

Activist Research Across Borders: Latinxs' Experiences as the Basis for Theorizing on Health and Migration

Roberta Villalón (villalor@stjohns.edu)

ASA 2021 Virtual Annual Meeting – August 9th

Section on Latino/a Sociology's Panel:
Implications of Knowledge Production on Latinxs (Moving Beyond Latinxs as a Variable)

Abstract

Our activist transnational research project on the effects of migration on health and well-being focused on Ecuadorean migration in the context of Latin American flows to the Global North provides an example of how theory-building can and must happen from the ground-up in order to articulate with accuracy empirical phenomena and be valuable in dismantling intersecting social inequalities. By gathering and centering the experiences of Ecuadorean and other Latin American migrants and Latinx in the Global North, this study was able to identify and conceptualize health processes that migrants and their non-migrating relatives experienced as well as the psycho-sociocultural mechanisms they employed to deal with the effects of outward and return migration, and the changes in the relationships between migrating and non-migrating family members. This knowledge surfaced from in-depth personal and group interviews, community workshops, and surveys in the lapse of four years in Ecuador, the United States and Spain. Designed from the overlapping perspectives of decolonial, feminist, critical race and migration studies, and Latinx Sociology, this project allowed for the development of a series of conceptualizations that had either been misrepresented or not found and/or acknowledged in the dominant literature on health and migration. Moreover, the research provided a textured take on migrants, respecting their complexity as human beings, recognizing their intelligence and emotions, and highlighting their agency, all of which stressed the *protagonismo* [power and leadership] implied in the decision to migrate and persist in efforts to be well, do better and achieve decent and promising living conditions transgenerationally. Last, but not least, the study distinguished how these processes of health and migration were linked to broader structures and practices of inequality, and therefore, pointed to migrants' "transformative border politics," which included the contestation, destabilization and alteration of geopolitical, ethnoracial, gender, sexual and socioeconomic borders and boundaries transnationally.

About the Research Project

- **How Ecuadorean migrations to United States, Spain and back affected the physical and mental health of migrants and relatives who stayed behind?**
- *Interdisciplinary, mixed-methods, activist, transnational research project (2015-2019)*
- *In-depth interviews (40), surveys (351 - 222/129), community workshops (11), professional trainings (3), open presentations (5)*
- Contextualized with the study of other Latin American migrations from the Global South to the Global North
- In conversation with research about the multiple ways in which people in/from the Global South articulate, negotiate and try to overcome the adverse effects of global and local Politics through their own politics of migration.

Literature Review

Mainstream Literature

- Mono-disciplinary – lack of conversation between research on health and migration from each perspective
- Bio-medical
- Implicit nativism and racism
- Few community-based projects
- Limited research on Ecuador
 - Relatives and returnees rarely included

Dominant Concepts

1. Latino Paradox (Healthy Migrant Effect)
 - Latino Paradox Revised (Healthy but Vulnerable Migrant Effect)
2. Migratory Mourning
3. Ulysses Syndrome
4. Salmon Bias
5. Salgari Syndrome

Our Response/Proposal

Counter-hegemonic approach to the study of Health and Migration:

- Transnational, sociological, intersectional (feminist and critical race and migration studies), Latin American critical epidemiology, critical medical anthropology, Latinx sociology
- Antiracist & decolonial
- Activist scholarship → research with/for migrants & advocates to advance migrants' wellbeing
- Contribution to grassroots organizing and social movements for migrants' rights/health rights



emphasis on the sociohistorical and political dimension of migration, health and inequities

