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**“Maybe because we are too Chilean”: Stories of
Migration From Hispanic Women Living in New
Zealand.**

**A thesis presented in partial fulfillment of the requirements
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Abstract

Worldwide, immigrants are significantly more likely to develop health and mental health issues compared to host and home populations. Very little is known about this phenomenon from a qualitative perspective, especially among diverse ethnic minority immigrant cultures within a New Zealand context. This study examines the experiences of Hispanic immigrant women living in New Zealand, specifically looking at identity and meaning making. Seven interviews were conducted, transcribed, and analyzed using narrative analysis.

Findings revealed participants drew from the “ethnic identity” and “role identity” narratives to construct identities. Through identities, participants connected with others, providing a sense of belonging. In moving and adapting to New Zealand, identities were compromised, lost, or re-adjusted. If identities were not adjusted to meet a new demand, participants did not connect or obtain a sense of belonging towards others and/or New Zealand.

In meaning making, participants constructed New Zealand as facilitating and validating, enabling access to resources through trust, and validation as individuals within a sense of security. Participants initially felt lonely in New Zealand, needing connections with others beyond their partners. The concept and expectations of friendships needed reconstruction, where Kiwi friends are constructed as temporary, have more personal boundaries and are less accessible and physical towards one another. Participants also found understanding the Kiwi accent a challenge if previously exposed to other English accents.

Some participants constructed experiencing depression as part of the migration process, where “keeping busy” became a helpful coping mechanism. Participants also validated their experiences through comparisons with others they perceived as

“normal”. This was helpful in normalizing challenges, and providing an expectation for personal future outcomes. Lastly, participants constructed Migration as a cognitive process, empowering the migrant as responsible for their migration outcome through the process of choice making.

This research revealed specifically what and how cultural differences impact Hispanic women who have migrated to New Zealand, and the complexity of migration as an internal cognitive process with expected negative outcomes such as depression. Being a novel area of research, this study illustrates the potential knowledge that can be gained from future research into immigrant populations using qualitative methods.

For my mother, who forced university upon me, against my stubbornness
and better judgment.

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Preface

I remember the first year we migrated to New Zealand; it was March of 1996, I was seven, and it was the first time I was seeing my dad again in over a year. My parents plan for migration involved my dad migrating first in order to find a job and a home to sustain his family (mum, my two brothers and me). My dad had become a farmer, an occupation he flourished in. My mum became a house wife. Over the next year my brothers and I changed, we integrated rapidly. We soon talked English to each other, and grew used to being barefoot at school. My mother, did all the things a mother does, making sure we were clean, fed, warm and happy; but being isolated on a farm and unable to speak English, my mother had become quieter, more withdrawn. To me, my mother had also changed. I guess it didn't help that during that year, my mother had an unplanned pregnancy (my little sister), and her own mother passed away, and my mother was unable to go back for the funeral.

Sometime during our second year, two Jehovah witnesses came to our door. My mother tried the "no English" excuse, but they walked right in, turned on the kettle, sat at our table and using their English bible and my mum's Spanish bible, they started to teach my mother English. Slowly over the year, my mother started to participate in school activities and even got a job as a baby sitter. Slowly, my mother started to smile and laugh more; slowly, I was getting my mother back. Eighteen years later, my parents own their own farm and my mother is part of the administration team; to me, my mother has set the bar high. Looking back now, I often wonder what would have happened if those two Jehovah witnesses had never knocked on our door.

When it came time for me to choose a thesis topic, I couldn't ignore how I was influenced by my mother's inspiring journey to migrate, adapt and re-build a life in New Zealand. I wanted to give a voice to the challenging, personalized often unheard

process of migration and acculturation. I wanted to learn what obstacles and resources influence this experience, so that through this knowledge, others wouldn't have to go through the same difficulties my mother went through in her first year. Being a Hispanic immigrant woman myself, I also felt this research would have the chance of being understood on a cultural and personal level too.

Introduction

“A journey of a thousand miles begins with a single step.”

-Lao-tzu

Migration is a physical, emotional, psychological and even spiritual journey that can start with a million different steps. Migration is often defined as the movement of people from one place to another; very little about this definition shares what a complex and challenging process migration can be (Sher & Vilens, 2010). An estimated one billion of the world’s population consists of immigrants (World Health Organisation, 2010), yet not much is known about the personal, first hand constructions of undergoing such an experience.

Migration is expected to produce beneficial economic outcomes for growing countries such as New Zealand (Ministry of Business, Innovation and Employment, 2009). This expectation drives research to focus on how to maintain immigrant’s health and productivity, by identifying general factors influencing migrant health and mental health outcomes (Sher & Vilens, 2010). As New Zealand is home to over one million immigrants (Akbari & Macdonals, 2014), identifying factors impacting immigrant wellbeing within a New Zealand context is of great value.

An ethnic minority migrant group that is under-represented in New Zealand migrant health research are the Latin Americans (Perumal, 2010). Latin Americans are defined as individuals who migrate from any of the twenty six countries south of the United States (Hart & Young, 2014). Increasing numbers of Latin Americans are choosing to migrate to New Zealand every year, meaning research investigating what factors impact this particular ethnic group in adapting to New Zealand is required (Perez, 2012).

The aim of the current study is to give voice to the experiences of migration from a personalized and often unheard perspective, through the stories told by immigrants. A small sample of seven Hispanic immigrant women has been used to achieve its aim. Tsai et al. (2004) point out that migrants are more likely to feel trust and share their experiences if the researcher has a similar cultural background or life experience. As the researcher for this project is a Hispanic immigrant woman, the composition of the participant group maximizes cultural compatibility.

The researcher chose narrative analysis as the qualitative approach to analyze the data. Based in narrative theory, narrative analysis is a foundation that validates narratives/stories as unique constructions of reality, revealing the underlying social influences that shape the individual's experience (Murray & Sools, 2015). Using narrative analysis, a deeper understanding of the stories shared by the research participants is gained, allowing for greater comprehension, recognition, and valuing of the migration process from a Hispanic woman's personal perspective.

This research is divided into seven chapters:

1. Chapter one provides an overview of the literature on immigrant health/psychological health research, the impact of the immigrant population in New Zealand, Latin American immigrant health research, and the Latin American population in New Zealand, in order to position this study within the literature.
2. Chapter two introduces narrative theory and narrative psychology as underlying the current research, and the aims of the study are presented.
3. Chapter three outlines the methodology of this study, specifically the theoretical approach, method, ethical considerations and narrative analysis as applied by this study.

4. Chapter four initiates the first phase of analysis by presenting each of the seven stories as interpreted by the researcher.
5. Chapter five explores the identities created by participants.
6. Chapter six explores the meaning participants assigned to their experiences.
7. Lastly, chapter seven discusses the research findings in relation to the research aims, research limitations are presented and recommendations for future research in migration experiences are offered.

For ease of comprehension, the reader should note the following terms are used interchangeably: homeland, home country and heritage country; Latin Americans, Hispanics, South Americans and Latinas and Latinos; New Zealanders and Kiwis; New Zealand culture and Kiwi culture; Immigrant and migrant. Also, stories are often told in past, present and future tenses; these are often used incorrectly by individuals who speak English as a second language. The researcher has not changed the incorrect use of tenses in the quotes to maintain the integrity of the stories. The researcher does assume what the correct tense would have been, and applies the correct tense use during the analysis of the quote.

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