en sistemas”</p> <p>Sister dies at age 34 of diabetes in 2017.</p> <p>Many close friends and family, community filled with animals and forests. Loves the art of makeup and hair.</p>	<p>Migration journey begins in Jan 2022.</p> <p>Arrives to US border detained 15 days then deported back. Begins journey again 1-2 months later. Four more months on route, very difficult and unsafe traveling as a woman alone.</p> <p>Finally crosses US border. Stay in a southern state with friend for about 1-2 months, then moves to northern state to live with sisters.</p>	<p>Food insecurity, sometimes only eats once a day.</p> <p>Health issues, stomach issues, lost weight, acid stomach. Eats cold food and gets stomach ache.</p> <p>Mother sent her some herbs to feel better.</p> <p>Feels safe and healing environment. Working in a factory 4 days per week. 30 minute bus ride.</p> <p>Wants to learn English, study in a beauty school, art hair and makeup.</p> <p>Wants to send money to her family in her country who have few economic resources.</p>

**Figure 48**

*Participant 13 HEC Concept Summary*

Health Patterning Participant 13			
Transnational Kinship Networks and Relationships	Time and Space	Choice Points and Challenges	Opportunities and Dreams
<ul style="list-style-type: none"> <li>• Parents, siblings, niece and nephew.</li> <li>• Many friends from childhood.</li> <li>• Lives with 2 sisters here in the US.</li> <li>• Has sense of community in the US; knows people from country and village of origin living in current place in US.</li> </ul>	<ul style="list-style-type: none"> <li>• Rates health as fair “regular”.</li> <li>• Looks on Maps app for clinics when arrived to get a checkup but has appt to see provider months in future.</li> <li>• Needs vision check.</li> <li>• Has lost weight and has flu symptoms.</li> <li>• Herbs from mother, chamomile anise.</li> <li>• Has received 2 covid vaccines.</li> </ul>	<ul style="list-style-type: none"> <li>• Left school in the pandemic age 18, before migrating.</li> <li>• Long protracted difficult and dangerous migration journey.</li> <li>• Death of oldest sister in 2017.</li> <li>• Hard to find work in the US.</li> </ul>	<ul style="list-style-type: none"> <li>• Arrives to live with sisters October 2022.</li> <li>• Works in a shipping factory with one sister about 36-40 hours per week.</li> <li>• Learned how to apply makeup by watching videos since childhood. Likes to practice on her sisters. Would like to study hair and makeup; and learn English</li> <li>• Likes to watch squirrels from the window; likes the trees and forests.</li> <li>• Likes to watch series on Netflix before work</li> </ul>

Figure 49 contains a sample of Participant 13’s Pulse and Power Quotes. The first two quotes show the pulse and rhythm of her daily life, feeling safe and in a healing environment after a lengthy and dangerous migration journey. The second two quotes uncover powerful and context specific meaning in the challenges and hardships she experiences around food and income insecurity. She is working 35 plus hours in a major product shipping factory but often has money to eat just once a day.

### Figure 49

#### *Participant 13 Pulse and Power Quotes*

## Participant 13 : Pulse and Power Quotes



**"también veo que aquí veo bastante bosque, me gustan las ardillitas,  
que las paso viendo por la ventana, paso viendo series antes de irme para el trabajo, sí."**

.."also I see that here I see a lot of forest, I like the squirrels, I watch them through the window, I watch (TV) series before I go to work, yes..."

**"Me siento en un ambiente sano. Sí, me siento en un ambiente sano.."**

"I feel in a healthy environment. Yes, I feel in a healthy environment.."

**"Todavía no me he podido recuperar,  
porque he estado-- queriendo ahorrar para comprarme una vitamina".**

"I still haven't been able to recover, because I've been-- trying to save up to buy a vitamin."

**"Sí. Ahorita sí estamos en bajos recursos".**

"Yes. Right now we have low income."

The following section will describe themes that emerged from the 13 participant stories and explain the methods that were used to understand meaning across stories.

### Threading Stories

Newman's HEC research praxis emphasizes uniqueness in individual patterning. The method gives importance to the unique energy within the relationship between the nurse and the participant and the healing presence found within telling and receiving stories about important people and life events (Newman, 1995, 1999, 2003). According to Newman, meaning is present in the information that people share, and by being present with the person there is transformation and integrality that embodies the praxis of nursing. The HEC method is explained simply in six steps over three pages in Newman's 1999 book entitled *Health as Expanding Consciousness*. In that brief method description are twelve words found in step 6 that suggest threading stories:

“Similarities of pattern among participants of the study may be designated by themes...” (p. 149). That is the sole extent of direction for cross case analysis provided by Newman in explication of the HEC process. Newman scholars who use the HEC praxis are free to apply other qualitative research methods to look across participant stories. Newman (1999) notes that patterning recognition comes from within the observer (p.73). The patterns that were described in the individual narrative profiles in this research project, as well as the themes that were chosen across participants, reflect my embodied participation and receiving of meaning.

My creation of meaning in threading stories and identifying themes reflects my personal experiences, scholarly reading, collaborative and community thinking and knowing—an extension of my life’s work. I approached thinking across stories with critical posthuman and feminist lens drawing upon philosophies of Gloria Anzaldúa and Donna Haraway, ontologies that align with unitary transformative approaches found in SUHB and HEC. In thinking within, around and across narratives, I appreciated tension as something not to be overcome or eradicated, but as an activating force for resistance and opening spaces for maneuvering within difference, staying with the trouble (Anzaldúa, 2015; Haraway, 2016; Niccolini et al., 2021). Inspired by Tafoya (2008), quoted in the preface to this dissertation, “Stories go in circles. They do not go in straight lines.....Part of finding is getting lost, and when you are lost you start to open up and listen” (Tafoya, 2008, p.6). Thinking circularly while feeling lost, I compiled pulse and power quotes from participants to be read as prose and poetry. This collection of quotes is one of many endless possible arrangements. To begin this section, I invite readers to resonate in the poetry as the portal into threading stories. I invite readers to create personal meaning about the holistic life patterning that arose from the 12 individual stories summarized above. To honor and center the words of the speakers, Figure 50, entitled POESÍA Y POÉTICA, attributes the chosen quotes to

the individual participant’s story. Figure 51, entitled Poema en Español, is the Spanish language prose. Figure 52, titled Poem in English, translates the story for English-speaking readers. However, the translated version of the poem does not fully capture the true essence of the participants’ words and their meaning, the sounds and inflections as words are spoken in the participants' chosen language.

**Figure 50**

*POESÍA Y POÉTICA*

<p><b>Participant 2</b></p> <p><i>Mi primer libro está allá en {PAÍS} , y ahora yo tengo mi primer año que yo estoy escribiendo mi otro libro aquí, en los Estados Unidos.</i></p>	<p><b>Participant 2</b></p> <p><i>ya estaba por acabarse el verano, pero él sembró y se le frisó.</i></p>
<p><b>Participant 4</b></p> <p><i>“He ido sanando mis heridas porque estoy rodeada de amor, de familia, de amistades”</i></p>	<p><b>POESÍA Y POÉTICA</b></p> <p><b>Participant 12</b></p> <p><i>“Conseguí 1,000 dólares y con eso arranqué a la deriva.”</i></p>
<p><b>Participant 1:</b></p> <p><i>“Estamos lejos de la familia, pero acá estamos mejor. Estamos mal pero estamos bien.”</i></p>	
<p><b>Participant 2</b></p> <p><i>“gracias a Dios tenemos comida pero a veces no nos da hambre”</i></p>	<p><b>Participant 2</b></p> <p><i>yo me asomaba a la ventana y todo era gris. Todo era gris [risas]</i></p>

**Figure 51**

*Poema en Español*

*“Conseguí 1,000 dólares y con eso arranqué a la deriva.”  
“yo me asomaba a la ventana y todo era gris. Todo era gris [risas]”*

*“He ido sanando mis heridas porque  
estoy rodeada de amor, de familia, de amistades”*

*“Estamos lejos de la familia, pero acá estamos mejor.  
Estamos mal pero estamos bien.”  
“gracias a Dios tenemos comida  
pero a veces no nos da hambre”*

*“no he sentido  
el tiempo  
porque uno lo pasa trabajando acá  
y cuando siente ya pasó, ¿qué?  
Un año, dos años y tres años, y pues digo yo, qué rápido”*

**Figure 52**

*Poem in English*

*"I got \$1,000 and with that I started adrift."*  
*"I looked out the window and everything was grey. Everything was gray [laughs]"*  
*"I have been healing my wounds because  
I am surrounded by love, family, friends"*  
*"We are far from the family, but here we are better.  
We are bad but we are good."*  
*"thank God we have food  
but sometimes we don't get hungry"*  
*"I have not felt  
time  
because one spends it working here  
and when you feel it's over, what?  
One year, two years and three years, and well, I say, how fast."*

To thread themes across stories, I used the method called Sort and Sift, Think and Shift (Maietta, et al., 2018). The Sort and Sift method involved identifying powerful quotations from the narrative episode profiles, memoing about ideas and reflections, diagramming the quotes in PowerPoint slides and bridging and threading across ideas. Looking for themes within stories was done collaboratively with two Spanish-speaking scholars. The approach was iterative and creative leading to the poetry/prose that I created above. The threading and bridging process led to identification of four themes: Family is Fundamental, The Journey Holds Meaning, Opportunities Exist Amidst Constraints, and Movement and Art are Healing. The next section will describe the themes.

### **Family is Fundamental**

Meaning found within connections to family and loved ones was profoundly evident across stories and among participants leading to the first theme: Family is Fundamental. Nine of the twelve participants answered the main research question about an important person, people or event by saying: *my family, my father, my mother and brothers and sisters, my whole family*. Without exception participants had almost daily connection with family in their home countries by WhatsApp internet phone service except for two participants who live in the US with the majority of nuclear family (Participants 2 and 8). When I posed the main research question, the participants' answers were almost always immediate, enthusiastic and without hesitation. "*Lo más importante en mi vida es mi papá y mi mamá*" (translation: "The most important thing in my life is my dad and my mom"). Talking about his papá/father, Participant 10 said, "*pero de igual manera yo lo considero a él una persona que me ha enseñado mucho. Y de él he aprendido muchísimo, por lo tanto, yo lo considero muy importante*" (translation: "But in the same way I consider him a person who has taught me a lot. And from him I have learned a lot, therefore, I consider him very important"). Participant 2 also shared in great detail the inspirations and wisdom she carries from her grandmother who taught her to fight and persist and forgive yourself and others. The participants shared longing to be physically closer to loved ones who are living across borders, wishing to feel the hug of a mother or father, or wishing someone held their hand on the migration journey. Siblings were key sources of support in stories from Participants 9, 2, 1, 13, 8 especially after arrival to the US. Two people experienced the death of a sibling before migrating, and Participant 13 chose her deceased sibling as the most important person when sharing her story. Participant 1 described a pandimensional physical-spiritual connection he has with a cousin who remains in his home country, someone who shared his love

and talent for soccer. He wondered aloud, how is it possible that they had the same physical experiences so many times?

*Sí, tiene 22 años, y yo tengo 22. Y, ¿cómo le digo?, no sé, pero era algo que nos conectábamos mucho, como que le pasaba algo a él, me pasaba lo mismo a mí. Por ejemplo, a él le reventaron la cabeza, y a mí también, y lo operaron a él, me operaron a mí [risas]. Eran cosas.*

Translation: Yes, he is 22 years old, and I am 22. And, how do I tell you? I don't know, but it was something that we connected a lot, like something was happening to him, the same thing happened to me. For example, he had a head wound, and so did I, and they operated on him, they operated on me [laughs]. It's something.

In stories about family connections arose images of gardens and farms, food memories about favorite meals like salad with vegetables from the family farm, homemade cheese from the dairy cows, farm grown robusto coffee, pumpkin soup, homemade tortillas, chilaquiles, mother's birthday cakes, chicken soup, arroz con leche, shellfish soup with coconut milk, prepared in family-based Garífuna tradition. And within the food stories were threads and meaningful connections to feeding self and others. Participant 11 spoke happily of being able to send money home to loved ones left behind, and economic support to family was a central thread across multiple stories. Participants 9, 12 and 1 all said they wanted to reunite with family, and wanted to build houses for family members as part of their life goals and dreams. For participants who were separated from family, several created kinships here in the US, family-like connections in the settings of work, recreation, and school. For example, trusted teachers were particularly

supportive and provided both material and emotional aid for Participant 11 after his assault and hospitalization.

In threading these stories, I memoed ideas about what makes family, understanding that family is meaning filled, biological and also chosen. It is important to undo and challenge colonizing and dominant normative views of family (Reyes et al., 2021; Tallbear, 2018; Tallbear & Willley, 2019). In creating family life connections, making kin, people also choose each other as family. Participant 12 migrated and lived with his partner and her family, and others created partnering relationships here after arrival (Participants 1 and 4 ). Bridging and threading quotes and memos within the theme of family opened up new space to imagine more expansively about meaning found within connections to others, biological and chosen for emerging adults in mobility contexts.

Considering outliers and differences in this theme, I noted that three participants did not choose family for the main research question. Two participants answered that arriving to the US was the most important event, and one chose his memory of being chosen for the national soccer team. However, all three of these narratives still carried detailed connections to family. Participant 12 said on arriving in the US: “*Me sentía feliz porque ya podría ayudar a mi familia, a mi mamá*”(translation: “I felt happy because now I could help my family, my mom”). Two participants who named family as most important also shared strained and conflicted family relationships or declined to share more information. Participant 4 recalled being almost killed twice by an uncle. Participant 3 rejected any discussion of his mother, brothers or sisters for reasons that included feeling sad and not wanting to share anything about their lives. He dreamed of a future going back home, being together in the family home with parents who were deported, and were now living together again after having been separated across borders for many years.

### **The Journey Holds Meaning**

The next theme that arose from the stories is The Journey Holds Meaning. The journey of migration routes was shared in detail from many of the participants. The details commonly shared included body sensations and feelings like thirst, lack of water, dehydration, eating bad and days old food, or having no food, feeling afraid, risking safety, and exhaustion from walking long distances. Participant 12 who arrived about 4 weeks before the interview had many long quotes that resonated with the meaning of the journey. He said arriving in the US after the long journey was the most important event, the answer to the main research question. He was still actively healing from the seven and half month journey. However, Participant 5 arrived five years ago and E.'s story resonated as well with details of the journey. E.'s story showed ongoing healing, emotion in memory, showing meaning of the experience remains vivid and important over time. The combined quotes below are from their two individual stories, each sharing memories across different space-times, nearer and more distant, both resonating in the present moment of storytelling. The block quote below is compiled of experiences across two participants providing embodied description of meaning within the journey.

