

Examining Resilience, Subjectivity, and Trauma: The Case of Migrants' Mental Health in Chile

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Abstract

Chilean society has been deeply affected by the expansion of Venezuelan migrations in the last two decades, and that from Haiti earlier on. Conceptual frameworks - providing interpretations of resilience, subjectivity, and trauma— as outlined in this paper, are valuable for ongoing research on these migrants' experiences. It discusses the psychosocial/socioenvironmental perspective and most especially, cultural and feminist approaches to human resilience processes useful for promoting migrants' mental health, and explores how they can be articulated with adult trauma theory. Methodologically, the study involves a selective appraisal of concepts and theoretical frameworks that can be articulated to address the mental health and well-being of migrant populations. The issues raised are illustrated with examples from the experiences of Venezuelan and Haitian migrants in Chile. The review identifies conceptual lacunae in the frameworks considered. These include the need to attend to the role played by identity within socioenvironmental/psychosocial and cultural approaches, and to interrelate the resilient subject's history (and body) with the causes and intra-psychic effects of trauma. Examples are provided concerning how public policies targeting migrant communities can detect problems in strategies for resilience and mental health, and how they might propose meaningful intercultural measures to overcome deficits.

Keywords: Resilience, Migration, Subjectivity, Mental health, Public policies

1. Introduction

International migration within and towards Latin America has significantly changed direction and composition in the last two or three decades. Previously, migrant mobility was mainly from Europe and selected Asian countries towards Latin America (Solimano, 2004). Lately, the growth in foreign migration has been within the region, reflecting the forced displacement of populations from the Northern countries to those in the South (Martinez et al., 2014; Salamanca, 2022).

Migration from Venezuela and, earlier on, from Haiti has impacted countries in Brazil and the Southern Cone of Latin America. Venezuelan migration was triggered by that nation's social and economic collapse, resulting in a lack of food and medicine, and violence and poverty. United Nations data indicate that between 2017 and 2019, the largest asylum-seeking group globally involved people exiting Venezuela - more than 4 million by 2020 (Chávez-Gonzalez & Echeverria-Estrada, 2020). As of September 2022, this Venezuelan diaspora has been, in order of magnitude, toward Colombia, Perú, the USA, Ecuador, and Chile (Latinometrics, 2022).

The history of migration illustrates the profound and multiple associations between migration and human vulnerability (Hollifield & Wong, 2014). Multiple stressors influence the lives of migrants induced by the adversities they confront. At present, the stressors that affect displaced people include the risks of the migratory journey; the precarious living conditions in transit and arrival countries; uncertainty related to legal status; difficulties in accessing educational, and health services and adequate housing; lack of work; and, last but not least, social isolation. The loss of the original roots and the signification embedded in that cultural context is also a concomitant factor that contributes to the internal and external fragility of migrant experiences, i.e. psychic ones that affect thoughts, memory, and behaviour, and those relating to the interpersonal sphere and adaptation to the new context (Ciaramella et al., 2021).

Migrants, especially those from and to Latin American countries, are frequently subjected to intense stress; considerable resilience is required if they are to achieve a reasonable quality of life, especially under strained socioeconomic circumstances (Hernandez-Alvarado et al., 2021). There has been an explosion of interest in psychosocial resilience research in recent years. However, trauma theory, which is highly relevant here, has not often been brought to bear on resilience. Furthermore, some of this literature stems from an individualistic (neoliberal) perspective - failing to address community resilience, its cultural differences, and social determinants. Very few studies take into account the intersectionality involved in migrants' experiences, where issues concerning ethnicity, gender, class, and the like simultaneously come into play (Crenshaw et al., 1995). Taking intersectionality seriously means examining the interdependent - though overlapping - forms of patriarchal oppression and discrimination that shape specific social identities. Such examination can contribute to building an interpretative framework for the articulation of these factors.