recognition of agency/migrants' protagonism

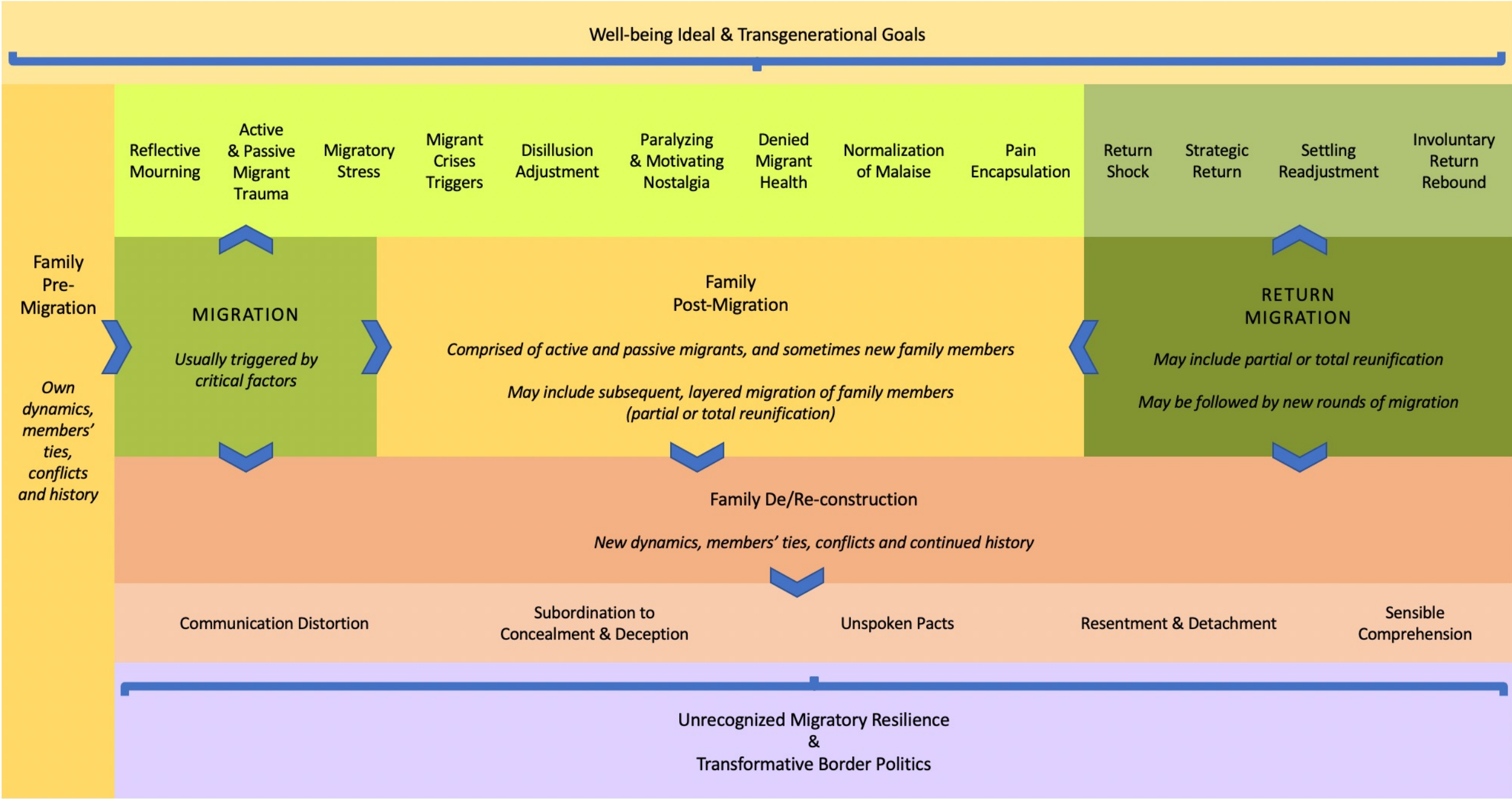
need of interdisciplinary, mixed methods and applied/activist/community-based/oriented research

experiences as the basis for theory development

What we learned

- Conceptual development
 - Active/Passive Migrants
 - Transformative Border Politics
- Redefinition and definition of a series of health processes and psycho-sociocultural coping mechanisms
 - Provided a textured take on active and passive migrants, respecting their complexity as human beings, acknowledging their intelligence and emotions, and highlighting their agency, in line with feminist and critical race, ethnic and migration studies and Latinx Sociology that stress the “protagonism implied in the decision to migrate” (Agustín 2006, 73).

Chart 1: Global Concept Map



Health Processes

Reflective Mourning*
Active Migrant Trauma
Passive Migrant Trauma
Migratory Stress*
Migrant Crises Triggers
Return Shock*
Unrecognized Migratory Resilience**

* Built on Achotegui's work (2004, 2009)

** Built on Resilience literature (Bourbeau, 2015; Southwick; Bonanno; Masten; Panter-Brick; Yehuda, 2014)

Psycho- sociocultural coping mechanisms (1)

Processing the Effects of Migration

Paralyzing Nostalgia

Motivating Nostalgia

Denied Migrant Health

Normalization of Malaise

Pain Encapsulation

Well-being Ideal

Transgenerational Goals

Disillusion Adjustment

Psycho- sociocultural coping mechanisms (2)

Active/Passive Migrant Relationships

Family De/Re-construction

Communication Distortion

Subordination to Concealment and Deception

Unspoken Pacts

Resentment and Detachment

Sensible comprehension

Psycho- sociocultural coping mechanisms (3)

Return Migration

Strategic Return*

Settling Readjustment

Involuntary Return Rebound

** Countered Salmon Bias Hypothesis (Abraído-Lanza; Dohrenwend; Ng-Mak; Turner, 1999; Turra; Elo, 2008)*

Strategic Return

As opposed to the Salmon Bias hypothesis sustaining that migrants end up returning to their places of origin as they age or get ill based on a biological instinct to prefer dying where one was born - just like salmon do (Abraído-Lanza; Dohrenwend; Ng-Mak; Turner, 1999; Turra; Elo, 2008) - our sociological research found different dynamics at play. Active migrants were deliberate and strategic about their move back home, or alternatively, found themselves forced to return due to migratory, legal, economic or political matters, the occurrence of unanticipated events, like work accidents or illnesses, or age minority.