*Hambre, cansancio, me rallé, me corté. me corté así, saltando muros, porque nos seguían. porque en el desierto nos tocó tomar agua así, de charco, como tres veces Respecto a la salud sí hay mucha gente que se encuentra dañada aún del viaje. Tal vez, porque no comen bien. Tal vez, el viaje les duró cuatro días caminando seguido. Y vienen mal, la verdad. El camino fue difícil porque sufrimos en el camino en el sentido de cruzar todo hasta llegar aquí. Pasamos como un mes y días durante todo el camino para llegar hasta aquí .Fue algo difícil porque uno viene caminando, uno viene arriesgando con las personas que uno encuentra, porque uno no*

*sabe si van a ser personas buenas, que le van a dar la mano a uno, o van a ser personas malas. Uno no comía bien en el camino, uno se deshidrataba demasiado al no tener agua.*

Translation: Hunger, tiredness, I scratched myself, I cut myself. I cut myself like that, jumping over walls, because they were following us...because in the desert we had to drink water like that, from a puddle, about three times. Regarding health, there are many people who are still damaged from the trip. Maybe because they don't eat well. Perhaps, the trip lasted four days walking continuously. And they (migrants) come bad-the truth. The road was difficult because we suffered along the way in the sense of crossing everything to get here. We spent like a month and days all the way to get here. It was somewhat difficult because you come walking, you come taking risks with the people you meet, because you don't know if they are going to be good people, that they are going to shake your hand, or they are going to be bad people. One did not eat well on the way, one became too dehydrated by not having water.

Participant 2 came on a plane as a refugee after receiving asylum and was impacted by the shock of sudden change. She expressed upset about the suddenness of crossing borders in two hours- a thunderbolt of changing worlds after arriving in Miami. Sharing meaning in her unique journey, she said that she still feels “sad” and “alone” even after arriving on a plane with her whole family. She admires others who come walking, and who are migrating alone.

*Yo por eso le digo a mi mamá que yo admiro a las personas que se vienen solas, sin su mamá, sin su papá, sin nadie. Y yo así como que: "No, yo nunca*

*me hubiera animado a hacer eso", porque si yo vine con toda mi familia y todavía me sentía así triste, sola y-- es muy difícil.*

Translation: That's why I tell my mom that I admire people who come alone, without their mom, without their dad, without anyone. And I was like: "No, I would never have dared to do that," because if I came with my whole family and I still felt so sad, alone and-- it's very difficult.

In diffracting differences, I note that several participants said the migration journey was “very good” “quick” and “easy” signifying meaning in their unique experiences (Participants 8, 6, 7, 10). Others, like Participant 4, experienced gender-based violence on the migration route and meaning in healing “wounds” was found within her journey story. *“Muy difícil, la verdad, sí. Porque yo me encontraba sin salida, yo pensé que nunca iba a dejar de sufrir”* (translation: “Because I found myself with no way out, I thought I would never stop suffering”). Participant 12's story also resonated with healing alongside family after arrival. In summary, in sharing meaning held in the migration movement, participants experienced variations in health within changing, challenging environments across temporal perspectives while preserving connections to the past and present.

### **Opportunities Exist Amidst Constraints**

The third theme that emerged was Opportunities Amidst Constraints. This theme was poetically expressed in the quote from Participant 2 where she noted : here I am “writing my new book.” The participants’ stories contained many details about life opportunities, patterning found in daily experiences. The opportunities included learning to navigate technology and the internet, meeting people and making friends from other countries, taking vacations, experiencing snow for the first time, travel and knowing new places, attending music festivals,

working jobs, and learning new skills like cooking and electrician work, continuing school-based learning and education, playing soccer. Opportunity also contained meaning in feeling safer and feeling freer in daily movements as contained in the following compilation of quotes:

*La verdad que sí, porque uno nunca se imagina que va a conocer a personas de otro país y que se va a llevar muy bien con esas personas, pues. es algo bonito, la verdad.*

*Ahora el 10 de este mes voy a ir a Florida a tomar vacaciones.*

*Me gusta ver partido de fútbol, me gusta ir al downtown, conocer lugares. Y me gusta conducir autos. En la ciudad sí me siento seguro, me siento con más oportunidades, me siento libre, me siento bendecido..aca uno aprende cosas diferentes.*

Translation: The truth is, yes, because you never imagine that you are going to meet people from another country and that you are going to get along very well with those people, well. It's a nice thing, really. Now on the 10th of this month I am going to Florida to take vacation. I like to watch a soccer game, I like to go downtown, see places. And I like to drive cars. In the city I do feel safe, I feel with more opportunities, I feel free, I feel blessed...here you learn new things.

Agency and choice are also meanings found within opportunity. Several participants were looking for opportunities to play soccer again in the US to continue their hobbies and passions (Participants 9, 2, 4). Others were looking for work (Participant 9, 10) showing that opportunity also transcends present future time and space. Opportunity also creates space for life dreams. Newman (2003) theorized that “past of memory and the future of anticipation are both seen as encompassed in the present” (p. 242). Participants’ dreams included: being an engineer, a computer science programmer, a “systems engineer,” a nurse, a psychologist, going to college,

studying art, music production and composition, owning businesses like a hardware store, a shoe or clothing store, owning a cattle farm, working in agriculture, learning to speak English, and having financial security to build houses for self and family. Within the theme of opportunity is also opportunity *lost*, such as Participant 1 who gave up a chance of being a professional soccer player in his home country. Flowing within narratives of opportunity were stories about constraint.

Constraint is framed here as not binary either/or but as both/and, seen as part of the patterning of the whole. The wholeness is expressed in the quote from Participant 1 about family: “*Siempre es como un vacío. Pero es bonito acá*” (translation: “It’s always like a void. But it’s nice here”). Meanings about constraint were found in thinking with and through Newman’s theory, connections to people and space and time. For example, not having enough time to play soccer or see friends due to school, work and parenting responsibilities (Participants 1, 5, 8). This finding builds upon previously reported scholarship by Hurtado-de-Mendoza et al., (2014). Participants also reported feeling physically cramped living in one room (Participant 1), experienced transportation and distance constraints (Participants 3, 9), language barriers, loss of familiar environment and community, not feeling seen, being an “unknown” in a sea of unknowns (Participants 1, 5, 8, 9). Constraints amidst opportunities were expressed in stories about adapting to new weather (Participants 2, 8, 9, 10, 12) and adjusting to living and sleeping with suburban or city noise after lives spent in the countryside (Participants 6, 11, 10). Constraints were expressed in stories about discrimination here in the US (Participants 2, 4, 5, 9, 6), and discrimination in home country (Participants 4, 10). Economic constraints were expressed in meaning related to food insecurity here in the US (13, 11,12,), managing bills and paying debts to smugglers from the migration journey (Participants 1, 5, 1, 13) as well as

constraints within precarious legal status (Participants 4, 3, 10). Participant 4 could not sleep worrying about an upcoming court date. “*Tengo una Corte final con migración, y yo necesito tener un abogado, pero yo no cuento con los recursos. No puedo dormir, me tiene pensando bastante, porque es una Corte final.* (translation: I have a final court with immigration, and I need to have a lawyer, but I don't have the resources. I can't sleep, it's got me thinking a lot, because it's a final court”). A small sampling of quotes about constraint are compiled below:

*y aquí es como que frío, calor, y se siente como que, no sé, no se termina de adaptar uno acá; -estuvo muy fuerte porque había mucho frío...Me tuve que salir para trabajar para pagar abogados, para pagar cosas, lo de la venida, y tenía que pagarlo. Y no me alcanzaba, por ejemplo, pagar la renta, pagar cosas así.....Ahorita, dificultades de que mi trabajo estaba muy lejos y me costaba. Transportación, sí. ....y fue difícil porque no conocía a nadie y entraba a un lugar que la mayoría habla inglés, cuando uno viene, casi nadie le quiere hablar a uno [risa].*

Translation: and here it's like cold, hot, and it feels like, I don't know, one doesn't finish adapting here; -It was very strong because it was very cold...I had to leave to work to pay for lawyers, to pay for things, the trip, and I had to pay for it. And it wasn't enough for me, for example, to pay the rent, pay things like that... Right now, difficulties are because my job was very far away and it costs me. Transportation, yes. ....And it was difficult because I didn't know anyone and I entered a place where the majority speak English. When you come, hardly anyone wants to talk to you [laughs].

### **Movement and Art are Healing**

The final theme is Movement and Art are Healing. Participant stories were filled with detailed connections to visual art, music, and body movement-especially fútbol / soccer. All but one participant spoke about connections to playing soccer both in their home countries and after arriving in the US. The person who was not connected to soccer spoke about enjoying riding his bike. This theme of art and movement emerged within details about hobbies, talents and passions. Participant 4, whose story was about healing after experiences of gender-based violence, and Participant 2, who experienced depression, both shared joy in celebrating a recent birthday party with singing, dancing and music. Three participants were visual artists and two of them shared a total of six images of their artwork as part of the interviews. They described art materials they used when painting and drawing, like markers, watercolor, acrylics, oils, and graphite pencils. Participants described their artistic subject matter as focusing on contemporary art, portraits, landscapes, and art “mixing realism with surrealism.” Participant 10 said: “*Me gusta mucho intentar dibujar arte contemporáneo, arte renacentista y retratos de personas que yo conozco o de personas famosas. Me gusta mezclar un poco de lo que es el realismo y el surrealismo.* (translation: I really like trying to draw contemporary art, renaissance art and portraits of people I know or famous people. I like to mix a bit of what is realism and surrealism”). Participant 10 wanted to study music, music production and composition, and had talent of playing piano. He was pondering whether to study art or just dedicate himself personally to art as a hobby. The meaning that emerged from the participants’ stories about visual art as well as art found in body movement of soccer and dance-express the unitary experience that *is* health as expanding consciousness. Within this theme I threaded ideas, shifting and seeing art in *all* body movement, including working and walking. Many participants expressed meaning in connections to work throughout their stories. Working, walking, resting

emerged entangled within this theme because all movement and art are healing. Working is artistic as much as drawing, dancing and painting, and all are/can be art-ful healing practices. Participant 1 said his talent is work. Ibrahim et al., (2022) suggest a connection between critical consciousness and critical action for historically marginalized youth who participation in arts based programs. The expansive view of art as healing is found in Newman's passage disputing the boundary between art and science: "Art as a unitary experience that is all-at-once reflective and pre-reflective, rational and intuitive, and spanning all fields of knowledge (Newman, 2003, p.242).

### **Summary Chapter 4**

In summary, Chapter 4 presented the demographic descriptions of the participants. Next, the 13 individual stories were presented with narrative summaries, HEC concept summaries, and a compilation of pulse and power quotes. Each individual participant profile contained a summary connecting life patterning and meaning within HEC theory and praxis.

### **Non-Conclusions and Conjectures**

Chapter 4 ended with thinking across stories, in an iterative process of sifting, sorting thinking and shifting (Maietta et al., 2021). Conjecture meaning opinion based on incomplete information is placed here as heading alongside non-conclusion. Non-conclusion and conjectures emphasize the feminist ontology of this project, as well as the situated and material involvement of the researcher in the process of receiving stories. Flowing within the unitary transformative process of HEC means recognizing and reminding that knowledge is only ever partial and always incomplete. The potential of resonating in hearing the participants' stories cannot be fully expressed in writing, describing or summarizing the story (Newman, 1995; Newman et al., 2008, p. E18). "Aha" moments occurred in the HEC process for participants and

for the researcher— moments where the theory was alive in our bodies, material and situated, partial and incomplete, but resonating in wholeness (Newman, 1995; 2008; Clark/Keefe & Miller, 2017). The insights demonstrate examples of recognition and awareness. Thematic ideas arising from individual profiles were received by myself, and two other Spanish speaking scholars. I/we threaded and wove, resonated and shifted in receiving four themes across stories. The themes identified and described by myself and the co-analysts were Family is Fundamental, The Journey Holds Meaning, Opportunities Exist Amidst Constraints, and Movement and Art are Healing. Next, Chapter 5 will introduce the discussion section with implications for nursing practice, policy, education and research, review strengths and limitations of the study, and paths forward for future work.

## Chapter 5: Discussion

### Introduction

This study aimed to explore life patterning and its meaning within a sample of im/migrant and asylum-seeking emerging adults from Guatemala, Honduras and El Salvador. The second aim was to explore themes across the group. Chapter 1 introduced the topic of importance and explored the practical gap in knowledge. A gap in knowledge exists about im/migrant and asylum-seeking emerging adults from Guatemala, Honduras and El Salvador, and their general life experiences in the context of the whole person within their situated and material environment. Furthermore, structural barriers and forces exist, like structural racism, slow violence, planetary injustice, extractive global capitalism, unequal access to health care, criminalization of the movement of people across borders, sociopolitical, language and economic barriers. These necropolitical forces impact the health of emerging adult im/migrant people and prevent emerging adult im/migrant people and nurses from interacting with each other. Therefore, nurses are unsure how to meet their needs.

Chapter 1 provided definitions of terms, introduction to the theoretical framework, a detailed description of the author's positionality and reviewed assumptions of the research project. Chapter 2 provided a detailed overview of the topic and related issues, reviewed the literature, and presented critical analysis of several of the theoretical concepts in HEC. Chapter 3 reviewed the unitary transformative ontology, rhizomatic and entangled theoretical approaches that grounded this study, including Rogers SUHB, Newman's HEC, liberation and feminist ontologies, and critical posthumanism. This discussion also included theoretical critiques and critical reflections. The research method and approach were also described in detail in Chapter 3. Chapter 4 presented a table of participant demographics. The table summarized the demographic

questions asked of all participants. In Chapter 4, participant narratives were presented with attention to patterning and meaning. Each story had a set of three figures that visually summarized each person's narrative map, HEC key ideas and concepts, and pulse and power quotes. Four themes were identified across stories: Family is Fundamental, The Journey Holds Meaning, Opportunities Exist Amidst Constraints, and Movement and Art are Healing.

Chapter 5's discussion begins with reflections on sample demographics. Next, I reflect upon individual participants' stories, while further relating to the four themes that emerged. In the reflections I connected to project memos and scholarly literature, as well as personal experiences that I had in experiences at the Mexico-US border and in immigration detention facilities over the course of this research. After reflections I present implications for nursing practice, research, policy and education, and discuss the strengths and limitations of the project. Chapter 5 ends with a section called Reflections/Next steps and In/Conclusions.

### **Discussion**

This next section will describe my analytic memos about participant stories, and thoughts during data collection in relation to Newman's HEC. My analytic memos, connections, material experiences, and relations with scholarly literature are woven into this discussion.

#### **Reflections on Receiving Stories and the Process in Relation to Newman's HEC**

In keeping with HEC praxis of appreciating patterning of the whole, the stories of the participants were received and represented with descriptions that attended to connectedness, context, movement and choice, time and space matters, and relationships with other people, as well as connection to images, nature, color, art and music. Meaning of time included subjective perspectives on time, use of time, private time, or shared or coordinated time. Space included personal space, life space, territoriality, shared space or distancing of space patterning.

Movement included personal tempo, action recovery cycles, body movement like work, rest, dance and sports, and freedom of movement in and outside the family. Consciousness includes awareness, the informational capacity of the person, self knowledge, responses to stimuli, quantity and quality of interactions with family and community, as well as art and movement (Newman, 1995, p.98-99). All of the HEC theoretical concepts provided bridges and threads, knitting together the whole pattern seen in the four emergent themes. The threads and connections that lead to generation of understanding and nursing knowledge continue below in the next section called Memos and Reflections.

