LIVING UNDOCUMENTED: AN ETHNOGRAPHIC STUDY OF THE MENTAL HEALTH AND WELLBEING OF UNDOCUMENTED MEXICAN MIGRANT MEN

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ABSTRACT

Laura Patricia Villa Torres: Living Undocumented: An Ethnographic Study of the Mental Health and Wellbeing of Undocumented Mexican Migrant Men
(Under the direction of Clare Barrington)

Background: Documentation status is a social determinant of migrants' health, although existing research is limited. Migrant health research has utilized cultural frameworks, such as acculturation and assimilation, to explain the health effects of restrictive migration policies. This dissertation aimed to explore the lived experiences of migrant Mexican men that lived undocumented in the US and understand how living undocumented affected their mental health and well-being.

Methods: I conducted a transnational ethnographic and phenomenological study including in-depth interviews with Mexican men in North Carolina and Mexican who were living or had lived undocumented, their family members, and service providers. I also analyzed existing oral histories and engaged in participant observation at a workers' center for day laborers. Analysis entailed writing analytical summaries, coding, memoing, and generating matrices to summarize and interpret data.

Results: Living undocumented for Mexican men meant feeling like nobody, enacting pride to protect themselves from constant abuses, living surveilled and criminalized, and feeling socially disabled by the multiple everyday challenges. Living undocumented affected their mental and physical health. Men expressed that their undocumentedness was always present in their minds, and generated negative feelings, depression and anxiety. Undocumentedness was embodied through somatic symptoms, experiences of injury at work, chronic diseases, and disability. Men implemented coping strategies to deal with the effects of their migration status on their mental and physical health, mainly avoidance. Other ways of coping and getting some control back in their lives included reaching out for community services and resources, and preparing to return to Mexico in case of deportation.

Conclusion: Undocumentedness is a complex phenomenon that affects the lives and health of Mexican men in multiple ways. The multiple challenges they experience in their everyday activities and the effects of living undocumented on their bodies make avoidance difficult to sustain. Interventions need to help men living undocumented deal with daily stressors, connect men to local community resources, develop strategies to deal with daily challenges related to be undocumented, and develop a plan in case the case of voluntary or forced return to their countries of origin. Community and structural interventions are also needed.

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LIST OF ABBREVIATIONS

ACA	Affordable Care Act
CONAPO	Consejo Nacional de Poblacion (National Population Council of Mexico)
DACA	Deferred Action for Childhood Arrivals
HRQL	Health-related Quality of Life
ICE	Immigration and Customs Enforcement
IME	Instituto de Mexicanos en el Exterior (Institute for Mexicans Abroad)
IMF	International Monetary Fund
IRB	Institutional Review Board
IRCA	Immigration Reform and Control Act
NAFTA	North American Free Trade Agreement
NC	North Carolina
OECD	Organization for Economic Cooperation and Development
PTSD	Post Traumatic Stress Disorder
QLI-SP	Quality Life Index
SAP	Structural Adjustments Policies
SEDESOL	Secretaria de Desarrollo Social (Social Development Ministry)
SOL	Study of Latinos
SRE	Secretaria de Relaciones Exteriores (Foreign Affairs Ministry of Mexico)
SSN	Social Security Number
TTP	Trans-Pacific Partnership
TPS	Temporary Protection Status
UNC	University of North Carolina
UNDESA	United Nations Department of Economic and Social Affairs

UNDP	United Nations Development Programme
US	United States
WB	World Bank

CHAPTER 1. INTRODUCTION AND AIMS

Mental health is an integral part of overall health and can be affected by different social determinants. Mental disorders account for 13% of the global burden of disease (World Health Organization [WHO], 2013), with depression as the largest single cause of disability. Individuals that live in difficult social and economic conditions are at greater risk of experiencing mental illness, such as undocumented immigrants[1] (WHO, 2013). There are approximately 232 million migrants worldwide, and it is estimated that at least 10% of those international migrants are undocumented (International Organization for Migration [IOM], 2010). In the United States (US) alone, the number of undocumented immigrants is estimated to be close to twelve million, 75% of which are from Latin America (Passel, 2005; Passel & Cohn, 2012).

There is a growing body of research on the interplay between undocumentedness and mental health and wellbeing. Researchers in Europe, where documentation status has been collected more systematically than in the US, have found associations between documentation status and mental disorders, such as depression and anxiety, whereby undocumented migrants have higher odds of

[1] I will use the terms 'undocumented' when referring to international migrants globally and in the United States that have an irregular situation, meaning that do not have permission from the government of the place of arrival to live and work in such country. I recognize that undocumentedness is not a characteristic inherent to a person, like sex or age, but rather, a somewhat recent, socially constructed category in the mainstream political, economic, social and even moral discourses. This category is operationalized by complicated administrative processes that result in the lack of a document (or documents) –passport, visa, resident cards, identification documents- that prevent migrant individuals from accessing services, restrict their mobility within countries and across borders and limit their ability to work and live in the countries of destination. In the United States, an undocumented or irregular individual is a person that is not authorized to be present and/or to work, due to one of the following circumstances: a) has crossed (or smuggled into) the border without a valid passport and/or visa or with false documents; b) has lost the authorized status because he/she remained in US after their documents expired; c) has an ambiguous authorization status, as he/she came as refugee or asylum seeker but has not followed through the process of getting the proper documentation that certifies his/her presence in the US (Passel, 2005, 2012).

suffering from a mental disorder. In a qualitative study in Berlin, health providers reported seeing cases of what they called “illegal syndrome”, a series of psychosomatic symptoms that are related to the condition of living undocumented (Castañeda, 2009).

Several researchers in the United States (US) have explored documentation status and mental health, although documentation status has not been collected systematically (Garcini, Murray, Zhou, Klonoff, Myers, & Elder, 2016). Researchers have found that undocumented Latinos were more likely to report feeling angry than documented Latinos (Cavazos-Rehg, Zayas, & Spitznagel, 2007), have higher prevalence of depressive symptoms (Gzywacz, 2010, Potochnick & Perreira, 2010), and anxiety (Potochnick & Perreira, 2010). Other studies conducted with populations that are believed to be undocumented, such as farmworkers and day laborers, found a higher prevalence of psychological distress, depression, anxiety, post-traumatic stress disorder (PTSD), and substance abuse, compared to the total US population prevalence (Crain et al., 2012; Grzywacz et al., 2006; Hiott, Grzywacz, Davis, Quandt, & Arcury, 2008; Kiang, Grzywacz, Marín, Arcury, & Quandt, 2010; Negi, 2013).

Although the evidence presented points out to an association between undocumentedness and mental health and wellbeing among immigrants, the available research is lacking a more complex exploration of how undocumentedness is actually lived and the relationship between undocumentedness and mental health and wellbeing from an intersectional point of view. Most of the public health research conducted in the US to understand migrant’s health has been done under cultural frameworks, such as acculturation and assimilation, and has not looked at the effect of migration policies on these health outcomes (Viruell-Fuentes, Miranda, & Abdulrahim, 2012; Garcia, 2016). Cultural frameworks dismiss the effects of structural processes, such as migration policies, and its intersection with other categories, such as gender, class and race/ethnicity on migrants’ health outcomes (Viruell-Fuentes, et al, 2012, Garcia, 2016). There is a need to understand how being undocumented shapes migrants’ every day experiences, and how these experiences then have an

impact on their health, including their mental health (Viruell-Fuentes, et al, 2012).

Adopting an intersectional approach to study undocumentedness requires first to recognize that undocumentedness is the byproduct of structural processes, such a globalization and the implementation of restrictive migration policies (Donato & Massey, 2016), to then move into understanding how it is experienced by specific groups affected in a specific context, to finally explore how it intersects with other socially constructed categories, e.g., race, ethnicity, and gender (Viruell-Fuentes, et al, 2012, Garcia, 2016). An intersectional approach to understand migrants' health moves us away from ascribing the responsibility solely to migrants and their cultures for their health outcomes, and allows us to understand better how migration policies that restrict migrants' lives affect their health.

One of the groups most affected in the US by the restrictive migration policies are Mexican men. Mexican men are detained and deported in greater numbers compared to other nationalities (TRAC, 2014). There is little information on the mental health of undocumented men in new migration gateways. Living undocumented in new Latino migration destinations affects immigrants' lives negatively given the scarcity of community resources available and the difficulty in blending with the local communities compared to other places where the Latino population is larger (Villa-Torres, Fleming, & Barrington, 2014; Fleming, Villa-Torres, Taboada, Richards, & Barrington, 2017).

There is limited information about the resources, adaptation and coping mechanisms undocumented men deploy in order to keep going despite the challenges they face. There is also no knowledge of the family and community perspectives on the mental health and wellbeing of undocumented men, and whether there are sufficient resources to address the mental health needs of undocumented men. Knowing about the coping resources that men have and the family and community perspectives, strengths and resources, can help to identify the individual, family and community resources that can be fostered in order to address men's mental health related needs. More

importantly, we need to recognize that migration-related policies are public health policies. Migrants that lack a recognized status are left without protection of their rights, including their right to health. Documentation status is one of the byproducts of migration policies, and as such, it is a social category we need to explore deeply.

Given these gaps, I designed the present ethnographic qualitative study to explore the phenomenon of living undocumented among Mexican migrant men living in North Carolina (NC) and men that have lived undocumented in the United States (US) but have returned to Mexico. I also explored the mechanisms through which the phenomenon of living undocumented influences their mental health and wellbeing. I examined this phenomenon from the perspective of the men, their family networks, and social and health care service providers in North Carolina.

The **specific aims** for this study are:

Aim 1. To describe the lived experiences of Mexican migrant men currently living undocumented in the US and returned migrant men in Mexico that lived as undocumented in the US at some point in their lives.

Aim 2. To identify the mechanisms through which undocumentedness affects Mexican men's mental health and wellbeing, and the coping and healing mechanisms men enact.

I used the methodologies of ethnography and phenomenology to address these research aims. Ethnography is a methodology that tries to understand people's lives in-depth through long-term immersion and iterative interaction of the researcher in a specific context (Prentice, 2010). Phenomenology is the study of the *lived experience*, meaning, the everyday experiences that a person goes through in the context of a particular situation, or *phenomenon* (Vagle, 2014). The *phenomenon* that I explored in this study is undocumentedness.

For my theoretical framework, I integrated intersectionality with the concepts of embodiment and social suffering, taking in mind the overall context of globalization. The integration of these theories

allowed me to understand how the experience of living undocumented translates into mental health and wellbeing challenges. Intersectionality allowed me to explored in depth the experience of undocumentedness as a socially constructed category and how it intersected with other dimensions of men's lives, such as their gender, class and ethnicity (Choo & Ferree, 2010; Anthias, 2009). The concepts of embodiment (Krieger, 2005) and social suffering (Kleinman, 1997a) provided the space to hear what men have to say about their collective experiences of undocumentedness, how they talked about it and felt about it, and how those experiences, thoughts and feelings got translated into bodily experiences.

The methods for data collection included participant observation at a worker's center in North Carolina, multiple in-depth interviews with undocumented Mexican immigrants, and analysis of oral histories from the New Roots archive on oral histories of Latin American immigrants in North Carolina. I also conducted in-depth interviews with immediate family members of the men interviewed and health care and other service providers that have provided services to Mexican immigrant men in North Carolina.

This research contributes to the understanding of the social and mental wellbeing of Mexican undocumented migrant men. It adds valuable information to the better measurement of mental health outcomes among undocumented Mexican migrant men. I attempt to provide a more holistic understanding of mental health and wellbeing among Latino migrant men in general, and undocumented in particular, that can be useful for health care providers and practitioners and community organizations to develop interventions. Lastly, it contributes to the critical public health evidence needed to advocate for local efforts for migrants' integration, comprehensive immigration reform, and binational agreements for humanized labor agreements for migrant workers between Mexico and the US.

CHAPTER 2. CONTEXTUAL AND EPIDEMIOLOGICAL BACKGROUND FOR AIMS

In this section, I present the socio-historical background information to contextualize the current trends of global migration. I show how globalization has provoked the migration of millions of people worldwide, and present available data on the number of undocumented immigrants worldwide and in the United States. I describe also how receiving countries have dealt with the influx of these migrants. Lastly, I present the United States' current approach to immigration, and some examples of state-level and local-level pieces of legislation and ordinances to both integrate and restrict immigration.

I also present in this section the current empirical evidence related to the mental health and wellbeing of undocumented populations and evidence related to access to mental health services for these populations from multiple perspectives. Lastly, I introduce the concept of allostatic load, which is related to both the exposure to chronic psychosocial stressors and the onset of mental illness and other chronic illnesses. It is important to clarify that most of the research done in the areas of undocumentedness and mental health and wellbeing does not measure or collect the documentation status of the participants. Instead, researchers assess the documentation status indirectly or just assume it given the characteristics of participants (for example, being occupied in certain positions, such as farm or domestic work) or because the participants disclose it during the interaction with the researchers, particularly in qualitative studies. Thus, although there is evidence of the relationship between documentation status and certain mental health outcomes, such as depression and anxiety, the evidence is not conclusive. I will present limitations of the current evidence in detail at the end of this chapter.

2.1 Globalization and migration

Globalization, simply stated by Kawachi and colleagues, is the "closer integration of societies and economies" (2007, page 5). Globalization has enabled national economies to become more integrated at a global level (Kawachi & Wamala, 2007). This integration allows for the free flow of consumable goods (material goods, services) with the premises of increasing profit for both transnational companies and developed countries, and, as a secondary effect, contribute to the social development and the strengthening of local economies in developing countries (Bauman, 1998; de Sousa Santos, 2006; Kawachi & Wamala, 2007). The biggest achievements, according to some theorists, have been the decreased cost of distance and the shrinking of time, facilitated by the technological improvements of both transportation and communication means (Bauman, 1998, 2011; de Sousa Santos, 2006; Kawachi & Wamala, 2007).

Globalization, as a political and economic agenda[2] is anchored in 4 prescriptive premises: 1) the consensus of the neoliberal economy at a global level, which entails free mobility of almost everything, -goods, merchandise, franchises, production chains, high level executives-, but not the labor workforce; 2) the consensus of the 'weak' or 'thin' state, where states have minimal involvement in the economy and also reduced their role as facilitators and providers of basic social services via their welfare systems (for example, the Structural Adjustment Policies (SAP) by which states had to privatize certain social sectors in order to receive financial aid from international monetary agencies); 3) the consensus of liberal democracy, which questions alternative forms of political organization; and, 4) the consensus of the primacy of the rule of the law and the judicial system, whereby social life in every aspect is 'sacredly' ruled and protected by the law, without recognizing that laws are also a product of specific social and historical contexts (Bauman, 1998, 2011; de Sousa Santos, 2006). These four prescriptive premises help

[2] Based on the Washington Consensus promoted by the International Monetary Fund (IMF), The World Bank (WB) and the US Department of Treasury during the second half of the 1980 decade.

understand how the current flows of migrants across nations are influenced by the economic globalization. It also helps to understand how national states struggle to balance the need to protect their social welfare systems and what they are willing to provide to immigrants that arrive to their territories. Lastly, the primacy of the rule of the law also influences the enactment and implementation of immigration laws and policies, and facilitates the adoption of the idea that when migrants come to countries undocumented, they are breaking the law.

Globalization is composed of different global actors, including the international institutions like the IMF and WB that since the early 80s gained some level of authority over national governments, mainly through management of debt. Other actors of globalization are multinational corporations, and global networks of civil society organizations and social movements, international governance instruments (such as trade treaties, like the North American Free Trade Agreement (NAFTA) between Mexico, Canada and the US or most recently the Trans-Pacific Partnership (TPP), agreed by 12 nations, including Mexico and the US); and new and ever changing forms of communication (Kawachi & Wamala, 2007).

Globalization has also a social dimension -the people-, and globalization has not benefited everyone equally (Allotey & Zwi, 2007; Bauman, 2011; Kawachi & Wamala, 2006). Both Bauman and De Sousa Santos have discussed how globalization is inherently linked to location, and as such, globalization has profound impacts at the local level (Bauman, 1998, 2011; de Sousa Santos, 2006). Globalization has contributed to the steady increase of the gap between rich and poor countries, as well as the gap between the rich and the poor within countries, including in developed economies (Bauman, 2011; Kawachi & Wamala, 2007). For example, between the signing of NAFTA in 1992 and 2014, Mexico's gross domestic product (GDP) grew from USD$7,287 to USD$17,710 (OECD, 2014a). The US GDP grew from USD$25,452 to USD$54,353 in the same period (OECD, 2014a). Not only has the gap between both countries widened, despite the fact that Mexico has had annual growth rates above the US in the

decades after NAFTA, within country income gap has also grown. Both countries have the highest income inequality among all the Organization for Economic Cooperation and Development (OECD) member States, measured as the ratio between the average income of the top richest and the bottom poorest (25.1 for Mexico and 17.9 for US) (OECD, 2014c). Both countries also have the highest poverty rates (relative to the national median household income), along with Israel, of OECD country members (OECD, 2014b). The pattern of growing income inequality observed in the US and Mexico is an example of the consequences of globalization, observed in other regions of the world.

Bauman's concept of *glocalization* (1998) helps us understand the impacts of globalization at the local level. For Bauman, *glocalization* points at both the processes of integration at the global level and the process of fragmentation at the local level; a redistribution of '*privileges and deprivations, of wealth and poverty, of resources and impotence, of power and powerless, of freedom and constraint*' (Bauman, 1998, page 43). In this process of *glocalization*, the wealthy people that have accumulated capital move freely in search of better opportunities to increase their profits, leaving the local people behind with their local economies and lives disabled (Bauman, 1998, 2011; de Sousa Santos, 2006). '*That ability* [to move and enjoy the world]*, or disability* [to stay, chained in a place, and suffer the world]*, divides the world into the globalized and the localized*' (Bauman, 1998, page 46).

One example of the concept of *glocalization* is when corporations, taking advantage of the free trade agreements and the eagerness of poorer states to attract foreign investment, transfer their production chains from one country to another at will, always in search for cheaper employment and less labor and production regulations. The cheaper and less regulated employment brings about riskier and unhealthier situations for the workers and their families at the local level (Hogstedt, Wegman, & Kjellstrom, 2007). Among the problems faced by workers are the transferring of the 3D employments, -referred to those employments that are dirty, demanding and dangerous-, to poorer countries and their occupational hazards (Allotey & Zwi, 2007). Other problems include the relaxation of wage controls; the

elimination of union protections and workplace standards (extended working hours, benefits, health insurance); an over industrialization and division of labor that, more and more, separates the work from other family and societal activities; and the constant threat of unemployment (Hogstedt et al., 2007). All this generates what Bauman calls the ubiquitous character of uncertainty, which relates to a constant feeling of life instability and incapacity to plan for the future (2010). Moreover, this uncertainty has now become a private affair (Bauman, 2011). States, following the prescribed consensus of the weak State explained above, do not protect their citizens anymore, and "individuals are now expected to seek biographical solutions, to systemic contradictions" (Bauman, 2011, Chapter 4, para. 3).

The disabling of the local contexts has resulted in an extraordinary amount of people leaving their places of origin in search for a better life, due to the lack of social and economic opportunities (Bauman, 1998, 2011; De Sousa Santos, 2006; Allotey & Zwi, 2007). Regardless of the restrictions to move freely across borders, people are now, more than ever before, on the move. However, not all people that migrate are treated equally. Bauman's metaphor of 'tourists' and 'vagabonds' reflects how populations that move globally are now divided and how globalization determines their migrations (Bauman, 1998). The 'tourists' travel at their 'hearts' desire', because they want to and because they can. The 'vagabonds' have been 'pushed from behind, uprooted' from their homes, in search for better opportunities (Bauman, 1998). The first ones are part of the higher economic classes that, as De Sousa de Santos described, 'control the time-space compression', and are free to move around when and where they want to (2006). The second, 'the vagabonds' are the migrants (economic, displaced, refugees, asylum seekers, etc.), who are never welcome and might always be forced to leave (Bauman, 1998, De Sousa Santos, 2006).

2.1.1 Undocumented migration globally and in the United States

There are around 232 million international migrants worldwide (UN, 2013). The International Organization of Migration has identified more than 20 migration corridors divided in four migration pathways through which migrants move between countries (IOM, 2013). Roughly speaking, and based on classifications from United Nations Department of Economic and Social Affairs (UNDESA), the World Bank and the United Nations Development Programme (UNDP), IOM has divided countries in "North" and "South", where "North" are countries with greater economic and human development and countries in the "South" are countries with lesser economic and human development. The four migration pathways identified thus are: North to North, South to North, North to South, and South to South (IOM, 2013). Over half of the migration corridors are classified as South-to-South migration pathway (IOM, 2013). More interesting is the fact that the top migration corridor for the North to South migration pathway is the US to Mexico, alongside with the US to South Africa, which shows how US citizens also migrate to the South, but always in better conditions (to invest, to work in transnational companies or for retirements). The top migration corridor, in terms of absolute numbers of international migrants, for the South to North migration pathway is the Mexico – US corridor (IOM, 2013).

From 10% to up to a third of all international migrants are undocumented (IOM, 2010). In the United States only, in 2012, the undocumented population in the United States was estimated to be around 11 million people, and nearly 9 million from Latin American countries, and more specifically, nearly two-thirds (5.6 million) from Mexico (Passel & Cohn, 2012, 2014; Krogstad, Passel & Cohn, 2017).

Given the lack of accurate data on undocumented migration, it is difficult to break down the available statistics into specific socioeconomic characteristics. From the available data, we know that of all international migrants (not only undocumented) from South to North, 35% are adult men, 43% are adult women and 22% are children and adolescents between 0 to 19 years old (IOM, 2013). More specifically, in the United States the Pew Research Center documented in 2010 that from the total of

undocumented migrants, 52% were adult men, 37.8% adult women, and 10.0% were children (under 18 years old) (PRC, 2010). The Mexican National Population Council (CONAPO for its Spanish initials) reported in 2014 that from the almost twelve million Mexicans living in the United States (undocumented and documented migrants together and all ages combined), 52.2% were men (CONAPO, 2014). There has been an increase of women migrating in absolute numbers, although the ratio men to women has remained relatively stable for the last decade (CONAPO, 2010a; CONAPO 2014). This is important because although Mexican men and women are migrating at similar rates, Mexican men are deported in greater numbers than Mexican women and men from other nationalities.

The lack of accurate data regarding the number and characteristics of undocumented migrants prevents the documentation of trends, the comparison among countries and regions, and make these migrants invisible, which translates in the lack of regulations and resources to address their needs and facilitates the violations of their human rights (IOM, 2010; UN, 2014).

2.1.2 Immigration policies

With the increase in people moving across borders, national governments where migrants either transit through or arrive to are constantly re-assessing their obligations towards these populations (Allotey & Zwi, 2007). National states move between policies of integration of current immigrants already living in their territories, to policies intended to restrict and reduce the inflow of immigrant to their countries (Hollifield, Martin, & Orrenius, 2014). Again, via the global prescriptive consensus of the primacy of the law and the judicial system, more and more, new ways of restricting, obstructing, defunding, and ultimately, criminalizing and detaining immigrants are put in place. Restrictive laws and criminalization of migration have created profound differences between the 'deserving' and 'undeserving' individuals, despite that most countries have signed and ratified the international agreements to protect the human rights of all people (Allotey & Zwi, 2007; Hollifield et al., 2014).

Some of the policies implemented at the national level have been comprehensive and respectful of human rights principles and have been adopted at historical immigration peak moments, such as the one implemented in Spain, where from 2004 to 2011, thousands of undocumented immigrants where regularized (Arango, 2013). This positive approach to migration in Spain changed in 2011, when more conservative political forces -under the context of the European economic crisis- openly expressed their concerns about immigration and its impact in the local economy, population composition and welfare services (Arango, 2013). As result of these concerns, via a Royal law in 2012, undocumented immigrants were excluded from healthcare access, forcing migrants to use emergency services (Roura, Bisoffi, Navaza, & Pool, 2015). Other policies are more restrictive and controlling, mainly in order to protect national welfare systems. For example, Scandinavian countries (Denmark, Sweden and Norway) have struggled to find a balance between restraining immigration and upholding their international commitments to protect human rights (Brochmann, 2014). Denmark, for example, restricted the category of refugee to the one defined in the Geneva Convention on Refugees of 1951[3], increased requirements for marrying a foreign person and requested a cash amount as guarantee to cover any social assistance needed for the foreign spouse (Brochman, 2014). At the same time, Sweden has implemented integration policies, requesting that every person under Swedish territory has access to equal rights (Brochman, 2014). Most recently, during 2015, the European Union faced a refugee-seekers massive numbers, what several agencies have qualified as a humanitarian crisis (IOM 2015, UNHCR, 2015). In Syria alone, the war originated over 12 million internally and internationally displaced people in the last 5 years. Over 4 million Syrians have relocated to Turkey, Lebanon, Jordan and Iraq (ECHO,

[3] According to the Refugees Convention, the term refugee should apply to "any person who (...) as a result of event occurring before 1 January 1951 and owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing such fear, is unwilling to return to it." (Convention Relating to the Status of Refugees, 1951)

2015). In 2015 alone, the European Union reported arrivals of over 700,000 Syrians to European countries, mainly Croatia, Greece, Hungary, Italy, Macedonia, Slovenia and Serbia (IOM, 2015). Most refugee-seekers aimed to get to Germany (who has already received close to half million refugees over since the conflict in Syria started), which pushed the German government to restrict its borders and get a plan going among all the European Union to receive and relocate refugee-seekers (Aljazeera News, 2015). The Syrian crisis is still ongoing. Another recent example is the displacement of the Rohingya people, a Muslim minority that fled Myanmar to Bangladesh due to extreme violence. The latest migration began on August 2017 and represents the newest humanitarian challenge, since Bangladesh lacks the infrastructure to appropriately offer shelter to the Rohingya people (UNHCR, 2017).

Another level of analysis are the laws and regulations at the local level (i. e. state, municipalities or counties, and/or towns and community authorities). Some of these policies clearly diverge from the national policies, against or for the integration of immigrants in their communities (Ambrosini, 2013). Xenophobic sentiments are frequently related to structural processes, such as racism and classism, masked by the increasing unsafety-related paranoia and security obsession, which is also used to put immigrants in competition with other local disadvantaged groups (Allotey & Zwi, 2007; Bauman, 2011). An example is Italy, where 50% of citizens consider immigration a threat to security (Ambrosini, 2013). Also in Italy, between 2008 and 2009, 788 by-laws were issued by 445 municipalities, to regulate certain practices and behaviors, -such as public gathering, businesses run and religious rituals-, of immigrants (Ambrosini, 2013).

In the United States, an example of xenophobic sentiments are the political positions of President Donald Trump. Trump has accused Mexican migrants of taking away jobs (which, according to him, particularly affects 'black Americans'); and for committing 'horrendous crimes', such as 'violent beatings, rapes and murders' (Trump, 2015). For him, 'a nation without borders is not a nation' and during his campaign laid out a meticulous plan to force Mexico to pay for the costs of building a wall

between Mexico and the US, including the retention of the remittances Mexican immigrants in the US send back to Mexico (Trump, 2015). Since taking office, Trump has targeted migrants, including documented workers, undocumented economic immigrants and asylum seekers, with a series of executive orders. These executive orders include elimination of the H1B (professional work visa) expedite process, banning people of certain majority Muslim countries into the US; increasing the security of the border with Mexico, including the building of a wall; and the ending of the Deferred Action for Childhood Arrivals (DACA) program (White House, 2017). Most recently, President Trump's administration has terminated the Temporary Protection Status (TPS) designations for Haiti and Nicaragua (USDHS, 2017a, 2017b).

These anti-immigrant sentiments are at times concretized in laws, policies and ordinances. Walker & Leitner documented that, since 2005, nearly 370 local policies have been proposed or implemented to address undocumented immigration (2011). Some communities have implemented very comprehensive policies, where undocumented immigrants are not only protected, but are also seen as part and active members of the community, with even the right to vote in local elections (Walker & Leitner, 2011). Nevertheless, in other communities, local authorities have taken in their hands the responsibility to "control" undocumented immigration, by implementing and enforcing a series of local laws and ordinances that harass, discriminate and criminalize undocumented immigrants (Walker & Leitner, 2011). The case of Arizona's SB1070 law is an example of this. The SB1070 law, taking Federal level attributions, made it a state crime for an "alien" to be in Arizona without carrying documents and would allow any police officer to check an individual's immigration status in any situation, -even when walking on a street, when there was reasonable suspicion that the individual was an illegal immigrant. It would also penalize those that provided shelter, hired or transported immigrants without authorization to be in the US. This law was highly criticized for its underlying racist motivations against Latino populations, and the legalization of practicing "racial profiling" openly. The U.S. Supreme Court ruled on the case Arizona versus

United States in 2012, maintaining the provision of requiring immigration status checks during law enforcement stops (Supreme Court, 2012).

Another example are the collaborations of county governments with the federal program 287 (g), which allows local authorities to enforce federal immigration laws (ICE, 2016). The 287 (g) program grew the last year, from 32 memorandums of understanding signed with local authorities in 16 states, to 60 in 18 states (ICE, 2017). Participating states are Alabama, Arizona, Arkansas, California, Florida, Georgia, Louisiana, Maryland, Massachusetts, Nevada, New Jersey, North Carolina, Ohio, Oklahoma, South Carolina, Tenesse, Texas and Virginia (ICE, 2017). Other strategies are ordinances that target poor neighborhoods where housing and day laborers are regulated (Walker & Leitner, 2011).

These policies are having an impact on the number of immigrants detained in the US and deported. The numbers of undocumented migrants removed from the US went from over 850,000 during President Clinton's government, to over three million during President Obama's time in office (Christi, Pierce & Boltert, 2017). Even though being undocumented is a violation of a civil law and not a penal law, since 2008, immigration detention facilities have held an average of 34,000 people per day (Gavett, 2011; Morgenthau, 2014). Data from Immigration and Customs Enforcement (ICE), requested and analyzed by the Transactional Records Access Clearinghouse at Syracuse University show, for example, that in 2013, 368,644 migrants were deported. Ninety-three percent of these migrants deported were men; 91% percent were between the ages of 15 and 49, and 65.5% were from Mexico (TRAC, 2014). Behind all these detentions, there are also transnational industries that own and manage the detention centers for immigrants, which profit from the locals' fears and the criminalization of immigrants; these private detention centers also absorb the political cost of the human rights violations (Allotey & Zwi, 2007; Wilder, 2007).

2.2 Mental health among undocumented migrants

Mental health, per the World Health Organization (WHO) definition, is an integral part of the overall concept of health, defined as

> (...) a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity (WHO, 2013).

Implicit in this definition is the idea that mental health is more than the absence of a mental illness, and that mental health is connected with physical health, behaviors, and the physical and social environment (WHO, 2005). There is not a single definition of mental health though, since its conceptualization, understanding, experience and maintenance are deep-rooted in the local social, cultural and medical systems (WHO, 2001). Acknowledging the challenge of having a universal definition of mental health, the WHO has also proposed that mental health is:

> (...) a state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2014).

Mental health is the foundation for the wellbeing and effective functioning for an individual and for a community, and fundamental to our ability as humans to interact with each other and enjoy life (WHO, 2014). As with other areas of health, social determinants play a key role in shaping people's mental health.

Mental disorder or illness affects an individual mentally, neurologically, socially and behaviorally (Movement for Global Mental Health [MGMH], 2015). According to the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-V), a mental disorder is a "a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities." (DSM V, 2013). Some of these disorders

include depression, anxiety, schizophrenia, bipolar and psychosis disorders, epilepsy, dementia, alcohol and drug dependencies, among others (MGMH, 2015).

Globally, mental disorders, including mental, neurological and substance abuse-related ones, account for 13% of the global burden of disease (WHO, 2013). Moreover, people experiencing major depression or schizophrenia have a 40% to 60% greater chance of dying at younger ages than the general population, given the connection between mental health and other chronic health issues (WHO, 2013). Suicide is the second most common cause of death among young people (between 15 to 24 years old) globally (WHO, 2013). Depression alone accounts for 4.3% of the global burden of disease and 11% of disability worldwide (WHO, 2013). At the global level, the provision of care for those people with mental disorders is limited. There is a lack of mental health policies at the national and local levels, insufficient trained mental health providers, shortage of psychiatric medication, absence of community-based interventions, and weak community advocacy for mental health services (WHO, 2013). People suffering from severe mental disorders are also more likely to suffer human rights violations, such as discrimination, violence, isolation, homelessness, and incarceration or involuntary confinement in psychiatric institutions, among others (WHO, 2013).