This is an essay about key contributors to the themes selected. It draws on a selective appraisal of existing relevant concepts and theoretical accounts that can be related together in

addressing migrants' mental health and well-being. It illustrates these concepts with examples of empirical cases of Haitian and Venezuelan migrants in Chile, drawn from ongoing qualitative research, based on policy analysis, 20 interviews with migrants, and 10 with policymakers and representatives of civil society organizations (Note 1).

The aim is to advance social research in the area of psychosocial resilience, especially through enhancing it with psychoanalytic and gender approaches to subjectivity, as well as with considerations from intrapsychic trauma research. Ultimately this should inform policies and strategies concerning migrants' welfare and mental well-being.

2. Methodology

This essay has the purpose of mapping concepts useful for interpreting the experiences of resilience, collective action, subjectivity, and trauma, among the migrant populations studied in our current research. The discussion is guided by three interconnected questions:

- What contributions can theories of socioenvironmental/psychosocial and cultural human resilience processes usefully make to studies of migrants' experiences and mental health?
- Can such resilience approaches integrate key assumptions both in feminist psychoanalytic subjectivity and adult trauma theory?
- What main issues do these perspectives mainly address?

A narrative review was conducted integrating critical analysis of bibliographic sources and documents (Torraco, 2005). Relevant articles on each subtopic addressed, especially from socioenvironmental/psychosocial, cultural, and gender-based psychoanalytic perspectives, were obtained from a search at the databases Scopus and PubMed applying, to keywords and titles, the terms: "resilience AND migration"; "resilience AND adult mental health"; "resilience AND migrant trauma"; "subjectivity AND resilience".

Though there is substantial literature on the themes of interest, few efforts have been made to bridge them. Only foundational articles that dealt with the explication of a distinct conceptual perspective on resilience or migrants' mental health were selected, and particular attention was paid to analyses dealing with Latin American migrants. The review involved an examination of the articles' epistemological viewpoints and operational standpoints in the resilience and trauma fields and their perspectives on migrants' well-being and mental health. Throughout the paper, examples of the experiences of Haitian and Venezuelan migrants in Chile will be drawn upon to illustrate the conceptual discussion.

3. Stressors within Peripheral Economies

Adversity induces stress, and multiple stressors tend to increase adversity (Chaigneau et al., 2022). This dramatically affects people subjected to forced migration, especially if they resettle in the precarious contexts of peripheral countries, where their daily stress to meet basic needs "can be a form of trauma in and of itself" (Walker & Vearey, 2022, p. 18).

Already, Latin America is historically subjected to a large number and intensity of stressors including, scarce economic resources, substantive social inequalities, and extensive levels of

poverty. The higher social impact of stressors in the Global South reflects asymmetries in emerging countries' geopolitical location and relations with the dominant international powers [See, for example, Rodriguez-Medina (2014); Harding (2016)]. Moreover, in some circumstances, habitual stressors increase quantitatively and qualitatively – under the influence of, e.g., political dictatorships, economic crises, social upheavals, epidemics, severe climate change, excessive migration - profoundly destabilizing the whole system and impacting specific vulnerable social sectors (constituting a larger proportion of the population than in industrial economies). In 2022, 181 million people, 29% of the Latin American population, were living in poverty, and 70 million, 11.2%, were in extreme poverty (ECLAC, 2023). In contrast, 21.6 % of the European Union's (EU) population, 95.3 million people, were at risk of poverty or social exclusion (Eurostat, 2022), i.e. around half of the poverty in Latin America.

4. Resilience

Resilience refers to the ability of a system, population, community, or an individual to respond to different forms of shock, risk, adversity, and disturbances in ways that enable adaptation to these stressors, and the renewal or transformation of a previous state of 'dynamic equilibrium' (Ungar, 2005). The concept has recently been widely applied in social science research (Ciaramella et al., 2022). Resilience can be understood in diverse ways, with ambiguities especially relating to varying perspectives on adversity and positive adaptation (Fletcher & Sarkar, 2013). It has also different political implications for specific social subjects and agencies (Humbert & Joseph, 2019). Given its conceptual plurality and malleability, any categorization of its different 'logics' is liable to be reductive.