### **Memos and Reflections**

**Participant 1** arrived in 2017 under the Trump administration's aggressive "de facto dismantling" of asylum rights in the US (McKenzie et al., 2020). At age 17 years he arrived as an unaccompanied minor and his story tells a powerful and common migration narrative. He arrived from his home country to the US border with his cousin. He was deported and migrated again the next day, and detained the second time for 10 days in the *hieleras* and *perreras* (freezers and dog cages) at the border. Human Rights Watch (2018) documented the unsafe and dehumanizing conditions of the *hieleras* and *perreras*. Later he was sent to a child immigrant detention facility in a southern state for *75 days*, a number he remembered quite specifically. I connected materially and experientially to his detention story through experiences I had as a Flores advocate at ICE border facilities and at a Florida detention center in 2018. Homestead facility in Florida is the largest for-profit child detention center in the US. The detention center was shut down in 2019 for safety and other human rights violations after immigrant justice protests and public outcry (Fitzgerald & Valencia, 2021). Figure 53 shows the child detention center in a photo called: Protest at Homestead Detention Center.

**Figure 53***Protest at Homestead Detention Center*

*Notes:* photo from <https://earthjustice.org/blog/2021-march/say-no-to-homestead-detention-center>; Artist Alessandra Mondolfi projected "Homes Instead" and "Shut It Down" onto the fences and exterior walls of Homestead Detention Center in 2019.

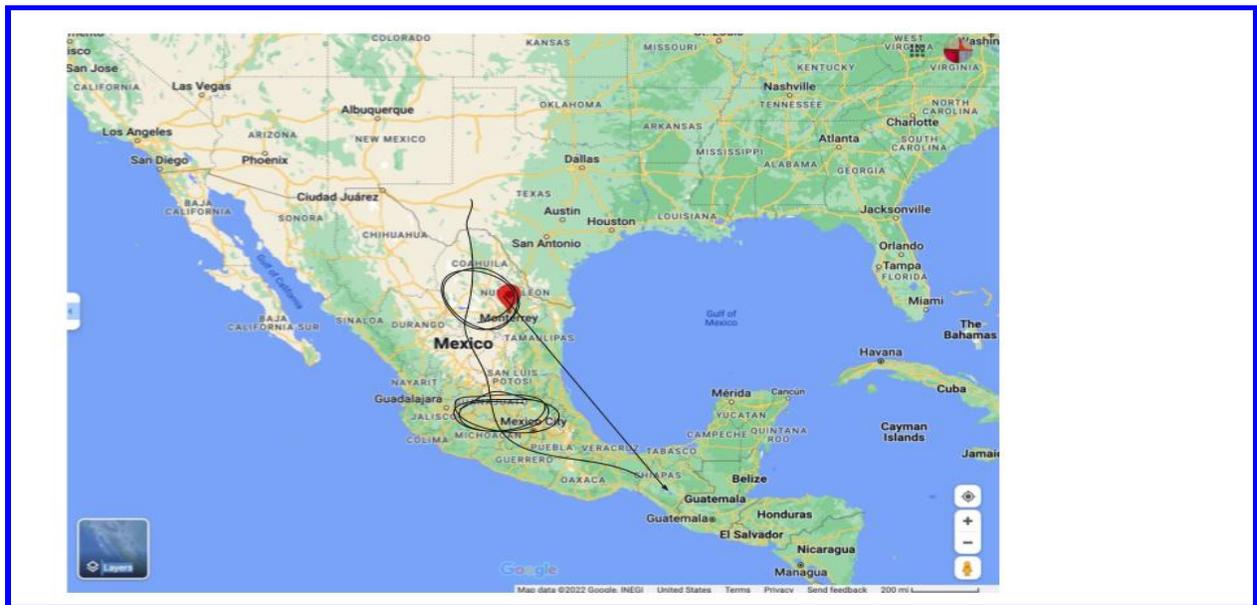
Regarding the HEC interview experience he said “I don’t get to talk to people about life very often.” I journaled after the second interview that the interview was done from his car because he said he did not have “any private space“ to talk in the home where he rented a single room. I noted that Participant 1 called himself and referred to others from his country as Hispano/Hispanic, and Participant 2 used Hispana. It is important to note how people refer to themselves, in relation to how social science researchers like me refer to people. I reflected that he had access to health care services possibly related to less precarious legal status from his

pending asylum application. He reported that he has a work permit, a drivers' license, and health insurance, as well as access to health, dental and eye care.

My memos after hearing **Participant 12's** story in the first interview were about his openness to sharing details about the migration journey. With spontaneity, he agreed to meet for a call the same day he was referred to me by a trusted messenger. Participant 12 made the dangerous migration journey, was deported back and immediately started the journey again the same day. The Google map image in Figure 54 entitled Circle of Migration, Deportation, Migration visualizes the distance from Northern Central America through Mexico, the return arrow signifies the deportation from Mexico.

#### Figure 54

*Circle of Migration, Deportation, Migration, Google Maps Image*



**Participant 12** was detained in Mexico City, deported by Mexican officials, and then migrated again, spending three months in the capital and another three months in Monterrey before making it across the US border with his partner. The two circles on the map are the cities

where he spent extended time on the journey. Similarly, in a previous story, other participants (1 and 13) made it even further north to the US border and were also deported back to their home country. All participants made back-to-back journeys through some of the most dangerous states of Mexico. For example, Guerrero state is known for extreme cartel and state violence, kidnapping, brutal civilian and civil servant massacres, and massive corruption by soldiers and immigration officials (Paley, 2021; Rojas, 2022). I reflected on the physical and emotional sensations that were shared in the interviews and thought about the dangers and toll on the body when repeating the journey so quickly. I connected to research trips I made in 2022 to Juarez and Tijuana, borderland Mexican cities with high numbers of young im/migrants and also high rates of extreme violence. Groups who organize migrant smuggling offer two or sometimes three repeat attempts for each single fee that has been paid by a migrant person. Possibly, both participants had no choice but to return on the migration route immediately as part of this agreement.

**Participant 9**'s interview revealed that she activated agency and consented to interview but with opacity— meaning I sensed her holding back and giving short and guarded answers at times (Tsaplina & Huffman, 2021). This sense was also confirmed by the Spanish speaking co-analyst who cross analyzed this interview. Opacity in an anticolonial sense does not reflect muteness or deficit, but rather agency and desire, and opacity is seen here as an example of personal desire to be acknowledged and honored by researchers. Honoring opacity in qualitative research is a way of looking for transgressive anti-data or locating what is silent in the data, honoring entanglements that matter (Tsaplina & Huffman, 2021; Cannon, 2022). Alongside opacity in the two interviews, Participant 9 diffracted differences around safety, and possibly difference in relation to traditional stereotypical gender roles and cultural expectations. She said

she likes to cook—something her mom taught her to do, but added the qualifier “*a little*” perhaps expressing meaning around disruption of gender expectations. Her desires are to play soccer, build a house, have a business selling clothes or shoes, and take care of her parents and family financially. My reading of her narrative included agency, desire and opportunity as embodiments of wholeness. Her story suggested, possibly, the disruption of traditional gendered roles and patriarchal colonial logic, diffracting differences in dreams and opportunities within im/migration experiences for her as an emerging adult. Theorizing from the lens of Rogerian Science, Newman’s theory, and from critical feminist and new materialism, diffraction of difference across all genders means resisting the urge to separate out in order to clarify and instead to rethink difference/s beyond binary opposition/s (Barad, 2014; 2007; Kaiser & Thiele, 2014). I appreciate Participant 9’s life patterning with the metaphor of ripples that are visible after the splash in the water. Her story contained agency, integrality and resonance like when she made an intentional life decision (quit job) connected to her material world (bus ride too long). In this context of Barad’s (2007) timespacemattering new ripples of possibility arise. The ripple metaphor is used to describe patterning from both a Rogerian Science and feminist new materialist perspective (Newman, 1995; Kaiser & Thiele, 2014; Theile, 2014). Participant 9 and her sister volunteered in a local food pantry solemn after arrival to the US, an example of what im/migrant youth researchers call civic engagement and action, the participation in prosocial activities benefiting their communities. Arce et al., (2022) suggest such actions may be related to experiences of optimism, fostering critical consciousness in youth around social inequities.

**Participant 4**’s story was entangled with considerable past trauma, including death of a sibling, extremes of gender-based violence, community bullying, migration route violence, and crowded and deadly immigrant detention during the worst days of the pandemic. Her reported

experiences in immigrant detention during Covid are confirmed and expanded upon in an article by Singer et al. (2022) titled *The impact of immigration detention on the health of asylum seekers during the COVID-19 pandemic*. The authors report that people who were detained by ICE between April and August 2020, like Participant 4, had 13.4 times higher mean monthly Covid case ratio than the general population.

Central American scholars Abrego and Cárcamo (2021) commented in a documentary film called *Displacement and Resistance of Central America's "Eternos Indocumentados"* that gender-based violence forces both refugee displacement and refugee incarceration. Participant 4's life experience and her narrative support their theorizing about intersectionality of gender-based violence, migration, and incarceration. In some participant stories one could interpret migration as a choice point, but fleeing to survive in Participant 4's case was not a "choice." She said, "*No tenía otra opción que salir de mi país*" (translation: "I had no other choice but to leave my country"). She had no choice. Her story is a migration narrative where international asylum claims to refugees ought to be recognized because of her identity and membership in what is considered a special social group. People in mobility contexts like Participant 4, who identify as lesbian, often face well-founded fears of prosecution, placing them at higher risk for danger and death in their country (UNHCR, nd). In this analysis her migration action is viewed as a challenge to survival, not a choice. Applying anti oppression and anticolonial theory to Participant 4's personal narrative highlights intersectional necropolitical forces like coloniality, heteropatriarchy, gender and sexual violence, border control, and migration detention-especially deadly for asylum-seeking people during the Covid-19 pandemic.

In cross analyzing **Participant 8**'s story together with a Spanish speaking scholar we discussed the concept of migrating with your family and the idea of "bringing home with you"—

and how that influences the migration experience. Participant 8 had the support of family, surrounding him on the journey, and through the early adaptation process. Migrating for him meant joyfully reuniting with loved ones at last in the US. His story suggested that home is a connection to people as well as land. Participant 8 spoke of the shift from not liking school in his home country, but loving and excelling in school here. He enacted agency on both settings. Deeper understanding of his space time connections to learning can be done through the lens of structural perspectives that account for what kind of knowledge is valued in each place. Barad (2014) calls this “timespacemattering.” Thinking materially, what is/was different in each time and space that shaped his relationship with learning and school? To understand his relationship with learning we could ask what material conditions allowed him to love math and science here in the US, yet dislike school in his country? He told me that he wanted to help his family by working in the fields after his Dad left for the US. Before migration he was dedicated to agriculture, crops, irrigation, subsistence farming—knowledge that is highly valued, vital, material, situated, labor intensive and knowledge specific. In his patterning we appreciate that agricultural fields are meaning filled, knowledge-filled spaces similar to school and university.

**Participant 2**’s story had multiple threads to weave and untangle. Listening in circles, I find her story needs space to breathe and is constrained by the word limits on these pages. In migrating she like many other participants left behind life chapters of not only familiar comfort, but success and glory. For three years she was soccer captain for a championship team winning medals and trophies. She wants to join a soccer team in the US to continue her passion. Like Participant 1, she was disappointed that there are few opportunities to play competitive soccer here if you are not in college or high school. Before migrating as a refugee, she was studying to be a secretary and enjoying life with family and friends, while navigating precarities in

community gang violence. She had considerable storytelling talent, connecting words to images, smells and tastes, and including the voices from her grandmother's kitchen. Her grandmother was immobile after a fall in old age yet those years of her grandmother's life were impressionable on Participant 2. I connected to Newman's (1995, 2003) patterning of the whole, her grandmother's pandimensional presence, higher awareness and consciousness beyond the physical body. Her grandmother was present in this story, carrying on traditions across space times where feeding friends brings light and joy in dark gray moments of winter in the US, forging community kinship connections through food. Participant 2 lost significant weight after arriving noting poetically, "we have food but we don't have hunger." This patterning reveals challenge in re/adjustment, discovering how things and feelings unfold in a new world (Newman, 1995, p.147). In self-awareness she linked her weight loss to mental health, anxiety, boredom, depression. Like other participants she experienced discrimination, people talking rudely to her and yelling at her because she did not understand English in her first job, yet she drew from the words of her ancestors and persisted. She said that in that first job she "learned so much," especially learning to persist and succeed. These are wise family lessons heard often, carried internally from her mamá and abuela (mother and grandmother) who loved sunflowers and feeding others. Figure 55, Sunflower, shows a page from reflection journal after Participant

2's interview showing her gray winter window, her mint green soccer jersey player number

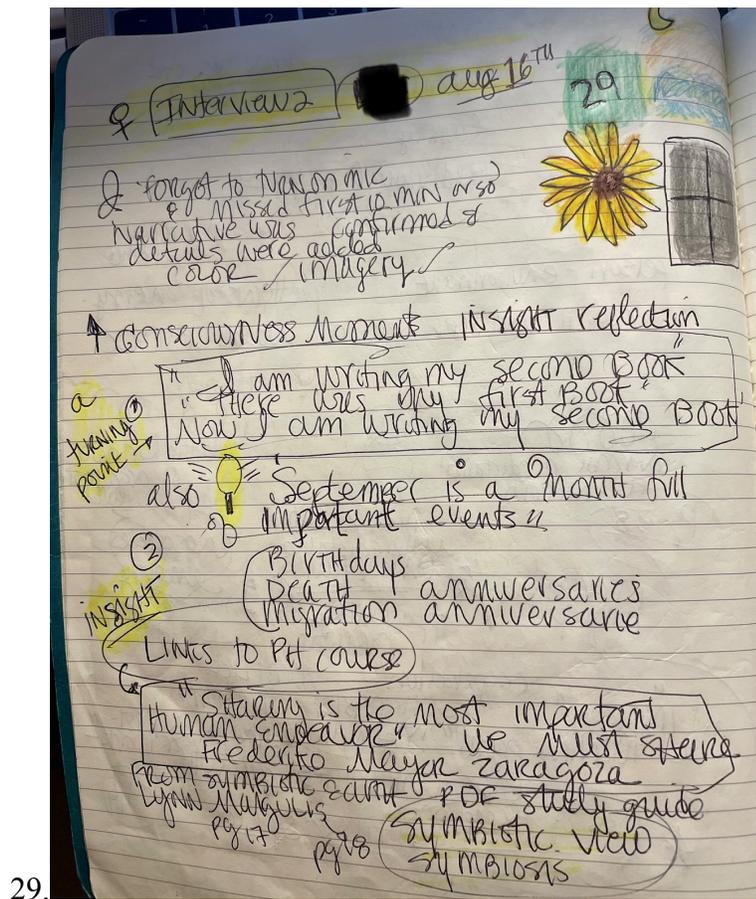


Figure 55

### Sunflower

**Participant 11's** story showed physical and emotional cost and presence of violence across borders and countries. Abrego and Cárcamo (2021) report, "On several occasions, in community forums and other events, we have witnessed recently arrived Central American asylum-applicants in the United States lament that they left their country in search of safety, only to learn that insecurity continues to loom as they transit across borders and when they arrive in the United States" (p. 123). He left his country specifically to avoid forced youth gang involvement and he experienced a youth gang beating and robbery in the US months after arrival when walking in a park. The trusted messenger who referred him to the study shared he was

robbed of money and beaten, possibly targeted for being a im/migrant carrying cash. As many im/migrants do not have bank accounts in the early years after arrival, robbers know they may be carrying a lot of money on their body.