In the field of mental health and migration, mental health providers working with immigrant communities have identified the “illegal syndrome” (Castañeda, 2009). This syndrome has been defined by providers as a series of non-specific health complaints, associated with generalized states of stress, anxiety and/or depression, that physicians cannot diagnose otherwise, but that are thought to be associated with the fact that immigrants are undocumented (Castañeda, 2009). Others have talked about the “legal status stress”, which has been measured by the fear of deportation, avoidance of authorities, and limited contact with family and friends because of legal status, and which has been associated to poor health ratings (Sullivan & Rehm, 2005). Cavazos-Regh and colleagues identified undocumented status as a “persistent and insidious psycho-environmental stressor” (2007).

A group of psychiatrists in Barcelona that work with mobile populations have proposed the "Ulysses Syndrome", a chronic and multiple stress syndrome specific to the experience of migration (Achotegi, 2009). The symptoms of the Ulysses Syndrome include symptoms associated with depression and anxiety, somatization, and confusion (Achotegi, 2009). The populations most at risk of experiencing the Ulysses Syndrome are undocumented migrants, immigrants with semi-legal status, and authorized immigrants that live in social exclusion conditions (Achotegui, 2009).

Among the depressive symptoms of the Ulysses Syndrome, migrants express feelings of sadness and the physiological act of crying. Among the anxiety symptoms included in the Ulysses Syndrome are recurrent and intrusive worries; tension, nervousness, and irritability (Achotegui, J, 2009). The most important proposition of the Ulysses Syndrome is the absence of some depressive symptoms that are present in the classical definition of depression, such as apathy, death or suicide ideations, guilt, and loss of social or labor-related activity (Achotegui, 2009). Somatic symptoms (a psychological problem that manifests through the body) constitute another dimension of the Ulysses Syndrome and include insomnia, headaches, fatigue, dermatological problems, and hypertension.

The Ulysses Syndrome also talks about migrants displaying confusion symptoms, including disorientation; depersonalization; distancing from and negation of painful memories; increased cortisol levels due to chronic stress that facilitates confusion; and the constant lying or hiding of their everyday problems to their family in the countries of origin, to friends or to themselves. A possible cause of the confusion are the constant efforts to hide in order to avoid apprehension by immigration enforcement officials (for example, constantly changing names).

The promoters of the Ulysses Syndrome have also identified and categorized multiple sources of stress and the socio-economic and political conditions that exacerbate these symptoms. The stressors are: isolation and family separation; the migratory project and dream failure; lack of job opportunities and labor exploitation; daily survival struggles; and fears and terror due to border crossing and

deportation, mistreatment, sexual abuses and defenselessness. Authors of the Ulysses Syndrome have also pointed out that all these symptoms vary across time and get alleviated temporarily when the sources of stress are solved or when individuals engage in coping mechanisms that reduce their effects (such as forgetting, albeit temporarily, about them), without losing sight of the chronicity of both stressors and symptoms (Achotegui, 2009).

2.2.1 Mental health among undocumented migrants globally

In this section, I present research conducted outside the US, where documentation status has been collected more systematically and directly. Robert and colleagues (2014) found in Spain that 75% of undocumented immigrants in their sample (N=318) reported poorer mental health than documented immigrants and citizens and suggested this was given their precarious life conditions. Sousa and colleagues (2010), found that undocumented men in Spain had higher odds of reporting poorer mental health than native born with formal job contracts (OR 2.26, CI 1.15 – 4.42). Heeren and colleagues (2014) also reported that residence status was strongly associated to suffering depression and anxiety symptomatology in Switzerland.

Another study conducted in the Netherlands found opposite results though. In their clinical-based sample (N=541, 60% undocumented, 63.1% men), researchers found higher percentages of clinical diagnosis of mental illness among documented immigrants compared to undocumented immigrants (44% versus 20.6%), but higher prevalence of mental disorders symptomatology among undocumented immigrants (11.1% versus 8.3%) (Teunissen et al., 2014). These contradictory findings might be related to the diversity of population within the documented immigrants (where refugees might be overrepresented), but also to the fact that the criteria for clinical diagnosis includes symptoms such as apathy and suicide ideations not usually present in the immigrant communities, as the Ulysses Syndrome suggests.

Participants in a qualitative study conducted with undocumented immigrants in Spain (N=44, half of them men) constantly referred to physical symptoms related to their documentation status, for example, back problems, stomachaches, constant worries, restlessness and sleeplessness, constant tiredness and emotional suffering (Porthé et al., 2009). This relates back to the "illegal syndrome" reported by Castañeda and colleagues (2009), where providers were not able to identify a biological cause for the bodily symptoms reported by immigrants.

Carta and colleagues (2005) identified in their desk review several factors associated with the mental health of immigrants, such as: labor and economic instability, cultural and social marginalization, family estrangement, pressures to send money to their families, racial discrimination and lack of statutory documentation. Migrants have also reported having little time to relax and spend with family given the need to work longer hours or double shifts (Crocker, 2015).

The coping and adaptation strategies deployed by immigrants have not been studied thoroughly. A qualitative study conducted with immigrants in Canada from different countries (21 focus groups, N=185) aimed to understand the diverse cultural conceptualizations of mental health problems, mental health interventions and their perspectives on needed services (Simich, Maiter, & Ochocka, 2009). Authors found that immigrants felt that living at the margins of the receiving society, or social liminality, affected their mental wellbeing (Simich et al., 2009). For example, immigrants reported being part of two communities but belonging to neither, and powerlessness with respect to cultural identity (Simich et al., 2009). In addition, immigrants also enacted what authors called "cultural negotiation strategies" to cope with mental health issues, which entailed trying to integrate more with the local communities in order to counteract feelings of isolation and facilitate more cultural exchange opportunities (Simich, et al., 2009). Simich and colleagues concluded that instead of problematizing mental distress as a health problem, it should be recognized as part of the migratory process and, as

such, community-based integration strategies should be sought after in order to improve the mental health of immigrants (Simich, et al., 2009).

The cross-sectional nature of most research done with immigrant populations has been recognized as a limitation to be able to observe changes across time (Lindert, Ehrenstein, Priebe, Mielck, & Brähler, 2009), so there is little information available in the literature about the cyclical and chronic character of the stressors and associated mental health symptoms or clinically diagnosed mental illness.

2.2.2 Mental health among undocumented migrants in the US

Mental health has not been studied rigorously among Latino undocumented migrant populations in the United States though, and rarely among men for a couple of reasons. First, health and mental health among migrants in the US has been mainly studied under frameworks of acculturation and acculturative stress, but these frameworks do not take in consideration how migration status impacts health, including mental health (Viruell-Fuentes, et al, 2012; Garcia, 2016) Second, researchers that have tried to study undocumentedness and mental health have not collected documentation status directly, but rather have used proxies or assumed that the group studied is undocumented, for example, day laborers or farmworkers (Garcini, 2016). Moreover, the available research that has tried to understand how migration status affects mental health among migrants have concentrated most recently among younger undocumented immigrants that have benefitted from the Deferred Action for Children Arrivals (DACA). Lastly, although undocumented migrants come from every region in the world, the majority are from Latin American countries, and as such, the research has focused primarily on Latino populations. It is within those limitations that I present the available research.

Hiott, and colleagues (2008) showed that among a sample of 125 farmworker men, 41.6% had a score above the threshold for clinical depression. These authors also found that 18.4% of the farmworkers reported impairing levels of anxiety (Hiott et al., 2008). Another study conducted among farmworkers (N=74, 37 men) showed that men reached a clinical diagnosis for anxiety and depression in

higher proportions than women (Magaña & Hovey, 2003). A study by Negi (2013) among a cross-sectional convenience sample of 150 men in three sites for day laborers in New Orleans found that 39% of the men presented high psychological distress. Kiang et al (2010) conducted a study among immigrants in North Carolina (N=150, 45.3% women), and found that 35.4% of the men had both depression and anxiety. Grzywacz and colleagues (2006) studied a sample of 60 farmworker men in NC and found that 17% met the criteria for impairing anxiety, 40% showed depressive symptomatology, and 40% met the criteria for alcohol dependence. Cavazos-Rehg et al (2007) studied a sample of Latino immigrants (N=143; 56% women), and assessed whether participants were undocumented or not by using the proxy: "I have thought that if I went to a social or government agency I would be deported." Thirty-nine percent responded "yes" to the item, thus were classified as undocumented. Researchers found that participants concerned with deportation were more likely to report feeling angry than those not concerned with deportation (Cavazos-Rehg et al., 2007).

Other studies have explored how stressors related to being undocumented are embodied or expressed through confusion symptoms, depersonalization, lying, or hiding. For example, Seth Holmes (2007) described how an undocumented indigenous farmworker constantly referred having excruciating headaches after receiving insults from his boss; the pain would only go away by binge drinking. Napolitano (2005) reported in her ethnography with homeless Latino day laborers that only after a few months in the field, she realized that the men she had interacted with in San Francisco, most of them undocumented, have lied about their names or family histories. She interpreted this as a strategy deployed by men to protect themselves from the legal consequences of being undocumented but also from the psychological consequences of having failed in the migratory enterprise (Napolitano, 2005). By changing their names, men reconstructed a personal story that differed from reality, and could avoid be judged by other migrants that "made it" in the US (Napolitano, 2005). Napolitano also heard from the providers that day laborers were stuck in their dreams of "making it" in the USA, which she identified as

a “stuck place”, between the home country and the host country, where immigrant men have not made it yet, and probably would never do, but were not willing to recognize it (2005).

As mentioned earlier, federal programs to remove undocumented migrants from the US have targeted Latino men, particularly Mexican, which has resulted in continuous persecution of this population, the increase of immigrant detention centers, deportations, family separation and US born Latino children placement in the US foster care system when parents are deported (Brabeck & Xu, 2010, Golash-Boza & Hondagneu-Sotelo, 2013). Men also experienced continuous blame, stigmatization, guiltiness and shame given their undocumented status; which results in situations of vulnerability and facilitates their exploitability, which could be some of the mechanisms through which the stressors translate into mental health problems and merit further exploration (Sullivan & Rehm et al, 2005; Lopez, et al., 2013; Abrego, 2011; Martinez & Slack, 2013). For example, a qualitative study with unauthorized day laborer men found that when men experienced a work-related injury that incapacitated them to work again, they fell into a series of psychological problems, such as depression, substance abuse and self-mutilation (Walter, Bourgois, & Loinaz, 2004). Napolitano (2005) found that undocumented day laborer men felt that they have “failed” in the migration enterprise, and that occupying a lower position in both the Latino and host community translated into substance abuse problems, and an overall detriment to their health.

2.2.3 Access to mental health care services and mental health providers perspectives

A systematic review of the mental health care access of immigrants in Europe found that the national legal frameworks and the migrants’ health seeking behaviors mainly determine access (Lindert, Schouler-Ocak, Heinz & Priebe, 2008). Undocumented populations are frequently excluded from health and social services. Even when there is universal access to health care, undocumented migrants report lower use of mental health services, compared to other migrants or the local population (Lindert, Schouler-Ocak, Heinz & Priebe, 2008). Lindert et al (2008) suggest that not only legal status, but also

social status is related to the perceived mental health, which determines the use of mental health services. There are also questions regarding gender patterns of health services utilization among immigrants (for example, women more inclined to utilize services than men), as well as learning practices, ways of navigating services and help seeking behaviors (Lindert, Schouler-Ocak, Heinz & Priebe, 2008).

In another review study in Europe, Carta et al. (2005) identified several barriers to access mental health services among immigrants, including language barriers, communication problems, complication in the diagnosis given cultural differences, lack of training of providers to understand the migratory process, lack of interpreters, lack of evaluation systems, and lack of financial resources. Other problems identified by European providers are: difficulty developing trust with the client; discrimination and racism against migrants; and perceiving that clients are at greater risk of being marginalized if they are diagnosed but treatment is not offered or available (Sandhu, et al., 2013). There is also the fear of possibly compromising the permanency in country of a person if diagnosed with a mental illness that requires hospitalization (Strabmayr, et al., 2012) or with a problem of abusing a substance that is illegal (Lindert, Schouler-Ocak, Heinz & Priebe, 2008). Other community experts on mental health across Europe are concerned that the complex needs of undocumented migrants are beyond the capacity of the mental health services, which adds to the stress originated from the everyday ethical dilemmas providers face when deciding to provide or not care outside the local legal framework for undocumented migrants (Strabmayr, et al., 2012).

Providers have also expressed challenges in diagnosing patients, for example, when trying to identify normal reactions to abnormal situations (such as Post traumatic stress disorder (PTSD) versus psychosis) (Achotegui, 2009; Sandhu, et al., 2013). Some providers have expressed not feeling competent to address the mental health issues of migrant populations due to cross-cultural barriers (Lindert, Schouler-Ocak, Heinz & Priebe, 2008), while others have requested training in ethno-psychiatry

to be better prepared to address migrants' mental health issues (Sandhu, et al, 2013). Lastly, a study conducted in the Netherlands found that general physicians tended to refer undocumented migrants to psychiatrists more than psychotherapists, and it has been speculated that is both because it is easier for psychiatrists to be reimbursed, but also that prescription of psychiatric medication is a preferred treatment for these populations (Teunisse, et al, 2015).

There is no disaggregated data on the use of services among undocumented Latino immigrants in the US. These data are difficult to collect because undocumented immigrants are not entitled to any type of health care service, including mental health that are covered under the Affordable Care Act (ACA), and the only mental health resources available might be those offered through low-cost community clinics and non-profit organizations (Crocker, 2015). Derr & Throop (2016) conducted a systematic review about the mental health service use among immigrants in the US, finding the lack of use of mental health services is more pronounced among men, those uninsured, and the undocumented. Mexican undocumented men thus are positioned at the intersection of these three characteristics.

In her research in Arizona, Crocker (2015) found that from the providers' perspective, mental health issues among immigrant communities are a collective experience:

> It's a collective depression, a desperation that is epidemic in the immigrant community. You begin to see all the effects of what could probably be diagnosed as clinical depression. This is very collective; this is not individual [...] (Page 8)

There is almost no evidence of mental health services being helpful to alleviate the consequences of undocumentedness, or the preference or effectiveness of psychotherapy versus psychiatric services by documentation status. In the same research, Crocker documented qualitatively some perceived benefits reported by undocumented immigrants, such as having a space where to vent their problems (2015).

2.2.4 Wellbeing among undocumented immigrants

Wellbeing refers to the "positive evaluations of life, including the presence of positive emotions [...], social ties, and perceptions of life satisfaction [...]" (CDC, 2015). Wellbeing is related to good health, positive social relationships and access to basic resources; and it is an indicator that can provide information about people's perceptions of their own lives (CDC, 2015). There are many factors that have been described as correlates of wellbeing in the literature, from genetic and personality traits (optimism, for example), to wealth, marital status, race, education, employment and age (Helliwell & Putman, 2004). Wellbeing has also been described as a cyclical process, where wellbeing affects physical health, and physical health affects wellbeing, for example (Helliwell & Putman, 2004). Another correlate to wellbeing is an individual's social capital, meaning, his/her social networks, membership in groups, trust and engagement in community activities (Helliwell & Putman, 2004).

A common measure to assess wellbeing among migrants is the health-related quality of life (HRQOL). This indicator comes from the concept of quality of life, tries to get at the subjective evaluations of both positive and negative aspects of life (WHO, 1998). HRQOL specifically addresses the aspects of life can directly affect health, both physically and mentally (CDC, 2015). Some of the items collected to assess the HRQOL include self-rated health, mentally and physically unhealthy days, and mean days of activity limitation.

A mixed-methods study conducted with undocumented immigrants in Berlin used a HRQOL measure (SF-12V2) and found that the undocumented population studied (N=90, not sex reported) reported worst quality of life than the comparison population (a USA-based general population sample) (Kuehne, Huschke, & Bullinger, 2015). In the qualitative portion of the study (N=35, mostly women), participants reported that stress and fear were some of the common mental health problems, intersecting with other social determinants, such as poor housing and precarious employment (Kuehne et al., 2015). The most striking theme from this study though is the idea of the "fragility of life", given

the lack of any formal employment contract, health insurance or social benefits, which translated in a constant insecurity feeling (Kuehne et al., 2015). Authors concluded that lack of legal status among immigrants can be deemed as another social determinant of health for migrant populations that has an impact on their overall wellbeing (Kuehne et al., 2015). In another study conducted with Latin American immigrants in Barcelona (N=295, 36.9% men, 60.5% undocumented), Kirchner and colleagues (2010) found that a high spiritual fulfillment and religiosity (a dimension of the Quality Life Index (QLI)) was negatively associated with symptoms of depression among women, but not among men; in both sexes, spiritual fulfillment and religiosity was negatively associated to stress. This study points out at the importance of the spiritual and religious life, as a key component of the quality of life concept, with the mental health of immigrants.

In the US, Salgado and colleagues (2012) found that participants in their study of day laborers in San Diego (N=70, 100% male, documentation status not reported) presented lower scores on the mental and physical dimensions of the SF-12 than the general US population, pointing at a lower HRQOL. In contrast, a recent study conducted in San Diego found that HRQOL among undocumented migrants was comparable to documented migrants (Garcini, 2017). Nonetheless, researchers warned that this could be a measurement issue related to desirability response bias and the lack of an instrument that is sensitive to local context. Among the undocumented population in this study, age, poverty and mental health status were associated with lower HRQOL for undocumented immigrants, but separate analysis by gender was not possible given the small representation of men in the sample (Garcini, 2017).

2.2.5 Stress and allostatic load among undocumented immigrants

The measurement of the physiological responses of the body to the social and environmental challenges, or stressors, is at the core of the attempt to connect an individual's social experience with her health and disease experience (McEwen, 1998). Stress refers to a reaction of the body to a stimulus (Lazarus, 1999). The three primary elements of the stress process model include: the stressors

(stimulus), intervening explanatory variables, and the stress outcomes (Roxburgh, 2011). A stressor is "a feature of the environment that requires adaptation [...]" (Roxburgh, 2011, Page 5), and this adaptation can happen for a short or long period. Stressors include life events (the death of a family member), chronic strains (poverty), and daily hassles (traffic) (Roxburgh, 2011). The intervening variables include all those resources a person has to deal with the stressor, including, social support or coping strategies (avoidance, for example) (Roxburgh, 2011). The outcomes include not only mental illness (depression or anxiety), but also what is known as allostatic load (McEwen, 2004). Allostatic load refers to the accumulated "(...) wear and tear of the body and brain resulting from chronic over-activity or inactivity of physiological systems that are normally involved in adaptation to environmental challenge." (McEwen, 1998, page 35). This means that the body reacts to stressors physiologically, mainly through a process of inflammation and hormonal release (McEwen, 2004). This process of adaptation intends to achieve homeostasis, which is the "stability of physiological systems to maintain life" (McEwen, 2004, page 2). The problem comes when a person is not able to "turn off" this body reaction, given the continuous exposure to the stressor, making the person stay in a continuous state of allostasis (or adaptation through change). Research shows that a person living under stressful situations is more likely to develop cardiovascular diseases and other chronic conditions, such as Type II diabetes, and it can do so via the mediated pathway of a mental illness (like depression or anxiety) or directly (McEwen, 1998; McEwen, 2004; Steptoe & Kivimaki et al, 2012).

Several scholars have suggested that undocumented migrants are very likely to experience higher allostatic load given their chronic exposure to several daily stressors (Mcguire, 2003; Viruell-Fuentes, et al 2012, Willen, 2012). The authors of the Ulysses Syndrome have suggested that some migrants age faster, which is immediately visible in their bodies, as some people look older than they should, given the constant exposition to migration-related (Achotegui, 2009). Some of the social and economic stressors that Latino immigrant populations experience (including those living undocumented)

identified in the literature include: pressures for not being able to achieve their economic expectations; traumatic experiences crossing the border; precarious economic conditions; lack of healthcare, and access to information and other social services (Sullivan & Rehm, 2005, Garcini, 2016). Undocumented immigrants in particular also experience restricted mobility including: the inability to travel back to their countries of origin; restrictions on obtaining driver's licenses in many states; marginalization and isolation as a product of the discrimination and criminalization of Latinos (Abrego, 2011; Gill, 2010; Lopez, Taylor, Funk, & Gonzalez-Barrera, 2013; Sullivan & Rehm, 2005).

An ancillary study of the Study of Latinos (SOL) cohort (N=5000) measured the association between stress and cardiovascular disease prevalence and risk factors. The sample included mostly Latinos born outside the United States (82.6%, documentation status not reported). Over 80% of individuals reported at least one chronic and traumatic stressor. The study found that chronic stress was related to a higher prevalence of coronary heart disease (OR 1.22, CI 1.10 – 1.36), and stroke (OR 1.26, CI 1.03 -1.55) (Gallo, et al., 2014). Chronic stress was also found to be associated with diabetes and hypertension. Perceived stress and traumatic stress were also associated with a higher prevalence of smoking (Gallo, et al, 2014). Another study with the same population also found that higher chronic stress was associated with less glucose regulation (McCurley, et al., 2015). These studies provide evidence of the effects of stress on the health of a mostly foreign-born population of Latinos.

Kaestner and colleagues (2009) found that the exposure to repeated and chronic stressors (defined and measured as length of time in the US) was associated with an increased allostatic load (measured by 10 biomarkers) of Mexican-origin immigrants in the USA. According to authors, this association partially explains the "unhealthy assimilation" effect that Mexican immigrants have. This association was stronger for older immigrants that have been living in the United States the longest (Kaestner, Pearson, Keene, & Geronimus, 2009). Authors recognized that high allostatic load is more likely to be observed in older populations. Their results thus do not necessarily imply that younger

immigrants do not experience repeated and chronic stressors, and that those stressors are not compromising their future health and life (Kaestner et al., 2009). Authors also expressed that the allostatic load observed in older adults could be the result of the natural process of aging (Kaestner et al., 2009). Moreover, authors were not able to explore the specific sources of stress of individuals studied (Kaestner et al., 2009).

Another study conducted by Squires et al (2012) with Latino farmworkers in Oregon (N=119; 36% men, documentation status not reported) supports these results, since they found that the longer men have been living in the United States, the higher cortisol levels where found, particularly among men that immigrated at older ages, which was not the case for women. Perreira and colleagues (2015), using data from SOL (N=15,004), found that among foreign-born Latinos (76.77% of the total sample, documented status not reported), those with 21 or more years living in the US reported more experiences of discrimination and had significantly higher odds of depression (1.11, 95% CI=1.14- 1.57) compared to the US born (Perreira, et al., 2015). This study contributes evidence to the immigrant unhealthy adaptation theory, where the longer an immigrant is exposed to the chronic stressors (such as discrimination), the higher are the probabilities of getting their health affected (Perreira, et al., 2015).

Lastly, Crocker (2015) explored the allostatic process qualitatively through the study of emotional suffering, in the context of Arizona, among Mexican migrants (N=40, 50% men). She used the structural vulnerability framework (which is operationalized by the analysis of harsh local immigration policies, such as Bill 1070 that required proof of legal residency for all people in the streets) and embodiment, to understand how the "(...) marginalization of immigrant life gets translated to the bodies of individual Mexican migrants." (Crocker, 2015, Page 2) Besides reporting feelings of sadness, stress, anger, participants reported also the need of always having to behave well, and the sense that their lives are always in "limbo" or "stuck" and the pervasive psychological terror, given the ubiquitous experiences with deportation and detention centers, personal or from a close relative or friend (Crocker,

2015). Other chronic stressors reported were overworking, not having enough time to spend with family, but also the lack of steady job, which instead of provide some space and time to rest, generates more anxiety (Crocker, 2015).

2.3 Current research limitations and research gaps

Research on the association between mental health and/or wellbeing with documentation status has several limitations. As mentioned, mental health among migrants in the US has been mainly studied under cultural frameworks (Arbona, et al, 2010), and lack an engagement with critical theories, such as intersectionality (Viruell-Fuentes, 2012, Garcia, 2016). The lack of this approach prevents exploring the impact of structural processes, such as migration policies, on the health of migrants. Undocumentedness is a byproduct of these migration policies, and there is limited research of undocumentedness as a lived phenomenon. Moreover, there is a lack of exploration on how undocumentedness intersects with other categories, such as gender, class and race/ethnicity, to create particular lived experiences that in turn affect health.

Methodologically speaking, most studies lack the explicit measurement of documentation status, particularly in the US (Negi, 2013, Garcini, 2016). It seems that in Europe, although the documentation status is also sensitive information, given the fact that services to undocumented migrants are more widely available, researchers have easier access to the documentation status of migrants. Nonetheless, both in Europe and the United States, authors have used proxies to assess documentation status. For example, In Spain, researchers opted to ask the question “Do you have permission to work in Spain?” in order to avoid asking directly the question “are you undocumented or illegal?” (Sousa, et al., 2010). Another example of a question used by researchers in the US is “Are you afraid of deportation?” (Cavazos-Rehg et al., 2007), assuming that people that answer yes to his question are because they are undocumented. Nevertheless, this question might not be able to discriminate who is undocumented, considering that research has shown that Latinos that are

documented, residents or even citizens are also afraid of deportation due to the constant racial-based anti-immigrant policies (Arbona et al., 2010). As mentioned above, researchers have also guessed the documentation status of research participants based on the assumption that specific immigrant groups are mostly undocumented, such as day laborers and/or farm workers. Nonetheless, they have ultimately recognized that researchers need to ask explicitly about the documentation status, since it could have specific associations with depression and anxiety, wellbeing and other health-related behaviors (Negi, 2013; Hiott, et al., 2008).

In addition, research is not conclusive about prevalence of mental health outcomes or wellbeing among these populations, which might be pointing out at a measurement issue. Researchers have identified problems with the instruments used to assess wellbeing, depression and anxiety among undocumented migrants (Lindert, Ehrenstein, Priebe, Mielck, & Brähler, 2009, Garcino, 2016, Garcini, 2017), and among men specifically. Some researchers have also questioned the content validity of using standardized measures to assess mental health among Latino populations, since those instruments might not be accurately assessing it or some of the different illness dimensions (Grzywacz, et al., 2010, Garcini, 2017). The latter has lead authors to recommend doing more qualitative work to improve quantitative assessment of the mental health of this population (Grzywacz et al., 2010). This relates to the Ulysses Syndrome, in that the lack of certain symptoms (such as apathy or suicidal ideas) might immediately rule out a person from being offered mental health services, but do not necessarily mean that the person is not experiencing some form of mental illness.

Another big concern reported by researchers is the lack of sampling frames given the difficulty of knowing exactly how many people living undocumented are in a specific place (Garcini, 2016). Most quantitative surveys have used alternative ways of sampling these populations, such as venue-based sampling, snow ball sampling, clinical-based samples or purposive samples, which also poses challenges

when trying to assess representativeness of the data (Lindert, Ehrenstein, Priebe, Mielck, & Brähler, 2009; Sullivan & Rehm, 2005, Garcini, 2016).

In terms of exploration of gender and mental health among migrants, there are a couple of limitations in the current research. First, some studies include women and men in their samples, but gender specific analysis are not possible given the small numbers for each sex (Lindert, Ehrenstein, Priebe, Mielck, & Brähler, 2009, Garcini, 2017). Second, the samples with only men, particularly in the US, are with either day laborers or farmworkers, which provide us with a partial picture of men's experiences. Thus, it is important to generate research that provides more information on the issues of mental health and undocumentedness by gender, since we know that women and men's experiences with mental health are different and closely related to their gender performance (Rosenfield & Mouzon, 2012). Women are more likely to express their feelings, compared to men who tend to embody their emotions and have more somatic manifestations (Alegría & McGuire, 2003; Reyes-Rodríguez, Rivera-Medina, Cámara-Fuentes, Suárez-Torres, & Bernal, 2013; Rivera-Medina, Caraballo, Rodríguez-Cordero, Bernal, & Dávila-Marrero, 2010). Additionally, it is important to explore the mental health of undocumented migrant men that work on jobs other than farm work or that are exclusively day laborers, since most of these men face particular challenges, for example living alone (Furman, Ackerman & Negi, 2012).

Overall, available research points out to the existence of an association of documentation status and mental health and wellbeing, and researchers have identified stressors related to being an immigrant, and stressors that seemed to be specifically related to be undocumented, such as the constant threat of deportation. There are still several aspects, however, that require further exploration. First, more research is needed to better understand men's daily experiences living undocumented, since the phenomenon of being undocumented has not been explored (apart from Willen in Israel (2007)) thoroughly. The detailed description of what living undocumented entails will provide us with both the

processes by which certain practical life barriers become acute stressors, but also, how undocumented men actually adapt their lives to their undocumented status.

Similarly, we need more qualitative research to understand better what mental health and wellbeing means for migrant men that are living undocumented, and how these two aspects of their lives are manifested. Particularly related to mental health, it is also important to explore if it is acknowledged as a health-related dimension, and if so, how is mental illness lived and taken care of. We also need to understand better what the mechanisms through which undocumentedness affects both the mental health and the wellbeing of men, beyond just the stressors laid out in the literature. Lastly, we need to understand also the coping mechanisms that undocumented men deployed to keep adapting to those chronic stressors, if any, and the extent to which the stressors were expected and at what point the stressors imposed by the migratory process are unbearable, pushing men to decide to migrate back to their country of origin.

Finally, it is also important to understand how others perceive the mental health and wellbeing of undocumented immigrant men, including family members and friends and community-based service providers. Their perspectives are important because the lack of legal entitlement to mental health services for these men in the US might be buffered by available family and community resources. This buffering mechanism might only exist though if the community at large perceives that undocumented immigrant men are, in fact, affected deeply by their life conditions. This seems more important for men than for women, because from previous research with men, women seem to be able to connect to the larger array of community, social and health services because of their role of care takers of the family and the children in particular, but men, even those with their families here, tend to live more isolated (Villa-Torres, Fleming, & Barrington, 2014).

Given all of the above research limitations and identified research opportunities, I conducted a multi-method qualitative study with a purposive sample of Mexican men that were living in North Carolina or had lived undocumented in the US but had returned to Mexico. The question I intended to respond to was: how does living undocumented in the US affect the mental health and wellbeing of Mexican migrant men? This design allowed me to explore in-depth the phenomenon of undocumentedness in a specific geographical context among a population with a specific country of origin, as well as men's conceptualizations of mental health and well-being, and how living undocumented affected their overall wellbeing and mental health. I also explored this from the perspective of the community at large, to better understand if and how the collective mental health and wellbeing of undocumented Mexican men is perceived and taken care of collectively.

CHAPTER 3. THEORETICAL FRAMEWORK

In this section, I will lay out the theoretical basis of my dissertation work. I will start by introducing intersectionality as a theoretical framework that allows to explore how both structures and identity categories mutually shape the lived experienced of individuals, in this case, migrant men. I will also introduce the concept of embodiment from an epidemiological point of view. Finally, I will introduce the concept of social suffering, which along with embodiment helped situate persons' feelings not only as individual manifestations, but also as products of and interrelated to a specific socio-historical and political context.

3.1 Intersectionality

Intersectionality is a theoretical framework rooted in black feminism that facilitates examination of the lived experiences that are produce from the interaction of multiple locations where individuals are placed (Crenshaw, 1995; Collins, Berger & Guidroz, 2009). Location*s* refer to the symbolic and real places where individuals are put across the different systems of stratification (or also referred as systems of subordination or systems of oppression) of societies, such as gender, class and race. These social locations interrelate and produce social relations that affect people's everyday lives (Anthias, 2009). As the use of intersectionality has broadened, other locations have been added to include sexuality and sexual orientation, ethnicity, age, ability/disability, and more recently, nationality and citizenship (Choo & Ferree, 2010; Hanvisky, 2012). Intersectionality started as a way to generate theory about multiple oppressions, and the intention to look at "(...) more than gender as an organizing principle for understanding the social world." (Berger & Guidroz, 2009, page 4). Intersectionality advances other models, such as the additive or double jeopardy, in which one disadvantages sums to

another one (Schulz, 2006). It also pinpoints the relational nature of the different locations, where, for example, gender is racialized and race is gendered (Schulz, 2006).