Resilience analysis involves the study of multiple states, of adaptive capacity, of trade-offs between resilience and adaptation, and governance and normative issues. It also includes research on the types and consequences of responses; for example, citizens' protests, political demands, novel solutions, institutional reorganizations, etc. Socioeconomic conditions and political orientations impact resilience strategies: their formulation, implementation, effectiveness, and evolution (Brown, 2016).

While resilience and coping are often used interchangeably, there is a case that these are different constructs (Campbell-Sills et al., 2006; Van Vliet, 2008). Coping indicates a reactive (instead of proactive) and short-term adjustment to disturbance (Lazarus & Folkman, 1984), and tends to indicate more specific types of individual control or management of a difficult situation (Masten, 2014). Coping mechanisms do not imply, as in the case of resilience, factors such as the persistence of the stressors over time, the interconnected strategies of responses, and transformation. Resilience-oriented behaviours can also become robustly and dynamically embodied in people or systems.

4.1 Socioenvironmental/ Psychosocial Approaches

The concept of resilience itself indicates that a system can undergo at least a certain amount of change whilst still retaining some control over its function and structure and maintaining options to develop or change, though not always in predictable ways (Nelson et al., 2007).

Flexibility is required to confront adversities without generating total disorganization, even when the system is ‘forced’ to change. From a psychosocial health perspective, resilience is understood as a key ability to thrive in the face of painful experiences, enabling one to achieve a well-balanced psychic and physical state (Ungar et al., 2013).

Socioenvironmental interpretations of resilience acknowledge that ecological and social systems are coupled, and have a capacity for self-organization and learning (e.g. Ungar, 2021; 2010). In some cases, they not only respond to but also can absorb change. Transformation is thus deeply related to context, feedback, and articulation between the systems’ components - not exclusively to the abilities of the actors involved.

Thresholds or boundaries exist which indicate transitions to another state in a system, at the community or individual levels. Boundaries also show potential ‘social tipping points’, understood as nonlinear processes of transformative change in different kinds of social systems (Milkorei, 2023). These can lead towards disaster and crisis, or else allow behaviour to develop, reformulate or change, for example, if public attitudes undergo substantive transformations.

4.1.1 A Culturally Oriented Perspective

Gerard Bouchard (2013, p. 267), who defines resilience as, *the capacity of a society to cope with a challenge or a shock*, distinguishes three main ways by which societies can face these shocks and recover their former capacities of orderly functioning. These three forms of resilience are (a) **the conservative strategy** - resisting stress and returning to the system’s previous equilibrium or prior state; (b) **the adaptative strategy** - the use of various adjustment methods and negotiations/compromises between social actors; and (c) **the progressive strategy** - those attained by risk and stress creatively respond to shock, restructuring and changing power relations, while facing adversity.

More specifically, what should be observed to evaluate and enhance a community’s development of resilient strategies? Silove’s (2013) ‘Adaptation and Development after Persecution and Trauma Model (ADAPT)’ set to operationalize resilient strategies providing indicators to evaluate adaptive and maladaptive sociopsychological adjustments, as well as to develop adequate mental health programmes. Silove considers stable societies to be grounded on five core psychosocial pillars. These pillars, which are liable to be deeply affected by severe conflict, and to be subject to analysis, intervention, and repair efforts, are (1) Safety and Security; (2) Bonds and Networks; (3) Justice; (4) Roles and Identities; and (5) Existential Meaning. If those pillars, or most of them, are firmly established, despite having processed severe demands from the changes experienced, the community might be resilient. Otherwise, public policies of various kinds could be directed toward strengthening some of those affected pillars.