I personally know of other im/migrant people who were robbed and assaulted as well, and who had apartments broken into and large amounts of cash stolen. When asked if he thought it was a crime of discrimination he shared that they were young kids who wanted to rob him. He reported the crime to the police but does not know of any follow up about the robbers. The assault impacted his physical and emotional body, and jettisoned him into the healthcare system as an uninsured person. He has accumulated thousands of dollars in hospital bills, in addition to having to pay off any migrant debts to the smugglers. From the trusted community messenger, I learned when his jaw was wired he was living on Pediasure and other high protein (and high cost) specialty drinks when he could not eat for two months. The trusted messenger was a valuable source of aid and comfort. She was impacted emotionally herself as a witness to his experience. She called one day to discuss what happened. She referred him to the project during the early days of this experience but I delayed contacting him for a few months as I was concerned about the ethics of conducting research in that setting so close to the trauma event. However, by delaying my contact with him, I felt I was also possibly disappointing the trusted messenger who was looking for support for him in the midst of the event when he was housebound and recovering.

The caring presence of a nurse phone call in those early days could have provided comfort but also could have caused distress. I worried about his physical discomfort of talking and pain in reliving the event with me. I placed ethical boundaries on data collection at that time, making a nursing decision to enact a cautious trauma informed approach in that setting. This

example highlights ethical challenges of accompaniment when conducting nursing research. In retrospect I could have provided a caring presence at that time, delaying research, and asking him later if he wanted to participate. This case narrative shows the fluid, oftentimes messy margins between accompaniment and research (Smith, 2021; Strega & Brown, 2015).

**Participant 5's** story contributed knowledge about parenting in emerging adulthood as well as health care access. E. was connected to healthcare services and was accessing care for E.'s special needs son. Without knowing or asking about the details of E.'s legal status, it is probable E. may have been eligible for insurance under state and federal safety net guidelines that prioritize care access for pregnant people and children in specialty funded community clinics and hospitals. This opportunity would have connected E. to the local health care system according to the Urban Institute (Haley et al., 2022). Morales-Alemán et al. (2022) interviewed emerging adult Latina immigrant women accessing sexual health care in a southern US state. They outlined the complexities and challenges found within im/migrant people's access to community healthcare beyond just being able to get care. Their work shines a light on what happens at the point of entry into the system and I thought about E. in this regard. Morales-Alemán et.al, (2022) uncover structural oppressions for young Latina's in contact with health providers. The author's describe language barriers, transportation issues, and feeling discriminated against and stereotyped. E.'s story revealed discrimination around language barriers when E. first arrived, an experience E. had in school. Someone yelled that if E. was going to come here, E. should speak English. *“Ella decía que, si uno buscaba venir para acá, uno tenía que saber los idiomas de aquí, porque no – es uno que venía de inmigrante”* (translation: She used to say that, if you were looking to come here, you had to know the languages here”). However, E. reporting feeling supported by the highschool nursing staff and

said that the clinic E. attended also meets E.'s needs. E. was also accessing special needs services in the community, while balancing full time work and parenting responsibilities, but shared that it did not leave a lot of time for friends like before. *“La mayoría del tiempo paso solo del trabajo a casa, con el niño o así”* (translation: “Most of the time I spend alone from work to home, with the child or something like that”).

**Participant 10's narrative** rippled out to considerations and connections to posthuman and feminist new materialist theory. Specifically, I started thinking about his patterning and meaning as assemblage and cartography. In thinking with and through assemblages, theory becomes data too (Augustinne, 2014). My journal entry after his interviews reads this memo:

**PARTICIPANT 10 CREATING ASSEMBLAGE: RUN NOISE AIR ART SLEEP LEARN RIVERS REST PEACE MOUNTAINS CARS ANIMAL PATHS BREATHE WORK MUSIC.** Compiling these words on page, by drawing direct threads from his story was a way of using his material awareness, his words and meanings as a research tool moving from coding and traditional analytic processes into experimental writing. New materialist ethnographer Schadler (2019) calls this process referencing. Participant 10's story connected the inside/outside and outside/inside embodying Barad's (2007) idea of “exteriority within” and entangling matter and meaning. One quote example: *“Sí, realmente, el ruido, creo que es una de las diferencias más grandes, porque normalmente, incluso acá, los parques tienen hasta para andar en carro, a diferencia de países centroamericanos. Un bosque, senderos de animales por los que uno camina, entonces es una gran diferencia.”* (translation: “Yes, really, the noise, I think it's one of the biggest differences, because normally, even here, the parks allow cars, unlike Central American countries. A forest, it's on animal trails that you walk along, then it's a big difference”.) This theoretical approach of assemblage removes dualisms, rejects binaries and

boundaries, and emphasizes radical immanence (innateness), transversality (connectedness) and posthumanism (decenters hu-man from nature) (Schadler, 2019). Thinking with and through new materialism and posthumanism shifts from being *in* the world to being *one with* the world. Barad's (2007) new materialism aligns with Science of Unitary Human Beings and Rogers' (1992) and Newman's (2003) beliefs of boundarylessness, world with no boundary, unitary planetary integrality of person and world.

**Participant 7's** story was discussed with a Spanish speaking co-analyst bringing insight to the narrative in relation to his own immigrant experiences. As a Mexican man and scholar currently living and studying in the US, he shared thoughts on how Participant 7's story possibly related to the myth of the American Dream. He also connected similar threads to other stories he and I explored together (Participant 3, 8). Within the myth of the American Dream are key concepts linked to Newman's HEC (1995, 2003; 2008) like opportunity, choice, agency, destiny, loss, uncertainty. Lopez et al., (2018a) wrote that many Latinos often believe strongly in the American Dream but say it's hard to achieve. Native Studies scholar Kim TallBear (2019) explains in an article titled *Caretaking Relations not American Dreaming* that US and Eurocentric hierarchies de-animate some people over others, humans over animals, animals over plants (2019, p. 25.). TallBear writes, "The promised land of settler mythology is in everyday life a nightmare for many around the globe...formed of hierarchical violence" (TallBear, 2019, p.26). According to TallBear (2019) the privileges and benefits of the American Dream must be understood within entanglements of violent hierarchical relations, immigration enforcement, border control, Indigenous genocide, land dispossession, and relentless capitalism.

The co-analyst and I resonated with wisps of melancholy within Participant 7's story, observing gray areas, sensing resistance within both opportunity and loss. For example, from

story: Participant 7 wants to speak English but can't yet understand his teachers; he is emotional to meet new family members but finds it hard to live with family he does not know well; the instrument he most loves is the one he can't play. His story provided context to thinking about immanence in text, the generative potential contained within words that are both literal and metaphorical. He used several idioms in his story like "breaking a shin" and a "roadblock," making meaning in the literal and the abstract. He shared details about the migration journey speaking about "others," yet when I asked about "others" access to mental health supports like counselors he switched to subjective and said "*Hay pocos por acá, la verdad no he tenido mucho interés en ir.*" (translation: "There are few around here, the truth is I haven't had much interest in going").

**Participant 3's** memos centered around the themes of loss and sadness. His first interview was unplanned, spontaneous and occurred at the point of first contact the day the trusted messenger shared my recruitment flier. He was sniffing in the beginning of the interview, and I later realized that he was crying when he said he did not want to talk about the past. Over the two interviews he spoke of loss of parents who were deported to his country, loss of lives of family members and income in the pandemic, loss of his bike that was stolen, loss of teeth that are chipped and broken. He shared his condition of schizophrenia and about his recent psychiatric hospitalizations. He was unable to successfully access community-based support for psychiatric or dental care, the two health problems he identified, because he did not have transportation, health insurance or money to pay.

Additionally, his experience of severe mental illness (schizophrenia) would benefit from high quality and consistent outpatient treatment, which he is unable to access due to financial and insurance constraints. He said because he has no "social" (i.e., social security card) he can only

get “cleaning” jobs. His story suggested meaning about the challenge of the in-between spaces, the liminal legal spaces that im/migrant and asylum-seeking people must navigate. This includes the space time material shocks of “being illegal,” loving and longing across distances, experiences of poverty, and disconnectedness across borders when technology is both impractical and insufficient. Central American Studies scholar Cecelia Menjivar’s (2006) article *Liminal Legality: Salvadoran and Guatemalan Immigrants’ Lives in the United States*, describes the liminal legal space time that Participant 3 and his family experienced. His liminal legality impacted his job options, financial resources, health insurance, dental and mental health care access, connection to his country, and separated him from his parents who were both deported under expedited criminal removal policies. He spoke of economic hardships several times in the two interviews. Deportation of parental wage earners increases risk of poverty and loss of housing in im/migrant families (Rugh & Hall, 2016).

Participant 3 was separated from his mother at the border in 2018 when family separation under the Zero Tolerance Policy of the Trump administration was at a peak (Drozdowski & Chong, 2018). The psychological trauma of his maternal separation was profoundly present throughout his story. The American Academy of Pediatrics condoned the Zero Tolerance Policy, stating family separation causes irreparable harm to child health (Miller, 2018; Miller et al., 2018). Research by de la Peña et al. (2019) and Miller et al. (2018) found family separation at the border significantly contributed to migrant and refugees’ depression/anxiety symptoms, PTSD symptoms, and psychological quality of life. Participant 3’s story also revealed the importance of trauma informed approaches, and of using best practices to not retraumatize people, while pointing to the need for a transformative caring presence in accompaniment.

**Participant 6** was one of two people who requested to have the trusted messenger on the phone for the first interview, showing the important role of community collaborators for transferring trust and confidence to nurses who are not well known in the community. In both cases, the second interview was done without the trusted messenger suggesting increased degrees of comfort and trust were successfully passed on to me as a nurse and nurse researcher. It suggests that a more trusting relationship was created after the first interview within the praxis of HEC. My memos after Participant 6's interview related to his deep connection to nature and observations about the increased "noise" and disconnectedness from nature he noticed after arrival to the US. Work by Sheffield et al., (2022) and Down, et al., (2022) support the positive relationship between a person's connection to nature, psychological well-being and environmental caring practices. These human-nonhuman caring practices open up possible paths for knowledge grounded in nature and health when working with emerging adult im/migrants and asylum-seeking people. After the interviews I shared information with Participant 6 on state parks and nature reserves close to his current location.

**Participant 13's** story was filled with deep connections to family and community, in her country of origin and here after arrival to the US a few months before we spoke. She was one of three people who rated her health as "regular" in Spanish, or "fair". She had a respiratory infection the day we met for the first interview. She said that her health had deteriorated from the four-month migration journey, she lost weight, and was now having multiple stomach complaints. Similar complaints were described by Participant 12. Like him, in describing her complaints around stomach issues from the migration journey, she also shared the idea that eating cold food contributed to these stomach ailments.

Participant 13 shared food insecurity and said she often only had money to eat once day, despite working full time in a factory shipping product in a major national company. As follow up to interview one I shared a list of food pantry resources near her. In the second interview she said that she had gone to get food at several of the food pantries with her sister. Her interview supports research that despite im/migrant and asylum-seeking people working full time supporting the US economy, they must navigate extremes of poverty and health inequities, including hunger and lack of access to healthcare. Machado and Goldenberg (2021) write that insufficient attention is given to barriers and material inequities that im/migrant people experience in the US especially during the pandemic. The authors urge public health officials and advocates to urgently address policy, research and healthcare actions to prioritize antiracist policies and healthcare equity for im/migrant people in the US, including occupational safety and justice (Machado and Goldenberg, 2021). Participant 13 had used her cell phone after arrival to her US destination city to look up health clinics near her. She was able to make an appointment although she was worried that it was two months away- too far in the future. The use of information communication technology like smart phones by im/migrants, refugees and asylum-seekers to navigate new spaces and cultures and remain connected to family, is an emergent area of migration research (Alencar, 2020; Chouliaraki & Georgiou, 2022; Gillespie et al., 2016).

### **Summary of Memos and Reflections**

In summary, attuning to the ripples of resonance in moments of the interview praxis *is* health pattern appreciation. Threading and weaving between and across stories, and connecting to the literature helped deepen the meanings that were revealed by the individual stories. Each of the stories uncovered holistic health and life patterns, and in the appreciation of patterning—meaning was revealed. According to Newman, “one’s own pattern (being) contains information

about the whole. The way to get in touch with the pattern of the other person is to sense into one's own pattern" (1995, p.88). Experiences of resonance as well as sensing into my own patterning and the co-analyst, were detailed in memos that were written after the interviews. These provided connections from and to ideas from other scholars' work, threading in and between the participants' stories and my life.

The goal of the HEC praxis is that the participant experiences awareness of their own health pattern, and in moments of self-discovery the nurse and participant may each have mutually resonant experiences. There were multiple powerful moments of self-discovery by participants and myself and the co-analyst in this study as described above. In moments of recognition of patterning there are often flashes of insight, when the picture or feeling suddenly becomes clear to the participant and to the nurse. The 13 participants' stories also confirmed and uncovered situated and context specific examples of racism and discrimination, structural barriers, poverty, hunger, and examples of systemic health inequity.

Newman acknowledges the abstractness of patterning and states that words are insufficient in accurately describing human interaction in moments of holographic resonance (1995, p. 93). Despite the inherent limitations of capturing experiences of patterning with words, Newman suggests understanding health patterning of the whole person through critical self-reflectivity and affectation, while looking for connectedness, context, movement, time and space matters, and relationships with other people in their unique personal stories (Newman, 1995, p.98-99). Newman visualized this process as a holographic resonance, like ripples on water. Similar ripple analogies are found in new material and feminist thinking highlighting the rhizomatic nature of HEC, theoretical threads knitting and threading. Channeling feminist theorizers Haraway and Barad on diffraction of difference, Sehgal (2014) writes

a stone drops into the water, disturbing its calm surface. The ripples caused by the splash form amplifying circles. A second stone drops. The new circles of water waves interfere with the first, thus forming a pattern (p. 188).

Like a beautiful painting or a powerful song or poem, the HEC praxis makes the invisible visible. The transforming presence of the nurse talking to participants about important people or life events may make the unconscious conscious. Action potential for self awareness and change flows in consciousness (Newman, 1995; 2008). Next I will describe implications for nursing practice, research, policy and education, beginning with the need for building practices of critical nursing praxis.

### **Implications for Nursing**

#### **Building Critical Nursing Praxis**

In order to more fully achieve the moral, ethical and justice mandates of our discipline, nurses must engage in more critical practices of reckoning with and undoing the structural and oppressive forces of white supremacy, racism, capitalism, and colonialism (Bell, 2021; 2022; Graf et al., 2022). The Covid pandemic unveiled vast inequities in current structures that had deadly impact for Latinx im/migrant and asylum-seeking people and other historically excluded and underserved groups. Letiecq et al. (2022) document how structural racism, heteropatriarchy, and precarious legal status deprive Central American immigrant mothers of economic and other resources, exposing them to dangerous overcrowded housing, and abusive power relations. Undocumented im/migrants' health care experiences in the United States are often shaped by structural barriers that stem from racism (Leon et al. 2022), findings that were supported by several of the personal stories told in this project. Experiences of discrimination at work, school or in health care were reported by Participants 2, 5, 6, 8, and 9.