The increased flow of Mexican immigrants to the United States, particularly after NAFTA, coincided (maybe as a response to this increased flow) with a progressive process of criminalization of immigration that continues until today (Chavez, 2008; Chomsky, 2014). Alongside the criminalization process, there has been also a process of racialization of immigrants, whereby migrants from different origins have been incorporated into the "ethno-racial hierarchy" in the United States (Viruell-Fuentes, 2007, 2012). Undocumentedness particularly has been ascribed to Latinos, and within Latinos, to Mexicans (Chavez, 2008). The adscription of a person as undocumented has gained negative meanings in the United States, and has created what some authors called the "Latino underclass" (Massey & Pren, 2012), facilitated by the "Latino threat" narrative (Chavez, 2008), where immigrants from Latin American origin are portrayed as threats to the culture, economy and nation. As such, like gender and race, 'undocumentedness' is full of social meanings in the US, and has become an identity that intersects with other identities, such as gender, race, ethnicity and class, and puts undocumented individuals in unique vulnerable situations in their daily lives.

Choo & Ferree identified three ways of theorizing intersectionality (2010). The first, inclusion-centered, intends to theorize about the intersecting identities and it prioritizes the voice of a single group deemed marginalized (undocumented migrants, for example). This way of theorizing intersectionality emphasizes distinctive locations that could reveal complex power configurations, and by doing so, it moves the experiences of groups 'at the margin' to the center of the theorizing. The second, process-centered, requires moving away from additive models (being man plus being Mexican plus being poor) to interaction models (simultaneously being a Mexican poor man). It accentuates the dynamic forces more than the categories, and recognizes the distinctive way in how power operates across particular institutional fields. It intends to capture the agency of individuals in the making of the

world and the forces that enable or constraint the world as it is produced. It takes one primary form of oppression (i. e. xenophobia) and asks how that dimension of inequality is intertwine with other forms of exclusion that are less well articulated (i. e. undocumentedness). Thirdly, systemic intersectionality, intends to do an interpretation of the institutions. It understands the role of institutions as co-determinants of inequalities. For example, a systemic intersectionality would address how gender and race relations construct an economic system (capitalism), just as fundamentally as class does. Class, race and gender, as dynamic forces of inequality are relational concepts, whose construction involves both representational and social structural processes in which power is a constitutive element.

An inclusion-centered intersectionality helped frame the inquiry of the complex relationship between being undocumented and the mental health of Mexican immigrant men, by requiring the exploration of multiple aspects of a man's life. This relationship involved a constellation of men's many personal dimensions, a process-centered intersectionality, -such as their gender, their skin color, their indigeneity, and their class, etc.-. Lastly, the systemic intersectionality invited the inclusion of the structural processes that have forced undocumented Mexican men to live in the situation that they live, - such as global processes of forced migration, irregular border crossings, and criminalization of migration, racism, classism and xenophobia, among others-.

Anthias broadened intersectionality by introducing the concept of positionality (2009). Positionality is a combination of the outcome of social position (the being) and the process of social positioning that is continually occurring (the becoming) (Anthias, 2009). It allows perceiving the dialectical relationship between agency and structure (Martinez Dy, Martin, & Marlow, 2014). Positionality then is the space at the intersection of the structure (social position, i. e. being undocumented) and agency (social positioning, i. e., living undocumented) (Anthias, 2009). In order to understand individuals' positionalities, it is necessary to understand the context and recognize that any claims and attributions of these positions are produced locally and are always shifting (Anthias, 2009).

3.2 Embodiment and social suffering

Within the field of anthropology of mental health, there is a big critique of both psychiatry and psychology for decontextualizing the experiences of people dealing with mental illness or emotional distress, labeling their experiences with ad hoc diagnosis, and promoting the use of psychiatric medications as the only way of intervention (Kleinman, 1997b; Whitley 2014). This is what mental health anthropologists deem as the transition from the "bio-psycho-social" model of mental to the "bio-bio-bio" model (Whitley, 2014). This "bio-bio-bio" model disregards both the emotional and social aspects of mental health, which can be the cause of mental illness but also a source of resources to deal with the daily stressors. Other critic towards psychology and psychiatry is the misapplication of western-based categories to diverse groups of people, and the questioning of the 'exportability' of standardized western-based diagnostic criteria to other places and people (Whitley, 2014). Researchers and providers are at risk of missing severe states of emotional distress due to the rigidity of those diagnostic criteria (Whitley, 2014). Moreover, as Kleinman adverted, these professional categories are favored over lay categories, yet the experiences are always expressed in lay terms, particularly those experiences dealing with emotions, emotional distress and/or suffering (Kleinman, 1997).

To explore and analyze the mechanisms through which undocumentedness affects mental health, I utilized the concepts of embodiment and social suffering. Embodiment allowed me to explore the effects in the body of the stressors experienced due to undocumentedness. The concept of social suffering helped me explore the collective forms of suffering and individual emotions Mexican immigrant men enacted and the way they cope with those emotions.

3.2.1 Embodiment

Embodiment refers to the process by which bodies absorb both the natural and the social worlds (Krieger, 2005). Nancy Krieger (2005) offered more details on how embodiment can be understood from an epidemiological perspective. First, embodiment, as a construct, refers to the ways

in which our bodies incorporate the world we live in, and as a process, embodiment refers to the "temporal [and progressive] transformation of bodily characteristics" because of the interaction with the world (change in weight, increase in levels of cholesterol, for example) (Krieger, 2005). The concrete reality of embodiment is expressed in biological characteristics that can lead to the onset of illness, -physical or mental-, disability or death (Kreiger, 2005). Bodies, as both biological organisms and as social beings, have different functions, from reproducing, growing and existing (biological functions), to social positioning, producing and consuming socially (social functions). Krieger claims that by understanding the body functions we can better assess the different pathways by which the process of embodiment affects health (Kreiger, 2005). Moreover, embodiment, as a multilevel phenomenon that involves the body, the psyche and the society, also urges to acknowledge the interactions among these different levels, much like intersectionality suggests (Kreiger, 2005). Embodiment can also help us understand the individual life histories, either hidden or revealed, because bodies can tell the stories that people do not want or cannot tell. This latter notion of embodiment was particularly useful for my dissertation, since men, generally speaking, have a harder time talking about their emotions. Hence, an avenue to get at immigrant men's mental health status was by exploring how they regarded their bodies, their bodies' social functions, other aspects of their physical health and the care men procure to those physical health issues. Embodiment explores how both natural and social worlds affect bodies, and how those worlds are highly contextualized, historically and geographically, again, just as intersectionality proposes (Krieger, 2005).

3.2.2 Social suffering

Social suffering alludes to those "devastating injuries" that can be inflicted by diverse structural, economic, political and social processes to humans, such as the social and individual effects of globalization and localization in the lives of immigrants. Suffering is "one of the existential grounds of human experience" (Kleinman, 1997a, page 321). Moreover,

> (e)xperience (including its sociosomatic interconnections) is innately moral, because it is in local worlds that the relational elements of social existence in which people have the greatest stake are played out. These includes survival, status, power, resistance or loss. What is at stake undergoes great, even extravagant, elaboration through the cultural apparatuses of language and aesthetics and across divergent social positions of gender, age cohort, political faction, class and ethnicity. (Kleinman, 1997a, page 327)

Kleinman proposed three dimensions of suffering as a social experience (1997a, 1997b):

1) As a collective mode of perceiving and expressing experiences that have visible patterns of bearing with their problems, which have been taught and learned in direct and indirect ways, also referred as the cultural representation of suffering. In the case of my dissertation, I am looking for those collective ways in which the suffering derived from the daily struggles of being undocumented is regarded, signified and possibly healed (or disregarded, maybe).

2) As social interactions and interpersonal engagements with pain in social relationships (for example, the pain experienced by a family that has had one of the parents detained and/or deported).

3) As a "professional discourse that organizes forms of suffering as bureaucratic categories and objects of technical intervention" (for example, the over use of the diagnosis of post-traumatic stress disorder among immigrants, particularly refugees).

The concept of social suffering allowed to anchor the individual struggles of immigrants that live undocumented into the broader *glocalization* processes. Second, it granted these experiences a social dimension, whereby the suffering of living undocumented is a shared experience, lived by many. It also allowed for the exploration of collective modes of dealing with the everyday struggles related to living undocumented and how dealing with those struggles shape the social interactions. By interviewing mental health providers and other community members that provided social services to immigrant communities, I aimed to get at how they perceive the immigrant men struggles and pains and if and how they translate (or not) their suffering into an already set of mental illnesses or other social disorders.

In summary, globalization is a political and economic force, contributing to the large number of undocumented immigrants. Undocumented immigration carries with it a series of everyday experiences that can be stressful, which can affect the mental health and wellbeing of individuals. As mentioned, some of the mechanisms through which undocumentedness affects mental health and wellbeing, could be through a process of embodiment of the stressors (embodiment), or through the expression of emotions or other social manifestations of the collective suffering caused by the stressors of living undocumented. I see intersectionality as an overarching framework that helped me explore each of the processes, from undocumentedness to the mental health and wellbeing, through a race, class and gender perspective.

CHAPTER 4. STUDY DESIGN AND METHODOLOGY

4.1 Research questions and research aims

The main objective of this research is to delve into the lived experiences of men that have migrated from Mexico to the United States and have lived as undocumented, to understand how living undocumented affects their mental health and wellbeing. This study aims to answer the research question: How does living undocumented in the United States affect the mental health and wellbeing of Mexican immigrant men?

The **specific aims** for this research are:

Aim 1. To describe the lived experiences of Mexican migrant men currently living undocumented in the US and returned migrant men in Mexico that lived as undocumented in the US at some point in their lives.

Aim 2. To identify the mechanisms through which undocumentedness affects Mexican men's mental health and wellbeing, and the coping and healing mechanisms men enact.

4.2 Epistemology and reflexivity

I used a critical realism epistemology for this dissertation. Relative to other epistemologies, critical realism is positioned midway between the positivist and– interpretivist (postmodern/poststructuralism/constructivist) traditions. Positivism, in general terms, seeks causation and explanation of natural and social phenomena, via making deductive inferences, and predicting phenomena from statements that have been tested empirically, which is known as the process of verification (Schnegg, 2014; Grbich, 2007). The Truth (with capital T, as it is considered a universal one) is considered the knowledge that is highly reliable, valid, replicable (mainly through repeated experiments) and generalizable across time and populations and assumes an objective standpoint of the

researcher (objective understood as “true” and “value-free”) (Schnegg, 2014; Sayer, 2000). Postmodernism/poststructuralism, on the other side of the spectrum, rejects the metanarratives that aim to explain experience, and rather focuses on the individual experiences, that are created and recreated within the research process (Grbich, 2007). It is focused on the hermeneutics, or the art of deeply understanding, the individual experience and the truth (with lower t) produced is located in specific places and cultures, thus, not universal (Schnegg, 2014; Grbich, 2007). Reflexive subjectivity (subjective understood as “not true” or a “matter of opinion” and “value-laden”) is embedded in all the information produced. It is epistemologically impossible to claim that the knowledge generated is generalizable and it is difficult to arrive to solid conclusions (Schnegg, 2014; Grbich, 2007, Sayer 2000).

Critical realism intends to reconcile two approaches that seem to be opposite in the spectrum of knowledge production: the process of producing generalizable explanations (causality and prediction) and the hermeneutical insight of the individual experience (or understanding) (Davies, 2008). Critical realism aspires, as positivism, to provide causal explanations to phenomena, not simply describing what it is observed. It also intends that these causal explanations are applicable to other populations and places beyond the boundaries of the original inquiry, as positivism intends (Davies, 2008).

Causation for critical realists is not looking for “consistent regularities”, as those only exist in either closed systems (in nature) or in controlled environments (experiments). In the social world, there are structures that contain related elements; causation in critical realism refers to the causal mechanisms among those elements in the different structures, how they work, and under what conditions (Sayer, 2000). For example, understanding how economic globalization has affected both the Mexican and the US economies, which in turn has pushed people from Mexico to migrate to the US, and how that migration has produced xenophobic reactions from local governments against immigrants. Nonetheless, the same mechanism can produce different outcomes in different contexts. An example is the “sister cities” phenomena, where a high percentage of people from one place in Mexico have

migrated to the same place in the United States and created different ways of connecting and collaborating across national borders. For instance, the relationship between Juventino Rosas, Guanajuato in Mexico and Carrboro, North Carolina in the US; Carrboro is known in Juventino Rosas as JuvenCarrboro (Personal communication, 2015). Given this variability of outcomes, regular associations between the cause and the effect should not be expected (Sayer, 2000). Also, we cannot expect regularity, because new causal mechanisms emerge each time different elements of the structure come into contact. For example, the DREAMers movement, where young people who came to the US undocumented as children collectively decided to "come out of the shadows" (meaning coming out as undocumented publicly), pushed president Barack Obama to issue in 2012 a presidential order, the Deferred Action for Childhood Arrivals (DACA) to stop deportation of young people and provide them with work permits.

In addition, causality in critical realism requires the assessment of which structure is the one responsible of a specific outcome. For example, what would be more powerful in determining the wages of immigrants, undocumentedness or racism? Or, what is more important in determining the mental health of undocumented immigrants, racism or criminalization?

While looking for these causal explanations (and not only the description), the researcher does not forgo the hermeneutic process (or deep understanding) of the subject matter. On the contrary, he/she maintains an active search of deep meaning searching and maintains an active reflexive position throughout the research process, much as poststructuralism (Davies, 2008; Sayer 2009). For critical realism, meanings are related to "material circumstances and practical contexts" that are referenced through a communication process established between the listener (researcher) and the speaker (researched) (Sayer, 2000).

Critical realism requires both to state the personal standpoint from which the researcher is departing as well as engage in a continuous reflexivity throughout the research process (Sayer, 2000; Davies 2008). A standpoint is an ethical and normative reflection of the research problem at hand (Sayer, 2000); reflexivity entails "(...) turning back on oneself, a process of self-reference. (...) refers to the ways in which the products of research are affected by the personnel and process of doing research." (Davies, page 4)

I did not come to this research with a partial stand on the issue of migration. I recognize that people that cross borders without proper documentation are, in one way or other, violating civil or penal laws (depending on how the behavior is legislated), but I also believe that persecuting and criminalizing immigrants does not solve the fundamental problems that originate these migrations. I believe that laws are also a social production and, there are many interests intertwined around criminalizing or liberalizing certain actions and individuals. By doing that, governments constantly persecute and harass individuals that are trying to make a better life for themselves, separate families and steal from them the possibility of having a human life with dignity and deny their right to happiness.

I am also critical of those who believe that immigrants steal jobs from locals; it is clear that the convoluted processes of racialization and segregation in the United States, and the dynamics of globalization, have created different ways in which it controls and maintains people of color subsumed to and oppressed by the system(s). Communities of color, for me, are not competing with each other for the same jobs, they are fighting and struggling in different fields, with the impossibility of coming and fighting together given the sophisticated ways of stratification and separation of communities.

Nonetheless, as I have seen during my work with Latino communities in North Carolina, there is hope and despite the poverty, the lack of opportunities, the persecution, individuals and communities show sparks of resilience, by coming together, by trying to improve the conditions of people, by displaying strategies to feel better and to keep going.

In terms of reflexivity, there are two aspects I want to reflect upon. The first one is my academic perspective and interest in the topic of migration and health. Undoubtedly, it was my own migration to the US that determined my interest in the topic. I see migration as a topic that is extremely exciting from an academic point of view, but also as a way to keep working for people that I consider my own. Working with migrant men has also been a process; I initially worked with immigrant Latino women and young people as part of my former job, but it was the group of women community health workers that provided me with the idea of working with men. They saw the lack of men's participation as one of the barriers for their access to sexual and reproductive health (Baquero, 2012). Working with men has pushed me out of my comfort zone, by opening other ways of understanding feminism and gender, and by reflecting on the intersections of identity in ways that have been very profound and transformative. As I recognize the many struggles we as women have suffered, and still do, I do acknowledge that different systems of stratification and power have also affected men in different ways that are worth denouncing and doing something about.

The second aspect I want to reflect upon is my own condition as immigrant. I moved to North Carolina from Mexico eight years ago and decided to stay. While I came first with a work visa (H1B), and my current status is a student visa (F1), and I do not face the struggles that immigrants without documents do, I also have some restrictions. I am not eligible for most sources of research funding and I am obligated to maintain full student status to remain lawfully in the United States. I cannot work outside the university, I can only work part-time and I am not eligible for any of the tax credits national students get. Also, throughout the training, one of my biggest struggles has been studying in a foreign language, English. Alongside this, I have been subject to acts that I consider forms of "stereotyping", such as people confusing me with cleaning staff or waitress in restaurants; or people asking me if I am here "legally". I can relate to some of the feelings of isolation and estrangement expressed by other immigrants that I have met here, particularly during my first years living in North Carolina. Nevertheless,

I recognize also my class condition, as a middle class educated woman, and my ability to mobilize local and transnational resources, economic, social, or informational, when or if I need them, and my economic capacity and availability of time to travel back to Mexico on a regular basis.

During fieldwork, several participants accepted talking to me because this research was part of my degree requirements. They mentioned that they wanted to help me to finish well my studies. They even initially rejected the incentive for their participation, thinking that I had paid for it from my own pocket. This made me wonder about how I was perceived by men and if their seeing me as a student affected in any way what they shared with me.

4.3 Study settings

I conducted the study in North Carolina, in the United States, as the main study setting, and in Guanajuato and Hidalgo in Mexico as the secondary settings to triangulate information provided by men in North Carolina.

4.3.1 North Carolina

North Carolina is located in the southeast region of the United States and has an estimated population of over 10 million people (US Census Bureau, 2017). Approximately 9.1% of the population in North Carolina are Hispanic or Latino (Flores, Lopez & Radford, 2017), and nearly half of Latinos (43%) are undocumented (Pew Research Center, 2016). The exponential growth of Latinos in North Carolina in the last 30 years, from 1% in 1990 to the current 9.1%, has been due to migration to the state of foreign-born Latinos, Latinos moving from another state within the US, and new births of Latinos living already in NC (Perreira, 2011). North Carolina is ranked 7th with 2.5% of the almost 12 million Mexicans living in the US (SRE, 2017). The Mexican population in North Carolina is also the most numerous foreign-born population in the state and represented 33% of the total immigrant population in 2010 (CONAPO, 2010b). Moreover, Mexicans represent 60% of the undocumented Latinos in NC (Pew Research Center, 2016).

Several macro-economic and political factors influenced the arrival of Mexicans to North Carolina. In 1991, the Mexican Congress amended the Mexican Constitution in order to dismantle the communal way of owning farmland, the *ejido*. The *ejido* allowed the use of the land for a family for life but the ownership was collective, which prevented the accumulation of land by bigger and industrialized farm owners (Perreira, 2011). After the amendment, small farmers started renting and selling their lands, putting them in economic problems that pushed them to migrate to urban areas within Mexico and into the United States, particularly to North Carolina (Perreira, 2011). Although North Carolina lost a lot of sources of employment due to the transnational outsourcing of production of companies in the 1990s, flexible and cheap labor, lack of labor unions, available, fiscal incentives, and low taxes made North Carolina "top business climate" in the 2000s decade (Popke, 2011).

Almost immediately after the privatization of the *ejido*, in 1994, Mexico, US and Canada signed and ratified the NAFTA. NAFTA pushed the Mexican government to open its economy to foreign trade and investment, while at the same time, reduce its budget for social welfare and farm subsidies (Perreira, 2011). The negative impacts of NAFTA were mainly felt among the unskilled workers in rural areas and in the central and southern states of Mexico (Perreira, 2011). The saturation of the job markets for low-skilled workers in the traditional states that received Mexican immigrants in the US push the opening of new gateways for not only the new comers, but also for the immigrants in the United Stated that gained permanent residency (via the Immigration Reform and Control Act of 1986) (Perreira, 2011).

The high production of tobacco, cotton, poultry and hog in North Carolina attracted many immigrant men to farms and meatpacking factories, both as guest workers, -making North Carolina the leader state of workers under the H2A visa program for temporary unskilled workers-, and undocumented workers (Perreira, 2011). Several factors contributed to the migration of women and children that followed men. These factors included: the high costs of the circular migration to Mexico;

the increased border security after the terrorists' attacks in New York City on September 11th of 2001 (known as 9/11); the relative welcoming environment of North Carolina; and the availability of jobs (Perreira, 2011; Popke, 2011, Gill, 2011). North Carolina subsequently became the permanent home to thousands of Mexican families (Perreira, 2011; Gill, 2011).

Nonetheless, the initial welcoming environment in North Carolina has changed over the last decade. Public discussions about the allocation of state and federal resources to undocumented immigrants has contributed to a harsh social climate against Latino immigrants in NC (Nguyen, 2007, Popke, 2011). Undocumented immigrants are blamed for the increase in crime and the deterioration of the quality of life of the people of NC, based on the argument that immigrants provide cheap labor, which brings wages down for all workers, and do not pay enough taxes (Nguyen, 2007, Popke, 2011).

Moreover, NC is a part of the South of the United States well known for its historical racial tensions between Blacks and Whites, where Latinos (and others that are neither Black or White) become another group, the Browns (Smith & Furuseth, 2006). Racism, discrimination, racial tensions, exploitation and abuse are present in their daily lives, within specific class and race interactions. Some researchers have documented how the Latino workforce, driven by the perception that Latinos work harder and the fact that Latinos will work for less money, has substituted the Black workforce (Marrow, 2011; López-Sanders, 2009), generating tensions among them.

The worsening of the environment towards Latino immigrants in North Carolina, the increase in federal security measures after 9/11, and the development and implementation of federal immigration programs have had an impact in North Carolina's local policies and programs. An example of this is the prohibition to issue driver´s licenses to undocumented migrants. After the 9/11 events, the federal REAL ID Act required states to have a minimum set of requirements to issue driver´s licenses and/or state issued identification cards, needed to, among many activities, board commercial flights (Denning, 2009). In 2006, NC Governor Mike Easley reinstated the requirement for a valid social security number for

those applying for a driver´s license in NC, and eliminated the exception for the Individual Taxpayer Identification Number (ITIN), which was a tax-associated number that was easily obtained by undocumented workers (Denning, 2009). The lack of a driver´s license has decreased the mobility, increased the fear and isolation of Latino people, and increased their chances of getting deported given that NC is mostly composed of rural and suburban areas with very limited public transportation (Villa-Torres, et al, 2014). Alongside the driver´s license restriction, several counties have enacted local ordinances against undocumented immigrants, and as a result, community programs and local organizations working for Latino communities have lost their federal and state funding (Nguyen, 2007).

On top of this, as of October 2009, 67 North Carolina communities have collaborated with the federal program 287(g). The 287(g) is a program of the US Immigration and Customs Enforcement (ICE) agency that allows for a close collaboration and shared responsibility of local authorities with federal immigration agents to enforce immigration law (Nguyen & Gill, 2010). North Carolina leads the nationwide ranking of local jurisdictions that have implemented the program (Nguyen & Gill, 2010). The adoption of the 287(g)-program occurred in counties along the corridor of the I-40 and I-85 highways, regions that were growing and are currently more urbanized, attracting many immigrants to live and work (Nguyen and Gill, 2010), especially in the growing service sector (Smith & Furuseth, 2006). Adoption of 287g has been supported by the belief that immigration is accompanied by rising rates of crime (which is actually the opposite, crime rates have been decreasing), and has resulted in the deportation of undocumented immigrants (Gill, 2012). Currently, only 5 communities maintain their agreement with ICE through the 287(g) program (Cabarrus, Gaston, Henderson, Mecklenburg and Wake counties) (ICE, 2015).

In 2016, the NC congress passed a bill (HB318) that prohibits the utilization of foreign-issued identification documents (IDs), apart from passports, or locally granted identification documents in different places, including restaurants, pharmacies or hospitals. This is a major problem, because many

Mexicans living in NC use an identification document issued by Mexican consulates, the *matrícula consular*, which have a local address, as a main form of identification. FaithAction also has an ID program, where they negotiate with county or town level authorities to get their issued ID as valid forms of identification. The HB318 law also prohibits 'sanctuary cities', which are communities that do not enforce federal immigration laws. According to the News & Observer, Representative George Cleveland from the Republican Party, sponsor of the bill, said that accepting foreign forms of identification for non-citizens leads to a "sense of belonging here" and "making them part of your community" (Knopf, 2015). While the bill was awaiting a signature by the NC governor, Pat McCrory, immigrants' rights organizations mobilized to petition the governor to veto the bill. He signed the law on October 28 of 2015, despite the protests (Foley, 2015). Moreover, only in the first half of 2017, the NC General Assembly discussed ten bills that, if passed, would increase the regulations against undocumented migrants, including the prohibition of locally-issued IDs and the fiscal penalization of sanctuary cities and the prohibition of sanctuary college campuses (NCIRA, 2017).

4.3.2 Guanajuato and Hidalgo

Guanajuato is located in the central region of Mexico. It has a population of almost 5.5 million people. Guanajuato is a state with a medium marginalization degree[4] and it is ranked number 14 out of 32 in the national ranking of marginalization (CONAPO, 2013). Guanajuato is one of the States in Mexico with a long history of emigration to the United States (Gill, 2010), alongside with other traditional emigration states, such as Michoacán and Zacatecas (INEGI, 2015). The emigration rate in Guanajuato, which is the number of people that have moved to the United States per each 1,000 habitants, was 52.1 in 1992, 73.3 in 1997, and has ultimately decreased to 25.1 in 2009 (INEGI, 2015).

[4] The marginalization degree is a measure of the lack of social opportunities and the lack of capabilities to acquire or generate those opportunities; it also measures the lack of access of goods and services that are fundamental for wellbeing. The classifications are very high, high, medium, low and very low (CONAPO, 2013)

Hidalgo is also located in the central region of Mexico. It has a population of over 2.6 million people. It is a state with a high level of marginalization, ranked number 5 out of 32 in the national ranking of marginalization (CONAPO, 2013). Hidalgo does not have as much emigration to the USA as Guanajuato does, but the emigration rate has grown steadily, from 13.3 in 1987, to 38.4 in 1997, to 30.4 in 2009. Thus, currently, people of Hidalgo are migrating in greater numbers to the USA than Guanajuato (INEGI, 2015).

Although it is not possible to determine how many immigrants from Guanajuato and Hidalgo live in North Carolina, there is evidence of a big presence of people from those places here. Data from the Mexican consulates in the USA (50 in total), shows that the consulate in Raleigh, North Carolina (which serves North Carolina, Tennessee and South Carolina) is number seven on number of identification cards issued (SRE, 2017). Guanajuato and Hidalgo are in the top five states of origin of individuals that have issued their consular IDs in this consulate, alongside with Guerrero, Mexico City, San Luis Potosi, and Veracruz (SRE, 2017). Moreover, the Institute of Mexicans Abroad (IME, for its Spanish initials) directory of hometown associations (in Spanish, *clubes de oriundos*) in the United States shows that out of 61 hometown associations registered from North Carolina, 16 are from Guanajuato and nine are from Hidalgo. No other state has as many hometown associations as Guanajuato and Hidalgo in North Carolina (IME, 2015).

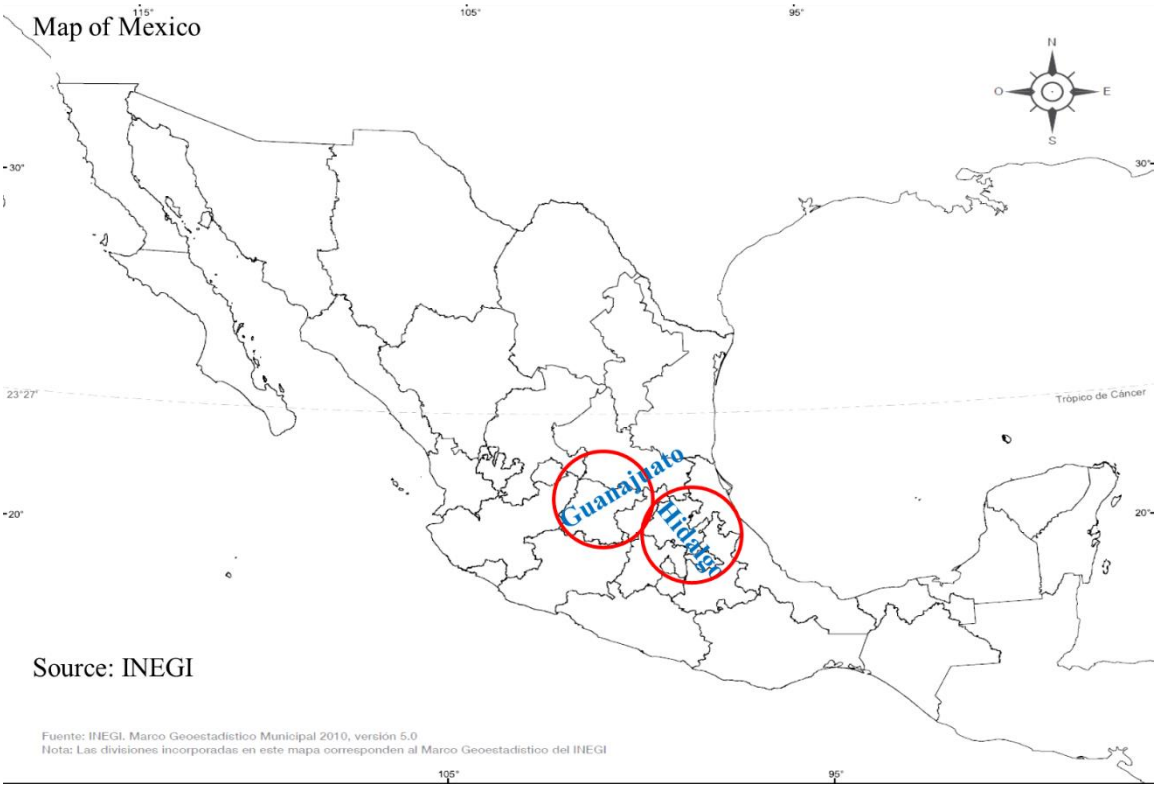


Figure 1. Map of Mexico

4.4 Methodologies

I conducted a transnational qualitative study to explore the experiences lived by Mexican migrant men who had lived undocumented in the US, how these experiences affected their mental health and wellbeing, and what resources they deployed to deal with adverse mental health issues. I used two qualitative methodologies to address the aims of this dissertation: ethnography and phenomenology.

4.4.1 Ethnography

Ethnography positions the researcher in a place where she intends to understand other people's lives through long-term immersion into the daily activities and interactions of different groups or communities (Prentice, 2010). The process of immersion entails observing, listening, and asking questions. One of the main methods for data collection is participant observation, or the act of "being there", which is key in the ethnographic enterprise (Emerson, 2001). The researcher can adopt a variety of roles during the fieldwork, from a detached observation to the "full-fledged" active participation in

the place where the ethnography is taking place (Emerson, 2001). The researcher can also view the opportunity as a way to access a world that is otherwise inaccessible or for an opportunity to understand and provide with meaning to the experiences of others (Emerson, 2001). The researcher can also see the observation as an "unproblematic process of observing, recording and analyzing behaviors" (Emerson, 2001, page 2) or rather as a deeply reflexive process, where the researcher also bring herself in the process (Emerson, 2001).

Mental health anthropologists have used ethnography extensively to better understand contentious issues related to mental health. An example of ethnographic work with immigrant populations is a study conducted by Miklavcic (2011), where she did interviews with "non-status"[5] immigrants' advocates and activists in Canada and conducted participant observation in a mental health care center for refugees and immigrants in Montreal. Through her ethnography, she identified how Canadian immigration and resettlement policies conflicted with the everyday ethics of medical practice. She was able to show the complexities of the policies, the exhaustion of all possible legal resources available by asylum seekers, and the threat utilized by a young man non-status immigrant, Nouredinee (pseudonym), of committing suicide if his petition for refugee status was denied. Providers debated whether they should require him to be hospitalized, to be protected from both deportation and from him committing suicide, or to respond to a petition from immigration activists that will help Nouredinee to go "underground" and keep providing mental health care clandestinely. Providers opted for the second option. Miklavcic showed with her work how Nouredinee claimed his life back by threatening his own life, obligating both providers and activists to work together and around the law (Miklavcic, 2011).

[5] Miklavcic defined "non-status" immigrants those individuals that have not been granted any type of immigrant status but are known by the Canadian authorities, and thus, are entitled to certain social services, such as basic health care, while they wait for their immigration request to be approved. Some non-status immigrants in Canada decide to go "underground" or "clandestine" before hearing for the resolution on their case, particularly if they think the resolution will not be favorable and they will be ordered to be deported. When they go "underground", they then become undocumented (Miklavcic, 2014).