Fernando

Ecuador to Spain on his own. His wife and two daughters stayed in Ecuador.

I did well. It was very hard. I left my daughters when they were little and returned when they had already grown up. I returned because of my children. I had reached the goal I had set for myself...that was to save money to build a house for us and leave it to our daughters so they would not have to be renting...and to provide for them so they could study and complete a college degree, and they did, one is a lawyer and the other an engineer

Fernando, who shared that “it was very sad to be an emigrant” and “felt like returning many times because the job was hard,” waited for when he believed was the right time to return (Fernando, Group Interview # 3, Loja, 2017).

He had employed the mechanisms of Transgenerational Goals and Well-being Ideal to endure the hardships and advance toward their aim of securing better life conditions for his family and daughters. Fernando persevered and put an end to a phase in his life that he found very challenging so he could enjoy the fruits of his efforts; in his words,

I met my goal...I have land, a little house, animals, and my daughters have their professions. After returning, my wife and I had more children too. I'm done being a migrant. If I ever were to leave again, I would take all our family. But I rather have nothing else to do with migrating (Fernando, Group Interview # 3, Loja, 2017).

Gisella

Migrated to Spain on her own, leaving two very young children behind, because she was presented with the opportunity to pursue studies fully funded and in Ecuador, she was unemployed.

Gisella stayed “two years abroad, completed her studies and worked.” Gisella missed her children very much and maintained a frequent and thorough communication with them “to keep their ties strong.” However, she felt she was “losing more than she could be earning because the economy of a family cannot be matched to the love of a family” and as soon as she could save enough to buy a ticket back to Ecuador, she returned.

Gisella’s relatives in Spain told her that she was “making a wrong decision” because if she stayed a little longer, she was going to be able to “regularize her status,” but Gisella was convinced that the emotional cost of her separation from her children “had to be repaired before it was too late.”

In retrospect, Gisella believed that

I made the right decision. My children needed me with them. Even if economically, we had difficult times after my return, emotionally and psychologically, it was the best I could have done. You cannot compare passing through economic hardships to missing out being with your children as they grow up. Even if my children were little, they felt my absence very much. When I arrived, they saw me as a stranger...so it was like starting from scratch, to earn their love and affection, it was very hard...But I don't regret returning because I was able to be with them again and see them grow up (Gisella, Group Interview # 3, Loja, 2017).

Conclusion

- There was much more to Latin American & Latinx health and migration than the dominant literature of the field had suggested and theorized about
- A socio-historical and community-based approach is indispensable to develop valid knowledge about health and migration
- Interdisciplinary and transnational perspectives provide richer and more accurate notions on health and migration
- Antiracist and decolonial building of knowledge is essential to promote health equity and equality in general given the historic marginalization of migrants
- A critical and intersectional paradigm is also fundamental to develop theory (particular/general too)
- Limitations are surpassed by achievements

Thank you!

- Villalón, Roberta [2022]. *Inequalities, Migration and Health: Critical Activist Research across Ecuadorean Borders*. Bristol, UK: Bristol University Press.
- Villalón, Roberta and Sarah Kraft [Forthcoming]. "Migratory Stress, Health and Gender: An Intersectional Analysis of the Ecuadorean Case," in Jacobs Kronenfeld, J. (Ed.) *Research in the Sociology of Health Care*, Volume 39. Emerald Publishing.
- Villalón, Roberta; Amado, L.; García, M. Oporto, M.; Fernández, M. 2020. "Migración, salud y bienestar: Un estudio interdisciplinario de migrantes Latinoamericanos en Cornellá Barcelona (MISACOR)," in Lasaga, O. and Barraycoya, J. (Eds.) *Problemas Globales, cinco siglos después de la primera vuelta al mundo*. Madrid: CEU Ediciones.
- Villalón, Roberta. 2019. "Una aproximación sociológica crítica activista al estudio de salud y migración: el caso ecuatoriano" (A Critical Sociological Activist Approach to the Study of Health and Migration: The Ecuadorean Case), *Revista CS* (29), 103-138. <https://doi.org/10.18046/recs.i29.3481>