In a study on racism in health care, Damle et al. (2022) reported that qualitative research with Latinx immigrant women during the pandemic showed experiences of discrimination. Authors described how perceptions and experiences of discrimination shaped people's ability to address health-related needs during the COVID-19 pandemic. They identified four central research themes including: structural inequalities, discriminatory health care experiences, victimization in public institutions, and overcoming discrimination in health care settings (Damle et al., 2022, p. 1). The urgent need for more critical nursing praxis to address structural forces like racism and systematic oppression has been well documented and should need no more "evidence" as to its importance as a pressing focus for change in nursing. As nurse scholar Sharrica Miller tweeted (@DocMiller, 2022), "Stop teaching nursing students about social determinants of health if you are not going to also include a discussion on how racism contributes to them."

Together with colleagues, I have written extensively and spoken professionally about the urgent need for more critical antiracist liberatory nursing praxis during the time space of this doctoral project. The messages in our writings are not new or novel. The arguments build upon Black feminist and other emancipatory and liberation scholars' work, including many who are cited in this dissertation. And the messages must be amplified. Collaboratively with fellow scholars and researchers known as the Compost Collaborative ([www.compostcollaborative.online](http://www.compostcollaborative.online)), we write about strategies of building epistemic justice in nursing in published works including: *The Case for "Structural Missingness:" A Critical Discourse of Missed Care* (Hopkins Walsh & Dillard-Wright, 2020); *Patterns of Knowing and Being in the COVIDicene: An Epistemological and Ontological Reckoning for Posthumans* (Brown et al, 2020); *We Have Never Been Nurses: Nursing in the Anthropocene, Undoing the*

*Capitalocene* (Dillard-Wright et al., 2020); *Critical Posthuman Nursing Care: Bodies Reborn and the Ethical Imperative for Composting* (Hopkins-Walsh et al., 2022); *Nursing for the Chthulucene: Abolition, affirmation, antifascism*, (Hopkins-Walsh et al., 2022); *Time for different stories: Reflections on IPONS panel addressing current debates in nursing theory, education and practice* (Hopkins-Walsh, 2022); *What does person-centred care mean, if you weren't considered a person anyway: An engagement with person-centred care and Black, queer, feminist, and posthuman approaches* (Smith et al., 2022b); *The Vitruvian nurse and burnout: New materialist approaches to impossible ideals* (Smith et al., 2022a); and an edited anthology of critical essays entitled *Nursing a Radical Imagination Moving from Theory and History to Action and Alternate Futures*. A consistent argument throughout all of these collaborative writings is urgent need for building more critical, antiracist, anti oppression, and anticolonial ways of thinking, being, and doing in nursing and in the world, with more situated, relational and ethically affirmative caring praxis in practice, education, research and policy.

To create antiracism, anti oppression and anticolonial framing of the research project, I intentionally built a program of doctoral study based in critical theory, critical methods, migration studies, and emergent philosophies and theories in nursing like new materialism and critical posthumanism. I recognized the multiplicity of ways that this study personally benefited me by fulfilling a partial requirement for the highest degree in nursing. This project allowed me to accumulate additional status, privilege, and credibility granted by a historically white private college by sharing stories of people who are historically and currently excluded from these same academic spaces. The participants in this study understand all too well the trauma of structural exclusion, oppression and slow violence (Nixon, 2011). The stories in Chapter 4 are the Participants' stories. My ethical responsibility was to present their stories with critical

intentionality of language and process, critical reflexivity on self and methodology, and utmost care and respect. I shared their stories from the viewpoint of being an outsider while navigating the third space of qualitative work (Carling et al., 2014). I was an accomplice, (inferring action beyond ally), with commitment to solidarity and ongoing accompaniment alongside im/migrant and asylum-seeking-emerging adults and families (Lykes et al., 2018).

I remained ethically accountable to 13 participants and their community members by questioning *and* answering how this study will benefit emerging adult im/migrants from Guatemala, Honduras and El Salvador. Scholars like me can draw inspiration from critical race and Indigenous scholars for strategies for promoting knowledge justice. Critical praxis demands actions that bring the knowledge back to the communities and people who generated it. Examples include Eve Tuck and colleagues' project Collaborative Digital Garden, an open access website for sharing results about Indigenous and Participatory Action Research. (Bowden et al., 2022). Publishing work in open access journals that are not behind neoliberal paywalls and publishing research findings in multiple languages are acts for justice that disrupt colonizing power structures.

When entering into participants' stories, I aligned myself with scholars who use and teach about critical theories, and anticolonial and anti-oppressive approaches to research outside of nursing including Michele Fine, Eve Tuck and Wayne Yang, Kakali Bhattacharya and Linda Tuhiwai Smith. I am informed by the critical qualitative arts-based approach of Kelly Clark/Keefe who "blends the cognitive acts of telling and receiving story with the somatic states of the researcher and participants" (Clark/Keefe, 2010, p.xv). Clark/Keefe's approach aligns with Newman's holographic resonance (1995, p. 86). Within nursing, my work throughout the time period of this project was informed by contemporary critical nurse scholars including Rae

Walker, Jessica Dillard-Wright, Brandon Brown, Blythe Bell, Ruth DeSouza, Em Rabelais, Monica McLemore, Ashley Ruiz, Lisa Bourque Bearskin to name but a few. I name them here as inspirational nurses whose leadership, work, ideas, and social commentary critique racist, oppressive and colonizing forces in nursing, nursing education, and health care. The work of Central American Studies scholars Cecelia Menjivar and Leisi Abrego (and colleagues) informed how I thought about migration and specifically about issues unique to people migrating from Central America. Promoting research justice for social change also required that I avoided heteronormative ableist cisgender patriarchal logic. I intentionally tried to think with and through the participants' stories within frameworks aligning with critical race theory, queer, gender, and critical disability studies (Tsaplina & Huffman, 2021). Frequently throughout this project, I wondered if ethically and socially just research was even possible under the current systems of capitalistic enclosures, cis-heteropatriarchy, normative whiteness, and social and economic inequities, amid ongoing planetary destruction (Brown, 2022; Dillard-Wright, 2022; Smith & Foth, 2021; Foth & Nazon, 2022). These structural forces are cumulative, intersectional, and greatly impact im/migrant and asylum-seeking people in the US (Machado and Goldenberg, 2021).

### **Intersections of Nursing, Healthcare, and Human Mobility**

A 2018 Gallup poll estimates that globally one in seven people would move to another country if they had the chance, and in Latin America the number is higher than one in four (Esipova et al., 2018). Across the planet, millions of people are on the move and nurses must understand the complex processes of human mobility and how human mobility intersects with health, wellness, human safety, and planetary and eco justice (Brown, 2022; Schwerdtle et al., 2020). Global movement is a natural human process and borders will never be impermeable to

humans who are looking for safety, adventure, change and opportunity. The migration stories in this qualitative study can be connected to several theoretical ideas and processes arising from the field of critical immigration and migration research. The first connection is made to the idea of the intersectionality of health, migration law and profit driven criminal justice systems shown in the detention of multiple participants in for-profit minor detention facilities.

Detention during the pandemic is especially deadly as seen in story by Participant 4 who witnessed death and illness from Covid of multiple friends and other people detained with her during the crux of the pandemic. Diaz et al., (2022) outline the health impacts, including the violence and human rights abuses, and the deadly unsafe conditions that im/migrant and asylum-seeking people experience in detention. Economic migrants from Central America like many in this project have been particularly impacted by the criminalization of human movements, or “crimmigration” policies described by scholars Koulisch and van der Woude (2020). Nationalist and populist leaders continue to espouse hate filled policies framing people in mobility contexts with disparaging rhetoric and insults, and promoting actions that have serious population health impacts linked to racism, violence, and xenophobia (Devakumar et al., 2022; Selvarajah, et al, 2022). Nurses and other healthcare providers must think about and act upon racism and discrimination against people in mobility contexts the same way they think about other social determinants of health (Davies, 2022).

The detention of study participants by ICE forced them into the federal criminal justice system where they are now bound by immigration governance and complex laws, policies and procedures often determined by the preferences of individual judges and varying state-by-state rulings. In addition, participants mired in this federal crimmigration system have to pay for expensive trial lawyers. Participants 4 and Participant 1 spoke of feeling worried, losing sleep,

being anxious about being unable to pay expensive legal fees. There are critical shortages of charitable organizations providing immigration lawyers and availability varies by state. Kerwin & Millet (2022) examined the legal capacity available to low-income im/migrants on national, state and sub-state levels, finding 1,413 undocumented persons in the United States for every charitable legal professional. Their analysis showed far *less* capacity than the national average in many states such as Alabama (6,656 undocumented people per legal professional), Hawaii (4,506), Kansas (3,010), Georgia (2,853), New Jersey (2,687), Florida (2,681), North Carolina (2,671), Virginia (2,634) and Arizona (2,561) (Kerwin & Millet, 2022).

The stories in this study highlight that there is no single migration theory that captures individual and family reasons for human mobility. Human agency was evident in the participant narratives of transnational migration for economic reasons, basic hunger, and economic need to help family members who remain behind. In addition, bigger and better employment opportunities from family who arrive first created paths for human movement for other family members to arrive in the US. Many participants were received by family members already living and working in US communities. Being victims of physical and gender-based violence were reasons for mobility for participants 1 and 4, and fear of gangs and community violence for many others. Violence is a possible factor that could influence people to both leave and to return to their countries. This suggests that violence like that experienced by Participant 11 in the US could possibly influence some im/migrants to return to the country they left. Being deported did not prevent people from returning to the migration route and successfully crossing the border to the US. Participant 3's story revealed a goal to "return" to his country in his longing to reunite with the nuclear family after his parents had both been deported. Many others expressed a desire to return to their countries in the future, and to build houses there for themselves and family.

The motivation to migrate may be influenced by personal and individual goals of seeking a better life, a thread linked to HEC theory of expanding consciousness. Many participants in this study wanted to achieve a higher order of self through new opportunity and change, self preservation and survival, including support and acceptance for being part of lesbian community, or of fleeing gender-based violence, and religious discrimination. Migration is also an opportunity to have increased income that allows personal development through education and opportunities to help self, family and loved ones. Micro, meso, and macro influences for migration were apparent throughout the stories, where the processes and drivers of human mobility were identified by family mobility patterns, economic insecurities, food shortages, lack of employment, and societal, systemic and individual connections to family and community violence. The pandemic was cited by several people as impacting the economy of themselves, their communities, and their families, for example in the higher prices of farm and agricultural materials like fertilizers.

Consequences of recent hurricanes including community loss of homes and incomes were witnessed by several people. Hunger and poverty, both individual and community wide, was cited frequently in the childhoods and pre-migration lives of participants. These conditions acted as a factor for mobility in multiple stories across many of the participants. The structural and planetary influences point to the need to reframe im/migration and human mobility as being basic human rights. “At a time when endless greed, climate change, unrestrained capitalism and growing economic divides threaten to annihilate us, our societies are bound to change. We are moving.” (Espinoza Garrido et al., 2021, p.273).

Menjivar (2012) notes the confusing liminal in-between space that many Central American im/migrants occupy when they have received temporary permits after interactions with

the immigration legal system, navigating being neither fully “documented” or “undocumented.” Work permits require frequent renewal, and the costs are often 500-1,000 dollars or more for renewal. Renewal also means navigating complex federal internet sites written for English literate readers and speakers. Several participants in this study noted they needed support and information on legal issues highlighting actions for health and legal collaboratives to emerge. Nurses ought to join alongside legal services providers and community activists for supporting im/migrant people and families in their integral wholeness. Legal-medical and healthcare partnerships are holistic strategies for HIV prevention among im/migrant people especially among sexual minorities, highlighting multiple paths for nurses to be innovators in these efforts and others (Martinez, 2021).

#### **Nursing Policy Implications: Excluded from Care**

The participant stories revealed that four of the thirteen people had access and connections to health, dental and eyecare centers. Out of these four people, participants 1 and 2 had less precarious legal status than others (asylum case pending and refugee status). This most likely facilitated access to health insurance. Participant 5 had entered the healthcare system with pregnancy and birth of child, most likely obtaining access through federal safety net care. Participant 10 received help connecting to community clinics through staff at the school-based clinic. Participant 13 had searched on a mobile technology platform to find a clinic nearby and made an appointment but had not yet been seen for care. Participants 3 and 11 entered the emergency health care system after a violent assault and a psychiatric emergency, but both were unsure about follow-up care and reported lack of trusted adult help to move forward. The other participants were unaware how or where to get no-cost or low-cost care, or how to apply for federal safety net care. Two participants had vision screens recently—one in the high school

setting and the other when detained in immigrant detention. Multiple other participants report that they needed vision evaluations, but were unsure how to access the service.

Participant 3 had painful broken teeth and difficulty eating but was unable to get dental care in his area. He said he had no insurance and no money to pay, and was unaware how to navigate buses or where to walk safely to get care. These insurance and transportation challenges were also reported by participants in a study by Letiecq et al. (2022). With his diagnosis of schizophrenia, it was also unclear what outpatient supports or access to medications Participant 3 had available to him now or in the future for his serious and chronic mental health condition. Participant 2 disclosed depression, anxiety, and weight loss. Fortunately, she had refugee status with access to community clinical care. Individual needs and desires for trauma informed and LGBTQ affirming care were revealed in Participant 4's story. All of the participants had received at least one Covid vaccine, and many had received more than one vaccine. Overall, the participants' stories uncovered an urgent need for im/migrant and asylum-seeking emerging adults to have more equitable access to culturally safe, antiracist, trauma-informed care by nurses and other healthcare providers.

The Affordable Care Act of 2010 can be seen as a proxy for healthcare access in the US because it expanded health insurance coverage for hundreds of thousands. But most immigrants from Central America remained locked out of the ACA due to lack of proper documentation (Marrow & Joseph, 2015; Viladrich et al., 2019). Scholars estimated that by 2019, close to one third of the US uninsured population would be immigrants without legal documentation necessary for accessing health insurance (Capps & Gelatt, 2020; Hall & Rosenbaum, 2012; Martínez & Rhodes, 2020). Im/migrant people are eligible for federal safety net and emergency Medicaid funds in some situations, however individual states vary in how they interpret and

operationalize the Emergency Medicaid Statute, resulting in wide variation and geographic disparities for im/migrant people needing care (Capps & Gelatt, 2020; Hill et al., 2021; Ndugga & Artiga, 2021; Martínez & Rhodes, 2020).

In general, most all undocumented im/migrants and documented im/migrants with less precarious legal status who have less than five years of citizenship are excluded from access to care in the majority of states in the US (Capps & Gelatt, 2020; Sehgal, 2018; Raghaven & Seikh-Hamad, 2011). Often the only alternative for them is seeking care in emergency rooms, which increases patient complications due to lack of follow-up care, accumulates high-cost debts (like Participant 11), has higher associated healthcare costs in return visits, and is often morally burdensome to hospital staff who know the patients are getting inadequate care (Raghavan, 2012). The problem has been associated with staff burnout in US emergency rooms due the related issues around moral distress of healthcare professionals who are required to make life or death decisions in many states to treat or to turn away unauthorized im/migrant patients in need of “life saving care” (Cervantes et al., 2017).