4.4.2 Phenomenology

Phenomenology is a qualitative research methodology that intends to explore deeply the lived experience of a phenomena by thoroughly describing the essence of it (Grbich, 2007; Vagle, 2014). Phenomenology is mainly interested in understanding intentionality, which is the "way in which humans are connected meaningfully with the world (...) and the ways meanings come-to-be in relations" (Vagle, 2014, page 112). The commonality across all of the ways in which phenomenology can be approached as a research methodology is the aim to deeply understand a specific human aspect of life –the phenomenon- (a physical condition, a feeling, a situation) that people "live with and through" (Vagle, 2014).

For this study of undocumentedness, I followed a descriptive phenomenological approach, which seeks to comprehend the subjective understanding of the people's lived experiences of a phenomenon (Dowling, 2007). The person can be experiencing the phenomenon and describe it as it is lived as well as reflect on past experiences of the phenomenon (Van Manen, 2015). Phenomenology is particularly interested in understanding intentionality, which is the "way in which humans are connected meaningfully with the world (...) and the ways meanings come-to-be in relations" (Vagle, 2014, page 112). Intentionality also refers to the internal experience of being conscious of the phenomenon, and how a phenomenon is constructed and understood (Dowling, 2007).

In terms of intentionality, I explored how participants talked about and related to their own undocumentedness. The descriptive phenomenological tradition also considers the culture, social and historical contexts in the analysis of the phenomenon (Dowling, 2007). This contrasts with the interpretivist phenomenological tradition, which seeks to comprehend the essence of the phenomenon, regardless of the subjective engagement of the person in the reflection of the phenomenon or the external influence of culture (Dowling, 2007). Nonetheless, I agree with Vagle (2014) who encourages phenomenologists to link everyday lived experiences with the social and structural worlds, which can

help make phenomenology “concrete and actionable”, make it dialogue with other theories, and make it critical of the structural forces that affect the individuals whose phenomenological experiences are being researched (Vagle, 2014). My interest in studying undocumentedness from a phenomenological approach relies on the need to provide evidence on areas where we can intervene to ameliorate the impacts on health on the lives of people that live undocumented. Whereas other research in public health has identified undocumentedness as a health determinant associated with physical and mental health outcomes, very few have attempted to unveil what undocumentedness really means.

The only other phenomenological research and undocumentedness is the one conducted by Willen in Israel (2007). Willen spent intermittent periods of time over 2 years in Tel Aviv, living and conversing with undocumented immigrants, seeking to understand the phenomenon of “illegality” among undocumented migrants (2007). In her research, Willen found how a massive deportation campaign in 2002 affected the daily lives of undocumented migrants, specifically their mental health (experiences of continuous anxiety, fear, sleeplessness and alert stages), their conception of time (deeming Fridays and Saturdays as the only safe days given the observation of Shabbat by immigration enforcement police), and the transgression of police of the private spaces (losing the feeling of safety at home due to common night home raids in neighborhoods where immigrants lived) (Willen, 2007).

4.5 Sample and ethnographic fieldwork

I conducted in-depth interviews with Mexican men in NC, Guanajuato and Hidalgo, for a total of 26 men interviewed. I also interviewed family members referred by the men. The women interviewed were wives, long-time life partners, sisters, mothers or cousins of the men, for a total of 14 women interviewed. Seven men did not refer any family member to be interviewed (Appendix I). In addition, I interviewed 5 mental health service providers and 3 community leaders in NC. I developed a semi-structured interview guide for each type of participant, which I adapted during the interview process (See appendices D to G). I also conducted participant observation at a workers’ center in central NC and

I utilized a very open observation guide (Appendix H) and recorded 8 unstructured conversations. Finally, I utilized 10 oral histories from *New Roots/ Nuevas Raíces,* a digital oral history archive. I provide more details of each source of data following (Table 2, Appendix J).

In NC, I conducted multiple interviews with 8 men (between 2 and 3, see Table 1, Appendix I for details). The inclusion criteria for the Unite States portion of the study was being male, older than 18 years old, born in Mexico, and being undocumented at the moment of the interview. Interviews were conducted between June and December 2016. Participants were recruited via community based organizations and personal referrals. Information about the study was given to participants and participants contacted me to be interviewed. Six participants requested being interviewed in their homes and two in public places (a mall and a park). Interviews lasted an average of an hour. Participants received $40 dollars in a gift card for their participation in the study. Likewise, I interviewed a total of 5 women, four of the women in their homes and one in a public space. Interviews lasted an average of an hour. Women received $20 dollars in a gift card for their participation in the study. When participants were interviewed in their homes, I was invited most of the times to have a meal before or after the interview, which allowed for more conversation and participant observation with participants and their families. All interviews were conducted in Spanish.

For the sample in Mexico, the inclusion criteria included men living in Hidalgo or Guanajuato, older than 18 years old, that have migrated to the US, preferably to the South region of the US, at least once in the last 10 years, and lived in the US undocumented for at least a year. For the fieldwork in Mexico, I hired a research assistant with experience in qualitative research from Mexico City who travelled with me to Guanajuato and Hidalgo. I trained her in the objectives of the study, the utilization of the interview guides, the importance of probing and the development of a fieldwork diary.

In Guanajuato, we spent 15 days in a small rural community, Trinidad (pseudonym), in the municipality of Dolores Hidalgo. Trinidad's population is around 500 habitants during August of 2016,

and has a long history of migration to the US, particularly to Austin, Texas. I was referred to Trinidad by the Fundación Comunitaria del Bajío, located in Irapuato, Guanajuato, a larger city located two hours away from the community. The Fundación Comunitario del Bajío has implemented community development projects in Trinidad to prevent economic migration. Participants were recruited by local community leaders. We conducted 11 interviews with men and 6 with women. Apart from one participant, we conducted only one interview per participant, but interviews were longer than the interviews in NC (one-and-a-half-hour average). Most of the interviews were conducted in participants' homes or in Trinidad's community center. It is not customary in Mexico that research participants receive economic incentives for participating in research studies, thus all participants received an oral health kit (tooth brush, tooth paste and floss) for their participation in the interviews. Besides the interviews, we participated in several activities in the community. We stayed with a local family, spending regular family activities when we were not interviewing. Other activities included meals at people's homes, movie club with children, walks around the area, family gatherings with music and dances at night, Sunday brunches, and community meetings. Trinidad's community center is the venue where local authorities distribute the cash from the Mexico's cash transfer program, 'Prospera', for communities nearby. People receive their cash every two months, and during the day that cash was distributed, we helped the community center to sell used clothes to fundraise money for the center. The immersion in all these activities facilitated the recruitment of participants, informal conversations with community members and a deeper understanding of the importance of migration for the community. All the interviews were conducted in Spanish.

In Hidalgo, we only spent two days in a community, Nuhú (pseudonym) in the municipality of Ixmiquilpan in August of 2016. Nuhú is a community of around 2,500 habitants, most of them of indigenous decent. The languages spoken are Spanish and Niñú (or Otomí, as it is known in Spanish). Many people that have migrated to the US from Nuhú have done it to NC. We were referred to that

community by the authorities of the Programa de Atención al Migrante (Migrant Attention Program), part of the Hidalgo's Secretaría de Desarrollo Social (Social Development Ministry, SEDESOL by its Spanish initials). We interviewed 7 men and 3 women, and we conducted almost all the interviews in a restaurant located at the edge of the main highway. The participants were recruited by the owner of the restaurant, an elderly woman who also participated in the interviews. Two participants were interviewed at a community park and one in his house. Almost all participants were related to each other. All the participants, including the women interviewed, had migrated to Wake County, in NC. Interviews lasted from 30 minutes to 2 hours. Participants received the same oral health kit provided to participants in Guanajuato. There, we shared a meal with the owner of the restaurant and one participant gave us a tour around a water park where many locals are employed. The water park was built with the remittances from migrants in the US and is collectively own. All the interviews were conducted in Spanish.

I also interviewed five mental health providers in NC who had experience providing services to the Latino community. I interviewed three community leaders as well. One community leader directed a local organization that works with Latinos on issues related to community participation and integration. Another community leader worked on advocacy and lobby activities in the local NC legislature on issues related to migration. The last community leader directed an organization working on a program to provide migrants with locally-issued IDs. I also had a conversation with authorities from the Mexican consulate in Raleigh, NC. I contacted all the participants directly, via email or phone. These groups of participants did not receive any incentives for their participation. Interviews were conducted in Spanish or English, based on interviewee's preference and lasted one hour. I do not provide more details of these group of participants to protect their confidentiality.

I conducted participant observation at a local organization that runs a worker's center program, in central NC. The mission of the worker's center program is to provide a safe space where day laborers,

who are mainly Latino immigrant men, can safely seek and obtain work opportunities. I collaborated on an ongoing basis with this organization from 2014 to the end of 2016, in different capacities, including helping with their strategic planning, volunteering in some activities (dispatching workers, for example) and conducting other research. I conducted participant observation for this study between May and December of 2016. I helped the organization's staff with their strategic planning and applying for funding, and I visited the center during its morning operations (between seven am and noon) at least once a week, where I would spend time having informal conversations with staff and men seeking job. I collected eight unstructured interviews with day laborers while at the center (Table 1, Appendix I).

Finally, I also used 10 oral histories from the *New Roots/Nuevas Raices: Voces from North Carolina* digital oral history archive (New Roots, 2017). The archive contains over 200 oral histories of Latino immigrants that resettled to NC, young undocumented activists in the DREAM movement for regularization of young people that came as children to the US, second generation Latinos and community members that have helped with the efforts of integration of the Latinos in NC. The oral histories are collected mostly by undergraduate students at the University of North Carolina (UNC) at Chapel Hill. Students choose the topic of interest of the interview. One requisite is that students have a close relationship with interviewees. Through my past work as a Community Outreach Assistant for New Roots, I identified the oral histories utilized for this analysis. I used oral histories of Mexican men that had migrated to North Carolina and that had lived undocumented. All the audios and transcripts of the oral histories were available in Spanish (Table 1, Appendix I).

The Institutional Review Board of the University of NC at Chapel Hill and the Comisión Fronteriza de Salud in Mexico reviewed and approved the protocol for this study. Migrant men, their family members, and day laborers received oral and written information in Spanish about the research objectives and what their participation would entail, including that all their information would be kept anonymous. I requested their verbal consent to participate in the study in order to protect their

anonymity. Community leaders and mental health providers received oral and written information about the study objectives and their participation and provided written consent.

4.6 Data analysis

All interviews, apart from one, were digitally recorded. I and the research assistant in Mexico kept a fieldwork diary that was used for data triangulation. I also wrote fieldwork memos and reflexive memos during fieldwork. All audios were transcribed by professional transcribers as they were collected and I checked them for accuracy.

Data for the two papers included in this dissertation include digital audios of interviews, verbatim transcriptions of interviews, transcriptions and audios from oral histories, interview notes, and fieldwork diaries, field notes from the participant observation, analytical memos, and reflexive memos. All analyses were conducted in the original language of the interviews. I translated the quotes chosen for the results and a bilingual research assistant from Mexican origin reviewed them for accuracy.

I utilized specific analytical techniques for each of the aims that I explained below.

Aim 1. To describe the lived experiences of Mexican migrant men currently living undocumented in the US and returned migrant men in Mexico that lived as undocumented in the US at some point in their lives.

I utilized a phenomenological analytical methodology to unveil the experience of living undocumented. I used the transcripts of the interviews with men, both in NC and in Mexico, their family member's interviews, and the oral histories from the New Roots archive, as well as the relevant fieldnotes from participant observation.

The main analytical strategy in phenomenology, across different phenomenological approaches, is the "whole – part – whole" process (Vagle, 2014; Roulston & Flick, 2014). This process entails first having a holistic understanding of the "whole" by getting familiarized with all the data, usually by engaging in reading and some note taking, to then move into identifying the "parts" of the whole, or the

units that provide meaning to the phenomenon. Finally, by analyzing the "parts", we produce a new analytical "whole" that attempts to summarize the different dimensions of a lived phenomenon (Vagle, 2014). I implemented this process in this study by reading all the interviews, including transcripts from non-structured conversation with day laborers and oral histories, and developing analytical summaries of interviews with each participant. I incorporated women's perspectives in each man's summary, when available (the first "whole" step). For the "part" step, I developed a codebook based on the analytical summaries including descriptive codes, which I used to label everyday experiences of living undocumented (for example, living afraid, being victim of crime), and interpretative codes, which I used to label the lived experiences of undocumentedness as a phenomenon and intentionality (for example, transient life and uncertainty for present and future, being nobody). I aggregated the codes by groups (for example, crossing border experiences, social class, social networks, gender, lived experiences of undocumentedness) to facilitate the analysis of distinctive experiences within the process of migrating undocumented. I imported the transcribed interviews, oral histories, non-structured conversations, and field memos into Atlas.ti 8. I coded the material using the codebook and generated new codes as needed. For the final "whole" step of the process, I used matrices to display groups of codes to identify patterns in the data across participants. Throughout the analysis process, from conducting interviews to populating matrixes, I engaged in memo writing; some of the memos became part of the final interpretation of the data for this manuscript. The last step of the process, the new "whole", is reflected in the discussion of paper 1, where I re-engaged with the literature on this topic.

Aim 2. To identify the mechanisms through which undocumentedness affects Mexican men's mental health and wellbeing, and the coping and healing mechanisms men enact, from both men's and community members' perspectives.

For this aim, based on the results of the analysis of aim 1, I when and how living undocumented affected the mental health and wellbeing of undocumented Mexican men. In addition, I looked at ways in which men coped with mental health and wellbeing challenges. For this analysis, I used the data from the interviews with men, family members, service providers, and participant observation notes and unstructured conversations with day laborers.

I followed a thematic analysis method for this analysis (Nowell, et al, 2017). This method is suitable for "examining the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insights" (Nowell, et al, 2017, page 2). The analytical process included several steps. As with aim 1, I first read the transcriptions and generated analytical summaries focusing on how the mental health of men was affected by living undocumented. I then developed a codebook that included both deductive and inductive codes. Deductive codes were based on my interest in exploring men's conceptualizations mental health and how their mental health is affected by their undocumentedness. Inductive codes were originated from men's experiences of embodiment of stress, mental illness and suffering, and men's conceptualizations of wellbeing, which overwhelmingly revolved around "*tener buena salud*" (having a good health). For data management and coding, I imported all transcripts into Atlas.ti8 and I coded all transcripts and wrote memos throughout the process. I added additional codes that emerged through the analysis to the codebook, and transcripts were recoded to apply the new codes when needed. I ran outputs for selected codes, including mental health, physical health, wellbeing, access to services, illness as embodied undocumentedness and coping mechanisms, and generated matrixes where I summarized the content of each code by participant. With this last step, I identified main themes, patterns across data and level of saturation of data. I utilized matrixes and memos as the main source to write paper 2.

CHAPTER 5. LIVING UNDOCUMENTED: A PHENOMENOLOGICAL STUDY OF MEXICAN MEN WHO MIGRATED TO THE UNITED STATES (PAPER 1)

5.1 Introduction

There are around 232 million international migrants worldwide (UN, 2013), and between 10% to a third are living undocumented (IOM, 2010)[6]. In the United States (US) alone, the undocumented population is estimated to be approximately eleven million people. Nine million are from Latin America, with an estimated 5.6 million from Mexico (Passel & Cohn, 2012, 2014). Undocumented immigrants comprise 5% of the workforce in the US and are overrepresented in farming (26%) and construction (15%) (Pew Research Center, 2017).

The current situation of human migration is deeply rooted in globalization, defined as the "closer integration of societies and economies" (Kawachi, et al 2007, page 5). While enabling national economies to become linked at a global level, globalization also profoundly impacts communities through local economies and job markets (Kawachi & Wamala, 2007). Critical perspectives argue that globalization does not benefit everyone equally and contributes to increasing the gap between rich and poor within and between countries, including those in developed economies (Bauman, 2011; Kawachi & Wamala, 2007). G*localization,* or the disabling of the local contexts (Bauman, 1998), has pushed an

[6] For this study, I use the terms 'undocumented' when referring to international migrants globally and in the United States that have an irregular situation, meaning that they do not have permission from the government of the place of arrival to live and work in such country. We recognize that undocumentedness is not a characteristic inherent to a person, like age, but rather, a recent socially constructed category in the mainstream legal, political, economic, social and even moral discourses. This category is operationalized by administrative processes that result in the lack of a document (or documents) –passport, visas, resident cards, locally-issued identification documents- that prevent migrant individuals from accessing services, restrict their mobility within countries and across borders and limit their ability to work and live in the countries of destination. In the United States, an undocumented or irregular individual is a person that is not authorized to be present and/or to work, due to one of the following circumstances: a) has crossed (or smuggled into) the border without a valid passport and/or visa or with false documents; b) has lost the authorized status because he/she remained in US after their documents expired; c) has an ambiguous authorization status, as he/she came as refugee or asylum seeker but has not followed through the process of getting the proper documentation that certifies his/her presence in the US (Passel, 2005, 2012). We will use undocumented or irregular interchangeably, both terms accepted by advocates of this populations in the US and globally, to ease the reading.

extraordinary number of people to leave their places of origin in search of a better life due to the broken local social and economic structures produced by globalization (Bauman, 1998, 2011; De Sousa Santos, 2006; Allotey & Zwi, 2007 Sousa Santos, 2006).

Xenophobic sentiments intersect with other structural processes, such as racism and classism, to drive migration policies, and are masked by the increasing blame put on migrants related to matters of security and economic disruptions, (Allotey & Zwi, 2007; Bauman, 2011, Chacon 2009; Philbin, 2017), such as the US post 9/11 response, all of which has fueled new ways of restricting, criminalizing and detaining immigrants. Restrictive immigration laws and the criminalization of migration have created profound differences between the 'deserving' (those who are entitled to State protections) and 'undeserving' (those who are not protected by the State), despite most countries having signed and ratified international agreements to protect the human rights of all refugees, displaced, and international migrants (Allotey & Zwi, 2007; Hollifield et al., 2014).

Traditionally, the health of migrants in the US has been studied under frameworks of acculturation or assimilation, which do not account for the impact of migration policies on the health of migrants living undocumented (Viruell Fuentes, 2012, Garcia, 2016). Only recently have the health impacts of migration and migration-related policies in the US been assessed. In a literature review, Philbin and colleagues (2017) identified social and migration-specific policies that affect the everyday lives of undocumented migrants and revealed that these policies have spillover effects on documented immigrants and the Latino population at large (Philbin, et al, 2017). Philbin et al (2017) identified four pathways through which Latinos' physical and mental health have been affected by these policies: 1) stress mediated by the structural racism embraced by anti-immigrant policies; 2) restricting access to social institutions, such as poverty or hunger alleviation programs; 3) restricting access to health institutions; and 4) depriving communities of the material conditions needed to survive. Vargas et al (2017) found in a sample of Latinos (N=1,270; 9% undocumented), that respondents who perceived

their state's immigrant policies to be unfavorable had 1.7 times the odds of reporting poor health; and those who reported worrying about a family member being deported had 1.5 times the odds of reporting mental health problems. Hatzenbuehler and colleagues found that Latinos living in states with migrant exclusionary policies had 1.14 times the odds of poor mental health than those living in less exclusionary states (2017). Researchers have also found that undocumented migrants have higher risk of occupational health risks (Hall & Greeman, 2015) and lower levels of health care utilization (Torres & Waldinger, 2015).

Some other studies have assessed the impact of undocumentedness on migrants' health, but most lack an explicit measurement of documentation status, given measurement challenges and ethical concerns about collecting it (Negi, 2013; Torres & Young, 2016, Garcini, 2016). Many researchers have used proxies to assess documentation status, such as "Are you afraid of deportation?" (Cavazos-Rehg et al., 2007). Nonetheless, this question might not be able to discriminate who is undocumented, considering that research has shown that Latinos that are documented, residents or even citizens are also afraid of deportation, given the racialized pattern of migration policies' enforcement (Arbona et al., 2010, Garcia, 2017). Moreover, since being or becoming undocumented is a sociopolitical and historical process, it is necessary to explore more in-depth how undocumentedness is lived and how it intersects with other categories, such as class, gender, and race/ethnicity. There is also a need for studies with homogeneous populations that allow to explore nuances related to national origin or gender.

To address the above-mentioned gaps, I conducted a phenomenological study on the lived experiences of undocumented Mexican men in NC and in Mexico. Whereas research in public health has identified undocumentedness as a health determinant associated with physical and mental health outcomes, very few have attempted to unveil what undocumentedness really means. My interest in studying undocumentedness from a phenomenological approach is to closely look at and describe the

day to day experiences that men in this situation go through, to then connect these experiences with health.

5.2 Study design and methodology

This paper is part of a larger ethnographic study of the implications of living undocumented on the mental health and wellbeing of Mexican men. For this analysis of undocumentedness, I followed a descriptive phenomenological approach, which seeks to comprehend the subjective understanding of the people's lived experiences of a phenomenon (Dowling, 2007). Phenomenology is a qualitative research methodology used to explore in-depth the lived experience of a phenomenon by thoroughly describing it (Grbich, 2007; Vagle, 2014). Phenomenology is also interested in understanding intentionality, which refers to the internal experience of being conscious of the phenomenon, and how a phenomenon is constructed and understood (Dowling, 2007).

In terms of intentionality, I explored how participants talked about and related to their own undocumentedness, and I considered the culture, social and historical context in the analysis of the phenomenon as required by some phenomenologists (Dowling, 2007). Vagle (2014) encourages phenomenologists to link everyday lived experiences with the social and structural worlds, which can help make phenomenology "concrete and actionable", make it dialogue with other theories, and make it critical of the structural forces that affect the individuals whose phenomenological experiences are being researched (Vagle, 2014). This is a key aspect of our study that I addressed in the discussion of this paper.

5.2.1 Study settings and participants

This study was conducted in NC in the US and the Mexican states of Guanajuato and Hidalgo. NC has one of the fastest growing Latino populations in the US over the last thirty years, with Latinos currently representing almost nine percent of the state population, an increase of 800% from 1990 (US Census Bureau, 2011-2015). The average age of Latinos in NC is 24.5 years old (US Census Bureau, 2011-

2015); over 90% of the Latinos under 18 years old living in NC were born in the US or are naturalized citizens (US Census Bureau, 2015). It is estimated that 43% of Latino adults in NC are undocumented, of which 60% are Mexican (Pew Research Center, 2017). Thirty percent of Latinos in NC live under the poverty level (US Census Bureau, 2015). This means that the Latino population in NC is very young, and the families have a mixed status composition. NC has the highest number of DACA (Deferred Action for Childhood Arrivals, a special relief presidential order implemented under the administration of President Obama) applications in the country and holders relative to those eligible in the state (Gill, 2016).

I selected the two states in Mexico, Guanajuato and Hidalgo, because they are the top sending states to NC. Guanajuato has a longer tradition of migration to the US, having established many migratory pathways across the country while Hidalgo has a more recent migration tradition. Men interviewed in Mexico had migrated mostly to Texas and NC, two states with slightly different Latino migration patterns. Texas has a longer tradition of migration from Mexico and other Latin American countries, which has resulted in a large Latino community, whereas demographic changes in NC in the last 30 years due to Latino migration is recently showing in its population. Nonetheless, both NC and Texas have implemented similar federal and local policies and programs to restrict, detain and deport undocumented immigrants (ICE, 2017).

Data for this study comes from multiple sources including in-depth interviews, oral histories, and participant observation (Table 2, Appendix J). First, I conducted multiple in-depth interviews with Mexican men living in central NC (N=8), Guanajuato (N=11), and Hidalgo (N=7). Eligibility criteria included being living undocumented or had lived undocumented in the US, older than 18 years old. I also interviewed close family members of men interviewed to triangulate what men shared about their experiences of living undocumented (NC, N=5; Guanajuato, N=6; Hidalgo, N=3) (Table 1, Appendix I). Close family members included mostly wives/partners, sisters and/or mothers. Several women interviewed had migrated themselves. Several men (n=7) did not have or did not want to refer anyone

to be interviewed. Participants from NC were identified through local organizations working with Latino immigrants and personal networks. Participants from Guanajuato and Mexico were identified through local organizations and institutions working on the topic of migration.

I conducted almost all interviews in Spanish. A research assistant helped with the collection of interviews in Mexico. In NC, men received a gift card of $40 and women received $20 for their participation in the study. Participants in Mexico received an oral health kit for their participation. All but one of the interviews were audio recorded. I reviewed and revised all interviews were transcribed by professional transcribers for accuracy.

The second source of data is comprised by oral histories from the digital oral history archive *New Roots/ Nuevas Raíces: Voices from Carolina del Norte* (New Roots, 2017). This archive has collected oral histories of Latinos in NC since 2007. I selected all oral histories of Mexican men that had migrated to the US as adults that were available in the archive (n=10) (Table 1).

A third source of data comes from over two years of participant observation that I conducted at a day laborer's work center in Central NC between 2014 and 2016. This center offers a space where day laborers, mostly Latino men, come to seek jobs. During the participant observation, I helped the center's staff to solve problems related to operations, strategic planning, applying for grants, and provided information about health and work safety to day laborers. Observation occurred during the mornings when the center operated, between 7 am and noon, and happened at least once a week. Other observation occurred at meetings with staff from the workers center. Data from participant observation includes field notes of observation and unstructured audio recorded conversations with day laborer men (N=8).

The Institutional Review Board of the University of NC at Chapel Hill and the Comisión Fronteriza de Salud in Mexico reviewed and approved the protocol for this study.

5.2.2 Data analysis

The main analytical strategy in phenomenology, and common to the different phenomenological approaches, is the "whole – part – whole" process (Vagle, 2014; Roulston & Flick, 2014). This process entails first having a holistic understanding of the "whole" by getting familiarized with all the data, usually by engaging in reading and some note taking, to then move into identifying the "parts" of the whole, or the units that provide meaning to the phenomenon. Finally, by analyzing the "parts", we produce a new analytical "whole" that provides meaning to the phenomenon (Vagle, 2014). I implemented this process in this study by reading all the interviews, including transcripts of non-structured conversation with day laborers and oral histories, and developing analytical summaries of the transcripts for each participant interviewed. I also incorporated women's perspectives in each man's summary, when available (the first "whole" step). For the "part" step, I developed a codebook based on the analytical summaries and I included descriptive codes, -which I use to label everyday experiences of living undocumented-, and interpretative codes, -which I use to label the lived experiences of undocumentedness as a phenomenon and intentionality. I imported the transcribed interviews, oral histories, and non-structured conversations, and field memos into Atlas.ti 8. I coded the material using the codebook and generated new codes as needed. For the final "whole" step of the process, I used matrices to display groups of codes to identify patterns in the data across participants. Throughout the analysis process, from conducting interviews to populating matrixes, I engaged in memo writing; some of the memos became part of the final interpretation of the data for this manuscript. The last step of the process, the new "whole", is reflected in the discussion of this manuscript, where I re-engaged with the literature on this topic.

5.3 Results

The collective experience of participants highlighted the steady process of restricting the lives of migrants who live undocumented in the US over the last five decades (from mid-1970s to recent days). Men identified the terrorist attacks in New York on September 11th, 2001 as the watershed moment that changed their experiences as undocumented in the US. According to them, before 9/11, their everyday lives were easier, but as the immigration control measures started to be re-localized from the actual border between Mexico and the US to the interior of the country, their daily lives started to change. This re-localization of the border control included: collaboration between federal and local authorities to implement federal programs intended to remove undocumented immigrants deemed a threat to national security; implementation of a federal policy mandating states to stop issuing local identification documents, particularly driver's licenses, to undocumented individuals; the issuance of state laws and local ordinances to restrict migrants' access to services; and the launch of the E-verify system to verify employees' social security numbers (SSN). As a result of this re-localization, participants identified different aspects of the lived experience of living undocumented that I broadly grouped in four meaning units: a) "if you are undocumented, you are nobody"; b) enacting pride and living abused; c) living surveilled and criminalized; and d) living socially disabled.

5.3.1 "If you are undocumented, you are nobody"

Men who had returned to Mexico spoke about the experiences of migrating to the US during the three decades before 9/11. Migrating to the US at that time was relatively easy and free, since there were not smugglers or organized crime controlling the crossing as it happens currently. This facilitated a circular pattern of migration, where men would go to the US, work for a few months, and go back home afterwards for a short period, before migrating again.

Although most of the men had encounters with the border patrol and were deported at or close to the border, before 9/11 they would be immediately returned to the Mexican side of the border (as opposed to being sent to detention centers, which is current standard practice?). They would wait there at the border to attempt crossing again, which all eventually achieved. Once they had reached their desired destination, they started working almost immediately, thanks to their family and community networks. In the earlier experiences of migration to the US, men remembered that living in the US was easier, "*it was like having citizenship."* There were fewer issues finding a job without a SSN, and getting a local identification document (ID) (such as a driver's licenses), which allowed them to move around easier. The lack of digital technology systems facilitated the lack of surveillance at job sites, particularly through the verification of SSN, as Arturo, a participant from Guanajuato who worked as farmer and construction worker in the US, expressed "*I would invent any number, as they would give us paperwork to fill, and there, I would put the number I wanted*".

Nonetheless, after 9/11, with the restrictions of getting local IDs and the implementation of the E-verify program, among other measures, the experience of living undocumented shifted. Anselmo, a participant from NC who worked at a restaurant, reflected about the current situation that undocumented workers, and tied it to the post 9/11 period and restrictions,

> But I tell you that right now we the illegals can no longer travel on a plane after what that Arab did. He not only messed up the life of the United States, he messed up the life of everybody, because any immigrant here with no documents, you know, many doors were closed for them, right now many employers have E-verification. (Anselmo)

Anselmo's quote shows his perception of the impact of the measures implemented federally and locally to address the national security concerns raised by the attacks of 9/11, which he believed especially affected the everyday lives of undocumented people. Living undocumented now meant for many participants not having a way to identify themselves on a regular basis, living constantly under another person's identity, being afraid, and struggling morally about the legal consequences of doing so.

Reflecting on the burden of living undocumented in the US, Gregorio, a community leader and carpenter in Guanajuato responded saying "*if you are undocumented, you are nobody*". Living undocumented for men and their families meant not being able to exist with their names. The wife of Tomas, a man working in the meat industry in NC, talked about how hard it had been to use other people's names to function every day,

> Well, it is always being afraid because they are not your documents, you do not know that person, because one does not know who that person really is. It could be, [for example] if they ask you, 'where did you study?', and you do not know where those people studied, because I know where I studied, but those [papers] are not yours. Going to the doctor is also very difficult because one knows the age [of the person], because it is on the paper. But no, really, it is difficult to work without documents, or then it happens that they call you, but by the name appearing on the papers, and one wonders, 'Who is that person? I don't know', but then you realize that it is you [they are calling], but sometimes you are late to realize it is you. (Wife of Tomas)

Furthering complicating the situation, due to a state law passed in 2015 in NC, HB318, an identification document issued by the Mexican consulate, the *matrícula consular*, widely used by Mexicans in the US because it has a local address, was banned by local authorities and social services offices,

> The matrícula [identification card] is no longer good enough to give the police in case you are caught driving without a license, only a passport. Well, we are losing everything I tell my wife, 'we are losing everything'. (Tomas)

Participants talked about the different strategies they used to deal with the barriers of not having a way to identify themselves. Strategies included using somebody else's name for different aspects of their lives, from properties, such as cars and houses, to utilities at home, employment and its associated benefits, and keeping expired identification documents and use them when needed. Some even joked about having "an artistic name", meaning living under somebody else's name. These strategies had a high economic cost and legal risks, beyond just the experience of not being able to exist with their names. Many had to pay exorbitant amounts of money to people that would agree to lend their names, or seeing money taken away from their pay checks for benefits they would never enjoy. For

example, Leonardo shared working under somebody else's name, but regretted getting money deducted from his pay check for benefits he could not enjoy,

> (…) since you work with a different name, sometimes you get your payment and so they start subtracting $50, $60 dollars, but if you leave that job, where are you going to go? And you think about it, and you better, some of us prefer to keep paying that money […], it is the price one pays for working. (Leonardo)

Some men interviewed in NC spoke about having to carry their Mexican passports with them all the time, as it is the only identification document that is recognized by local authorities. Along with their passports, they carried, almost treasured, their expired drivers' licenses, as the only evidence of what they were once entitled to. Leandro, a construction worker interviewed in NC, recalled being involved in a car accident, and using his expired driver's license to identify himself to the police,

> […] I had an accident once, […] and lucky for me the police officer that arrived was my neighbor […]. I showed him my expired drivers' license and he said, 'But this is expired', and I tell him, 'Yes, it is expired, and you know that I cannot renew it', so then he says, […] 'Ok, I will stay here to look after you only, so that another officer does not show up and ask you for a valid license'. So, I was lucky, thank God. (Leandro)

The symbolic and practical implications of not having a validated way to identify themselves put Mexican men and their families and communities at large under stress, due to the increasing emphasis authorities have put on having a government-issued ID for many everyday activities, even to go into museums or community centers. Moreover, not having a way to identify themselves forced them to use strategies that are not legal and by doing so, they might compromise their chances of ever regularizing their migration status in the future.