Resiliency related to each ‘pillar’, including in the case of migrants, takes place subject to the interplay among multiple risk and protective factors (Corcoran & Nichols-Casebolt, 2004; Fraser et al., 2004; Tummala-Narra, 2007). Protective factors interact with risk factors and stressors that could reduce or amplify the consequences of the levels of risk exposure (Fergus

& Zimmerman, 2005; Fraser et al., 2004; Luthar et al., 2000). The various vulnerabilities faced by international migrants in their country of origin and during their journey vis-a-vis the quality of reception on arrival, operate within the protective/risk factor dyad. Each pole may be brought to the fore or diminished further.

There are multiple pathways to migrants' resiliency: these require empirical examination within the context of culture, development, and history (Cardoso & Thompson, 2010). For example, Latino families who migrated to the USA emphasize the protective role played by cultural traditions or '*familism*', such as loyalty, solidarity, and interdependence within nuclear or extended kin networks (Chapman & Perreira, 2005). Shared community and family values provide support against discrimination, social isolation, and economic hardship. Religious and spiritual collective rituals enhance connectedness, continuity, and cultural pride, and contribute to 'biculturalism', i.e. dealing effectively with the new culture jointly with maintaining shared cultural roots. According to Bhanye (2023, p. 3), migrants can often solve conflicts associated with belonging by creating, *a strategic dual sense of self*.

Extended community networks play an important role in influencing health positively, promoting community development, and fostering asset-based resilience (Lester et al., 2023). Abrams et al. (2022), in their study on Venezuelans living in central Florida, found community context, support for ethnic identity, and connections to others with similar experiences to be critical factors in the development of resilience and in mitigating mental distress.

Among Venezuelan and Haitian migrants interviewed in Chile, the pillars operationalized by the ADAPT model tend to be very weak – in particular, those regarding safety, security, and justice. Information on rights and duties during relocation reaches migrants predominantly through a few humanitarian NGOs. The migrants interviewed had suffered violent attacks on their properties and belongings from the resident population. They also have scarce state protection regarding access to financial credit for house rentals and support for the acquisition of land or housing property. Police invasion and violent repression have been common at the camps and settlements migrants have built on unused land. Fundamental pillars in the ADAPT model are at risk, then, not because of a scarcity in migrants' capacities and abilities, but largely as a product of the general migration policy in Chile.

The resilience approaches provide numerous tools for studying the fragility/resources of migrant populations, and contribute insights into intervention strategies to promote their psychosocial well-being in the potentially multi-traumatic contexts of migration (Siriwardhana et al., 2014; Sleijpen et al., 2016; Tessitore et al., 2017).

4.1.2 A Critique of Neoliberal Approaches to Resilience

Quite often, a 'neoliberal resilience' formulation appears in the field, with Krüger (2018, p. 54) identifying, *a neoliberal security paradigm which tends to make individuals responsible for outcomes while justifying the withdrawal of the State*. This perspective emphasizes substantive acculturation into the newly created order or chaos, with migration regarded as adaptation. [See, for a critique Bettini (2014) and Methmann and Oels (2015)]. It focuses upon individual and

collective action towards self-organization and adaptation to maintain sustainable livelihoods; but it does not deal with the capacity of people or collective organizations to mobilize and make political and socio-economic demands to society and, more specifically, to the state.

According to Burin (2023), resilience studies often value almost exclusively individual attributes; these are available only to some people, establishing a polarity between ‘winners’ and ‘losers’. This implies a social representation of ‘those best fit’ to cope with adversity, reflecting an elitist-individualistic vision of society. Bottrell (2009, p. 334) points out that resilience, within a neo-liberal framework, may mean the emphasis shifts from, *positive adaptation despite adversity to positive adaptation to adversity*.