Overall, applying the health-system diagnosis suggests that the primary force behind this problem is the exclusion of access to prevention and treatment services for im/migrant people in the US (Suarez, 2019). This system gap provides an urgent example of the necessity of immigrant health care reform (Cervantes et al., 2017; Raghaven & Seikh-Hamad, 2011; Reid et al., 2020; Sehgal, 2018). Nurses are an integral force for proposing solutions in im/migrant health care reform, advocating for universal health care and working with community groups to create alternative models of care to meet the needs of people who are currently structurally missing and excluded (Hopkins-Walsh & Dillard-Wright, 2020). Sharing individual stories that

emerge from qualitative research can also influence decision trees of policymakers and result in more equitable access to care (Reed et al., 2018).

### **Research: HEC Research Praxis as a Caring Act**

The application in this project of Newman's HEC praxis method within SUHB, blurred the lines between nursing research and nursing care (Butcher 2022a; 2022b). Nurses Soto Lesmes et al., (2022) also write of caring praxis in nursing as an abductive nonlinear, knowledge-generating practice. Research as caring practice was seen in the reflections that participants shared after their story was retold back to them in interview two. For example, after hearing her story Participant 4 said *"El sumario está correcto y como decía, ya me siento mejor. Me gustó el sumario porque está todo perfecto y todo está en lo correcto"* (translation: "The summary is correct and as I said, I already feel better. I liked the summary because everything is perfect and everything is correct"). Participant 10 said that he found the HEC process "very interesting" and he thought the narrative and experience were "very good." Multiple people who participated in the process referred their friends and family members for participation, suggesting that the HEC research as caring praxis was received as neutral at worst or enjoyable and caring at best. Participants often commented that they enjoyed the opportunity to talk about their lives and experiences with a nurse.

The exception to HEC praxis as caring would be Participant 3 who revealed a diagnosis of schizophrenia and who said that remembering the past made him very stressed. He cited the HEC interview as contributing to him having a psychiatric hospital admission after recalling the past. Despite the distress he said it caused, he returned for a fairly lengthy second interview, where we had a chance to debrief about the stress it caused him and to discuss his recent events and travels. Afterwards, we had several communications related to the process of him obtaining

his thank you gift card. The unitary transformative approach to HEC provides theoretical foundations for care and accompaniment that transpired with Participant 3 within his unique health patterning. “Pandimensionality provides an understanding of nonlocality, acausality, unpredictability, infinite realities, and dimensions” (Butcher, 2022b, p. 151).

Multiple participants shared life meaning in connections to animals and nature, and three participants shared observations about noise levels in the US, highlighting the unitary integrality and boundarylessness of humans, non-humans and more than humans. Research paths that more fully explore emerging adult im/migrants’ connections with nature could shed light on ways that nurses and other health care providers could build upon these meaningful connections for enriching quality of life, supporting health, healing and well being (Newman, 2003; Perry et al., 2017; Perry et al., 2022; Willis et al., 2008). Tehan et al. (2019) used nature walks in a research project to operationalize the unifying concepts of the nursing discipline including humanization, health, meaning, choice and quality of life.

Perry et al. (2017) advanced using the unifying concepts of nursing as a path toward social justice- ideas relevant to this research project as well. Perry and Averka (2020) and Perry et al. (2022) used human-animal observations and interactions in the wild as a caring and healing intervention, suggesting that the intervention could also increase stewardship for the planet and animal species. Overall, these few examples show the imaginative research paths for exploring and more fully supporting emerging adult’s connections to nature. HEC method also extinguishes the boundaries between art and science showing ways that art science nature could all connect in radical possibility for future research projects (Newman, 2003).

This study also unveiled the importance of school-based nursing practice, community sites that could be foundational to supporting HEC research praxis as a caring act. Multiple participants who were in high school mentioned the importance of having school based, Spanish speaking nurses as support for them after im/migrating. These nurses created relationships for care, screened vision, provided care for headaches and other minor ailments for people without access to care, and one participant said that the nurse helped him make connections to a community health clinic. Having a nurse to assist in the process of locating care, supporting and facilitating entering the complex healthcare system is a powerful care-based nursing intervention that also aligns with radical social justice. Educating pre-licensure nursing students in school-based health centers to participate in these interventions and others, aligns with the work of Martínez Rogers et al. (2021). Martínez Rogers et al. (2021) prioritize primary care and community-based care sites for pre-licensure baccalaureate nurses to learn and practice holistic nursing care practices of health promotion, noting these opportunities are not readily available to nurses in acute care settings. HEC can also be used with nurses in clinical and educational settings to understand their unique patterning in experiences of care (Neal, 2022).

### **Nursing Education: Bridge to Social Justice and Radical Possibility**

Two participants in this study expressed a life goal of being nurses. Creating and expanding more equitable paths to nursing education for them and others is a bridge to social justice, radical change and possibility for nursing. However, nursing education (and nursing) as it currently exists must be abolished and made safer, and more equitable realities must be created (Canty et al., 2022; Canty, 2022; Rabelais, 2022). The stories that nursing tells itself about itself in the process of educating nurses are still largely based on normative whiteness, cisgender,

heterosexual, nondisabled femininity cloaked in white supremacy (Dillard-Wright, 2022b; Gatrall, 2022; Hopkins-Walsh, 2022; Rabelais, 2022; Schmalz et al., 2022).

Thinking practices like nursing theory and philosophy that are foundational in creating curriculum for educating nurses also stem from these same colonial forces of white supremacy and Eurocentrism (Hopkins-Walsh, 2022). Barbee (1993) wrote about racism in nursing and nursing education over 30 years ago and Canty (2022) and Canty et al. (2022) and others (Schmaltz et al., 2022) are still writing about it today. “The harm from racism in nursing runs deep; lost dreams, lost opportunities, trauma from doing the work without recognition, caring for patients in environments that were not safe” (Canty, 2022, np). Miller and Vaughn (2022) discuss Black and Hispanic student perceptions of how faculty treat them in the clinical and classroom setting, showing students’ feelings of isolation, low morale, and diminished confidence. Nurses regularly face racism from patients, preceptors and other staff in clinical settings. Some hospitals including Massachusetts General Brigham and others, have adopted zero tolerance policies for racist and discriminatory patient conduct, but it will be up to nurses to make sure the policies are enforced (Kelly, 2022). Nursing leaders, nurses and educators must stand up to the oppressive and violent forces of racism for nurses and the people they accompany in educational and clinical settings. We are all reduced by and surrounded by the forces of racism, and our silence is complicity in the systems that perpetuate it (Harney & Moten, 2021, p. 126).

There is a critical and urgent need to radically imagine, abolish and transform the current education programs, and to build more antiracist, anti oppression and anticolonial nursing education futures (Bell, 2022; Gatrall, 2022; Gresham-Ryder et al., 2022; Rabelais, 2022). The pathways forward are readily available for nursing leaders to embrace and operationalize if they

chose, including the knowledge needed to begin and continue the processes of transformation. Kennedy et al. (2022) propose strategies for developing a decolonial nursing program and advance a philosophical framework in conjunction with Indigenous elders. Bell (2022) writes of strategies of generativity not hierarchy within nursing education. De Souza (2022) teaches how using arts-based participatory methods can teach cultural safety for nurses who are learning the foundations of the discipline. Zamora & Martínez Rogers (2020) developed an innovative model of mentoring and supporting diverse nursing students to increase nursing workforce diversity. Rabelais (2022) insists we must believe and respect the lived experiences of nursing students so we can fundamentally teach them to believe and respect the people they accompany.

### **Connecting Back: Reflections on Theory and Language**

#### **Reflections on Theory**

This study used Newman's HEC praxis (1995, 2008) and Rogers' SUBH (1970, 2003) to explore life experiences, patterning and meaning for a sample of emerging adult im/migrant and asylum-seeking people from Guatemala and Honduras. The nursing theories were contextualized within critical posthuman, new materialist, unitary transformative assumptions that aligned with antiracism, anti oppression and anticolonial ways of doing and thinking about human and nonhuman caring, accompaniment and research. Reflecting upon the theories that grounded and swirled throughout this project highlights that the theories are compatible and congruent, and rhizomatically connected. Barad's (2007) new materialist theorizing on rippling and diffraction flowed harmoniously with Rogers' and Newman's concepts like integrality and resonance. All three draw upon quantum physics and energy science in explaining human and nonhuman matter in mutual processes and relation, as well as knowing through art, movement, music, and the body. It is important to note that SUHB and HEC are US-developed, nursing-specific theories

that are fundamentally based in assumptions of humanism with emphasis on concepts like agency, choice and consciousness. Petrovskaya (2022) critiques and compares what she refers to as American nursing theory like SUHB and HEC as largely lacking important critical analyses found within postmodern and poststructural perspectives. While applying ideas of SUHB and HEC in this project, I attempted to excavate and uncover threads of critical analyses, and liberatory and emancipatory theorizing potential. However, to date, critical theorizing in US-based nursing theory is largely underdeveloped, and this is an urgent path to further explore and develop moving forward.

I remain committed to critical theorizing in nursing in ways that advances nonbinary non-arboristic rhizomatic thinking, and that connects liberatory and generative ideas across and between disciplines. In this complex world nurses must draw upon all ways of knowing, emphasizing critical theories, Black and Latina/x feminist theories, emancipatory knowing and including the arts, sciences, humanities, nature, animals, plants- all matter (Brown et al., 2021). As nurses we must engage with multiple, radical, and creative ways of explaining what's going on and continue using critical theory in acting together with communities for radical social change. Like Rogers (1970; 1993) before her, Newman (2003) imagined a theoretical world of no boundaries for nursing, "an interconnected web" across all theories and all ways of knowing, connecting art science research practice (p. 242). Newman's vision for nursing care and research are all at once mycorrhizal and rhizomatic, links I thread together with critical posthumanism and new materialism. I am situated in this project in ways that are and were material, relational, embedded. Figure 56 below is called Research Pod November 2022 showing my timespacematterings with coffee, vitamin C-water, quilt, yarn fibers, books, cat, rocks (Barad, 2014; 2007).

**Figure 56**

*Research Pod November 2022*

This study used the developmental framework of emerging adulthood as the age period between 18-22 years old. Côté (2014) critiqued this theory, calling it a flawed theory and an academic myth of the global north because the ideas about what people are busy doing in this age range did not hold up under scrutiny and lacked sufficient “evidence” to be considered a theory. I applied the theory of emerging adulthood in the research in a flowing fluid manner aligning with Rogers (1993) and Newman (1995) whose ideas view all phases of human development as integral and whole, inseparable and continuously evolving. Wood et al., (2018) discuss this stage as often encompassing significant changes in living situations and relationships for example, being with family, friends, alone or disconnected, balancing self-care, work and or school, pursuing passions and hobbies.

Wood et al. (2018) note that variations in individual health patterning may impact the need for more or less support from others. The need for more support was suggested for two participants (3 and 11) who both experienced significant health issues while being separated from family. Participants in this study shared stories that included feeling optimistic about opportunities, being forward thinking about life plans or being undecided in life planning. These traits are often used to describe the period of emerging adulthood. Several participants were assuming adult-like responsibilities in working many hours per week, supporting family members economically, and being a parent. Future work will continue to critically examine the development framework of emerging adulthood for im/migrant and asylum-seeking people in global mobility contexts.

### **Reflections on Evolving Concepts of HEC**

In this research project I intentionally embraced a critical approach to the application and understanding of Newman's theory of HEC. In chapter two I examined the lack of historical situatedness of HEC in relation to Argüelles books (1984; 1987) which influenced Newman's (2008) theorizing, specifically around new-age ideas of consciousness. I also discussed ideas of cultural appropriation and epistemological ignorance around the non-Western philosophical concepts found in both HEC and SUHB. The idea that SUHB was greatly influenced by non-Western philosophies was also explored by Rogerian nurse scholar Barbara Sarter in 1988 (Sarter, 1988). Sarter (1988) called for more in-depth analysis of Eastern or other non-Western philosophies that were informing many of the nursing theories that were being developed in university-based programs at the height of the nursing theory movement. Similarly, Hanchett (1992) explicated ways that SUHB shared many similarities of thought with Tibetan Buddhist philosophy. These critical threads of ideas—non-appropriation of knowledge without proper

credit to original sources and cultures— are important to carry forward in nursing to avoid perpetuating epistemicide as an ongoing colonizing force in nursing knowledge development. “Said another way, the academy as an apparatus of settler colonial knowledge already domesticates, denies, and dominates other forms of knowledge” (Tuck & Yang, 2014, p. 235).

Newman’s HEC was influenced by her own religious beliefs and informed by the work of Christian philosopher Teilhard de Chardin (2008). While analyzing these religious underpinnings of HEC, I critiqued Newman’s writings about the value of suffering as a path leading to higher consciousness as perpetuating colonizing and oppressive ideas. With colleagues, I have explored the historical entanglements of nursing with christianity and examined how these past and present-day alliances continue to uphold systems of cis-heteropatriarchy in nursing, structures that are also aligned with white supremacy and oppression (Hopkins-Walsh et al., 2022a; Hopkins-Walsh et al., 2022b). Continuing to understand, to contextualize, and to apply nursing theory critically is an important action of antiracism praxis, that will assist nurses to achieve the urgent ethical and moral social justice mandates of our profession.

In this research I offered a novel interpretation of Young’s (1976a) spectrum of evolution of consciousness in the form of a rhizomatic drawing of the theories flowing within a unitary transformative time space. Figure 3 was titled Rhizomatic Representation of Proposed Theories to show the flowing nonlinear interconnected ontologies that informed the research. The original drawing reframed Young’s traditional arc-shape to avoid linearity, and binary assumptions. I encourage nurses and other interested health practitioners to consider ways that this novel interpretation could be expanded upon for future research in SUHB and HEC.

Instead of applying Newman’s (1995, p. 147) diagram of Young’s arc of consciousness with labels like freedom, binding, choice, I chose to thread to these foundational concepts in a

helical manner through the use of three graphic summaries for each participant story as shown in chapter four. First, the Narrative Map explored the chronological life story with text based connections to space time experiences, and material locations and sensory experiences. Second, the HEC concept summary called Health Patterning organized information about transnational kinship networks, relationships and connections, time and space, loss and challenges, and opportunities and dreams. The third analytic graphic, a collection of direct quotes that resonated within the participant's health patterning, was labeled Pulse and Power quotes using the terminology from Maietta et al. 's (2018) qualitative analysis method called Sort and Sift, Think and Shift. The pulse and power quotes were powerful words and phrases that arose from the story in ways that resonated in wholeness, suggesting a person's health patterning. Together, these three analytic graphics aligned with the antiracism and anticolonial approach to HEC that I intentionally chose for this research project, centering the words, experiences, and perspectives of the participants.

Reflecting upon these organizing tools, the HEC concept summary called health patterning provided a novel way of operationalizing patterning, and the use of pulse and power quotes were novel analytic approaches to the representation of qualitative data in HEC. Both of these two graphics represent original applications developed for analytic use in this study, with terminology of pulse and power quotes attributed to Maietta et al., (2018). These new and unusual approaches to HEC data representation provided additional contributions from the study around ways of expanding and applying HEC praxis in nursing. Many of the published nursing studies with HEC method are decades old (Rosa, 2016). Additional nursing studies are needed that apply the HEC research praxis in a variety of geographic spaces and context specific settings

with a variety of people (Younas & Parveen, 2017). In this way HEC method and theory will continue to grow and evolve in nursing practice, education, and research.