5.3.2 Enacting pride and living abused

Men's constructed meanings about being and living undocumented revolved around two opposite dimensions. On the one side, men expressed being proud about overcoming the barriers and succeeding as undocumented labor migrants. On the other side, men showed a deep awareness about the reasons behind the relative acceptance of their presence in the US, including being a highly disposable and cheap labor force, as well as the economic struggles experienced in Mexico that forced

them to migrate in the first place. When asked about what they thought about living undocumented, men expressed a deep sense of pride, as shown by Pablo, a youth counselor interviewed in NC,

> I am an immigrant, I am neither more or less than anybody else, and the only thing is, for example, that I don't have a social security number, but still, I have accomplished many things. One must feel proud of who one is; there are many people that don't even dare to say, 'I am from Mexico', that is, I have seen many people, and I now freely tell people, 'I am undocumented', I am not ashamed, on the contrary, I am proud that I have accomplished more than other people that have papers. (Pablo)

As seen in the above quote, some men mentioned not being ashamed of disclosing their status, and not feeling less valuable than other people that are citizens or documented. Participants also reflected that, despite not having a regular migration status, they were able to accomplish what they had envisioned when they first migrated. They also criticized others that, even when they had documents, settled for low-wage jobs. Leandro in NC spoke at length about how with the increased restrictions to hire Latino undocumented workers, he had seen an increase of hires of US citizens at his company,

> […] before they would not hire Americans there, we were all Hispanics but given that our drivers' licenses expired or many [of us] returned to Mexico, they were forced to get people with drivers' licenses, and thus the majority that have a license are American. […] in conversations with them I would ask, 'Where did you work before?', and they would say 'I was working at the fast food places', and I would ask them, 'How much did you make there?', 'Ah, they would pay me $11, $10 per hour', so I would say, 'If you are American and you speak English, you have everything. How is it that you are working in such places making so little money? Me, I don't have documents, I am making three times more, four times more of what you are making', but that is because there are many that do not have the mentality of excelling, they keep themselves at one level and that is it. (Leandro)

Leandro was puzzled about why other documented or citizen workers worked for minimum wage, despite their documented status and their English proficiency. He attributed this to their lack of drive or ambition, which enhanced his own sense of pride. Men also reflected on their own trajectories, and how they had worked very hard to reach a place at work that they were proud of. Many mentioned that if they had documents, they would reach even higher positions, and that they wanted to

demonstrate that Mexicans were not only good to "*clean bathrooms or wash dishes or clean floors, they are good [for other areas], they know how to work.'* (Anselmo)

Men also expressed their perception that Latino workers are highly valued because of their reputation as good and hard workers, as expressed by Jaime, a construction worker interviewed in NC,

> Most people have the idea, very correctly I think, that Hispanics are very hard-working people. That is true, the Hispanic people don't come here to ask for anything, they come to work, […] at the company I work, they almost throw a party every time a Hispanic person starts working at the company, because they know there won't be problems. (Jaime)

Several men talked about the idea that labor migrants, specifically Latinos, do not come to the US to ask for anything for free, but to work hard. Men also spoke about how people in the US, have been good to them, particularly in helping them succeed at work. Several participants spoke how having a good employer that facilitated their insertion in the job market was key for them to maintain their employment despite their documentation status.

In contrast to the enactment of pride as undocumented workers though, several participants talked about accepting abusive and inhumane work and living conditions, which translated to a deep sense of frustration. Men mentioned the loss of status they have faced as workers, being demoted or fired when the security and migration-related policies started to get implemented after 9/11, a situation worsened by the economic crisis at the end of 2007. For example, men at the day laborer's center recalled losing their jobs when the drivers' licenses were suspended in NC, and companies were required to utilize the E-verify system. Some of them decided to permanently join the day laborer's market then, as the only way to keep working on a regular basis, without needing an identification document.

The aforementioned anti-immigrant measures had a direct impact on the lives of men interviewed, as Daniel, a participant from Guanajuato that was working for the oil industry in the US, recalled,

> I. How did it affect you not having a license anymore?
>
> D. For a job, they ask you for a driver's license, I was the person in charge there, I was managing people, I had people under me, I had welders, machine operators and I would move around with more confidence. Without a driver's license, since then, I started getting demoted, and at the end, I was making a regular workers salary. You feel bad, […] you know you are capable of that and much more, but you just can't, it is as if somebody gives you a present and then takes it away from you, as ugly as that. (Daniel)

Besides being demoted and losing jobs, men also shared their experiences of abuses at work due to their undocumentedness. Leandro reflected on the reasons why undocumented workers were preferred by employers,

> A Hispanic person works in whatever conditions, he will never say, 'No, I don't want to work', 'that place its very ugly', 'there is mud', or, 'it's raining, I don't want to work like that', the Hispanic comes and works in whatever, in whatever and in whatever conditions. […] The Hispanic does it because he thinks that because he doesn't have social security number, if you get laid off you are not going to find another job, so, there are many that because of fear, of fear of being laid off [work in any condition]. (Leandro)

This quote about employer's preference for undocumented workers shows the other way in which men saw themselves as undocumented Latino workers. Leandro himself had mentioned before how Latinos were better workers, while in this quote, he recognizes that they work more out of fear. This apparent contradiction seems to point out to a need of positively reaffirm themselves and their presence in the US by enacting pride as good and hardworking individuals, while also been highly aware that their documentation status makes them desirable because they are highly exploitable.

Participants also spoke about being paid lower wages than people with citizenship or regular migration status, and on top of that, being pressed to work longer hours, harder and faster, as Bernardo, a construction worker in NC shared,

> The güeros (White Americans) are building the same house, and they are getting $15,000, you are giving me $5,000, but that is why they are slow, they are going to take 15, 20 days, while in the same time I will build three, they are going to build that one and they don't care. Look, they arrive at eight, they have a break at ten, at twelve they have lunch, at four thirty they are cleaning up their stuff. One says, 'Well, why are they better off? Because of the documents'. As they say, 'the skinniest dog is the one that feels it most', because the one making less money is the one that is killing himself [working]. (Pedro)

Bernardo ultimately accepted these conditions as something that undocumented workers like him had to endure. Other men spoke about being victims of wage theft, a common experience among day laborers when they sought out jobs at informal venues. Several day laborers talked about having been picked up for a day job, and after they had finished, the employers would promise to stop by later to pay them, which never happened. Participants also experienced more subtle ways of wage theft, particularly at jobs where they could work for extended periods of time beyond a 40-hour week such as construction, accumulating up to eighty hours of work a week, but getting paychecks that did not correspond to the number of hours worked. Men again reflected that these situations were common because they were undocumented, as Pablo shared,

> They knew my status and it was like saying, 'we have him here, if he wants to leave, let him go, sometimes there were hours that I had worked missing that I didn't get paid. (Pablo, P3NC)

Ultimately, the precarious work situation translated not only into lower wages, wage theft and extended hours, but also into a lack of any work benefits, such as health insurance, holidays, sick days, among others, as Tomas shared,

> I have not had paid vacation in five years, or even [paid] holidays […]. Now, thank God, I have never had an accident at any job, why would I say that, and I am one of those people that don't like to miss work because of a cold, because I am telling you, God forbid, when I really need a leave from work I can request it feeling confident. (Tomas)

Several men shared that they would never get sick, or miss work if sick, as seen above. This seemed to be part of their attempts to be a "good hard worker". As seen above, Tomas pushed himself not to miss work, in hopes of gaining some benefits at work, if ever needed. Nonetheless, Tomas' wife

shared that when he took time off to attend the college graduation of her daughter, the employer punished him with not giving him job for a week.

Men also spoke about reaching quickly a glass ceiling at work due to being undocumented. Many of them could not aspire to higher positions at their jobs, better wages, better paid jobs or even leaving their current manual labor jobs due to their documentation status. They had to ultimately conform to get the jobs they had due to the lack of options. Ultimately, the available job options were highly limited given their documentation status, as Jaime shared,

> Not having documents limits you to construction, restaurants, to cleaning; it is like the labor market for the undocumented is very specific. […] From there I cannot even think on, for example, trying to find a job as an IT support or something like that, well no, it is not possible. (Jaime)

Again, the limited job options available contrasts with the ambition expressed to get better paid jobs, as not only they were restricted to certain sectors, but also to certain positions within those sectors. It also shows what been valued as "hard worker" by employer means, which seems to be undocumented men taking on intense manual and physical jobs. We can see this clearly in Elias' reflection, a construction worker who had his GED and an associate degree at a community college. Unfortunately, Elias couldn't leave his construction work due to his migration status, which he regretted deeply in multiple ways, while reflecting that men like him were only valued as hard workers, but not as people that were intelligent and capable of something else,

> I can't work a job where I worked very hard to achieve [professional certificate], I feel like it is unfair, because I think that people here only consider that [undocumented immigrants] are here because they know how to work hard. But in my case, for example, [I can't] have a job that would hot have me working under the sun. (Elias)

The harsh reality is that all the men that had migrated to the US were seeking better economic opportunities, and despite knowing that they were being abused and underpaid, the wages available for them in the US were high enough for them to come and to stay in their jobs, despite the conditions faced, as explained by Martin in his oral history,

> The worst jobs here are much worse in Mexico. [...] In one of the worst jobs here, you make four times of what you make in one of the best jobs in Mexico. That is why people are living here and have one of the worst jobs, but, when they compare them with the ones in Mexico, they are much better jobs. […] But for people from here, those are the worst jobs, […] the people from here do not want to do those types of jobs, because it is hard and pays little, that is why there is always work for us immigrants (Martin)

This testimony shows that there is an economic rationality that pushes men to stay in their jobs and in the US withstanding the abuses. To add a simple fact to this testimony, I found out that the average monthly salary of men interviewed in Mexico was $6,000 Mexican pesos, which is an equivalent of $330 USD, well below the actual cost of living in Mexico, compared to the average salary of $2,800 USD reported by men interviewed in NC.

Nonetheless, many men reflected on the fact that despite all having jobs, they were working very hard to make ends meet in the US. A shared experience was the belief of men's family members in Mexico that they had a lot of money, when their salaries were barely enough to cover the monthly expenses, even when they all try to supplement their salaries with jobs on the weekend or at night. Jaime sharply pointed out that even when undocumented men worked hard, they were never going to be able to enjoy the "American way of life" at its fullest with the wages available for them,

> Here, the standard of life is different. I think that phrase comes from someone that was trying to have the typical American life, but a construction salary is not going to cut it. Once you start making ten dollars per hour to buy a car, to buy a house, I mean, for a family of, as they say, like the standard American family, the truth is that a salary like that is not enough. The Hispanic is used to poverty and even with those salaries that, and I am not saying they are bad, but obviously are not enough for somebody trying to have the standard American life. (Jaime)

This glass ceiling meant that the possibility for upward mobility in the US was low, and was particularly hard for men with their families in the US, since they faced other expenses, such as school and medical related needs for their family members.

5.3.3 Living surveilled and criminalized

A common topic among men was the fact that to avoid having problems with the police, they had to behave well, "*no meterse en problemas*" ("not get into trouble"), and obey the local rules and laws. Men expressed feeling pressure to over-perform and excel all the time to avoid getting into trouble and running into a situation where they could be deported.

But, behaving well seemed not to be enough. Many men told anecdotes reflecting the arbitrary way in which local authorities applied migration-related regulations and laws, which maintained the community on a permanent state of high alert. Jaime recalled many instances in which he was stopped by the police, usually at transit check-points. He was issued tickets in multiple occasions, but never detained, until one day, at a check point, he was detained on site and taken to a migrants' detention center,

> The time they did arrest me, they took me to a detention center, […] and obviously, they start asking for your information to register you and they ask you for your […] social security number, and so I don't have one, that's when I see that they put the big stamp on my document '287-G'. The 287-G is the immigration law, so, they send me with the immigration agent. So, to tell the truth, I saw myself in Mexico, and he said, 'Just in January, Obama just signed a law that states that if you don't have any major felony, if you have not record of domestic violence or that you have been driving under the influence of alcohol, we will not deport you. But if you have something, they will deport you, so tell me at once, do you have anything on your record?', and I said, 'No, I do not have anything wrong in my record, I have never misbehaved', I continued, 'The only thing you are going to find on my record is that I drive without a license.' And yes, he went ahead and searched and told me, 'Indeed, you don't have anything. Call your family and tell them you are going to get out of here, you just have to pay a $500 bond and you can go' (Jaime)

"*Portarse bien*" ("behaving well") was particularly important since, according to participants, their communities were constantly surveilled. Men spoke about their increased vulnerability to be deported because of the neighborhoods they lived in. Since Mexicans, and the Latino community at large, tend to cluster together in the same areas, and a lot of them live in mixed status families, whenever the immigration agents were coming to look for a person for deportation, men said that they would easily be taken alongside.

Tomas and Leonardo, who lived in the same neighborhood in a small town in NC, remembered how before DACA, a police car used to park down the road from the main exit of the mobile home park they both lived. Police would constantly stop people from their mobile home park, since a great majority lacked drivers' licenses, give tickets for driving without a valid drivers' license, tow away cars, and in some instances, detain people coming out of the mobile home park complex that were driving without documents. If a car was towed, the cost would go up to $700 dollars, a huge amount for a family whose monthly income averages $2,800. Families had to organize themselves to go out to do groceries, buying food in big bulks, at random hours of the day, taking side or back roads, and not going out of the neighborhood unless it was necessary, such as when they needed to go to work. During the interviews, I overheard kids coming in and out of the homes knocking on the door before coming in, yelling, "*es la migra*" (it is the migration police). Families would laugh about these childish jokes, but also reflected on the fact that when they felt an outsider was in the neighborhood, they would close the doors, put down the curtains and hide inside their homes until they felt safe again. After DACA was implemented, youth were able to get drivers' licenses, and families had the opportunity to put their cars under eligible younger family members' names; youth also became the ones in charge of driving around their family or community members that were undocumented, which in turn halted the presence of the police in their neighborhood. Thus, DACA in fact alleviated some of their daily struggles. Nonetheless, after the change in presidency in January 2017, the tensions raised again, since DACA was a temporary relief program based on an executive order from President Obama, which was terminated by President Trump in September of 2017. Leonardo shared being worried about their community being surveilled again, since there had been raids and check points again close by their neighborhood. In an informal conversation, one young woman living in the same mobile home park as Tomas and Leonardo shared "I just feel we are going to lose everything we gained with DACA".

Another lived experience reported by men related to criminalization was crime victimization. Men mentioned feeling vulnerable to crime and an easy target because they would rarely report those incidents to the police, due to their documentation status, as Leandro expressed,

> Blacks and Whites want easy money, so the one that is always easy prey is the Hispanic; they are going to target the Hispanic, why? Because they know, the Hispanic is not going to report it and it is not going to do anything. […] I have friends, and they have been taken, attacked, beaten, and one, one stays with that, thinking about that, how is it possible that even now we have to face that because you are illegal or because you are this? (Leandro)

As a response to this racial profiling by police and violence, some men tried to pass unnoticed, by mastering the English language, hanging out with people that were not Latinos, and even changing their own external appearance, like Elias shared,

> I am proud to be Mexican, but I don't want to make myself known as such by having a van with the Virgin Guadalupe on the back, because it is possible that if there is a concept of discrimination; that a police officer is, let's say, a little racist, well, he will only have to say, 'That car belongs to a Hispanic and I am going to stop him'. (Elias)

A salient topic related to the criminalization of undocumented migrants from the men interviewed in Mexico was their reluctance to migrate back to the US undocumented, due to the high cost, and the increased risk of detention and deportation. With the increased border control and the involvement of organized crime in the border-crossing "business", crossing the border has become prohibitively expensive (between $6,000 and $9,000). The chances of crossing safely are low, particularly because the organized crime networks require upfront payment (as opposed to the "coyotes" who would get paid only when the person arrived safely at his destination), and do not care about them being detained and deported. Getting a well-paid job in the US that would allow them to pay the crossing cost had become very hard as well, as Leonardo shared,

> My brother and his son were thinking about coming and I told him, 'Look, it is going to cost you like $12,000 dollars, for you to get $12,000 dollars it's going to take you a year. If you are going to spend [that amount of money], you are better off setting up a business there, […] Crossing costs right now six, seven, five, eight, up to ten thousand dollars and that is just if you are Mexican, because the coyotes abuse you'. […] It is so much money, so much money. […] I convinced him and he stayed there [in Mexico], he said he will stay there, he is there, he is better there. He bought a car and works as a taxi driver. (Leonardo)

For participants in Mexico, their perception of living and working in the US as a viable option to overcome the economic struggles they face in Mexico had changed, given all the restrictions they experienced through the last years they were in the US, the difficulties of crossing the border, and the information they kept receiving from their family members that were still in the US. This was particularly the case for men who had been held in migrant detention centers. Daniel and Isidro from Guanajuato experienced being held in a detention center in the US, without being able to communicate with their families or receiving Mexican consular services. Daniel, who was detained for 40 days, recalled being warned during his release by immigration officers that if he were to cross to the US undocumented again, he would be detained for a longer time,

> You are a prisoner, in a little bed and a TV and that's it, it is a prison. […] It is very difficult communicating from inside there, it is really difficult, they barely have any open communication. […] I am now 'penalized', that is, [they told me] that if I were to return [to the US] and they detained, they would put in there for four to six months; the penalties keep increasing and, so I thought about it and said, 'I am going to wait a while longer to see if the situation gets better or worse'. (Daniel)

Men in Mexico who had experiences of detention and deportation remembered that when in the US the traffic-related detentions started, they started to carry with them all their money in case they were detained, since once detained, they knew they were not going to be able to communicate with their families. If they carried money with them and could afford their bus transportation, they had greater chances of being released in the Mexico side of the border faster, and at that point, they would have the money needed to pay for the transportation from the northern border to their home towns. Although some of the men in Mexico still saw migrating to the US to work as a possibility, given all the above challenges, men expressed that they would only migrate back to the US if they were given temporary work visas.

5.3.4 Living socially disabled

When talking about their daily lives, men talked about how they were constantly affected due to their undocumentedness, but they also talked how they try to have normal lives. For example, some men mentioned feeling at home most of the days in NC, as their lives went by uneventfully every day, as Elias expressed,

> As time passes, I feel more at home, […] I don't feel like a foreigner, let's say maybe once a week I do, if that, but in general, it is like if I were in my home, I am well-adjusted let's say, to the system here. (Elias)

Some men also expressed never feeling discriminated, oppressed, or rejected by others, nor lacking opportunities due to their migration status, as Pablo shared,

> I don't have documents, and if I am honest with you, I have never felt oppressed for not having them or different, or that I have been rejected or limited in opportunities for not having the documents. (Pablo)

Pablo expressed feeling less discriminated, free and more protected in the US than in Mexico, due to his perceived efficiency of the legal system in the US. Leonardo also mentioned that when in difficult moments he has questioned himself about being here, he recognized that not everybody is racist, and that he should be thankful for the help received. This was particularly true for those men that experienced extreme poverty in Mexico. They remembered not having money to buy food, and while living in the US had been challenging, they were able to provide for themselves and their families. Men expressed gratitude for the opportunities received in the US and for what they had been able to achieve, despite living undocumented. When asked about the possibility of deportation, Tomas expressed that if he were to be deported, he would still feel good and thankful for the opportunity,

> If the day comes when that happens [deportation] before my decision [to leave], well, I will still feel good anyway because thanks to God they let me stay here for a good amount of time. I say already, at least my family or my children have already studied, I can leave them here, because they all have their permits [DACA], I feel at ease if anything like that were to happen to me, they can visit me, at least once while they have their permit. (Tomas)

Despite their attempts to carry on with their lives, men in NC spoke at length about their family and community conversations related to surveillance of their communities, detention and deportation, and all of them had put in place an action plan in case the detention and deportation in fact happened. Leonardo reflected in his last interview, which happened after President Trump was elected that there was not going to be a need for massive detentions and deportations, that life as it was, was already unbearable,

> We are going to leave willingly […], if you look around, we don't have stuff, my idea is if they kick me out I leave like this, I don't have anything of value or anything like that, and for that reason, I tell my wife, 'Why would we buy nice stuff? Let us just bear with this'. Because later if you want to sell all that stuff, who is going to buy it? It is wasted money; better to furnish my house in Mexico. (Leonardo)

As seen in the above quote, the fragility and uncertainty for the future in the US that many men and their families experienced translated into not wanting to invest in settling in the US, despite being here for years. For Leonardo, life in the US was equivalent to living in a golden cage, "*La jaula de oro*", alluding to a famous Mexican folk song that tells the story of a migrant man who thinks that, despite the US being a place where they can earn money, the conditions of undocumented immigrants resemble being in a cage made of gold. He expressed being worn down by the inability to enjoy the outdoors or going out with his family due to the fear of being detained. Ultimately, he reflected on the fact that it was not even detention and deportation the worst of all of it. The worst was to be stopped at a traffic check point and getting a $270 traffic ticket for not having a drivers' license, '*it's a week worth of work, they take away the food from the table",* which reflects not only the constant threat of deportation, but also the disabling of their daily lives, by losing the immediate means of living and the high cost of their existence as undocumented in the US.

Leonardo also reflected that life should not be reduced to just working, which many undocumented men do when in the US, although he also understood why men felt compelled to just keep working while they could, due to their experiences of poverty in Mexico,

> Well, life is not all about work, […] life is not all working from Monday to Saturday, and Sundays for laundry, you should be able to enjoy life, and sometimes what this country does is make us too ambitious. You work every day, sending and sending and sending [money], and, 'Let me get another pay check, I am going to stay another couple hours'. So life is not all about being there [US], and they do it [migrant men], if they planned being here for a year, they stay 4 or 5 years, they don't think about their children needing them there [in Mexico], there are many people like that, ambitioned by this. Also, like us, there are many people from rural areas that don't have, that never had [enough money] to eat meat and they come here, and they are even chubby now. Yoghourt, meat in abundance, so that also makes them stay here, because they don't suffer, they work but they have [money], they have enough for everything, and in Mexico, that's just not the case. (Leonardo)

In this sense, several men mentioned that they would like to have other experiences, like travelling within the US, enjoying a weekend with their family at the beach or just going to a museum, but the lack of documents prevented them from doing so, either because of the fear of detention, or because they did not have a job that would allow them to afford the money or time to go on holidays, or because they would not be granted access to certain places without a valid ID.

Although men wished their situation could improve via an immigration amnesty or a program similar to DACA, they had given up any hope about their situation improving in the short-term, as shared by Jaime,

> [It's about being] conscious, like resignation of knowing that there is not an immediate solution, you keep going, simply just keep going. (Jaime)

For men, overcoming and transcending their current situation would only be achieved through the next generation, thus their motivation to keep going every day was their children's education and wellbeing,

> My hopes for my kids is seeing, seeing them finish school. […] That they can defend themselves in life. That they have education, that they are not like I was, like I am. Metiendo lomo al trabajo (Putting your back to work). I would like to see them be professors, engineers or something else, where they use their minds, not their body like me. (Juan)

Men were even willing to endure a second family separation, but now by leaving their children in the US to achieve a better life for their offspring. Many of them had decided that in case they returned to Mexico, voluntarily or forced, their children would remain in the US, and had already made

arrangements for how this separation would play out. According to men, their children would have better education and economic opportunities in the US than in Mexico, and, as long as their children could visit them there, they would feel comfortable with the decision of separating from their children, as Leandro shared,

> For me it will be difficult and hard, but they will have a better future here, my children will have a better future here and they can visit me there, this is what we have talked with my wife, they can go visit me there. But for me, it is better for them to stay here because they will have a better future. […] For good or bad, the government here supports them until they finish high school, I think, and after that, they will have to pay or to try to get scholarships to keep studying. So, I feel it is going to be much better for them here than going over there. Similarly, I would still be working over there and I would provide them as much as I could, but I feel they could excel better, and have a better future that I maybe could not have, a better way of life that their moment I didn't have. And, as I always have told them, even when they still little, I have always told them that they have the mentality to do more than I was able to do. (Leandro)

Some of the concrete actions men had implemented in case of deportation or voluntary return to Mexico included purchasing property in the US with the intention of leaving it to their children. Men whose children had DACA or were US-born citizens discussed buying some type of property in the US. For example, some had bought trailer homes which are less expensive. Common across all participants was the investment in property in Mexico, so they could have a place to go back if or when they needed or decided to return. All men interviewed back in Mexico had built their homes with the money earned in the US, and when they decided or were forced to return to Mexico, they all had a place to go back and live. Other actions taken had included getting all the US-born children their Mexican passports, and signing attorney letters that granted custody of their children to family members in the US. This seems to speak to the uncertainty of their daily lives, and their awareness of the threat of deportation. It seems also that doing something concrete about their situation gave them a little bit of sense of control of their own lives, in a context and situation that they have very little control of.

Lastly, the hypothetical scenario that men in NC have constructed about separating from their children and that they would be fine with it, contrasts with the experience of men in Mexico who were living through similar forms of family separation. Several men interviewed in Mexico that had the

experience of living undocumented in the US when circular migration was common, had sons and daughters now living in the US that were also undocumented. This new generation of undocumented migrants are not able to return to Mexico on a regular basis as their fathers did, thus participants had not seen their migrant children in many years. Participants understand that it is difficult for their children to visit them in Mexico due to the current border crossing situation and because their children have now children of their own born in the US. This shows a generational transition of the experience of undocumentedness, one that has other consequences, such as the phenomenon of older adults aging by themselves in Mexico, that only communicate with their children in the US by phone or other communication technology, increasing the length of time of the family separation.

5.4 Discussion

I presented the lived experiences of undocumented Mexican men grouped in four meaning units, 1) If you are undocumented, you are nobody; 2) enacting pride and experiencing abuse; 3) living surveilled and criminalized; 4) living socially disabled. Undocumentedness is a complex phenomenon, and the everyday experiences of undocumentedness are deeply linked to specific historical moments and spaces, both geographic and everyday spaces, such as neighborhood, work, community, among others. The experiences have been transformed over time in the US by the changes of migration-related policies at the federal and local level, via the re-location of the immigration control from the border between Mexico and the US to the inside of the country. Migration policy researchers have called this phenomenon the “local migration state” (De Genova, 2002; Coleman, 2012; Gilbert, 2013).

All these dimensions of undocumentedness among Mexican men taken together point to a process of transitioning from what I can call an experience of living everyday *undocu-able*, meaning living undocumented but being able to function in their everyday lives, to living *undocu-unable,* meaning encountering multiple obstacles to live every day, or what other authors have called the “incapacitation” of the undocumented communities (Coleman & Kocher, 2011). This incapacitation of

undocumented migrants not only refers to the inability to cross the border and engaging in circular migration, but a process by which their everyday existence in the US is affected by a myriad of barriers put in place by federal, state and local regulations.

Despite the migration-related regulations, many undocumented migrants are still coming and living in the US, in a system that threatens deportation, but tolerates most of undocumented people (De Genova, 2004). De Genova (2004) has named this paradox of an increased border control alongside with an increased presence of undocumented Mexicans in the US as the "revolving door", by which some are deported, but most of them are allowed to stay due to the need of this labor force. As we showed, men interviewed in Mexico engaged in this "revolving door" process for decades, until they either decided not to do it or when they were forced to stop doing it.

As I presented, 9/11 meant the relocation of the border control to the everyday spaces of migrants, producing the experience of the *undocu-unables.* Local and state governments, who have now an active role in controlling immigration, have enacted discourses that conflate national security with immigration regulation, masked by discourses of national identity and culture protection, in forms that are explicitly xenophobic, racist, and gendered, particularly against certain groups, such as Mexican men (Garcia, 2017). Local governments participate in the process of controlling immigration via enforcing federal policies, by not granting driver's licenses to undocumented immigrants, participating in immigration related programs, such as 287g, or enacting their own local ordinances and regulations (Coleman, 2012; Gilbert, 2013). In NC, the related "local migration state" actions taken by state and local governments have included: 1) prohibiting the issue to undocumented migrants of any form of local government ID, particularly driver's licenses; 2) not allowing local authorities and agencies to accept any form of ID that is not issued by the government as identification (except foreign passports, as established in house bill HB318 which passed in 2015); 3) expanding the requirement of showing a government issued-ID to many every day areas of life, from being able to fill a medical prescription, to

gaining access to museums or outdoor parks, and 4) signing memorandums of understanding between local police departments with federal migration-related programs, such as 287g. Only in the first half of 2017, the NC General Assembly discussed ten bills that would increase the regulations against undocumented migrants, including the prohibition of locally-issued IDs and the fiscal penalization of sanctuary cities and the prohibition of sanctuary college campuses (NCIRA, 2017).

As shown in the results, the re-location of the border control to the local space has meant the loss of any recognition of undocumented migrants by local government and institutions as residents of communities where they work and live. In my study, undocumented Mexican men struggled with being "nobodies", growing socially isolated, and seeing their lives happen under a great degree of uncertainty. I unveiled that undocumentedness is a very complex experience that intersects with different categories of men's lives, such as their gender, class and ethnicity, to produce their lived experiences.

For example, I observed how Mexican men related to their own undocumentedness in ambiguous, even contradictory ways. Men seemed to favor their identity as migrant workers over others (for example, over being a father or Mexican), and talked about their undocumentedness with pride, expressing how they were better and harder workers, ambitious and successful for overcoming the barriers imposed by their status. Nonetheless, men quickly identified a myriad of instances of abuses suffered at work due to their undocumentedness. The enactment of pride seemed to be a strategy to deal with the abuses experienced.

The intersection of undocumentedness and class is observed in the process of men steadily losing status as workers, by facing demotion and being forced to return to lower paid and "lower-skilled" worker positions. This also has implied reaching a glass ceiling faster, where men cannot aspire to better positions at their jobs or changing jobs. It also meant being constraint to specific job markets, and having limited ways to increase their wages. This is true even for those that have been able to achieve a higher education degree.

Their documentation status and class positioning as “low-skilled” workers also intersect with the racialized ethnicity of their work abilities and capacities. This racialization process qualifies them as “good and hard” manual workers, even being rated higher over other minoritized groups in the US, but not valuable enough to be able to move out of the jobs that require strong bodily engagement. Their documentation status makes it very difficult to surpass the challenges posed by their low-class location, as “low-skilled” workers, and their Mexican nationality inserts them immediately in a group already considered a minority (Latinos), a situation that carries its own stigmas -which ironically, include, that all Latinos are undocumented, and thus, foreigners.

Documentation status also intersects with their gender performance in three dimensions: their public behavior, their role of providers and their fatherhood. Mexican men struggle every day to balance their public image as *bad hombres*, as they were called by President Donald Trump during his presidential campaign (Rhodan, 2016), with the pressure of behaving well publicly, to avoid discrimination and detention. They actively avoid behaviors that are considered stereotypical of Latino men, such as drinking, and feel pressured to obey all the rules by the dot, particularly those where they are publicly visible, such as driving. As providers, they are forced to accept abuses at work on an everyday basis, in order to maintain their employments. These abuses include lack of training to perform their jobs, -which are rarely “low-skilled”, as others have pointed out (Hagan, Rodriguez, & Castro, 2015; Holmes, 2007), longer hours, lower wages, wage theft, and accepting jobs that do not provide any type of labor benefits. Lastly, their fatherhood is constrained by the mobility restriction and limited time to enjoy leisure activities time with their children. Mexican men are ultimately hoping to transcend their current situation through their children, and are willing to sacrifice being physically with them in cases of deportation in order for their children to “work with their minds and not with their bodies”.