In contrast, Krüger (2018) privileges the use of the concept of resilience by feminists, such as Butler et al. (2016) and Benhabib (1995), who prioritize active individuals and mutual support, cooperation, and solidarity across social agents, and considers different forms of collective organization and social engagement. The two sides of the concept of resilience might work together, exist in a state of tension, or evolve so that one gains dominance over the other. From this standpoint, *resilience-thinking requires fostering individuals’ capabilities to (re)act by enhancing their social and economic resources for action and by building a more inclusive society through dismantling societal barriers and impairments* (Krüger, 2018, p. 61).

Situating her argument in its wider social context, Leach (2008, p. 14) states, *Contemporary interest in resilience may indeed be a response to broader socio-cultural narratives of fear, anxiety, and powerlessness, [as well as] a further manifestation of neo-liberal welfare’s disciplinary logic: self-management and self-care*. Reframing resilience, to engage directly with normative concerns requires privileging critical discussions on power and justice. The development of processes of inclusion and exclusion requires public spaces for dialogue, where constructive critique can develop (Mouffe, 2005).

4.1.3 Subjectivity and the Body: A Feminist Perspective on Resilience

Deficit models of health, such as those used in the public health field (Mawani, 2014), usually emphasize risk and lead to an overemphasis on expert-based interventions [See, for a critical perspective, Coppe et al. (2020)]. A feminist approach to resilience, in contrast, emphasizes asset and resource-oriented models: assets are positive internal factors protecting the individual against the negative effects of risk (e.g. self-esteem, intellect, coping skills, and competence), while resources are external to the individual including the school, community, neighbourhood, and church (Fergus & Zimmerman, 2005).

Arana et al. (2012, p. 2), approach the issue from a feminist poststructuralist and psychoanalytic standpoint, arguing that, *There is however relatively less discussion of the nature of the subject at the centre of resilience discourses to make the subject and related notions of subjectivity, identity and the body more visible in resilience theory and research*. Following Rorty (1999), these feminist authors, name two types of ‘stories’, i.e. resilience ‘found’ or ‘made’. They characterize a new positioning as resilience ‘unfinished’; their argument deserves more explication.

Initially, resilience research identified special innate attributes belonging to few people. Two

later trends of thought arose. First, there was a theoretical change from viewing resilience as exceptional to its being normal - resilience as 'found'. In Masten's (2015, p. 80) words, *the ordinariness of the phenomenon of resilience* is confirmed, she states, after having conducted extensive research on this topic with children and adolescents. Here subjectivity was still considered relatively stable.

A second approach, based partly on Foucault's work, argues that resilience becomes a social practice, reproducing or challenging the dominant social order (Ungar, 2005); i.e. a 'story' that is 'made'. Resilience is considered plural, diverse, chaotic, complex, fluid, relative, and material, as well as located in particular socioeconomic, cultural, and ecological contexts. However, the perspective still deals with subjectivity as stable. Narratives are politicized socially and by researchers who also recognize the social construction of the individual subject. Risks do not refer just to individual vulnerability, but also to social inequalities and they are defined according to the meaning-making of the self. However, this 'story' tends not to explore the particular processes that generate the subject as unstable, open to permanent transformation, and remaking relationships with other subjects (Lloyd, 2005).

The view of resilience as an 'unfinished' process, the third perspective, places the subject itself under scrutiny. Following Butler (1990, p. 115), the subject is gendered and *manufactured through a sustained set of acts or performativity*. A reflexive self is generated relationally within a situated biography produced through complex identifications and differentiations, shaping and shaped by power relations, networks, the affective results of unconscious processes, and institutions that are individually experienced but lived relationally and collectively.