Developing and applying the three analytic graphics that were used in this study allowed me to flow within the ontologies of the unitary transformative framework in receiving each person's story. This approach to receiving stories used each participant's words and language to appreciate flow towards conscious awareness. Sometimes the words and phrases were duplicated and overlapped within and between the graphics in a helical manner. However, use of the three analytic graphics provided an organizing approach that was open, nonlinear, non-causal, nonbinary, integral, while emphasizing helicity, wholeness and uniqueness. In addition, I also introduced each person's story with a singular powerful quote that I called the narrative banner. The narrative banner was a pulse and power quote that arose from the participants' story in moments of experiences of holistic resonance during the participant interviews. The narrative banner was also used to describe and unique health patterning that captured wholeness.

### **Reflections on Language**

In this research project I highlighted the multiple complex structural barriers and systemic level oppressions that impact im/migrant and asylum-seeking emerging adults from Guatemala, Honduras, and El Salvador. Critical and socially just research approaches must be attuned to systemic barriers, and must acknowledge the power differentials swirling among and between the researcher, the academy, and the participants and their communities (Tuck & Yang, 2018; Grande, 2018). The word power has a very specific meaning within the SUHB, often linked to Barrett's (2010) power theory called the Theory of Knowing Participation in Change. Barrett (2010) wrote that her path to developing the power theory evolved from trying to understand her own world experiences of feeling powerless in relation to her own personal

journey. Within Barrett's theory, which is widely applied in SUHB, are concepts that also arise in HEC linked to ideas and expressions of freedom and choice in creating change. Without further critical analyses and exploration, I hesitate to apply universal concepts of freedom to research with historically excluded and underserved people and communities. Rogerian ideas of freedom and power do not fully account for the fact that "We" are all in *this* together but we are not all one and the same" (Braidotti, 2020, p.465). These points have been raised by others in nursing (Herdman, 2001; Racine 2017).

Historically, nursing theories and philosophies embrace humanistic concepts of universalism which fail to account for structural and systemic inequities of power among people (Herdman, 2001; Racine 2017). "Nursing knowledge is steeped in an ethos of treating everyone equally, a universalist assumption that dominant culture, experiences and ways of knowing are the true for all cultures" (McGibbon et al., 2014, p. 183). Considering people equally does not align with health equity and antiracism framing of this research project because the approach fails to account for structural barriers of violence, racism, environmental injustice, inequitable resource allocation, and sociopolitical and economic injustices that exist for many people and communities and not for others (Braverman, 2022; Braveman & Gruskin, 2003; Braveman et al., 2011). Nurses must continue to critically uncover and act upon the domination of both people and the planet by forces of empire, capitalism and white supremacy (Jones & Avanthy Strus, 2022). Chinn (2016) wrote about principles of peace and power, including the power of nursing to enact change and to think and reflect critically, ideas that further connect to the need to advance critical theories in nursing. Movements towards equity and justice must be linked to action.

In this study I sometimes used the word home, home country, or going home to refer to the person's home nation. However, in critically reflecting on the language attached to the idea of home and homeland I acknowledge this language is not neutral. In an article entitled *Indigenous to where? Homelands and nation (pueblo) in Indigenous Latinx studies*, Ybarra (2022) examines Indigeneity within Latindas, questioning the political nature of what groups in the Americas get to claim land as homeland. The English word "homeland" translates to "*país de origen*" in Spanish meaning literally country of origin. Possibly, this phrase "country of origin" is not as affect laden or emotion filled as the English word home or homelands. The English word home in Spanish translates literally to "*casa*." In a search for home in the participants' transcripts I note that Participant 5 mentioned *home* in the English translation when referring to going from work to home (*casa/house*). When participants said "*quiero regresar*" I interpreted it as "I want to go home" when the literal translation is "I want to return." Future work will include more careful phrasing and exploration around the word home when moving between English and Spanish in interpreting people's words so as not to impose colonizing power structures around ideas of people belonging to land, to nations and to family (Coronel-Molina, 2017).

More work is also needed on the use of language researchers use to describe people in mobility contexts, namely about how the people consider and call themselves with words like migrants, immigrants or refugees. Naming and labeling perpetuates systems of colonialism, governmental control and exclusion. "People traveling as part of mixed movements have varying needs and may include asylum-seekers, refugees, stateless people, victims of trafficking, unaccompanied or separated children, and migrants in an irregular situation" (UNHCR, 2016). Lastly, in reflecting on language I noted that several participants referred to themselves or their

communities as Hispano or Hipana, also contributing context specific and local information about how people in this study referred to themselves.

Finally, I noticed that every participant who was detained in the US described the detention centers as “albergues”, a word that also translates to shelters or hostels in English. When translated to English, it is an interesting word choice to describe what is an actual space of detention and incarceration. Future work could explore the meaning that the word holds for the participants in describing the space and the experiences. Seven of the 13 participants were detained in longer- term immigration detention centers run by Department of Homeland Security (DHS) for people over 18 years, or Office of Refugee Resettlement (ORR) for minors, for periods of time ranging from 22 days to 6 months. People reported border processing at ICE detention centers where the experiences often included being in the “freezers” and “dog cages” ranging from two days to 15 days. Then, seven of 13 participants were either deported or sent to longer term detention centers that were often located in states hundreds of miles away.

Perhaps, after the border experiences of being in “freezers” and “dog cages” the longer-term detention centers in comparison were experienced differently and thus labeled differently by im/migrant and asylum-seekers. Another explanation may be that people use migrant shelters called “albergues” along the migration route in Mexico run by local humanitarian organizations- many of them faith-based shelters that aid mobile populations along the migration routes in Mexico. Use of the word “albergue” may reflect the participants' lack of understanding about how the legal system and structures in the US differ from Mexico on their arrival, including the complex systems of state run and for-profit detention centers.

### **Limitations of the Research Project**

There were several limitations to this research project. The Covid-19 pandemic stalled enrollment for over a year and prevented more extensive engagement in the community even after agencies opened due to limitations of social distancing and access to community spaces. The participants in the sample were self-selected, consisting of a convenience sample and their social networks. Even though the referrals came from trusted messengers from several different geographic locations, the sample were mainly males from Guatemala. Despite intentions of focused enrollment of people from Guatemala, Honduras and El Salvador, to date I was unable to enroll any participants from El Salvador, and just a few from Honduras.

My positionality as a US born English speaker was a limitation in that sometimes I missed a verbal cue while interviewing due to poor audio connection or less than perfect understanding of a word or phrase in Spanish in real time. When missed cues were revealed in written transcripts, I made sure to follow up in second interviews to clarify the story and details where needed.

The stories represented here provided insight and knowledge about health patterning as interpreted and received by myself and the co-analysts in the material time space of this study for the people who agreed to participate. The patterning and meanings in the 13 stories are not meant to be generalizable to other emerging adult im/migrant and asylum-seeking people from Guatemala, Honduras and El Salvador. Each person's story was unique and individual. As noted by Urrieta et al., (2019) when speaking about youth in schools, "Latinx im/migrants are also intersectional, multiracial, multivocal, and multilingual, and this diversity of experience cannot be collapsed into a generalized approach or pedagogy" (Urrieta et al., p. 4). However, readers may receive the stories shared by the 13 participants and make meaningful and powerful connections as nurses and as people within their own situated contexts and material realities.

Thus, by resonating in participants' stories together we are sending the ripples and diffractions of meaning found within localized human experiences out into the world.

### **Next Steps and Non/Conclusions**

More nursing research is needed to understand the holistic life patterning of emerging adult im/mmigrant and asylum-seeking people from Guatemala, Honduras and El Salvador. To my knowledge this research project was the first nursing study to use HEC nursing research praxis with a sample of emerging adults from Guatemala and Honduras who are im/migrating and/or asylum-seeking to the US. The findings provide a foundation for present and future research focused on issues at the intersection of health and mobility, exploring patterning within a framework of health equity, critical human rights and social justice for emerging adults in mobility contexts. Specifically, this study explored lived experiences and health patterning for 13 emerging adult im/migrant and asylum-seekers from Guatemala and Honduras. The research questions were: What is the life pattern of individual emerging adult im/migrants ages 18-22 from Northern Central America? What meaning is uncovered in the life pattern as described by each individual participant? What are the common themes shared across the sample group?

I interviewed 13 emerging adults and received their stories within the praxis of HEC. I listened and thought about the stories while grounded within my own life experiences. I used art and language to make connections to meaning and other scholarly work and invited the participants to use art as well. Ideas in this project flowed within a variety of theoretical frameworks including critical posthumanism, new materialism and the SUHB. Along with co-analysts, I discussed and summarized each individual participant's unique and holistic health patterning and explored the meaning the patterning held for them with them. To think across stories I used the iterative and creative qualitative method called Sort Sift Think Shift (Maietta et

al., 2018). In collaboration with bilingual co-analysts I identified four themes: Family is Fundamental, The Migration Journey Holds Meaning, Opportunities Exist Amidst Constraints, and Movement and Art are Healing.

The exploratory approach of this research produced many paths to inquiry for the future. These paths include replicating the research with other samples of emerging adults in mobility contexts in similar and different locations and global contexts. Future work will aim to recruit and include more emerging adult participants from El Salvador and Honduras, and people with more diverse identities including disabled people, and diversity of gender and sexual identities.

Linking this research to praxis means translating and bringing the findings back to the community and sharing the results with the trusted messengers and participants. This plan for translation of findings back to the community includes an arts-based approach, taking cues from community members and the participants themselves. Several participants have artistic talents and expressed interest in being part of this process. Finally, it is clear that when imagining current work and radical futures to support the health needs of im/migrant and asylum-seeking emerging adults we nurses must turn towards advocacy, activism, anarchy, and accompaniment.

Turning toward advocacy, activism, anarchy, and accompaniment means disinvesting from the belief that governmental agencies and organizations that perpetuate racism, oppression and colonialism are going to solve the pressing issues of our times. In imagining radically to build justice and equity, nurses can move towards mutual aid, community activism, abolition of oppressive systems, and building and supporting alternative service delivery models. These actions are possible while simultaneously advocating and acting politically for radical transformation within current systems (Critical Resistance, 2022; Davis et al., 2022; Kaba, 2021; Jenkins, et al., 2021; McKeown, 2019; 2022a; 2022b). Radical imagination is an imperative for

nursing, now more than ever as we all witness deepening health inequities, planetary destruction, an ongoing pandemic, and drifts toward authoritarianism and facism around the globe with clear implications for the health of people, communities and nurses (McKeown, 2022b). Planetary environmental injustice and migration are intersectional forces. Nursing political actions must be aligned with an “environmental nursing geography” to create place and space sensitive research and nursing practice aligned with and alongside communities for greater health equity for people and the planet (Jones & Avantay Strus, 2022, p. 31).

We must recognize that humanitarian nursing organizations often replicate matrices of oppression and governmentality as they are often entangled in and perpetuate neoliberal capitalist structures and biopolitics (Foth & Nazon, 2022). The majority of healthcare organizations in the US as they currently exist under neoliberal for-profit health care models demonstrate they are not committed to equitably serve the healthcare needs of all people, including im/migrant and asylum-seeking emerging adults. In describing care ethics Dionne (2021) wrote, “it is no longer regarded as controversial that neoliberal politics and precarity go hand in hand (Dionne, p.229). People remain structurally missing and perpetually excluded from care (Hopkins-Walsh & Dillard-Wright, 2020). Nurses must honestly reckon with and acknowledge that governmental and healthcare organizations in the US are not structured to provide radical solutions within systems as they currently exist (Hopkins-Walsh & Dillard-Wright, 2020; Dillard-Wright, 2022a; Dillard-Wright & Shields-Hass, 2021). Developing and applying critical consciousness requires honestly confronting our nursing past-present so we can build a more generative, liberating, and radical present-future. This generative praxis is nursing a radical imagination and requires that we nurses speak up and speak out, be unapologetically

political, and act every day as if radical change is possible (Dillard-Wright, 2022; Dillard-Wright et al., 2022b; Hopkins-Walsh et al., 2022a; 2022b; McKeown, 2022a; 2022b).

This project was an extension of my life's work. The research plan was grounded in over 35 years of clinical and a decade of research work with im/migrant and asylum-seeking families in the US and Central America, and advocacy volunteer work at the Mexico-US borderlands. The study bridged to my global clinical, policy, and research work in Honduras, and aligned with ongoing parallel research in transdisciplinary im/migration and refugee projects throughout Latin America. The research flowed within my personal disciplinary mandate for nursing for social justice and health equity. This is the material embodiment of nursing as social justice. The study aligned with my political and activist experiences gained while working alongside community and grassroots groups for im/migrant health, rights and justice including Doctors for Camp Closure, Boston Healthcare Immigrant Justice Group, and Welcome with Dignity Campaign (#FreeThemAll; #WelcomeWithDignity). Future actions and research must continue to align with intersectional grassroots activist movements including The Poor People's Campaign, Black Lives Matter, and Undocuqueer and other intersectional immigrant rights and justice groups. Undocuqueer Movement is a national network of queer undocumented immigrant activists who organize to support the rights of all undocumented youth and their families, and who refuse to remain silent and in the shadows (Equality Archive, 2015).

Other models of antiracist and anticolonial participatory research projects that nurses can draw upon for inspiration include the work of psychologist and gender studies scholar Michelle Fine of the City University of New York Public Science Project's participatory action research project called Polling for Justice. Nurses and other social science researchers must use PAR to further liberatory aims of nursing and to engage with people and communities as co-researchers

in collaborative methods that are situated, material and ethically affirming. All people are knowledge producers and scientists capable of examining and critiquing society (Fals-Borda, 1987; McMurray, 2022). PAR disrupts “colonial impulses to know others in order to lambaste them, better manage them, or exalt them “(Behar, 2022, p.4).

Ongoing critical and reflexive praxis demands that nurses like me who benefit from white privilege and white supremacy step back in order to avoid perpetuating colonizing actions and white saviorism. We must embody and enact mutual partnerships and solidarity, not saviorism and charity. We need to center the voices and uplift the people in the community who are already doing the work of accompaniment of im/mmigrant and asylum-seeking people and families.

It is challenging to find a concise way to summarize and close out this dissertation which has opened so many paths to future work. Instead I will leave the reader with a series of questions I find inspiring, words that inspire action. As an accomplice for justice, I am inspired by abolitionist organizer and educator Mariame Kaba (Kaba, 2021), (Kaba, 2018, @prisonculture) whose pinned tweet on Twitter suggests taking the following actions when you recognize an injustice: Ask yourself what resources exist so I can better educate myself. Who is already doing the work around this injustice? Do I have the capacity to offer support and to help them in their goals? How can I be constructive?

## APPENDICES

## Appendix A: Informed Consent (Spanish and English)

**Estás Invitado a Participar en un Proyecto de Investigación:**

- **Porque tienes entre 18 -22 años de edad**
- **Usted vino a los Estados Unidos en los últimos 5 años**
- **Eres de uno de los países de Guatemala, Honduras, o El Salvador**

**Participar en este Proyecto de investigación es voluntario**

**Cosas que debes saber:**

- **El propósito** del estudio es comprender más sobre las experiencias de vida de los jóvenes de 18 – 22 años que han llegado de Guatemala, Honduras, y El Salvador en los últimos 5 años.