Another dimension of the lived experience as undocumented has been the increased lived criminalization of undocumented migration. The list of activities considered severe crimes or felonies for removal from the country is increasing every day. Just in June 2017, news outlets reported that parents living in the US undocumented that had paid smugglers for their children to be brought to the US were being looked after in their homes, detained and in process of deportation, in a so-called attempt to dismantle human-trafficking (Dickerson, 2017). As such, the increase in the number of regulations has resulted in Mexican men constantly "falling" into illegal activities in order to survive. As De Genova (2013) and Gilbert (2013) have asserted, living undocumented, an act already considered "illegal", pushes immigrants to enact other "illegal" activities, such as bribery, perjury, and forgery. Zayas (2015) has pointed out how crossing the border is the first moral decision of "breaking" a rule or law that irregular migrants take in order to achieve their economic and social goal of migrating to the US. In our study, we found that Mexican men take these moral decisions (which are accompanied by a high economic cost) of engaging in illegal activities out of today's survival necessity, consciously knowing that by doing so, they might be compromising their future eligibility for regularizing their status in case of a migratory reform of regulations that have emerged since 9/11.

Alongside this increase in the list of felonies considered severe enough for a person to be deported, a process of racialization of undocumentedness, has produced an increased surveillance of the Latino communities overall. Although it seems that DACA halted this surveillance, the continuous changes in regulations, which includes the termination of the DACA program, and the current anti-immigrant climate contribute to this scrutiny to keep going. The surveillance of Latino neighborhoods not only implies the continuous threat of detention and deportation, but also a high economic cost of their daily presence in the US, via, for example, expensive traffic tickets and detention center's bails, and even paying higher rent and utilities costs. The criminalization of undocumentedness has also meant that undocumented migrants are particularly vulnerable to be victims of crime due to their reluctance to

report the crimes; they simply lack trust in local police and they fear detention and deportation. This fear is not gratuitous, as I already explained, the "local migration state" operates through local police departments. Researchers have found that the victimization of undocumented immigrants has spillover effects in all the Latino community, due to the conflation of Latinos with undocumented immigrants, making Latinos and their communities more vulnerable to crime (Barranco & Shihadeh, 2015).

In summary, the intersection of Mexican men's documentation status with their class, ethnicity and gender, alongside with the social disabling of their daily lives and the criminalization of undocumentedness, has ultimately produced a group of labor migrants that lacks any aspiration of upward mobility, live under continuous uncertainty, are conscious of being highly disposable by the continuous threat of deportation, and are stripped from any possibility of being recognized as valuable members of the communities where they live.

Despite showing gratitude to people that have helped them and for the opportunity of migrating, Mexican men recognized that life as is currently is not bearable. This feeling, alongside with the increased threat of deportation, has made men and their families put into place plans to return to Mexico. This seems to give men and their families some sense of power and agency over their future, given that currently a lot of their lives takes place under great uncertainty. By acknowledging that a migratory reform that would benefit them is not feasible in the short term, they have decided to actively do something about their situation, including investing in property in Mexico and in the US, and laying out details for their children's custody in case they are deported. Ultimately, it is through their children that men hope to transcend their current situation, both as undocumented migrants and low-skilled workers, by ensuring that their children have access to education opportunities.

5.4.1 Study limitations

This study's limitations include the lack of saturation on some topics, for example on the experiences of detention. Although I was not looking for men with experiences of detention due to the scope of this study, it naturally came up in some of the interviews of men in Mexico as an important topic. I also lacked representation of older adult men in the NC sample, which did not allow for the exploration of how undocumentedness is lived by senior men living in the US, as opposed to senior men who had returned to Mexico. Similarly, I also lacked in the sample men that did not identify as heterosexual. The exploration of undocumentedness and sexual orientation could shed light on other dimensions of the experience. From the Mexico sample, a topic that was not sufficiently explored was the multigenerational experience of undocumentedness, a topic that came up with participants in Mexico who had their adult children now living undocumented in the US. These are different dimensions of the experience of undocumentedness among Mexican men that could be explored in future studies.

5.4.2 Future directions and conclusion

Undocumentedness is the byproduct of a globalized economy where transnational economies require workers, but deny the personhood of people (Donato, 2016). With this study, I showed that the phenomenon of living undocumented is very complex, and inextricably linked to specific political, social, and historical contexts. Studying undocumentedness from a phenomenological approach allowed to unveil the complexity of the experiences and the subjective understanding of Mexican men of their own status, and how their undocumentedness intersected with their gender, class and ethnicity.

Although these results apply to Mexican men, future studies could transfer the process undertaken in this study to explore the lived experiences of other groups of migrants that live undocumented in the US or in other countries. Future studies in Public Health that intend to explore undocumentedness as a social determinant of health, need to take in consideration the current socio-political context related to migration and the multiple dimensions of undocumentedness to determine

what aspects of the experience of living undocumented have the greatest impact on the health of this population. Moreover, studies of the phenomenon of living undocumented required to take into consideration multiple intersecting categories, including national origin, age, class, gender, sexual orientation and others.

CHAPTER 6. THE MENTAL AND PHYSICAL HEALTH IMPACTS OF LIVING UNDOCUMENTED AMONG MEXICAN MEN THAT HAVE MIGRATED TO THE UNITED STATES

6.1 Introduction

The documentation status of migrants is a social determinant of health (Willen, 2012). Up to 30% of the 232 million international migrants worldwide are estimated to be undocumented (UN, 2013, IOM, 2010). In the United States only, the undocumented population is estimated to be 11.3 million people, and nearly half (5.6 million) are from Mexico (Passel, 2017).

Restrictive policies at the local and federal levels implemented after the terrorist attacks of September 11, 2001 have resulted in an increased number of undocumented migrants being detained in the interior of the US, held in detention centers, and ultimately deported (Christi, et al, 2017). Since 2008, immigration detention facilities in the US have held an average of 34,000 people per day (Gavett, 2011; Morgenthau, 2014), and in 2013 alone, 368,644 migrants were deported, most of whom were Mexican men of working age (TRAC, 2014). These harsh policies have been found to affect the mental health of undocumented migrants and their communities (Hatzenbuelher, et al, 2017).

The available public health research that explains the mechanisms through which living undocumented affects the mental and physical health of migrants is limited, mainly because researchers have been cautious about collecting the documentation status of research participants (Ayon, 2017). In a study conducted in a clinic in Berlin, mental health providers working with undocumented migrants described cases of “illegal syndrome”, which they defined as a series of non-specific health complaints, associated with generalized states of stress, anxiety and/or depression, that physicians cannot diagnose otherwise, but that are thought to be associated with living undocumented (Castañeda, 2009). Other researchers have coined the term “legal status stress”, which was operationalized by items that

measured fear of deportation, avoidance of authorities, and limited contact with family and friends because of their legal status; authors found that "legal status stress" was associated to poor physical health ratings (Sullivan & Rehm, 2005). Ultimately, researchers have identified undocumented status as a "persistent and insidious psycho-environmental stressor" (Cavazos-Regh, 2007).

A group of psychiatrists in Barcelona working with migrant populations have proposed the *Ulyses Syndrome*, which they define as a chronic and multiple stress syndrome specific to the experience of migration (Achotegi, 2009). Symptoms include symptoms of depression (sadness or crying), anxiety (tension, insomnia, irritability, recurring thoughts), somatization (tiredness, headaches) and confusion, and the populations most at risk of experiencing the Ulysses Syndrome are undocumented migrants, migrants with semi-legal status, and authorized migrants that are socially isolated/excluded (Achotegui, J, 2009). The most important proposition of the Ulysses Syndrome is actually the absence of depressive symptoms that are present in the classical definition of depression, such as apathy, death or suicide ideations, guilt, and loss of drive for social or labor-related activities (Achotegui, J, 2009). The absence of these symptoms among immigrants is important because many of the standardized instruments used to assess mental illnesses are based on the definitions set by the multiple versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM). This might result in underreporting of prevalence of mental illness or physical health symptoms that have a psychosomatic origin among these populations.

The available research in the US on this topic concentrates mostly in two migrant groups that are frequently assumed to be undocumented: farmworkers and day laborers. This research has found high prevalence of clinical depression (Hiott, 2008; Magana & Hovey, 2003; Kiang, 2010), impairing anxiety (Hiott, et al, 2008, Kiang, 2010; Grzywacz, et al 2006), psychological distress (Negi, 2013), and alcohol dependence (Grzywacz, et al, 2006). However, these studies used convenient cross-sectional samples, standardized instruments to measure mental health, and most importantly, did not collect

legal status, which prevents stablishing an association between undocumentedness and mental and physical health.

Likewise, the exploration of the physical health impacts of living undocumented is limited. Researchers have hypothesized that undocumented migrants are very likely to experience higher allostatic load given their chronic exposure to several daily stressors (Mcguire, 2003, Viruell Fuentes, 2012, Miller, 2012). The allostatic load is defined as the "(...) wear and tear of the body and brain resulting from chronic over-activity or inactivity of physiological systems that are normally involved in adaptation to environmental challenge." (McEwen, 2009, page 35). People living under stressful situations are more likely to develop cardiovascular diseases and other chronic conditions, such as Type II diabetes; the pathway of influence can be direct or mediated through mental illness (like depression or anxiety) (McEwen, 1998; McEwen, 2004; Steptoe, et al, 2012). In support of Mcguire's position, Achotegui et al have also suggested that some migrants show signs of early aging, which is immediately visible in their bodies, as people look older than they should, given the constant exposition to migration-related stress (Achotegui, J, 2009).

The aim of this paper is to understand how living undocumented affects the mental and physical health of Mexican men that have migrated to the United States. In my phenomenological analysis of living undocumented (Paper 1), I identified four main dimensions of the phenomenon that are a source of everyday stress: 1) "if you are undocumented, you are nobody"; 2) enacting pride and living abused; 3) living surveilled and criminalized; and 4) living socially disabled. In the current paper I explored the mechanisms through which living undocumented affected Mexican men's mental and physical health.

6.2 Study design and methodology

This is a qualitative, transnational study including in-depth interviews and participant observation conducted in North Carolina (NC) in the US and the Mexican states of Guanajuato and Hidalgo. North Carolina has one of the fastest growing Latino populations in the US over the last thirty

years, with Latinos currently representing almost nine percent of the state population (US Census Bureau, 2017). It is estimated that 43% of Latino adults in NC are undocumented, of which 60% are Mexican (Pew Research Center, 2017). Guanajuato and Hidalgo are among the five top sending states of migrants to NC (SRE, 2017)

I conducted in-depth interviews with men and their family members, community leaders, mental health providers (Table 2, Appendix J). I conducted multiple in-depth interviews with Mexican men living undocumented or had lived undocumented in the US. The sample includes men from NC (N=8), Guanajuato (N=11), and Hidalgo (N=7). I also interviewed close family members of men to triangulate what men shared about their experiences of living undocumented (NC, N=5; Guanajuato, N=6; Hidalgo, N=3) (Table 1, Appendix I). Close family members included mostly wives/ life partners, sisters or mothers. Not all men referred a family member to be interviewed. I also interviewed three community leaders and five mental health providers in NC working in Latino-based mental health organizations. A second source of data comes from participant observation that I conducted at a day laborer's work center in Central NC between 2014 and 2016. This center offers a space where day laborers, mostly Latino men, come to seek jobs. During the participant observation, I helped the center's staff to solve problems related to operations, applying for grants, and provided information about health and work safety to day laborers. Data from participant observation includes field notes of observation and non-structured audio recorded conversations with day laborer men (N=8).

I conducted almost all interviews, in Spanish or English. Interviews were conducted between June 2016 and June 2017. A research assistant helped with the collection of interviews in Mexico. Men in NC received a gift card of $40 for their participation in all interviews; women in NC were given a gift card of $20 for their participation in one interview. Participants in Mexico received an oral health kit for their participation, as cash incentive are not customary. Community leaders and mental health providers did not receive any incentive for their participation. All but one interviews were audio recorded. All

interviews were transcribed by research assistants and professional transcribers, and I reviewed and revised them for accuracy.

The Institutional Review Board of the University of NC at Chapel Hill and the Comisión Fronteriza de Salud in Mexico reviewed and approved the protocol for this study.

6.2.1 Data analysis

I followed a thematic analysis method for this analysis (Nowell, et al, 2017). This method is suitable for "examining the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insights" (Nowell, et al, 2017, page 2). The analytical process included several steps. I first read the transcriptions and generated analytical summaries focusing on how the mental health of men was affected by living undocumented. I then developed a codebook that included both deductive and inductive codes. Deductive codes were based on my interest of exploring men's mental health conceptualizations and how their mental health was affected by their undocumentedness. Inductive codes were originated from men's experiences of embodiment of stress, mental illness and suffering, and men's conceptualizations of wellbeing, which overwhelmingly revolved around "*tener buena salud*" (having a good health).

For data management and coding, I imported all transcripts into Atlas.ti8 and then I coded all transcripts and wrote memos throughout the process. Additional codes that emerged through the analysis were added to the codebook, and transcripts were recoded to apply the new codes when needed. I ran outputs for selected codes, including mental health, physical health, wellbeing, access to services, illness as embodied undocumentedness and coping mechanisms, and generated matrixes where I summarized the content of each code by participant. With this last step, I identified main themes, patterns across data and level of saturation of data. I utilized matrixes and memos as the main source to write paper 2.

6.3 Results

Results are presented in three sections. In the first section I present how living undocumented affected their mental health. In the second section I provide examples of how living undocumented affected participant's physical health. Lastly, I present strategies that men utilized to cope with the mental health and physical health challenges related to living undocumented.

6.3.1 Mental health and undocumentedness

All participants reflected on the different ways that undocumentedness affected their mental health. Leandro, married with 3 young children, was working for a construction company in NC at the time of the interview. In reflecting about his mental health and living undocumented, he mentioned constantly fearing being harassed at work by people that would question his migration status:

> For me it is thinking about, for example, in my case, […] that I crossed as an illegal [person], […] I think about that all the time. That is because since I am illegal, 'this can happen to me' or 'I cannot do these things', so I constantly think about that. So, for me, it is not something physical, but it is what most… there are times that this affects me the most, that by not being well focused, things happen that one would not like [to occur] (Leandro)

Leandro worried about having an accident at work due to being distracted by these thoughts, a worry that was shared by other men. At the time of the interview, Leandro was in fact on medical leave with a foot fracture from an accident that occurred at work. Pedro, married with 2 young adult children interviewed in NC, also worked in construction. He mentioned that living undocumented generated fear and feeling unsafe, which could make him feel sluggish and lacking strength. Other feelings shared by participants related to being undocumented were worry, desperation, discomfort, demoralization and frustration. Experiencing these feelings was triggered by specific circumstances, such as being detained at a drivers' licenses check point. Jaime was a father to a young child and worked for a construction company in NC. He described the "emotional" impact of getting stopped,

> It is frustrating, […] you try to do everything right, you are not a criminal or anything like that, and suddenly, only because you got caught up in a check point by chance, even if you did not violate any traffic laws, you are detained anyway. When they tell you: 'You cannot move the car,

> stay here until somebody comes for you', and you cannot get to work, you cannot go to eat, even if you are hungry, right? Or whatever, that has an emotional consequence. (Jaime)

As expressed by Jaime, the emotional toll of his daily life being interrupted constantly due to being undocumented was significant for him. Similarly, Leonardo, from NC, father of 5 who worked for a factory where he operated specialized equipment, mentioned feeling "trapped" (*agarrado*) for not having documents. He mentioned feeling depressed because he was not able to perform better at his job due to worry generated by his migration status. He felt demoralized when others would get a better salary than him at his job because the impossibility of getting certified due to his lack of documents. Leonardo also mentioned not being able to sleep due to his fear of deportation,

> One cannot sleep calmly; then, I don't know if you have watched TV lately, that there are deportations happening around here […] you think that if you go out, you will not return. [I can't sleep] thinking that I want to go back, thinking they could deport me, deportation keeps your mind a bit occupied. (Leonardo)

Due to the fear of deportation, Leonardo limited his outings only to things that were necessary, which further increased his depression,

> You get that depression sitting here, seeing the same. You see the same, you see the couch, your TV, every day, the weekends; you feel trapped […] for me, depression is when you feel hopeless, like you get hopeless because you want to go out somewhere with your kids and you cannot, and [then you] think 'What did I come here to do? (Leonardo)

Like Leonardo, other men questioned their decision to migrate to the US at moments of desperation, especially when they experienced abuses at work or other stressful situations. Participants talked about depression related to living undocumented in varied terms. Elias, father of 2 children who worked in construction in NC, talked about how he had recently realized that he may have experienced depression, but had not recognized it as such. He said that in Mexico people talk about "being down" (*estar decaído)* and that he had been down and sad at times because he could not enjoy simple things such as traveling for tourism. Moreover, he explained that since he is a quiet person, nobody had really noticed when he was down, making him dismiss what he was feeling. Something Elias recognized were his experiences of stress. He described that his current life with two young children was already

stressful, and not having documents only worsened the stress, particularly when new regulations were put in place that interrupted their life's daily rhythms. An example of this was when Elias' driver's license expired, and he could not get it renewed because of his documentation status. On top of being afraid of driving, he had to change his cars' titles under another person's name due to his lack of driver's license. Related to this, Tomas who was married and had three children who were young adults, mentioned that he used to experience a lot of stress when his children were younger. He would always think about getting deported and worried about leaving his family behind, which caused him to get headaches and suffer insomnia. He also felt stressed about his children also being undocumented and worried about them not getting medical attention in case of severe illness or not being able to attend college due to not only their migration status, but also due to lack of money,

> You go day to day on the salary […] I used to stress and think, 'Well, if my son is going to be out of school for lack of money, with time, what will he tell me? When he remains out of school, will he say 'Why didn't you try harder? Why didn't you help me?' […] I worried about not having a social [security number] because of rumors that those without a social would not be received at hospitals. So, there was a time that I worried because I thought 'What do I do if one day one of my children has an accident and is not received at a hospital? What will I do?' (Tomas)

At the time of the interview, Tomas' children were studying or had completed college, which gave him peace of mind. Tomas' past and Elias current experiences reflect the added burden of having young children when living undocumented.

Anselmo, single and working in the food industry in NC, recalled falling into a depression when his mom died in Mexico and he could not go to the funeral.

> I felt no desire to go out and live. [I wanted to] just lie there, hidden, so that nobody sees you, without any desire to listen to anyone. You enter like a very dense dream you do not want to wake from [….] you don't want to share, you don't want to talk, you don't want to greet others, you don't want to do anything; you only want to stay in bed covered, without anyone seeing you. (Anselmo)

This depression ultimately led to Anselmo losing his job. Like Anselmo, other men talked about experiencing the loss of a close family member and having to grieve from far away. Some also talked about the burden of anticipating how they would feel or what their reaction would be in case a family

member died before they could return to Mexico, including feeling regret and sadness about not saying goodbye to the dying family member in person or participating in the funeral.

Lastly, Pablo, a single man working as a youth counselor in NC mentioned having episodes of extreme anxiety because he had been a victim of crime in multiple occasions. These episodes included panic attacks, insomnia, feeling unsafe, and depression,

> I have been a victim of seven assaults, with a gun, armed robbery […] because the number of these events, I am insecure; I cannot freely walk the street. It is like, I have moments like, 'ugh!'. […] the emotional part, because with one [assault] it was the worst, it was with a gun, I went like a month without sleeping, I had to sleep with the light on, but I tell you, I was the target of some people that think that we have money, or for being a minority, or an immigrant, they take advantage. (Pablo)

Experiencing crime and other abuses was reported by other men as leaving them feeling unsettled and powerlessness, since they were afraid of reporting it to the police.

The mental health providers interviewed mentioned that men they had seen in their services were in most cases referred by a third party, either an agency or a family member. Common reasons for this referral were expert opinions for visa granting, mandatory therapy to deal with domestic violence, substance abuse, driving under the influence of substances, anger management, suicide attempts, anxiety, panic attacks, and post-traumatic stress disorder. Providers recognized that undocumentedness was a main factor that affected men's mental health. Although none of the men interviewed mentioned suicide, mental health providers did. A mental health provider shared that men that were suicidal felt disappointed that their own and their families' situation were worst that in their countries of origin,

> For one client, it was partly moving to the United States and experiencing this feeling of being undocumented, and feeling discriminated against. I think that was definitely part of the reason that he was experiencing suicidal ideation, because he didn't feel welcome. Another client, it was because related to his son's illness, so his son got diabetes. It was just so devastating to for him, and he felt like, 'I've let my son down in some way. If my son is not safe, then no one's safe. I moved here so that my children could have more opportunity, and maybe they don't, and maybe nowhere is safe.' Another client experienced an armed robbery, and his child was there […] This happens a lot, because Latino men especially are targeted because they are known to have cash. 'Now my child has had this traumatic experience. What does this mean for my desire to provide a better life for them? If the United States isn't safe, nowhere is safe." I think that suicidal ideation really has a lot to do with documentation. (Mental health provider)

Mental health providers' professional experiences allow us to see the potential impact on the mental health of living undocumented. In summary, living undocumented affected men's mental health in multiple ways. Certain situations they went through on a regular basis, such as traffic check points, triggered feelings of sadness or anger, which in their own words, generated an emotional toll. In other cases, the accumulation of stressful experiences, such as crime and the impossibility to travel back to Mexico, facilitated the onset of depression, anxiety, or even suicide ideation. The multiple dimensions of their lives that are affected by living undocumented, from family to work, increase their risk of experiencing stress and negative emotions, which could eventually facilitate the onset of mental disorders.

6.3.2 Physical health impacts of living undocumented

Living and working in the US undocumented had also profound physical health consequences. Participant observation at the day laborer's center revealed how men suffered from different pains, illnesses and disabilities that were products of their work as manual workers and their lack of health benefits. These issues were discussed by participants interviewed in both NC and Mexico. Feliciano, a day laborer that was a frequent user of the worker's center, shared how he had been suffering skin breakouts, articulation swelling, and pain after being forced by his employer to remove a bunch of poison ivy without using any personal protection equipment. He was hospitalized for 3 days, and after being released, he was unable to work for a month, and had to pay a hospital bill of $3,000; he did not receive any help from the employer, and ultimately, he was laid off.

Men interviewed in NC affirmed that their health was in good shape. Some even mentioned not having visited the doctor in many years and that they did not need it. Moreover, they mentioned not missing their work due to "*una gripita*" (a little cold). Nonetheless, through the interviews, men shared that they were living with chronic conditions, such as hypertension, diabetes, or struggling with their weight, or detailed experiences of work-related accidents. Although men did not make the link between

their undocumentedness and their physical health, women did. For example, the sister of Jaime mentioned that he looked sicker lately, and that she thought it was related to his frustration of being undocumented,

> I see him as [being] very irritable and he is gaining a lot of weight quickly. [...] He feels stuck; he cannot even have a [driver's] license to pick up his son. You are always cracking your knuckles, [...] you cannot get ahead, you survive, but you do not move forward and [Jaime] does not know how to ask for help or say, 'Hey, I feel bad, [and] I need to talk to someone'. [Voice breaks] I have seen him [as looking] bad lately, he looks sick, he always says that everything hurts, and you cannot really get close to him. (Sister of Jaime)

In contrast, men in Mexico provided detailed accounts of how their health was affected when living and working in the US. Common across the men interviewed in Mexico was their assessment about how their age and deteriorated physical strength did not allow them to take on the border crossing journey anymore. They mentioned that they could not walk through the desert the way they used to do it when they were younger. Several men interviewed in Mexico decided to return permanently because they could not keep working in the US due to developing chronic diseases or physical disabilities. Arturo, married with ten children, and living in Guanajuato at the time of the interview, shared that he was diagnosed with diabetes while living in the US. He started losing physical strength, until he could no longer work. He mentioned that his health was affected by his migrant experience in multiple ways, and that now that he is older, he could feel it in the body,

> [What affected my health] were the sleepless nights, when I would go there, to the other side, walking. That used to affect me a lot, because there were nights where we did not sleep, we did not eat well… In those times, you were not affected because one was younger, but now at this age, it is showing, it is what results with time, all the difficult times, the sleepless nights… when one is young, you don't feel it, you don't feel it. (Arturo)

At the time of the interview, Arturo was working as a construction day laborer in Mexico, but due to his diabetes and overall physical condition, could only do limited jobs that did not require a lot of physical engagement. He mentioned worrying about not making enough money to cover his expenses, but luckily had four sons living in the US (all undocumented) who would send remittances sometimes to

help him and his family out. Likewise, Ceferino, married and with 5 children and currently living in Guanajuato, was living in the US with his wife, when he was diagnosed with asthma and had to be hospitalized for 5 days, getting a bill of $21,000. He would pay between $400 and $500 per month to settle the debt, but could not improve his health because the house where he and his wife were living had old carpets and bad ventilation. Due to his deteriorating health and the debt, they could not afford to pay for a better place to live. His health problems triggered their decision to ultimately return to Mexico. At the time of the interview, his asthma had become a chronic disabling illness and he was not able to work in Mexico, so his wife and children, some of them living undocumented in the US, were financially supporting the family. Yet another participant from Guanajuato, Bonifacio, married and with 8 children, injured his back while working in construction in the US, and slowly became completely unable to perform any heavy lifting work, resulting in ultimately being dismissed from his job. After trying to get another job for a while, but failing to do so, he also decided to go back to Mexico. At the time of the interview, he was not working because two of his sons needed to be taken care due to a severe illness. Three other of his sons were living in the US, all undocumented, working in construction and in charge of supporting economically the family back at home, including the specialized care their brothers needed.

Men in NC were not completely oblivious about the health-related risks faced due to their work and undocumented statuses though. Tomas, age, talked extensively about his hope of returning to Mexico soon, to his hometown in rural Mexico, to "*tomar aires puros*" (breath fresh air), a thought seconded by his wife, because life in the US had been very hard for them. They both talked about enduring low-paid physically strenuous jobs with minimum wage salaries, and for the most part, without any health benefits, for the last 15 years. Tomas had not seen a doctor for a regular check-up in many years. According to his wife, he did not want to find out if he had any health problem. Not knowing anything about his health condition allowed him not to worry about his health. Pablo had the same

opinion, "*No vas al doctor porque te da miedo saber que estás enfermo".* Pablo also asserted that when he felt the need to go to the doctor, the first thing that came to his mind was that he was undocumented, and that he needed to find out at service that was affordable and that would not question his documentation status. Despite his reluctance to visit a doctor, Pablo experienced in just a few years several health problems, including weight gain, high blood pressure, and a facial paralysis. He mentioned feeling overwhelmed at his job but not being able to quit it because of his documentation status.

Pedro's wife also spoke about how her husband's job and her own were very tough on their bodies, because they were exposed to the sun and heavy lifting (as a construction worker) and to chemicals (as a house cleaner) on a regular basis. She knew that one day, they would pay the cost of it in their bodies by prematurely aging, but she didn't know when they could stop working,

> I feel that for us, the poor, there is not a moment where we can say 'I am not going to work' […] the day that I stop working will be because I will not be able to, […] we have needs, not the option [to stop working]. (Wife of Pedro)

To add to the point made by Pedro's wife about aging and retirement, Jaime talked about being worried about aging undocumented in the United States, given the lack of any social security system that would protect him, and not having anybody that could take care of him,

> There will come a time when you can no longer work and you will have much to worry about […] focusing on the situation of not having documents, definitively, what are you going to live from when you are older, when you can no longer work? That is why I think this is a bad place to age, you cannot receive any type of assistance, and of course, nothing guarantees that your family will have the possibility of helping you, I am not saying their will, but the possibility of them helping you, you do not know that either, right? What is going to happen on that side? (Jaime, P5NC)

These examples show how men endured in their bodies the hardships of the process of migration, living undocumented, their low-paid precarious jobs, their lack of access to health and other social services, and their poor living conditions. In addition, aging undocumented represents an

uncertain future, where men do not know if they will have the means to cover the cost of services they might need in the future, and if their families will be able to support them.

6.3.3 Coping with the health impacts of undocumentedness

Participants described certain resources they used to deal with the health impacts of living undocumented. Their motivation to cultivate these resources and keep going was not experiencing a severe health problem again, and being well for their children and close family members that depended on them. Feliciano, for example, after the negative experience with the poison ivy, decided to be more careful about which jobs to take to not risk his health again, even if that meant not getting or losing a job,

> I am who suffers, the people do not suffer, I do. So then, I prefer that if they do not want to give me a job because of that, better that way, because I have that experience that he [the employer] did not help me with anything. […] I worked with him three years […] and he pretended to be mad, he did not give me a job, that is ok, […] either way, thank God, I am more or less calm right now (Feliciano)

Nonetheless, the reality is that men lacked options to cope with physical impacts of their strenuous jobs, particularly men that did not have work benefits, such as holidays, health coverage for risks at work, or sick leave.

Overwhelmingly, the main resource men had to avoid being affected emotionally was not thinking about their documentation status. Men mentioned trying to stop their thoughts about detention and deportation by having a positive attitude daily and keeping their mind busy with activities and work, as Elias mentioned,

> I try to forget, to focus on other things, I try not to think about it […] although I cannot do it, it is not going away, it remains there, but at least it has not bothered me all the time. It will bother me when it [the topic] comes, but not all the time, I just try to forget. (Elias)

Another strategy shared by men was keeping constant communication with their families in Mexico, by taking advantage of the newer technologies, such as instant message applications via cellphones. Some men also hared having made agreements with their family members that they would

not go to Mexico if someone died, so they would not risk their life to cross back to the US, which brought some peace to their minds. Leandro had this type of agreement with his mother, and shared his process of learning to express his feelings over the phone to his parents as a way to release some of the sadness of not having seen them in over 15 years,

> My wife told me once, 'Hey, why don't you ever tell your parents that you love them?' […] when I listen to you talking to them, you never tell them that you love them, why?' 'I don't know' […] The first time that I told my mom 'You know what? I love you very much', it was difficult for me but it was very beautiful, […] I even cried after I told my mom I loved her […] sometimes words are worth more than things. Now I tell them that every time I talk with them, […] I feel very calm after I talk with them and when I say good bye, I tell them I love them, that they take care, […] that keeps me calm, knowing that that word helps them a lot too, it helps them a lot, a lot. (Leandro)

Similarly, Pablo would let his emotions flow by listening to music that reminded him of his hometown in Mexico and allowing himself to cry with it. Elias, however, had a different approach to his feelings, mentioning that he did not remember the last time he cried, but he acknowledged that maybe he should had let his sadness flow more and cry to get comforted by somebody.

Some participants mentioned that when they felt very desperate, they would get together with other men who lived undocumented to talk about what they heard in the news, to discuss the problems they face regularly, and to share tales from their hometowns, as Tomas shared,

> I used to go out, talk with friends, tell them what was going on with me, I then used to feel that when you talk to a person, another person of what is happening to you, it is as if it [stress] comes out of you, one vents and it controls some of your nerves (Tomas)

Nonetheless, men shared that alcohol and drugs were also a common way to cope with the stressors of living undocumented. Most of the participants shared knowing men that engaged in binge drinking and consumption of drugs, mostly marihuana and cocaine, over the weekend. Participants mentioned that the most at risk of suffering mental health problems, including abusing substances, were men that live by themselves, as Leonardo shared,

> I have family here, I am happy, all things considered. I am with them, but many people are not, they are alone, their families are over there [Mexico]. So maybe it is understandable [they drink] because I have been to some houses or mobile trailers where only men live, and they do not

> have family here, they come here to work and there is nothing else to do, they cannot go out, what do they do then? Drink a beer or several […] many get together, they become addicted to cocaine, which abounds here […] because cocaine here is like a taco stand in Mexico, you can find it quickly everywhere. (Leonardo)

As seen, despite their situation, having a family in the US alleviated some of the stress experienced and kept men motivated and away from coping behaviors that could affect their health even more. Men also mentioned that they could not just stay at home, even when they felt bad. They would always go to work, to keep their minds busy. But, they would go to work not only to keep themselves busy, but because they had no other option, as Anselmo shared,

> For those of us far from our families, you enter into a small depression when you get lonely, you don't want to leave your bed, but you have to keep living, you have to go out and bring the bread. […] We do not have the privilege to be like the Americans, I am talking as illegal immigrants, because if you do not work, you do not eat, you do not have money, you do not have an income. Whereas the Americans have privileges, they do not work, but have their salary. (Anselmo)

Only a couple of men interviewed had sought professional mental health services, Pablo and Anselmo. Pablo sought psychotherapy to learn how to ease his anxiety, which he deemed helpful. Anselmo sought help after an episode of depression after his divorce, but he did not like that he was medicated, and decided not to continue going. According to him, Americans just wanted a pill that would help them continue living a fantasy. Other men mentioned that they did not think they needed professional help, while others mentioned not having enough resources to pay for it.