The experiences of both Venezuelan and Haitian migrants interviewed in Chile, recall this daily process to remake themselves as subjects. Interviewees recurrently compare how they were at 'home', to how their experience of (what we see as) 'hybrid acculturation' has changed them at different stages. For example, they remember instances when they have defied or acted against discrimination at work and in everyday life, thus gaining strength and learning about their rights. Resilience is considered by these migrants not as an outcome - trait-oriented or personality-based (e.g. Bonanno & Diminich, 2013) - but as an ongoing modifiable process reshaping identity and contributing to mental health (Kalisch et al., 2017). Migrants experience each other inter-subjectively. However, health and social care practitioners are rarely encouraged to recognize the subject's self-esteem and their legal and civic rights, to acknowledge shared vulnerability and humanity (Aranda & Jones, 2010).

Resilience research tends to ignore or deny *the shared corporeal vulnerability* (Butler, 2004, p. 6) between individuals. The human body is extremely important, for the quality of life, or more specifically, for health, illness, and care (Foucault, 1980; Turner, 2003). Differentially marked by intersectionality, bodies are socially monitored and controlled by medical, health, or educational settings (Rose, 2007); they react to these forms of discipline healthily or developing disease. Given that much resilience research and policy focuses on those most vulnerable, the analysis of the body should be at the forefront in the development of resilience theory and empirical research.

Interviewees contacted during our research emphasize how environmental and sociocultural conditions in Chile – e.g. cold climate, pollution, work stress, inadequate housing, excessive noise, insufficient or inadequate diets - have affected their bodies. It has made them more prone to regular (often psychosomatic) diseases such as headaches, aching bones, respiratory and digestive problems, and the like. Such symptoms have had a destabilizing effect on their psychological equilibrium and hindered their integration into work and the development of new social relationships.

5. Trauma among Adult Migrants

Trauma, at an individual level, overwhelms the nervous system and the personality through unprocessed experiences of distress, of a magnitude that exceeds the individual's usual abilities to cope emotionally with adversity. Throughout the life cycle, arousal and relaxation directly impact the biology of the autonomous nervous system (ANS) whose healthy functioning depends on a balance between its two branches. The sympathetic branch rules the fight/flight reactions to confront the existence of stressors. Meanwhile, the parasympathetic branch rules the relaxation, rest, and tonic immobility modes needed for the organism to recover from daily and stress-inducing adversities. The propensity to adult individual trauma is associated with imbalances between the functions of those branches usually generated by dangerous situations, that are both difficult to confront and inescapable (Levine, 2003).

The self can be temporarily or permanently disrupted (Stern, 1993), depending on the intensity and frequency of the disruptors, the individual's available internal resources, and the quality of immediate social support. In the first case, resilience strategies are easier to access after a traumatic situation. The containment of the threatening situation by the community that the individual belongs to can act as one of the protective factors.

The analysis of the lifetime effects of early childhood traumas upon adults has often been prioritized in psychodynamic and psychoanalytical studies (Schorer, 2009). Experimental research measures the effects on the child's self-regulation of the role played by the mother-child dyad's pre-verbal mutual gaze, gestures, mimicking, holding, and early verbal communication. The main caregiver acts as the key regulator of the internal arousal and relaxation periods of the infant and of the outside stimuli required to fulfill the child's daily needs (e.g. Tronick 2018; Trevarthen, 2001). However, negative experiences can be counteracted by the protective factors of early positive attachment and bonding (The author, 2015; Schorer, 2014). Self-regulation is also associated with the neurological functioning of the right and left brain, an in-depth discussion of which is beyond the scope of the present paper (especially since it is such a rapidly developing field) (Damásio, 2012).

To best understand psychosocial vulnerability among migrant populations, it is then crucial to review the degrees of intra-psychic damage that chronic environmental stressors can provoke. However, the relevant psychiatric and psychoanalytical literature has mainly developed in parallel, but not in an articulated manner, with the psychosocial, cultural, and feminist approaches to subjectivity discussed above. Moreover, the later approaches also feature lacunae on factors influencing identity shaping, such as: how the fluid subject and the body are impacted by changes in intra-psychic conditions as a result of childhood and/or present trauma;

as well as how the physical and mental fluidity of subjects can develop into resilience patterns and strategies. The case of migrants' mental health shows the need to bridge these gaps.