- **¿Quién soy yo?** Soy una enfermera bilingüe. Quiero entender más sobre cómo apoyar a los inmigrantes del norte de América Central. Quiero aprender formas de trabajar con la comunidad para que los inmigrantes se sienten seguros y saludables. Este estudio se basa en el trabajo de mi vida como enfermera de pediatría y adultos jóvenes. Tengo 35 años de experiencia laboral con niños, jóvenes y familiares de habla hispana, y trabajo como enfermera en América Central en Honduras, y en los Estados Unidos.

- **Tiempo necesario:** si acepta participar, le pediré que se reúna conmigo dos veces. Juntos nos reuniremos para 2 entrevistas de una hora en un espacio seguro y privado donde usted pueda sentirse cómodo. Esto llevará unos 60 minutos en cada entrevista.

**Los riesgos** de esta investigación son mínimos. Los riesgos pueden incluir sentirse triste por recordar recuerdos en tu vida. Le proporcionaré los números de teléfono de las agencias comunitarias si necesitas apoyo emocional.

- **Beneficios:** las enfermeras quieren aprender y comprender las experiencias de vida de los inmigrantes de Centroamérica. La información ayudará a las enfermeras a saber cómo apoyarlos en áreas de salud y seguridad. El estudio no le beneficiará. Pero a menudo, la gente dice que les gusta hablar de sus historias de vida en estudios como este.

- Participación **es voluntaria en este proyecto de investigación**. No tienes que participar y puedes detenerte en cualquier momento.

**Por favor:**

- **Tómese el tiempo** para leer y hablar sobre este formulario completo.
- **Hazme preguntas.** Y luego decidir si participar en este proyecto de investigación.
- **¿Cuánta gente?** Quiero hablar con unas 15-25 personas para este estudio. El número más alto de personas es 25, pero podrían ser menos.
- **Si acepta participar en este estudio:** Se le pedirá que firme un formulario de consentimiento.
  - Luego organizaremos dos entrevistas de aproximadamente 60 minutos de duración cada una
  - Las entrevistas se realizan en dos días separados con una semana de diferencia.
  - Grabaré la voz de las entrevistas con una grabadora protegida. La máquina necesita una contraseña para abrirla.
  - Solo mi supervisor y yo tendremos acceso a las grabaciones y las claves de contraseña para identificar a las personas en este estudio, excepto en raras ocasiones en las que tengamos que liberar los datos a otras partes \*\*\* (explicado a continuación).
  - No habrá grabación de video.
  - La grabación de audio no lo identificará.

**¿Cómo proteger su información?**

Los registros de este estudio se mantendrán privados y seguros en Boston College. Tendré acceso a estos registros para trabajos futuros.

- Etiquetar cada registro con un nombre falso y un número de archivo.
- No usaré su nombre real.
- Un registro separado que vincule su nombre real, correo electrónico y teléfono celular con el nombre falso se mantendrá en un archivo seguro y separado en una plataforma protegida de Boston College.
- Excepto como se indica a continuación \*\*\* Mi supervisor y yo seremos las únicas personas en tener acceso a este archivo.
- Cualquier informe que podamos publicar, no incluirá ninguna información que pueda identificarlo.
- Los formularios de consentimiento firmados se mantendrán en un archivo bajo llave en Boston College.

- Toda la información electrónica se codificará y protegerá mediante un archivo protegido con contraseña.
- Soy enfermera y soy un denunciante obligatorio. Eso significa que tengo el deber de mantener a la gente segura. Si me brinda información sobre un peligro grave para usted o para otras personas, es posible que tenga que reportar esa información a agencias especiales que protegen a las personas.
- Algunos ejemplos son las denuncias de abuso de niños o ancianos. Otro ejemplo son las amenazas a hacerse daño a sí mismo o a otros.
- \*\*\* La Junta de Revisión Institucional del Boston College y el Boston College interno los auditores pueden revisar los registros de la investigación. Las leyes estatales o federales u órdenes judiciales también pueden exigir que se divulgue la información de los registros de su estudio de investigación. De lo contrario, Los investigadores no divulgarán a otros ninguna información que lo identifique a menos que usted proporcione su permiso, o a menos que estemos legalmente obligados a hacerlo ".

### **¿Qué pasará con la información que recopila sobre usted después de que termine el estudio?**

- Una vez finalizado el estudio, la información se mantendrá en un archivo de almacenamiento de datos en el Boston College.

### **¿Cómo les agradeceré por ser parte del estudio?**

- Recibirá una tarjeta de regalo de \$50 por su tiempo después de completar 2 entrevistas de una hora máximo.
- Si se detiene después de una entrevista, recibirá una tarjeta de regalo de \$ 20
- Si me refieres a otra persona que complete 2 entrevistas conmigo, obtendrá una tarjeta de regalo extra de 20\$.

### **¿Cuáles son los costos para usted por ser parte del estudio?**

- No hay ningún costo para usted por participar en este estudio de investigación, solo su tiempo.

### **Tu participación en este estudio es voluntaria**

- Incluso si decide formar parte del estudio ahora, puede cambiar de opinión y detenerse en cualquier momento.
- No tiene que responder ninguna pregunta que no quiera responder.

### **Ser despedido del estudio**

· Puedo despedirlo del estudio en cualquier momento por las siguientes razones: es lo mejor para usted porque se siente angustiado o no se siente seguro.

### **Información de contacto para el equipo de estudio y preguntas sobre la investigación**

- Si tiene preguntas sobre esta investigación, puede comunicarse con:
- Jane Hopkins Walsh MSN, PNP-BC, RN Primary Researcher (en Inglés ó Español)
- Jane Flanagan PhD, RN Faculty Advisor

### **Información de contacto para preguntas sobre sus derechos como participante de una investigación**

· Para preguntas sobre sus derechos como participante de la investigación • para obtener información hacer preguntas o discutir cualquier inquietud • sobre este estudio con alguien que no sea el personal de enfermería: Boston College Oficina de Protecciones de Investigación Teléfono: XXXXXXXX Correo electrónico: XXXXXXXX

### **Tu consentimiento**

- Al firmar este documento, acepta participar en este estudio. Asegúrese de comprender de qué se trata el estudio antes de firmar.
- Le daré una copia de este documento para sus registros.
- Conservaré una copia con los registros del estudio.
- Si tiene alguna pregunta sobre el estudio después de firmar, puede comunicarse con el equipo usando la información anterior.

*Entiendo de qué se trata el estudio y mis preguntas hasta ahora han sido respondidas.  
Acepto participar en este estudio*

He recibido una copia de este formulario de consentimiento. Sí \_\_\_\_\_ No \_\_\_\_\_

¿Da su consentimiento verbal para participar en este estudio? Sí \_\_\_\_\_ No \_\_\_\_\_

Nombre del participante impreso

\_\_\_\_\_

Fecha \_\_\_\_\_

Firma del PI que obtuvo el consentimiento \_\_\_\_\_

Si el consentimiento se lleva a cabo en persona si el

¿HAS COMPLETADO LAS PREGUNTAS DE CONTROL DE SEGURIDAD DE COVID?

Si \_\_\_\_\_

No \_\_\_\_\_

Firma de PI \_\_\_\_\_ Fecha \_\_\_\_\_

**COVID SCREENING QUESTIONS**

si tiene fiebre de 100.4 F (38 C) o más,  
tos seca,  
dificultad para respirar,  
escalofríos,  
dolor muscular,  
dolor de cabeza,  
dolor de garganta o pérdida del gusto u olfato.  
o contacto con personas que han salido positivo para el COVID-19?

-  
-

**You are invited to participate in a research project:**

- because you are 18 to 22 years of age,
- you came to the US within the past 5 years
- from the countries of Guatemala, or Honduras or El Salvador.

**Taking part in this research project is voluntary.**

Things you should know:

- The **purpose** of the study is to understand more about the life experiences of young people ages 18-22 years who have arrived from Guatemala, Honduras and El Salvador within the past 5 years.
- **Who am I?** I am a bilingual nurse. I want to understand more about how to support immigrant people from Northern Central America. I want to learn ways to work with the community so immigrant people feel safe and healthy. This study builds upon my life's work as a pediatric nurse practitioner. I have 35 years of work experience with Spanish-speaking children, young people and families. I work as a nurse in the US and in Central America.

- **Time needed:** If you agree to participate, I will ask you to meet with me two times. Together we will meet for 2 one-hour interviews in a safe and private space where you feel comfortable. This will take about 60 minutes on two days.
- **Risks** from this research are small. The risks may include feeling sad from remembering memories in your life. I will provide you with phone numbers for community agencies if you need emotional support.
- **Benefits:** Nurses want to learn and understand about the life experiences of immigrants from Central America. The information will help nurses know how to support them in areas of health and safety. The study will not benefit you. But often, people say they like talking about their life stories in studies like this.
- Taking part in this research project **voluntarily**. You don't have to participate and you can stop at any time.

**Please:**

- **take time to read and talk about this entire form.**
- **ask me questions.**
- **then decide whether to take part in this research project.**
- **How Many People?** I want to talk with about 15-25 people for this study. The highest number of people are 25, but I may stop enrollment earlier.
- **If You Agree** to take part in this study:
  - You will be asked to sign a consent form.
  - Then we will arrange two interviews about 60 minutes each in length
  - The interviews are done on two separate days about a few weeks apart.
  - I will voice record the interviews with a protected recorder machine. The machine needs a password to open it.
  - Only me and my supervisors and select data analyzers will have access to the recordings.
  - There will be no video record.
  - The audio recording will not identify you. You will remain anonymous in the recording. You will use a false name. I will also use a study number to name the audio recording.

**How will I protect your information?**

- The records of this study will be kept private and secure at Boston College. I will have access to these records for future work.
- I will label each record with a false name and a file number.
- I will not use your real name.

- A separate record that links your real name, email and cell phone to the false name will be kept in a separate, secure file at Boston College.
- My supervisor and I will be the only people to have access to this file.
- Any report that we may publish, will not include any information that could identify you.
- All electronic information will be coded and secured using a password-protected file.
- I am a nurse, and I **am a mandated** reporter. That means I have a duty to keep people safe. If you tell me information about serious danger to you or to others I may have to report that information to special agencies that protect people.
- Examples are reporting of abuse of children or old people. Another example are threats to harm yourself or others.

### **What will happen to the information I collect about you after the study is over?**

- After the study is over the information will be kept in a data storage file on a password protected encrypted laptop.

### **How will I thank you for being part of the study?**

- You will receive a 50\$ gift card for your time after completing 2 one-hour interviews.
- If you stop after 1 interview you will get a 25\$ gift card.
- If you refer another person to me who completes 2-interviews with me, you will get an extra 20 \$ gift card.

### **What are the costs to you to be part of the study?**

- There is no cost to you to be in this research study

### **Your Participation in this Study is Voluntary**

- Even if you decide to be part of the study now, you may change your mind and stop at any time.
- You do not have to answer any questions you do not want to answer.

### **Getting Dismissed from the Study**

I may dismiss you from the study at any time for the following reasons:

- it is in your best interests because you are feeling distress or are unsafe

### **Contact Information for the Study Team and Questions about the Research**

If you have questions about this research, you may contact:

Jane Hopkins Walsh MSN, PNP-BC, RN  
 Primary Researcher (En Inglés ó Español)  
 \  
 Jane Flanagan PhD, RN Faculty Advisor

### **Contact Information for Questions about Your Rights as a Research Participant**

For questions about

- your rights as research participant
- to obtain information ask questions or discuss any concerns
- about this study with someone other than the nurses:

Boston College  
Office for Research Protections

**Your Consent**

- By signing this document, you are agreeing to be in this study.
- Make sure you understand what the study is about before you sign.
- I will give you a copy of this document for your records.
- I will keep a copy with the study records.
- If you have any questions about the study after you sign you can contact the team using the information above.

*I understand what the study is about and my questions so far have been answered.  
I agree to take part in this study.*

I have received a copy of this consent form. Yes \_\_\_\_\_

\_\_\_\_\_  
Printed Subject Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Appendix B: Invitation to Participate Flyer (Spanish and English)****Invitación para Entrevista**

**¿Usted Tiene Entre 18 -22 Años y Viene de Guatemala, Honduras o El Salvador entre 5 años?**

**! ¡Yo quiero una entrevista con USTED!**

**¿QUIEN SOY YO?**

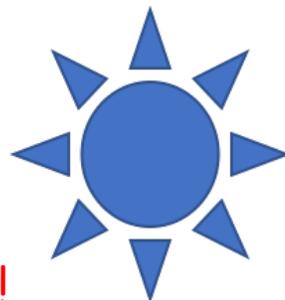
Enfermera Ms. Jane Hopkins-Walsh RN está haciendo un estudio confidencial para entender las experiencias de la vida de personas jóvenes de América Central.

**¿POR QUÉ?**

Para entender cómo apoyar la salud y bienestar de personas jóvenes de América Central.

**¿INTERESADO?**

Por favor llame/texto Ms. Jane Hopkins Walsh @XXXXXXXXXX por más información. #WhatsApp #español o #inglés.



**Invitation to Interview!**

**Are You 18 to 22 years old and arrived from Guatemala, or Honduras or El Salvador within 5 years?**

**I would like to interview YOU!**

**WHO AM I?**

Nurse Jane Hopkins-Walsh is doing a confidential research study to understand the life experiences of young people from Central America.

**WHY?**

I want to understand how nurses can support young people to feel safe and healthy.

**INTERESTED?**

Please call/text Ms. Jane Hopkins Walsh @XXXXXXXXXX for more info. #WhatsAPP #Spanish or #English.

**Appendix C: Demographic Inventory**

1. Date of birth if known \_\_\_\_\_
  2. Gender Affiliation: woman/female \_\_\_\_\_ man/male \_\_\_\_\_ non-binary \_\_\_\_\_ gender fluid \_\_\_\_\_ prefers not to answer \_\_\_\_\_
  3. Country of birth: Guatemala \_\_\_\_\_ Honduras \_\_\_\_\_ El Salvador \_\_\_\_\_
  4. Education: age in years when completed last full year of school attendance \_\_\_\_\_
  5. Highest level/grade of schooling completed \_\_\_\_\_
  6. Location of last school attended \_\_\_\_\_
  7. Currently working: Yes \_\_\_\_\_ No \_\_\_\_\_
  8. Do you hold more than one type of job? Yes \_\_\_\_\_ No \_\_\_\_\_
    - a. If yes, how many jobs currently working \_\_\_\_\_
    - b. Type of work or employment \_\_\_\_\_
    - c. Estimate of number of total hours per week \_\_\_\_\_
  9. Approximate date of departure from native country \_\_\_\_\_
- Comments \_\_\_\_\_
10. How would you rate your health?
    - a. excellent \_\_\_\_\_
    - b. very good \_\_\_\_\_
    - c. good \_\_\_\_\_
    - d. fair \_\_\_\_\_
    - e. poor \_\_\_\_\_

**Appendix D: Enrollment Form****Enrollment:**

1. Initials of participant \_\_\_\_\_ case number assigned \_\_\_\_\_
2. Pseudonym assigned \_\_\_\_\_
3. Snowball Coupon code \_\_\_\_\_
4. Consent obtained by \_\_\_\_\_ date \_\_\_\_\_
5. Date of interview 1 \_\_\_\_\_ Date of interview 2 \_\_\_\_\_
6. Interview was conducted in Spanish \_\_\_\_\_ English \_\_\_\_\_ Both

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