Other strategies to deal with the stress of being undocumented included being involved with and mobilizing community resources. Pablo mentioned that being active in his community, advocating for migrants' rights publicly, and getting informed about his rights despite being undocumented, helped him deal with his anxiety. Tomas and Pedro sought advice early when their children were little about finances, navigation of the US education system and financial aid for college. Following the advice received, Tomas saved money, invested in property in Mexico and enrolled his children in several afterschool mentoring programs, which all helped him ease his mind. Other men shared that the growth

of the Latino community in the area had brought an increased number of organizations, stores, sports clubs and people, which has expanded the social and community resources available for them and their families.

Lastly, men mentioned that having an action plan delineated in case they were deported helped them ease feeling less fearful about deportation. This including having arrangements for their children in the US in case they were deported and having a house in Mexico to live in, which they had built over the years. A mental health provider interviewed agreed that having a plan in case of deportation is a coping mechanism that provides a sense of control,

> Part of the work in therapy is creating a sense of safety again […] It's hard to do that with the current political climate […] I actually see, there's no ideal way to cope with the fear of deportation, I don't think, but I see this kind of grounded, 'I am going to be okay either way' attitude as actually very healthy. I help a lot of families about planning, 'Okay, what will happen with your kids? Have you talked about your kids about this possibility?' Most parents that I've talked have said that that's actually been really helpful, to go get a passport for their child or do something so that they have a plan. […] 'Let's write it down, you can keep it somewhere safe'. That way, you don't feel maybe completely out of control. […] It's hard for me to talk about this topic of deportation with clients who have already been through so much, but I know that it's constantly on their minds, and so I think it's important to bring it up and check in with people about how they're doing (Mental Health Provider)

Providers felt therapy helped to teach men how to manage their emotions, particularly their anger, ease the stress and anxiety, and facilitate the elaboration of action plans in cases of deportation, but ultimately, what was needed was a comprehensive migration reform.

In the end, several men evaluated their current situation and concluded that if they had not migrated to the US, they would not have improved their living conditions, since most of them lived in extreme poverty in Mexico. This thought also helped them ease their minds.

6.4 Discussion

In this paper I focused on the multiple ways in which being undocumented affected Mexican men's mental and physical health and the coping mechanisms that men enact. The mental health impacts included: continuous stress; experiencing negative feelings; and being constantly worried or

having recurring thoughts about their migration status and the possibility of detention and deportation. Men talked about psychosomatic symptoms, such as headaches, insomnia and facial paralysis, derived from these stress, negative emotions and recurring thoughts. Mental health providers interviewed also brought up suicidal ideation and post-traumatic stress disorder as mental disorders experienced by men living undocumented. Although men did not talk about these disorders directly, the mental health providers testimony is evidence of the extent to which undocumentedness can affect men's mental and physical health. Men deployed different strategies to cope with the mental and physical impacts of living undocumented, including avoiding risks, not thinking about their status, sharing their feelings with others, using mental health services, reaching out to community resources and having a plan in place in case they were detained or deported.

Our findings relate to other studies with similar populations. Crocker (2015) explored the daily stressors that could contribute to a high allostatic load through the study of emotional suffering among Mexican immigrants in Arizona. Chronic stressors reported were overworking, not having enough time to spend with family, lack of steady work. These stressors resulted in feeling of anxiety, sadness, stress and anger (Crocker, 2015).

Two concepts can help us problematize our findings, social suffering and embodiment. Social suffering alludes to those "devastating injuries" that can be inflicted by diverse structural, economic, political and social processes to humans. As I laid out, undocumentedness is a socio historical and political construction that has translated into complex experiences that touch many dimensions of Mexican men's lives. Most of these experiences generate a great amount of stress that originates specific forms of suffering. Kleinman proposed that the analysis of social suffering among a specific group looks for the collective mode of perceiving and expressing experiences that display visible patterns of bearing with their suffering (1997a, 1997b). As I presented, I identified that men actively avoid thinking about their documentation status, as a bearing mechanism that allows them to continue

with their daily lives, -albeit recognizing that undocumentedness is always present in their minds. Despite men experiencing negative feelings and even naming mental disorders, like anxiety and depression, they showed a great ability to bounce quickly from those states of suffering. From talking about their problems or expressing their feelings, to proactively putting together action plans in case of deportation actually happened, men draw upon whatever resource they had to ameliorate the impact of their status. Nonetheless, this ability to keep going does not mean that the suffering is not happening and that it has no toll on them. This speaks to the position of the promoters of the *Ulysses Syndrome*, who advocate for the recognition of the unique ways in which migrants experience their mental suffering (Achotegui, 2009). For them, there is a need to understand that when a migrant does not present a clinical case of a mental disorder, this does not mean that there is not a great deal of stress and suffering going on. Moreover, as Kleiman suggested, when utilizing instruments that are standardized to measure mental disorders, social suffering can get erased from "bureaucratic categories and objects for technical intervention." (1997b)

The challenge is to identify when a man needs help, especially when they do not seek for it. As participants of this study mentioned, although their daily lives are affected by their undocumentedness, it is in very particular moments where the negative feelings and suffering are triggered. One day a man can be stopped at the checkpoint, and re-engage with the negative emotion, and even have an episode of insomnia that night, to then re-enact the coping mechanism of not thinking about it, until the next occasion. The question remains at what point this cyclical re-engagement with negative emotions could cause the onset of a mental or physical disorder and what interventions can be helpful.

In terms of physical health, I observed how Mexican men have embodied their undocumentedness in multiple ways. Embodiment refers to the ways in which our bodies incorporate the world we live in, through a process of "temporal [and progressive] transformation of bodily characteristics" because of the interaction with the world (change in weight, increase in levels of

cholesterol, for example) (Krieger, 2005). The concrete reality of embodiment is expressed in biological characteristics that can lead to the onset of illness, -physical or mental-, disability or death. Embodiment can also help understand the individual life histories, either hidden or revealed, because bodies can tell the stories that people do not want or cannot tell (Kreiger, 2005). The case of Jaime, whose sister identified in the way he looks the impact of his undocumentedness is an example of how his body was able to communicate what he could not. Another example is the visible physical deterioration that many men interviewed showed, despite being young.

Embodiment is also a reminder of the "entangled consequences of diverse forms of social inequality" (Krieger, 2005, Page 353), whereby we cannot artificially parse out specific causes for specific outcomes. This is the case for men in NC that shared living with a chronic health condition. Although they did not explicitly attribute their illnesses to undocumentedness and even asserted that their health was very good, many of their experiences as undocumented could have facilitated their onset. The situation gets complicated by men's reluctance to utilize preventive services, due to their fear of finding out if they were sick. The paradox is that a lot of them referred having symptoms of body strain, such as insomnia, extreme tiredness, and body pains and chronic conditions, such as diabetes or hypertension. While it is hard to make causal claims about undocumentedness being a cause for the onset of chronic diseases for men interviewed in NC, I have provided a rich description on how undocumentedness generated a lot of stress. Stress in turn can be translated into them having a higher allostatic load, which has been associated with the onset of chronic illnesses (Willen, 2012). The cases of facial paralysis, weight gain, injury, asthma, and others observed among the participants showed the extent to which the stress of living undocumented can affect the mental and physical health of men.

However, the stories of men interviewed in Mexico show how their lived undocumentedness lead to mental illness. As Kline (2017) asserted in his study of an undocumented migrant that lost part of his skull in a car accident, Mexican men have "embodied the issue of immigrant policing, [their bodies

wear] the signs of harsh immigration regimes that have shaped [their lives] and ultimately impacted it in potentially irreparable ways." (Page 115). In my study, men that got sick or physically unable to work while living and working undocumented in the US and returned to Mexico, embodied their hard and precarious jobs, their lack of work benefits, including lack of access to affordable health care, and their lack of healthy and safe housing, which ultimately resulted in chronic health conditions and disability.

Despite all the above, men had several resources to cope with the stressors of living undocumented. The enactment of this resources shows an attempt to alleviate the impact on their lives of their migration status, and the possibility of reclaiming a sense of control over their lives. Public health practitioners can learn from the things that men and their communities are already doing to generate interventions for these communities. From what men shared, reaching out to men living undocumented with information about primary health services that are affordable is key for early detection and attention of chronic disorders. Also, engaging men in their communities, and provide information about their rights, particularly at work and when interacting with authorities is important to return some sense of control that could alleviate their worries and stress. Public health practitioners could also work to connect men to local resources and organizations that can help them to navigate other aspects of their lives that are important, such as understanding the education system in the US for their children or helping to develop action plans in case deportation happens.

There is also a need to expand the mental health services available for this population that are affordable and are prepared for and aware of the impact that living undocumented has in their lives and health. Mental health services and public health practitioners should also be prepared to face a wide range of mental health problems associated with their migration status, and be creative in terms of what type of mental health intervention is appropriate for a group like this. This is particularly important for cases where although there is not an evident mental illness that can be diagnosed, men display a constellation of negative feelings and symptoms that are affecting their lives. There is a need to avoid

stereotyping certain behaviors as cultural, such as binge drinking, and rather recognize them as a result of the suffering originated by their documentation status.

These findings also have several implications for Public Health's responsibility to promote and enable migrants' rights. As with other social determinants of health, Public Health practitioners must recognize that migration policies are health policies, and thus, become advocates for comprehensive and humane migration reform. This is important because reforms that relieve migrants from everyday stressors, such as DACA, have shown to have an immediate impact in the mental health of people living undocumented (Venkataramani, et al, 2017). Moreover, restrictive migration policies have shown to have a negative impact in the health of the larger community, beyond migrants themselves, particularly among the Latino community, given the racialized pattern of migration policies' enforcement (Hatzenbuehler, et al, 2017), but granting a form of regular status to migrants has shown to have a positive impact on the health of their families and communities (Hainmueller, et al, 2017). This evidence backs the moral imperative to prevent further restrictions and change current policies that affect migrant's everyday lives

6.4.1 Study limitations

This study has several limitations. I could not reach saturation of certain topics, particularly on the themes of substance abuse and suicidal ideation. None of the men interviewed talked about these experiences as lived by them directly, and I only heard about suicide from mental health providers. Also, although men mentioned living with chronic conditions, I was not able to gather more information into how living with a chronic condition further complicated their lived experiences as undocumented. Although results are specific for Mexican men, the process of this project is transferable to other populations that live undocumented, particularly those in states with high restrictions and active enforcement of them.

6.4.2 Future directions and conclusion

The fact that providers talked about suicide as being related to undocumentedness contradicts what the Ulysses Syndrome claims about the lack of suicidal ideation among migrants, but further exploration is needed. Similarly, men usually referred to other men on the topic of substance abuse. Future studies should seek into exploring specifically the topic of undocumentedness and substance abuse and suicide, taking in consideration that these topics are particularly sensitive for men. It might be helpful to reduce men's reluctance to talk about substance abuse if the behavior is frame as a coping mechanism of the undocumentedness-related stressors, rather than a problem related to whom they are. There is also a need of future studies addressing issues of undocumentedness and allostatic load to test the theory of early aging and the relationship between undocumentedness and chronic disease mediated by allostatic load. Related, my study only had men over 50 years old in the Mexico sample. It would be valuable to explore the mental and physical health experiences of older adults living undocumented in the US. Lastly, as it becomes more difficult to disentangle personal safety from economic need as reasons from migrating undocumented, it is important to explore the impact of the stress related to the threat of deportation for those that returning to their countries would compromise their lives, and for whom some of the coping mechanisms presented in this paper would not work.

In summary, living undocumented has direct impacts on the mental and physical health of Mexican men. Public health practitioners can explore ways to develop interventions that ameliorate the impact of undocumentedness on men's health. Public health practitioners and leaders should also advocate for a comprehensive migration reform that helps alleviate the impacts of living undocumented on the health of those affected by it.

CHAPTER 7. DISCUSSION AND CONCLUSION

In this dissertation, I explored the lived experiences of Mexican men that have lived undocumented in the US and how their undocumentedness affects their mental and physical health. In this section, I synthesize the findings, discuss the study strengths and limitations, and conclude with future directions for research and practice.

7.1 Summary of findings

Through a transnational ethnographic and phenomenological study, I describe the complex phenomenon of undocumentedness as lived by Mexican men. I identified dimensions of living undocumented that relate to the current social and political context of migration in the United States. I also explored how living undocumented affected Mexican men's mental and physical health. Men expressed that their undocumentedness is always present in their minds, and generates negative feelings, depression and anxiety. I identified the ways that undocumentedness is embodied, through somatic symptoms, experiences of injury at work, chronic diseases, and disability. Men enacted different coping strategies to deal with the effects of undocumentedness on their health, mental and physical (Figure 2).

More specifically, in chapter 5, through the phenomenological study of undocumentedness, I identified four dimensions of the lived experience: 1) "if you are undocumented, you are nobody", 2) enactment of pride and living abused, 3) living surveilled and criminalized, and 4) living socially disabled. Using an intersectional approach to study of undocumentedness allowed me to show how Mexican men's migration status intersected with their class, gender, and ethnicity. This intersection produced a set of lived experiences that impacted their daily lives in specific ways. For example, by being undocumented and losing the possibility of obtaining a local ID or using their Mexican ID's, men had

trouble driving, owning a car, accessing better jobs, and utilizing services. This in turn pushed them to utilize several strategies to circumvent the restrictions imposed on them due to repressive policies, including the use other people's identities. Mexican men also enacted pride of being Mexican and immigrants, by asserting that they are better and harder workers than others, and having succeed despite their undocumentedness. At the same time, they recognized their vulnerability as undocumented workers, having to endure a myriad of abuses and accept the impossibility of upward mobility. Moreover, the implementation of anti-immigrant policies has meant the constant surveillance and criminalization of men's lives and that of their communities, on top of exposing them to being victims of crime. Finally, living undocumented meant that their everyday lives had become so complicated that their current situation as undocumented is unbearable. Nonetheless, participants were able to reclaim some agency in light of the restrictions faced by actively planning what they would do in case they are deported, particularly with their children. Despite the difficulties endured in the US, men still believed their children would be better off in the US, and they were willing to go through this new form of family separation in order for their children to have a better future.

In Chapter 6, I presented how living undocumented affected mental and physical health. Participants mentioned that their undocumentedness was always on their minds. As a result, they talked about experiencing sadness, anger and frustration. Some mentioned experiencing depression and anxiety, derived from daily frustrations, such as abuses at work or being detained at check points. or seeing others suffer from substance abuse problems. They talked about depression in different ways, including feeling down, trapped, or feeling desperate, all symptoms associated to being undocumented. Mental health providers brought up suicidal ideation and post-traumatic stress disorder as mental disorders experienced by men living undocumented. Though male migrant participants did not talk about these disorders directly, the mental health providers' testimony reflects the extent to which undocumentedness can affect men's mental and physical health.

Even though men tried not to think about their migration status, common situations, such as being victim of a crime or having an encounter with an authority at a traffic checkpoint, triggered the processes of stress, worry and negative feelings, reflecting that undocumentedness is a constant stressor that is difficult to dismiss. Moreover, other stressors, especially struggling economically, magnified the impact of living undocumented. There was a cyclical dynamic between poverty and documentation status where men could not improve their economic situation precisely because of their documentation status. Men also talked about living under stress above and beyond their documentation status, for example, while raising small children.

Men embodied their undocumentedness in multiple ways. Being exposed to physical strains, from crossing the border undocumented to arduous physical jobs, generated chronic conditions, such as asthma, and disabilities, such as back and joint malfunction, as observed mainly among men in Mexico. The jobs that are available to them due to their documentation status are precarious jobs that require manual and body labor seems to put them at a higher risk to get sick or disabled sooner, which condemned them to end their productive life at a younger age. Physical health problems were exacerbated by a lack of health insurance, reluctance to utilize preventive services, the complication of chronic conditions due to delayed service seeking, the cost of the health services, and the lack of accountability of employers when they had suffered a health problem originated at work.

Nonetheless, men had several ways in which they cope with their situation, including avoiding situations where they could get injured at work, expressing and sharing their feelings with others, using professional mental health services, activating their social and community networks for services and advice. Although men did not talk about personal experiences with substance abuse, they mentioned seeing other men recurring to alcohol and drugs to deal with their undocumentedness. A main coping strategy utilized was avoidance, whereby they tried not to think about their documentation status. This

strategy was not successful, as mentioned, when facing situations that reminded them that they were undocumented, such as getting detained at traffic check points.

The results of my dissertation complement other recent research. Since the initial conceptualization of this study, a number of studies related to mental health and migration status have been published. Ayon (2017) conducted a study in Arizona with immigrants from Latin America that had children between the ages of 7 and 12. She found that participants talked about living in perpetual fear and with limited social interactions, the impossibility of driving and the high cost of traffic tickets due to the lack of driver's licenses, the constant changes in social networks due to higher mobility, and the efforts made by parents to protect their children's future in the US. Lebron (2017) reflected on how the implementation of restrictive ID policies has health equity implications, by preventing undocumented migrants from using health services, pharmacies and other community services. Mueller (2017) suggested that there are important associations between the health of aging immigrant and the migration policy regimes under which they migrated to the US. According to Mueller et al, the most recent changes to migration policy placed restrictions on resources that could have prevented migrant's health declines, such as preventive services.

Together with this recent literature, my dissertation shows that undocumentedness is a complex health-related social determinant that affects many dimensions of migrants' lives, and that it intersects with other categories, in the case of my study, with class, gender and ethnicity. This intersection of undocumentedness with the class, gender and ethnicity of Mexican men, produces multiple lived experiences that have different effects on the health of migrants, ranging from mental health suffering to the embodied hardships related to be undocumented.

7.2 Study strengths and limitations

This study has several strengths. I was able to collect a homogeneous sample in terms of country of origin and gender, which allowed me to concentrate on the experiences of Mexican men. This is a strength given that migration experiences are closely linked to the history and context of places of origin and destination, and also that migration experiences are also gendered. Although collecting documentation status has been avoided by researchers, I specifically recruited men that were or had lived undocumented in the US. I also worked with several sources of information which allowed for triangulation of the themes. The process I followed to conduct this research might be transferable to other groups of migrants living undocumented, particularly to places where policies against immigrants are proliferating, such as the South of the US. For example, part of the process for conducting a study with undocumented population involves long term immersion in the community and the ability to generate trust in order to reach the population. Looking for multiple sources of information for the same population can also help with triangulation. Finally, although findings are very specific for this sample, they might resonate with findings among other group that live undocumented, which at the end can help to expand the knowledge on the effects on health of undocumented populations.

Nonetheless, this study has several limitations, mostly on the lack of saturation or exploration of certain themes. Although I was not looking for men with experiences of detention due to the scope of this study, it naturally came up in some of the interviews of men in Mexico as an important topic. I also lacked representation of older adult men in the NC sample, which did not allow for the exploration of how undocumentedness is lived by senior men living in the US, as opposed of senior men that had returned to Mexico. Similarly, my sample lacks men that did not identify as heterosexual. The exploration of undocumentedness and sexual orientation could shed light of different dimensions of the experience. From the Mexico sample, a topic that was not sufficiently explored was the

multigenerational experience of undocumentedness, a topic that came up with participants in Mexico who had their adult children now living undocumented in the US.

In terms of how undocumentedness affects the mental and physical health of Mexican men, I was not able to reach saturation on the areas of substance abuse and suicidal ideation. None of the men interviewed talked about these experiences as lived by them directly, and I only heard about suicide from mental health providers. Similarly, men usually referred to other men on the topic of substance abuse during the interviews. Also, although men mentioned living with chronic conditions, I was not able to gather more information into how living with a chronic condition further complicated their lived experiences as undocumented, and how that in turn generates more stress.

7.3 Implications for future research and interventions

With an increased number of migrants globally, alongside with the implementation of restrictive policies at the national level, it is crucial to continue exploring the impact of living undocumented. With studies like my dissertation, we are starting to have a good understanding of the daily experiences and constructed meanings of undocumentedness. Nonetheless, each migrant group has its own history and context. As I mentioned on Chapter 5, although results of this dissertation might not be immediately transferable to other populations, the process undertaken to explore this phenomenon and its health impacts can be utilized for future research.

Most of studies conducted on health and documentation status have focused on barriers to access to health services (Martinez, et al, 2015), but there is a need to study how undocumentedness hinders the utilization of preventive services and promotes higher-cost emergency care (Page et al, 2017).

We also need to develop specific studies that look for association of undocumentedness with different mental and physical health outcomes. For this, it is important to collect data related to documentation status, a major gap in current research. Such data should include if the person is

undocumented, if family members are also undocumented, for how long has been of undocumented, strategies used to circumvent restrictions, the health consequences of experiencing detention, and for whom the stress of deportation is greater, depending on their reasons for migrating in the first place.

Another opportunity is to use a life course perspective to study undocumentedness, which would help assess how undocumentedness is lived across the life span of a person and its health impacts (Garcia, 2017; Torres & Young, 2016). The exploration of aging and undocumentedness should parallel the exploration of the hypothesis that undocumentedness is embodied as allostatic load and chronic conditions that further complicate their daily lives (Willen, 2012). Similarly, future studies should seek into exploring specifically the topic of undocumentedness and substance abuse and suicide, taking in consideration that suicide and substance abuse seemed to be particularly sensitive topics for Mexican men.

There is also a need to further explore the influence of transnational networks and new technologies on the mental and physical health of undocumented migrants (Villa-Torres, et al, 2017), particularly on issues related to emotions and mental health (Boccagni, 2015).

An area of research that has recently expanded is the assessment of the effects of migration policies on the health of the larger community. This is particularly important for the Latino community in the US, since it is estimated that 9 million families live in household with at least one member that is undocumented (Garcia, 2017). Research has found for example that the enforcement of migration policies, -such as raids, 287(g) program adoption, and deportations-, has resulted in several negative health outcomes among Latinos, including lower self-rated health scores (Lopez, 2017), health care seeking avoidance (Pedraza, 2017), delayed prenatal care (Rhodes, 2015), low-birth weight (Novak, et al, 2017), poorer mental health (Hatzenbuehler, et al, 2017), and mental health problems among US born Latino children (Dreby, 2012, 2015; Zayas, Aguilar-Gaxiola, Yoon, & Rey, 2015).

In terms of interventions, my dissertation provides detail on the multiple dimensions of Mexican men's lives that are affected by their undocumentedness. There is a need to compile the evidence of interventions that have worked with men in general, and Latino men specifically, in areas that can help ameliorate the impacts of undocumentedness on their health. For example, there is a need to assess interventions that have been successful in promoting the utilization of preventive health services, mental health services and adherence to treatments. Although cost and undocumentedness are big barrier, a main deterrent is the fear of finding out that they are sick, so interventions should emphasize the importance of preventive services. Also, there is a need to assess interventions that promote safe work practices and the utilization of personal protection equipment, because given the nature of jobs that undocumented men do, they are at higher risk of suffering work-related injuries.

In terms of mental health, there is a need to develop interventions that recognize how undocumentedness affects men's health and their emotions, and that are sensitive to men's positionality, meaning, their gender, class and ethnicity. This includes understanding that men utilize avoidance as a coping mechanism, and that the experience of negative feelings related to undocumentedness is intermittent and it is triggered by external factors. This has implications for measurement, both in terms of instruments and timing. The truth is that the stressors related to undocumentedness are a constant and providing men a space to talk through their feelings and worries can help alleviate their suffering.

Lastly, there is a potential for developing interventions at the community level that help counteract the effects of restrictive federal and state regulations on the health of migrants. For example, Mann and colleagues (2016) laid out a series of recommendations to reduce the impact of restrictive migration policies on health, all related to strengthening the community networks, connecting migrants with local resources, help migrants navigate the health system effectively, generate awareness among health providers about the needs of undocumented migrants, and advocate for

migration reform. Implementing these types of recommendations requires a concerted effort of multiple stakeholders at the local level. One example of such an intervention are the issuance of local IDs that are accepted by local county or town police departments, schools, and social and health services (Lebron, et al, 2017). Another example is the naming of a city a sanctuary city for migrants. A more concrete example is the program Building Integrated Communities, part of the Latino Migration Project at UNC, whereby municipalities work with multiple local stakeholders for the integration of migrant communities, which includes attending at their prioritized needs, such as transportation, and the integration of migrant-lead decision making bodies in local government (The Latino Migration Project, 2017). The development of these type of structural interventions and the evaluation of its health impacts is still needed.

Finally, there is a need to provide undocumented people with a recognized status and decriminalize migration globally. Undocumentedness is a social construction derived from the need of global economies for cheap labor, while denying migrants' humanity. Nations must be open to the social and cultural changes that are derived from the integration of economies at the global level, and states must stand to protect migrants' human rights, including their right to health, regardless of their nationality. Increased restrictions do not deter people to migrate, it only increases their vulnerability. In particular, Mexico and the United States, with their long history of migration, need to find a joint solution to alleviate the suffering of millions of undocumented migrants and their families.

APPENDIX A: INFORMED CONSENT FORM FOR MEN

University of North Carolina-Chapel Hill
Consent to Participate in a Research Intervention Study
Mexican Adult Men Participants
Social Behavioral Form

IRB Study #:
Consent Form Version Date: January 4 2016

Title of Study: Living undocumented: An ethnographic study of the mental health and wellbeing of undocumented Mexican migrant men

Principal Investigator: Laura Patricia Villa Torres
UNC-Chapel Hill Department: Health Behavior
UNC-Chapel Hill Phone number: 919 259 8568
Email Address: ***villal@live.unc.edu***
Faculty Advisor: Clare Barrington, PhD
Funding Source and/or Sponsor: None
Study Contact telephone number: 919 259 8568
Study Contact email: villal@live.unc.edu

What are some general things you should know about research studies?
You are being asked to take part in a research study. To join the study is voluntary.
You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.
You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?
The purpose of the study is study what the impact on the mental health and wellbeing is of living undocumented for Mexican men and what resources are available in the community to serve the population that is undocumented. This information is important to better address the needs of the population that lives undocumented in the United States.

How many people will take part in this study?
If you decide to be in this study, you will be one of approximately 75 men in this research study. You are free to skip one or more questions, or discontinue participation, at any time without penalty. All participants must be at least 18 years old.

How long will your part in this study last?
You will be asked to participate in a maximum of 3 1-hour long interviews.

What will happen if you take part in the study?
The topics that will be discussed throughout the several parts of this research are related to your immigration history to the United States and how living undocumented affects (affected) your life. This will be an open interview, similar to a conversation, and the topics will be addressed in different interviews.

The interviews will be audiotaped and will be transcribed.

What are the possible benefits from being in this study?
Research is designed to benefit society, in particular the Latino community in North Carolina, by gaining new knowledge. You will not benefit directly from participating in this research study.

What are the possible risks or discomforts involved from being in this study?
You might experience emotional distress due to the conversations about your documentation status.

How will your privacy be protected?

We will keep all your personal information confidential. This information will get in a different place from the digital audio and the transcriptions and nobody but the principal investigator will have access to it. We will assign you a code and that is the code we will use throughout the study in all the related documents. Personal information will be destroyed once interviews are finalized. Transcription of interviews will be redacted to eliminate potential compromising information.

It is ok to audiotape me: _____
It is not ok to audiotape me:_____

Participants will not be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety. To protect your privacy about this potential risk, a Certificate of Confidentiality granted by the National Institutes of Health, will be requested. This certificate will provide an added layer of protection of your privacy.

What if you want to stop before your part in the study is complete?
You can withdraw from this study at any time, without penalty. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

Will you receive anything for being in this study?
You will not receive anything for your participation in this study.

Will it cost you anything to be in this study?
There will be no costs for being in the study

What if you have questions about this study?
You have the right to ask, and have answered, any questions you may have about this research. If you have questions, complaints, concerns, or if a research-related injury occurs, you should contact the researcher listed on the first page of this form.

What if you have questions about your rights as a research participant?
All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

- -

_____ _____
Signature of Research Team Member Obtaining Consent Date

_____
Printed Name of Research Team Member Obtaining Consent

APPENDIX B: INFORMED CONSENT FORM FOR FAMILY MEMBER

University of North Carolina-Chapel Hill
Consent to Participate in a Research Intervention Study
Family member of undocumented Mexican men
Social Behavioral Form

IRB Study #:
Consent Form Version Date: January 4th 2016

Title of Study: Living undocumented: An ethnographic study of the mental health and wellbeing of undocumented Mexican migrant men

Principal Investigator: Laura Patricia Villa Torres
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Email Address: ***villal@live.unc.edu***
Faculty Advisor: Clare Barrington, PhD
Funding Source and/or Sponsor: None
Study Contact telephone number: 919 259 8568
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What are some general things you should know about research studies?
You are being asked to take part in a research study. To join the study is voluntary.
You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.
You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?
The purpose of the study is study what the impact on the mental health and wellbeing is of living undocumented for Mexican men and what resources are available in the community to serve the population that is undocumented. This information is important to better address the needs of the population that lives undocumented in the United States.

How many people will take part in this study?
If you decide to be in this study, you will be one of approximately 75 persons in this research study. You are free to skip one or more questions, or discontinue participation, at any time without penalty. All participants must be at least 18 years old.

How long will your part in this study last?
You will be asked to participate in one 1-hour long interviews.

What will happen if you take part in the study?
The topics that will be discussed throughout the several parts of this research are related to your relationship to the man that referred you to the study. We will also ask you questions about how you think living undocumented affects him in his daily life.

The interview will be audiotaped and will be transcribed.

What are the possible benefits from being in this study?
Research is designed to benefit society, in particular the Latino community in North Carolina, by gaining new knowledge. You will not benefit directly from participating in this research study.

What are the possible risks or discomforts involved from being in this study?
You might experience emotional distress due to the conversations about your family member documentation status.

How will your privacy be protected?

We will keep all your personal information confidential. This information will get in a different place from the digital audio and the transcriptions and nobody but the principal investigator will have access to it. We will assign you a code and that is the code we will use throughout the study in all the related documents. Personal information will be destroyed once interviews are finalized. Transcription of interviews will be redacted to eliminate potential compromising information.

It is ok to audiotape me: _____
It is not ok to audiotape me:_____

Participants will not be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety. To protect your privacy about this potential risk, a Certificate of Confidentiality granted by the National Institutes of Health, will be requested. This certificate will provide an added layer of protection of your privacy.

What if you want to stop before your part in the study is complete?
You can withdraw from this study at any time, without penalty. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

Will you receive anything for being in this study?
You will not receive anything for your participation in this study.

Will it cost you anything to be in this study?
There will be no costs for being in the study

What if you have questions about this study?
You have the right to ask, and have answered, any questions you may have about this research. If you have questions, complaints, concerns, or if a research-related injury occurs, you should contact the researcher listed on the first page of this form.

What if you have questions about your rights as a research participant?
All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

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_____ _____
Signature of Research Team Member Obtaining Consent Date

_____
Printed Name of Research Team Member Obtaining Consent

APPENDIX C: INFORMED CONSENT FORM FOR SERVICE PROVIDER

University of North Carolina-Chapel Hill
Consent to Participate in a Research Intervention Study
Family member of undocumented Mexican men
Social Behavioral Form

IRB Study #:
Consent Form Version Date: January 4th 2016

Title of Study: Living undocumented: An ethnographic study of the mental health and wellbeing of undocumented Mexican migrant men

Principal Investigator: Laura Patricia Villa Torres
UNC-Chapel Hill Department: Health Behavior
UNC-Chapel Hill Phone number: 919 259 8568
Email Address: ***villal@live.unc.edu***
Faculty Advisor: Clare Barrington, PhD
Funding Source and/or Sponsor: None
Study Contact telephone number: 919 259 8568
Study Contact email: villal@live.unc.edu

What are some general things you should know about research studies?
You are being asked to take part in a research study. To join the study is voluntary.
You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. You may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.
You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?
The purpose of the study is study what the impact on the mental health and wellbeing is of living undocumented for Mexican men and what resources are available in the community to serve the population that is undocumented. This information is important to better address the needs of the population that lives undocumented in the United States.

How many people will take part in this study?
If you decide to be in this study, you will be one of approximately 75 persons in this research study. You are free to skip one or more questions, or discontinue participation, at any time without penalty. All participants must be at least 18 years old.

How long will your part in this study last?
You will be asked to participate in one 1-hour long interviews.

What will happen if you take part in the study?
The topics that will be discussed throughout the several parts of this research are related to the work you do in the organization you work for, and more specifically, to the work you do with Latinos and the undocumented Latino population. You will be also asked about your perspectives on the mental health and wellbeing of Mexican men that live undocumented and what resources are available in the community for this population.

The interview will be audiotaped and will be transcribed.