Migrants are exposed to numerous sources of trauma-inducing events before and during their trip and in arrival and adjustment to the new culture. Present adverse experiences can be connected to childhood trauma, as well as to previous traumatic conditions in the country of origin (e.g. life-threatening violence and scarce economic resources) and during the shift of countries, as well as to ongoing issues such as poor living conditions and quality of life in resettlement, social discrimination, lack of collective engagement and inadequate protective public policies. In Chile, the policy problems include delays in migrant documentation, deportation threats, excessive bureaucracy for the validation of professional degrees, constraints in the public health system, as well as difficulties in access to training and housing, e.g. Smart and Burgos (2018).

Many studies have investigated the de-stabilizing effects on the mental health of migration and post migration (e.g. Bustamante et al., 2017; Siriwardhana et al., 2014; Ahmed & Bhugra, 2007; Li et al., 2006). Available, self-fulfilling, and non-discriminatory work has been proven to be a powerful determinant of migrants' health and mental health (Borges e Silva et al. 2022). First-generation migrants have been reported as being predisposed to high levels of common mental disorders (i.e. depression, anxiety, and postpartum depression) (Close et al., 2016). However, migrants' depression tends to be underdiagnosed and/or underreported, partly due to how mental health symptoms are characterized within their cultural context (Antoniadis et al., 2014). Anthropological concepts have been applied to describe migrants' perception of their transitional state of stress (i.e. social liminality) and to examine their resilient responses to cultural tensions and mental health challenges (i.e. cultural negotiation) (Simich et al., 2009).

Nonetheless, only a few studies focus on the consequences of childhood trauma on resilience and migrants' psychopathology (Gambaro et al., 2020). Those early experiences can also interfere with adults' resilience to shocks, according to the individual's genetic and emotional makeup, as well as to the nature of past disruptive experiences (Nickerson et al., 2016). The effects of neglect in early bonding can be reexperienced, relived, or intensified in later life, specifically when present situations recall similar past negative memories (The author, 2015).

From a psychiatric point of view, the best-studied reaction of an individual to pervasive conditions of terror/threat has been the personality dissociative states that can be produced by post-traumatic stress disorder (PTSD) (e.g. Bisson et al., 2015), for example, during or after wars (Steele & Van der Hart, 2009; Steel, et al., 2014). A study by Gambaro et al. (2020) concludes that PTSD acts as a mediator for the relationship between childhood traumatic experiences and present aggressiveness, anxiety, and depressive symptomatology. However, PTSD syndrome is only one (albeit one of the most acute) of many potential reactions to traumatic stressful situations.

The majority of adult migrants within the Chilean study - irrespective of gender, class, or race - reported having presented trauma-related symptoms, such as insomnia or interrupted sleep, acute depression, episodes of unfocused anger and/or violence, paralyzing terror, panic attacks, strong anxiety levels, and flashbacks. Traumatic recovery seemed impermanent and

was mostly obtained without assistance. A significant proportion of them were psychiatrically medicated, either for long periods or at periodic intervals; and almost none had had access to regular free psychotherapy, while there was no available access to public mental health specialists (other than social care workers). Most reported that they had usually found some support from their families or one/two closest friends.

Some of the Venezuelans affected resorted to private psychological treatment online with specialists from their own country; others explained having coped on their own, through ‘reinforcement of an optimistic view of the future’. Haitians, in contrast, sought support from their community, religious leaders, and healers, or else used traditional medicine ‘to get better’. None of these migrants had found a positive response to their suffering from nearby Chilean residents, neighbours, or co-workers; indeed they had been further discriminated against. Interviewees observed that stress-related symptoms had severely impoverished them, as they had taken months or years “to get back on their feet”, though none of them had been hospitalized. These psychic conditions had disrupted everyday individual life and collective adjustment and had sometimes been the main cause of physical illness.