What are the possible benefits from being in this study?
Research is designed to benefit society, in particular the Latino community in North Carolina, by gaining new knowledge. You will not benefit directly from participating in this research study.

What are the possible risks or discomforts involved from being in this study?
You might experience emotional distress due to the conversations about your work and the work you do with undocumented populations.

How will your privacy be protected?

We will keep all your personal information confidential. This information will get in a different place from the digital audio and the transcriptions and nobody but the principal investigator will have access to it. Personal information will be destroyed once interviews are finalized. Transcription of interviews will be redacted to eliminate potential compromising information.

It is ok to audiotape me: _____
It is not ok to audiotape me:_____

Participants will not be identified in any report or publication about this study. The name of the organization you work for will also be kept confidential and will be changed in reports and/or publications. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the University, research sponsors, or government agencies for purposes such as quality control or safety. To protect your privacy about this potential risk, a Certificate of Confidentiality granted by the National Institutes of Health, will be requested. This certificate will provide an added layer of protection of your privacy.

What if you want to stop before your part in the study is complete?
You can withdraw from this study at any time, without penalty. The investigators also have the right to stop your participation at any time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

Will you receive anything for being in this study?
You will not receive anything for your participation in this study.

Will it cost you anything to be in this study?
There will be no costs for being in the study

What if you have questions about this study?
You have the right to ask, and have answered, any questions you may have about this research. If you have questions, complaints, concerns, or if a research-related injury occurs, you should contact the researcher listed on the first page of this form.

What if you have questions about your rights as a research participant?
All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject, or if you would like to obtain information or offer input, you may contact the Institutional Review Board at 919-966-3113 or by email to IRB_subjects@unc.edu.

- -

_____ _____
Signature of Research Team Member Obtaining Consent Date

_____
Printed Name of Research Team Member Obtaining Consent

APPENDIX D: SEMI-STRUCTURED INTERVIEW GUIDE FOR MEN IN THE UNITED STATES

General information:

1. Age/Edad: _____
2. Education level/Nivel de educación:_____
3. English proficiency/ Nivel de inglés:_____
4. Time in the United States/ Tiempo viviendo en Estados Unidos: _____
5. Civil status/ Estado civil:_____
6. Number of children/ Número de hijos: _____
7. Type of employment/ Tipo de empleo: _____
8. Type of housing/ Tipo de vivienda:_____
9. Average income per month /Ingreso mensual: _____

Migration history:

1. Can you please tell me how you decided to migrate to the United States? Who from your family or hometown had migrated before you? /¿Me puede decir cómo decidió migrar a los Estados Unidos? ¿Quién de su familia o su lugar de origen migró antes que usted?

2. Can you tell me in detail how the migration process for you was, from where you first thought about coming to the United States to the travel here and your settlement in North Carolina? Whom did you travel? How and when did your family travel here?/ ¿Me puede contar con detalle cómo fue su proceso de migración desde que usted pensó por primera vez en migrar a los Estados Unidos, hasta su viaje acá y su establecimiento en Carolina del Norte? ¿Quién migró con usted? ¿Cómo y cuándo vino su familia con usted?

3. How did you decide to come to North Carolina? Who helped you during your migration here? Who helped you get settled in North Carolina? / ¿Cómo decidió venir a Carolina del Norte? ¿Quién le ayudó para hacer el viaje para acá? ¿Quién le ayudó a establecerse en Carolina del Norte?

4. How has been your life in North Carolina? / ¿Cómo ha sido su vida en Carolina del Norte?

Documentation status:

1. Who is an undocumented person? / ¿Quién es una persona indocumentada?

2. What did you know before migrating about the “documents” to live and work in the United States? How did you decide to migrate without “documents”? / ¿Qué sabía antes de venir a Estados Unidos acerca de los “documentos” para vivir y trabajar en Estados Unidos? ¿Cómo se decidió a viajar sin documentos?

3. How is it for you to live undocumented? How do you feel about living undocumented?/ ¿Cómo es para usted vivir indocumentado? ¿Cómo se siente usted de vivir indocumentado?

4. How does living undocumented affect your life every day? What things or activities can you do and cannot do because you are undocumented? / ¿Cómo le afecta en sus actividades diarias vivir indocumentado? ¿Qué actividades puede y no puede hacer por el hecho de vivir indocumentado?

5. How do you feel about the things you cannot do because you are undocumented? (Explore in detail) / ¿Cómo se siente acerca de las cosas que usted no puede hacer porque vive indocumentado? (Explorar en detalle)

6. (For those living in NC for over 10 years) Is it different to be undocumented now than before when you first migrated? In what ways is it different? / ¿Es diferente vivir indocumentado en este momento en comparación de cuando usted recién migró?

7. How do you think your experience is similar or different from what other people that are undocumented experience? For example, from women or children or men from other nationalities or people with more economic resources that are also undocumented. / ¿Qué tan diferente es su experiencia de las experiencias de otras personas diferentes a usted, por ejemplo, mujeres o niños, o migrantes de otras nacionalidades o personas con más recursos económicos que también están indocumentados?

Mental health and wellbeing:

1. What do you understand by mental health? / ¿Qué entiende usted por salud mental?

2. How is your mental health these days? What does your mental health mean for you? /¿Cómo es su salud mental estos días? ¿Qué significa su salud mental para usted?

3. How does the fact that you are living undocumented affect your mental health? / ¿Cómo afecta a su salud mental el hecho de vivir indocumentado?

4. What do you do to overcome or to cope with what you feel about being undocumented? What helps you to keep moving? / ¿Qué hace usted para lidiar o soprepasar lo que usted siente por el hecho de vivir indocumentado? ¿Qué le ayuda a seguir adelante?

5. What do you understand by wellbeing? /¿Qué entiende usted por bienestar?

6. How is your wellbeing? /¿Cómo es su bienestar?

7. Are you happy with your life? Why yes or why not?/ ¿Está usted feliz o satisfecho con su vida? ¿Por qué sí o por qué no?

8. How does the fact that you are living undocumented affect your wellbeing? /¿Cómo afecta a su bienestar el hecho de vivir indocumentado?

9. What do you hope for the future? / ¿Qué espera del futuro?

APPENDIX E: SEMI-STRUCTURED INTERVIEW GUIDE FOR MEN IN MEXICO

General information:

1. Age/Edad: _____
2. Education level/Nivel de educación:_____
3. English proficiency/ Nivel de inglés:_____
4. Period of time that lived the United States/ Periodo de tiempo que vivió en Estados Unidos: _____
5. Civil status/ Estado civil:_____
6. Number of children/ Número de hijos: _____
7. Type of employment in the US/ Tipo de empleo en Estados Unidos: _____
8. Current employment/ Empleo actual: _____
9. Type of housing/ Tipo de vivienda:_____
10. Average income per month /Ingreso mensual: _____

Migration history:

1. Can you please tell me how you decided to migrate to the United States? Who from your family or hometown had migrated before you? /¿Me puede decir cómo decidió migrar a los Estados Unidos? ¿Quién de su familia o su lugar de origen migró antes que usted?

2. Can you tell me in detail how was the migration process for you from where you first thought about coming to the United States, to the travel here and your settlement in North Carolina? Whom did you travel? How and when did your family travel there?/ ¿Me puede contar con detalle cómo fue su proceso de migración desde que usted pensó por primera vez en migrar a los Estados Unidos, hasta su viaje acá y su establecimiento en Carolina del Norte? ¿Quién migró con usted? ¿Cómo y cuándo se fue su familia con usted?

3. How did you decide to go to North Carolina? Who helped you during your migration there? Who helped you get settled in North Carolina? / ¿Cómo decidió irse a Carolina del Norte? ¿Quién le ayudó para hacer el viaje para allá? ¿Quién le ayudó a establecerse en Carolina del Norte?

4. How was your life in North Carolina? / ¿Cómo fue su vida en Carolina del Norte?

5. How did you decide to go back to Mexico? / ¿Cómo decidió regresar a México?

6. Have you thought about going back to the United States? Why? / ¿Ha pensado en regresar a Estados Unidos? ¿Por qué?

Documentation status:

1. Who is an undocumented person? / ¿Quién es una persona indocumentada?

2. What did you know before migrating about the “documents” to live and work in the United States? How did you decide to migrate without “documents”? / ¿Qué sabía antes de venir a Estados Unidos acerca de los “documentos” para vivir y trabajar en Estados Unidos? ¿Cómo se decidió a viajar sin documentos?

3. How was it for you to live undocumented? How did you feel about living undocumented?/ ¿Cómo fue para usted vivir indocumentado? ¿Cómo se sentía usted de vivir indocumentado?

4. How did living undocumented affect your life every day? What things or activities were you able to do and were you not able to do because you were undocumented? / ¿Cómo le afectaba en sus actividades diarias vivir indocumentado? ¿Qué actividades podía y no podía hacer por el hecho de vivir indocumentado?

5. How did you feel about the things you could not do because you were undocumented? (Explore in detail) / ¿Cómo se sentía acerca de las cosas que usted no podía hacer porque vivía indocumentado? (Explorar en detalle)

6. In what ways do you think your experience was similar or different from what other people that were undocumented experienced? For example, from women or children or men from other nationalities or people with more economic resources that are also undocumented? / ¿En qué forma cree que su experiencia fue similar o diferente de las experiencias de otras personas diferentes a usted que también estaban indocumentados, por ejemplo, mujeres o niños, o migrantes de otras nacionalidades o personas con más recursos económicos?

Mental health and wellbeing:

1. How is your mental health these days? / ¿Cómo está su salud mental estos días?

2. What does mental health mean for you? /¿Qué significa la salud mental para usted?

3. How did living undocumented affect your mental health? / ¿Cómo afectó a su salud mental el hecho de vivir indocumentado?

4. What did you do to overcome or to cope with what you felt about being undocumented? What helped you to keep going? /¿Qué hacía usted para lidiar o soprepasar lo que usted sentía por el hecho de vivir indocumentado? ¿Qué le ayudaba a seguir adelante?

5. In what ways did your mental health change after moving back to Mexico? / ¿Cómo cambió su salud mental después de regresar a México?

6. What do you understand by wellbeing? /¿Qué entiende usted por bienestar?

7. How did the fact that you were living undocumented affect your wellbeing? /¿Cómo afectó a su bienestar el hecho de vivir indocumentado?

8. How did you feel about your life in the US? / ¿Cómo se sentía acerca de su vida en los Estados Unidos?

9. Were you happy or satisfied with your life in the US? Why yes or why not? / ¿Estaba usted feliz o satisfecho con su vida cuando vivía en Estados Unidos? ¿Por qué sí o por qué no?

10. What about now that you are back in Mexico? /¿Y qué tal ahora que usted está de vuelta en México?

11. What do you hope for the future? / ¿Qué espera del futuro?

APPENDIX F: SEMI-STRUCTURED INTERVIEW GUIDE FOR FAMILY MEMBERS

1. Age/Edad: _____
2. Education level/Nivel de educación:_____
3. English proficiency/ Nivel de inglés:_____
4. Time in the United States if immigrant / Tiempo viviendo en Estados Unidos:

   _____
5. Relationship with man interviewed / relación con el hombre entrevistado:

   _____
6. What are the challenges that undocumented people face? / ¿Cuáles son los retos que la gente que vive indocumentada enfrenta?

7. What are the strategies that undocumented people use to deal with the challenges of live undocumented? / ¿Cuáles son las estrategies que las personas que viven indocumentadas utilizan para lidiar con los problemas que enfrentan?

8. What issues do you think (man interviewed) have faced here in the US because he is undocumented? / ¿Qué problemas cree que (hombre entrevistado) ha enfrentado en los Estados Unidos debido a que es indocumentado?

9. How do you think that living undocumented has affected the life of (man interviewed)? / ¿Cómo cree que el hecho de vivir indocumentado ha afectado la vida de (hombre indocumentado)?

10. How do you think that living undocumented has affected his mental health and his wellbeing? / ¿Cómo cree que el hecho de vivir indocumentado ha afectado la salud mental y el bienestar de (hombre entrevistado)?

11. How do you think he deals with the issues he faces that relate to living undocumented? Have you ever helped him with an issue related to be undocumented? What did you do? / ¿Cómo cree que él lidia con los problemas que enfrenta relacionados a vivir indocumentado? ¿Lo ha ayudado alguna vez con algún problema relacionado a estar indocumentado? ¿Qué hizo para ayudarlo?

12. How do you think living undocumented is different for men than for women? / ¿Qué diferencias hay entre los hombres y las mujeres que viven indocumentados?

13. What are the community resources available for undocumented Latinos? What resources has he utilized? / ¿Cuáles son los recursos de la comunidad disponibles para la población indocumentada? ¿Cuáles de estos recursos ha utilizado (hombre entrevistado?

APPENDIX G: SEMI-STRUCTURED INTERVIEW GUIDE FOR SERVICE PROVIDERS

1. Age / edad: _____
2. Type of organization/ tipo de organización: _____
3. Job position / puesto de trabajo: _____
4. Can you tell about the work this organization does? / ¿Me puede contar qué hace su organización?

5. In what ways does this organization work or engage with the Latino community? / ¿En qué esta organización trabaja o se relaciona con la comunidad de latinos?

6. What issues do you think the Latino population that is undocumented face? / ¿Qué problemas o situaciones usted cree que enfrenta la población latina que es indocumentada?

7. How do you think these issues affect undocumented Latino men particularly? What about Mexican men specifically? / ¿Cómo cree que estos problemas afectan específicamente a los hombres indocumentados? ¿Y qué piensa de los problemas que enfrentan los hombres mexicanos indocumentados específicamente?

8. What does your organization do to help the undocumented population? What do you / can you do in your job position to help the undocumented population? / ¿Qué hace su organización para ayudar a la población indocumentada? ¿Qué hace o puede hacer usted en su puesto de trabajo para ayudar a la población indocumentada?

9. What are the Latino community resources or assets that help deal with the challenges of living undocumented? / ¿Cuáles son los recursos con los que la comunidad latina cuenta que le ayudan a sobrellevar los problemas relacionados con vivir indocumentados?

10. What are the community at large resources available to help the undocumented population? / ¿Cuáles son los recursos de la comunidad en extenso que están disponibles para ayudar a la población indocumentada?

APPENDIX H: OBSERVATION GUIDE

1. Pay attention to interactions or conversations that relate to difficulties in life related to being undocumented.

2. Pay attention to questions or services requested by people from the community at the organization that could be linked to the difficulties of living undocumented.

3. Pay attention at staff responses to clients' requests, including limitations in their answers, difficulties faced with referrals, or limitations in the number of options available to help the clients.

4. Pay attention at how requests from female clients are different from men clients.

5. Note the regularity at which people come back to the organization for help.

APPENDIX I: TABLE 1. GENERAL CHARACTERISTICS OF RESEARCH PARTICIPANTS

Table 1. General characteristics of research participants

Participant ID++	Place/year of interview	# of interviews	Period of migration	Age	Education level / English proficiency (EP) (none, low, middle, high)	Occupation	Civil status	Children	Current average income*	Housing	Family member interviewed
Leandro P1NC	NC, 2016	2	2000-currently in the US (16 years, went back to Mexico in early 2002)	35	High school / High EP	Construction	Married	3	$3000 USD	Home owner	N/A
Pedro P2NC	NC, 2016	2	2002- currently in the US (14 years without going to Mexico) Circular migration between 1998-2002	47	Middle school/ Low EP	Construction	Common law	2	$3500 USD	Home owner	Wife
Pablo P3NC	NC, 2016	3	1999-currently in the US (17 years, went back to Mexico once in 2001)	37	College / HEP	Youth counselor	Single	0	$3000 USD	Apartment (rental)	N/A
Tomas P4NC	NC, 2016	2	2000- Currently (went back to Mexico twice, in 2003 and in 2008)	47	Primary school/ No EP	Meat industry	Married	3	$1400 USD	Home owner	Wife
Jaime P5NC	NC, 2016	2	2004- Currently (12 years without going to Mexico)	35	High school/ High EP	Construction	Divorced	1	$3500 USD	Home owner	Sister
Leonardo P6NC	NC, 2016	3	1997- Currently. Circular migration. Last time he came back was in 2014	38	Primary/ Medium EP	Factory	Married	5	$2500 USD	Home owner	Wife
Elias P7NC	NC, 2016	2	2005-Currently (Came in 2000 first and went back)	32	High school/ High EP	Construction	Married	2	$2500 USD	Home owner	Wife
Anselmo P8NC	NC, 2016	2	2001- Currently (15 years without going back to Mexico)	46	Associate Degree/ High EP	Food industry	Divorced	1	$3000 USD	Home owner	N/A

Participant ID++	Place/year of interview	# of interviews	Period of migration	Age	Education level / English proficiency (EP) (none, low, middle, high)	Occupation	Civil status	Children	Current average income*	Housing	Family member interviewed
Arturo P1Gto	Guanajuato, 2016	2	1979-2006 Circular migration between 3 months and a year	57	None/ No EP	Farming and construction (both in the US and Mexico)	Married	10	$200 USD (remittances from children in the US)	Home owner	Wife & daughter
Bernardo P2Gto	Guanajuato, 2016	1	1981-2011 Circular migration	53	Primary/ Medium EP	Construction (in the US)/ Building guard (Mexico)	Divorced	0	$4800 MXN	Home owner	N/A
Daniel P3Gto	Guanajuato, 2016	1	1984-2013 Circular migration	49	Middle school/ High EP	Construction/ oil pipelines	Married	2	$10000 MXN	Home owner	Wife
Ceferino P4Gto	Guanajuato, 2016	1	1977-2008 Circular migration	56	Middle school/ Low EP	Carpentry, construction, landscaping, cleaning, cardboard factory (US)/ Unemployed currently in Mexico	Married	5	$300 MXN every other day	Home owner	Wife
Camilo P5Gto	Guanajuato, 2016	1	2008-2010 Circular migration	37	Middle school/ No EP	Yard work (in the US) / Maintenance and construction (Mexico)	Married	4	$6000 MXN	Home owner	Wife
Bonifacio P6Gto	Guanajuato, 2016	1	1978-2004 Circular migration	56	Primary school/ Low EP	Construction (in the US) / Unemployed (in Mexico)	Married	8	No steady income/ receive remittances from his children in the US	Home owner	N/A

Participant ID++	Place/year of interview	# of interviews	Period of migration	Age	Education level / English proficiency (EP) (none, low, middle, high)	Occupation	Civil status	Children	Current average income*	Housing	Family member interviewed
Efrain P7Gto	Guanajuato, 2016	1	1992-2009 Circular migration	41	Primary school/ No EP	Farming (in the US and in Mexico)	Married	4	$4000 MXN	N/A	Wife
Fabricio P8Gto	Guanajuato, 2016	1	2005-2013	28	Middle school/Low English Proficiency	Landscaping, construction, restaurant (in the US), unemployed	Married	0	N/A	Home owner	Wife
Gregorio P9Gto	Guanajuato, 2016	1	1995-1998 2000-2009	44	Middle school/ Low English Proficiency	Carpentry (both in the US and Mexico)	Single	2	$6000 MXN	Home owner	Brother (participant P11Gto)
Heraclio P10Gto	Guanajuato, 2016	1	1999-2004	39	Middle school/Low English Proficiency	Factory worker (in the US) / Gas company employee (in Mexico)	Married	1	$4500 MXN	Rental property	Wife
Isidro P11Gto	Guanajuato, 2016	1	1998-2010 Circular migration	36	Middle school/ Low English Proficiency	Construction (in the US)	Common law	1	$6000 MXN	Home owner	Brother (participant P9Gto)
Julio P1Hgo	Hidalgo, 2016	1	1990-1993 Came back for 6 months and went back to the US for another 2-year period	49	Middle school/ low English proficiency	Laundry mat and construction (in the US) Construction (in Mexico)	Married	2	$6000 MXN	Home owner	Aunt/cousins
Heliodoro P2Hgo	Hidalgo, 2016	1	2000-2004 2005-2007	34	Middle school/ No English Proficiency	Landscaping and construction (in the US) and construction (in Mexico)	Common law	2	$4000 MXN	Home owner	Aunt/cousins

Participant ID++	Place/year of interview	# of interviews	Period of migration	Age	Education level / English proficiency (EP) (none, low, middle, high)	Occupation	Civil status	Children	Current average income*	Housing	Family member interviewed
Gerardo P3Hgo	Hidalgo, 2016	1	1996-2002 2004-2006	37	High school/ Middle English proficiency	Laundry mat, gardening (in the US) Gasoline dispatcher (Mexico)	Married	2	$6000 MXN	Home owner	Aunt/cousins
Clemente P4Hgo	Hidalgo, 2016	1	1991-2003	39	Primary school/ Low English Proficiency	Farming, construction, carpentry, landscaping (in the US) and restaurant employee (Mexico)	Married	3	$3200 MXN	Home owner	Aunt/cousins
Edelmiro P5Hgo	Hidalgo, 2016	1	1994-2002	45	High School/ Low English Proficiency	Farming and construction (in the US) and park maintenance (Mexico)	Divorced	3	$3000 MXN	Home owner	Aunt/cousins
Felipe P6Hgo	Hidalgo, 2016	1	2000-2009	48	High school/ Low English Proficiency	Landscaping	Common law	3	N/A	Home owner	N/A
German P7Hgo	Hidalgo, 2016	1	1993-2008 Circular migration	45	High school/Low English Proficiency	Farming, painting (in the US) and park maintenance (Mexico)	Common law	2	$6000 MXP	Home owner	N/A
Juan OH3NC	NC, 2014 New Roots Record Number: R-0713	1	1996-2014 (had never been back to Mexico)	54	N/A	Construction	Married (family lives in Mexico)	5	N/A	Rental apartment	N/A

Participant ID++	Place/year of interview	# of interviews	Period of migration	Age	Education level / English proficiency (EP) (none, low, middle, high)	Occupation	Civil status	Children	Current average income*	Housing	Family member interviewed
Ciro OH4NC	NC, 2012 New Roots Record Number: R-0639	1	1996-2012 (Went back to Mexico once in 2000 and came back in 2001)	N/A	N/A	Landscaping, construction, cellphone factory, Christmas trees, flea market seller of natural/herbal medicine	N/A	N/A	N/A	N/A	N/A
Antonio OH5NC	NC, 2012 New Roots Record Number: R-0627	1	2007-2012	28	Middle school/ Low English Proficiency	Food/drink truck driver delivery (in Mexico), dish washer in the US	Divorced	1 (Family lives in Mexico)	N/A	Rental apartment	N/A
Francisco OH6NC	NC, 2012 New Roots Record Number: R-0625	1	2007-2012	N/A	N/A	Cleaning offices, houses, moving, plant nurseries, restaurants and hotels	N/A	N/A	N/A	N/A	N/A
Martin OH7NC	NC, 2011 New Roots Record Number: R-0487	1	2009-2011	N/A	N/A	Construction	N/A	N/A	N/A	N/A	N/A
Chano OH8NC	NC, 2011 New Roots Record Number: R-0484	1	1997-2011	35	Middle school	Agricultural worker, baker	N/A	N/A	N/A	N/A	N/A

Participant ID++	Place/year of interview	# of interviews	Period of migration	Age	Education level / English proficiency (EP) (none, low, middle, high)	Occupation	Civil status	Children	Current average income*	Housing	Family member interviewed
Jose OH10NC	NC, 2014 New Roots Record Number: R-0716	1	2004-2014	23	Associate degree/ Bilingual	Construction, Outreach for migrant families to connect them with community resources, accountant	Single	0	N/A		N/A
Roberto OH11NC	NC, 2011 New Roots Record Number: R-0468	1	2009-2011	30	N/A	Restaurant worker	Married	2 (Family lives in Mexico)	N/A	N/A	N/A
Ricardo OH13NC	NC, 2011 New Roots Record Number: R-0471	1	2005-2011	N/A	College degree	N/A	N/A	N/A	N/A	N/A	N/A
Ruben OH14NC	NC, 2011 New Roots Record Number: R-0472	1	2004-2011	24	High School	Lumber mill, restaurant cook	Single	0	N/A	N/A	N/A
Ovidio DL1NC	NC 2016	1	N/A	N/A	N/A	Day laborer	N/A	N/A	N/A	N/A	N/A
Samuel DL2NC	NC 2016	1	N/A	N/A	N/A	Day laborer	N/A	N/A	N/A	N/A	N/A
Saturnino DL3NC	NC 2016	1	N/A	N/A	N/A	Day laborer	N/A	N/A	N/A	N/A	N/A
Teófilo DL4NC	NC, 2016	1	N/A	N/A	N/A	Day laborer	N/A	N/A	N/A	N/A	N/A

Participant ID++	Place/year of interview	# of interviews	Period of migration	Age	Education level / English proficiency (EP) (none, low, middle, high)	Occupation	Civil status	Children	Current average income*	Housing	Family member interviewed
Victor DL5NC	NC, 2016	1	N/A	N/A	N/A	Day laborer	N/A	N/A	N/A	N/A	N/A
Feliciano DL6NC	NC, 2016	1	N/A	N/A	N/A	Day laborer	N/A	N/A	N/A	N/A	N/A
Virgilio DL7NC	NC, 2016	1	N/A	N/A	N/A	Day laborer	N/A	N/A	N/A	N/A	N/A
Severino DL8NC	NC, 2016	1	N/A	N/A	N/A	Day laborer	N/A	N/A	N/A	N/A	N/A

++ All names are pseudonyms, codes denote type of participant, number of participant and place of interview, P means interview participant, OH means oral history, DL means Day laborer, NC means North Carolina, Gto means Guanajuato, Hgo means Hidalgo.

*MXN denotes Mexican pesos, USD denotes US dollar. The exchange rate has fluctuated between $17 and $20 MXN per dollar in the last 2 years.

APPENDIX J: TABLE 2. OVERVIEW OF SAMPLE AND DATA COLLECTION METHODS

Table 2. Overview of sample and data collection methods

Method	Description of the method and relationship to project aims	Description of sample
In-depth interviews with Mexican men living in NC	Aim 1. To describe the lived experiences of Mexican migrant men currently living undocumented in the US and returned migrant men in Mexico that lived as undocumented in the US at some point in their lives. Aim 2. To identify the mechanisms through which undocumentedness affects Mexican men's mental health and wellbeing, and the coping and healing mechanisms men enact.	8 men, multiple interviews with each man
In-depth interviews with family members of Mexican men in NC	Aim 1. To describe the lived experiences of Mexican migrant men currently living undocumented in the US and returned migrant men in Mexico that lived as undocumented in the US at some point in their lives. Aim 2. To identify the mechanisms through which undocumentedness affects Mexican men's mental health and wellbeing, and the coping and healing mechanisms men enact.	5 women
In-depth interviews with Mexican men that had returned to Mexico	Aim 1. To describe the lived experiences of Mexican migrant men currently living undocumented in the US and returned migrant men in Mexico that lived as undocumented in the US at some point in their lives. Aim 2. To identify the mechanisms through which undocumentedness affects Mexican men's mental health and wellbeing, and the coping and healing mechanisms men enact.	18 men total: 11 in Guanajuato, 7 in Hidalgo
In-depth interviews with family members of Mexican men in Mexico	Aim 1. To describe the lived experiences of Mexican migrant men currently living undocumented in the US and returned migrant men in Mexico that lived as undocumented in the US at some point in their lives. Aim 2. To identify the mechanisms through which undocumentedness affects Mexican men's mental health and wellbeing, and the coping and healing mechanisms men enact.	11 women total: 6 women in Guanajuato, 3 in Hidalgo
Participant observation day laborer center	Aim 1. To describe the lived experiences of Mexican migrant men currently living undocumented in the US and returned migrant men in Mexico that lived as undocumented in the US at some point in their lives. Aim 2. To identify the mechanisms through which undocumentedness affects Mexican men's mental health and wellbeing, and the coping and healing mechanisms men enact.	2 years between 2014-2016 8 recorded unstructured conversations
In-depth interviews with community leaders	Aim 2. To identify the mechanisms through which undocumentedness affects Mexican men's mental health and wellbeing, and the coping and healing mechanisms men enact.	3 community leaders
In-depth interviews with mental health providers	Aim 2. To identify the mechanisms through which undocumentedness affects Mexican men's mental health and wellbeing, and the coping and healing mechanisms men enact.	5 mental health providers
Oral histories from New Roots/ Nuevas Raíces	Aim 1. To describe the lived experiences of Mexican migrant men currently living undocumented in the US and returned migrant men in Mexico that lived as undocumented in the US at some point in their lives.	10 oral histories

APPENDIX K: FIGURE 2. THE MENTAL HEALTH AND WELLBEING IMPACTS OF LIVING UNDOCUMENTED AMONG MEXICAN MEN

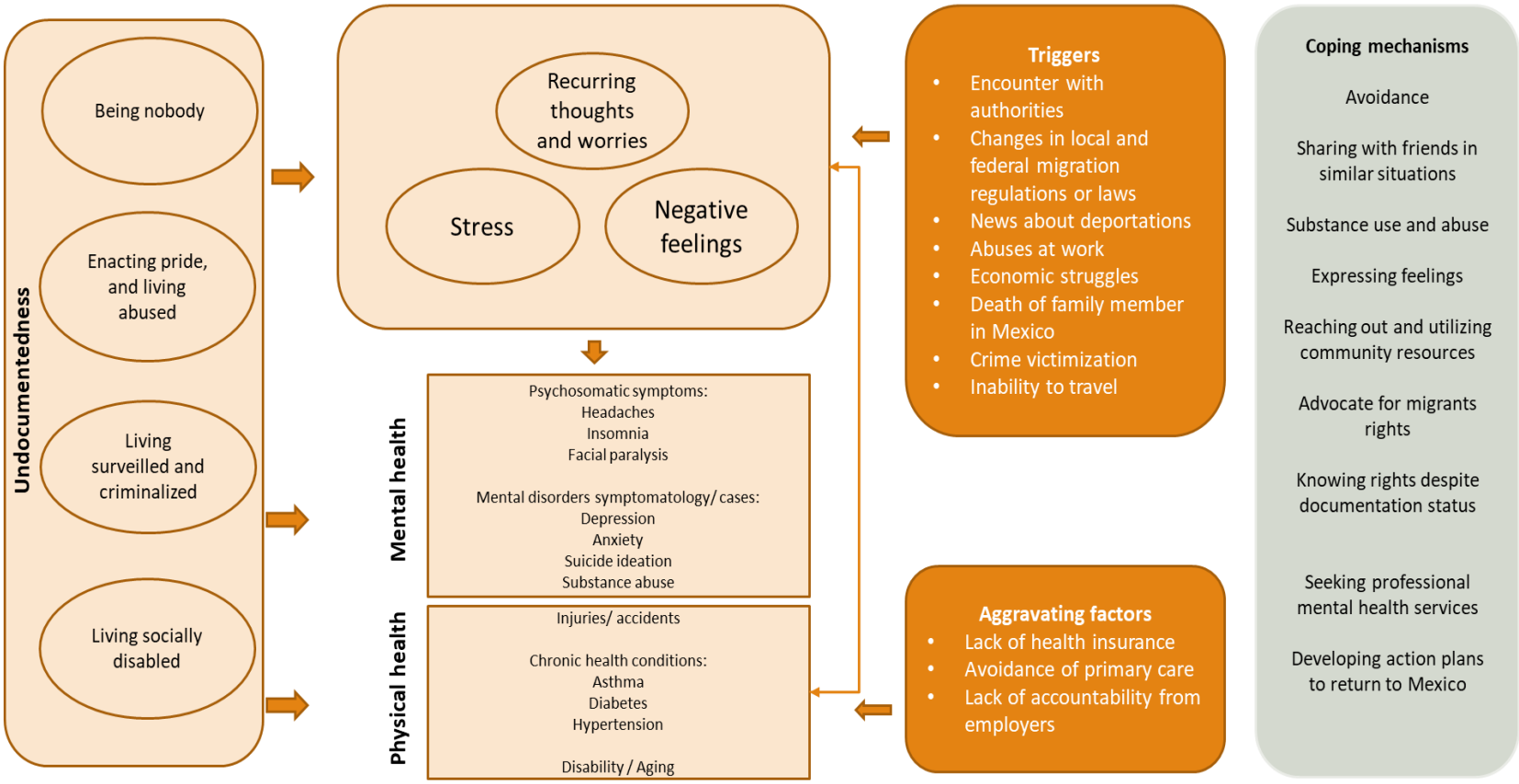


Figure 2. The mental health and wellbeing impacts of living undocumented among Mexican men

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