It can be concluded that traumatic experiences collectively permeate the lives of these populations having severe and underreported effects on their mental and physical health. However, this scenario can only be partially attributed to individual reactions and diminished resilience. Socio-economic determinants and policy strategies can intensify or diminish traumatic reactions.

6. Concluding Remarks

This paper set out to explore the main premises of three main approaches to resilience, bearing in mind the higher intensity of stressors undermining vulnerable populations in developing countries. It has aimed to draw theoretical inputs for the analysis of migrants’ mental health and well-being. Though the study is limited in that it does not rest on a comprehensive review of the different bodies of literature on resilience, mental health, and migration, it has achieved more focus by selecting specific texts of authoritative voices that have made important contributions to the qualitative analysis of migrants’ perspectives. Future research avenues involve a more detailed narrative review of empirical case studies addressing these issues for the design of culturally based policies to support migrant resilient strategies and mental health, especially within peripheral economies.

While the concept of resilience can be applied to explain multicultural strategies toward integration, it can also be used in individualistic terms, effectively denying the role of state policy in migration adjustments. The three approaches reviewed on resilience involve psychosocial/socioenvironmental, cultural, and psychodynamic feminist perspectives on subjectivity. The first two approaches usually present a system-oriented reading of adversity and, in the second case, draw on the collective effects of the social determinants of health. However, they underestimate or underreport the role played by the ongoing reframing of subjectivities (or performativity), gender, and race upon resiliency and the potential effects of adversity on the development of persistent trauma.

A major limitation of the third approach is that it only deals superficially with the relationship between the construction of subjectivity and its intrapsychic dimensions, especially about traumatic events. Gender also tends to be prioritized over race, though the growing body of work from a post-colonial perspective may change this (Rojas et al., 2015; Lehmann, 2021).

Psychosocial resilience strategies need to be better articulated with psychoanalytic approaches to early and adult trauma to interconnect associated research themes. Unsolved distress and grief associated with multiple losses often trigger unconscious bodily reactions which, in turn, affect psychic equilibrium and recovery. A set of social factors are jointly metabolized by individuals/communities towards resilience or disease. Sickness can be mild and transitory, or it can develop into complex PTSD syndromes, where early negative experiences are usually evoked and reinforce the power of present adversities. The effects of childhood trauma on adult resilient behaviour are also to be dynamically articulated with the study of human ‘fluid’ identities.

Further empirical work is required on patterns of recurrent reactions of vulnerable communities confronted with mourning and grief, such as in the case of migrants. The literature frequently displays lacunae concerning the influence of cultural differences in migrants’ resilience within emerging economies, and how these are mediated by global inequalities.

Given these considerations, governments (and other parties) should provide community-based opportunities that promote individuals’ access to environmental and personal resources to develop their resilience. Examples of policy-related initiatives include wide public education campaigns, disclosure of quality information on migrants’ rights, policies against employment inequities and discrimination at work, adequate temporary shelter, mentorship programs on training and schooling, and social support groups targeted to different genders and age cohorts, as well as free psychotherapy services, to integrate resilience with mental health care. Health and mental health personnel should be trained in resilience, trauma-related content, and the multicultural contexts of migrants, for example within community outreach programs, to understand and best communicate the protective factors that individuals can proactively utilize to build resilience. These include learning how to challenge counterproductive beliefs, apply problem-solving techniques, and strengthen relationships including parenting.

This paper has outlined a set of concepts and frameworks that will be further applied, and probably reframed, using the empirical evidence of the case studies being developed in Chile. The migration experiences of Venezuelans and Haitians, their real lives, living conditions, and their perceived opportunities and choices, will be interpreted and contrasted with the relevant policies proposed by the government and other associated stakeholders. This should allow us to outline specific political changes that could be implemented effectively. This contrast can enable recognition and grasping of the multicultural opportunities migration offers both to the country and migrants.

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Note

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