International Journal of Research in Education Humanities and Commerce

Volume 06, Issue 01 "January - February 2025"

ISSN 2583-0333

HOW DO VENEZUELAN MIGRANTS TO CHILE NARRATE THEIR MIGRATION PROCESS AND ITS EFFECTS UPON HEALTH AND MENTAL HEALTH?

LILIANA ACERO

Voluntary professor at Post-Graduate Programe on Policy Strategies and Development (PPED) at the Federal University of Rio de Janeiro, Brazil. Academic Director Fundación Cuerpo y Energía: Teoría y Métodos Neoreichianos, Santiago de Chile. Rua Conselheiro Lafaiete 104 Ap. 202, Copacabana, Rio de Janeiro RJ. CEP: 22081-020 Brazil Tel: 55-219-7629-6337

PABLO ZULETA PASTOR

Psychology Professor at the Universidad Bernardo O´Higgins, Santiago, Chile. Member of Directing Committee Fundación Cuerpo y Energía: Teoría y Métodos Neoreichianos. Zip code: 8320000. Santiago, Chile Tel: 56-991-008-621

https://doi.org/10.37602/IJREHC.2025.6143

ABSTRACT

Migration to Chile has increased substantially during the last 5 years, with the latest wave of migrants being that of Venezuelans, representing as of 2022 more than half a million people, i.e. 32.8% of foreign residents. Unplanned migration flows have generated a profound crisis characterised by high levels of xenophobia and a lack of protective state policies. This study aims to analyse qualitatively the characteristics of the early migration processes as narrated by 10 Venezuelan migrants to Chile, emphasising their effects on psychosomatic health. It argues that social stigma has a direct adverse impact on psychosomatic health, while stamina works in the opposite direction, being mediated by the social support received from others. The work is based on Venezuelans' perceptions before and during departure, in their journeys, and upon their arrival in Chile. Findings show that key factors negatively influence their mental health at the different stages, such as forced migration, unplanned or sudden fleeing, violence and profound adversities faced on bus and on foot journeys, irregular entry, and exhaustion, reduced access to mental health care, social discrimination and acculturation stress. The main protective factors that favor mental health include the care provided by relatives and friends, as well as the favourable disposition of hosts.

Keywords: Venezuelan migrants; Chile; departure; journey; arrival; acculturation process; acculturation stress; migrants' narratives.

1.0 INTRODUCTION

During the 1990s and 2000s, Chile was characterised as one of South America's politically and economically stable countries. It had positive macroeconomic indicators (especially in terms of growth and inflation control), improved social protection systems and the credibility of public institutions, along with other favourable socioeconomic factors. This situation encouraged groups of migrants to settle in the country, placing Chile among the four main South American countries that received migrants in that time period.

The latest group of migrants has been that of Venezuelans, amounting to more than half a million people as of 2022 and representing 32.8% of the migrant population in the country (INE, 2023). This migration includes different waves, with the numbers per wave increasing since the important flow of migration began in 2014, characterised by significant socioeconomic differences, as those in the first wave had a higher level of qualifications and resources status. Between 2018 and 2022, there was an increase of 55.6% in the population of Venezuelan migrants, the highest growth rate among foreign residents in the country (Acero & Zuleta, 2024). Their highest flow occurred between 2017 and 2019. It is worth noting that clandestine entry through the northern border of the country also increased, mainly due to the political and economic conditions in Bolivia and Peru, as well as the closing of borders during the COVID-19 pandemic (R4V,2022).

The increase in general migration flows and especially in that of Venezuelans lately has generated a profound crisis at the national level, characterised by high levels of xenophobia (e.g. anti-migration protests and arson attacks on migrant camps), aggravated by state policies that are inadequate and outdated (e.g. deportation) (Cambero, 2021; Connectas, 2022; Baeza-Rivera et al., 2022).

Chile has stratified access to a mixed public (FONASA)/private (Isapres) health system and is one of the most unequal countries in the world in this respect (Latinobarómetro, 2022; Goic, 2015). Mental health treatment is available as part of primary health care and under Decree N°67 (2016) migrants have had access to basic health coverage via FONASA, regardless of their migration status, that is comparable to what is available to the Chilean population with fewer resources. Additionally, the International Migrant Health Policy implemented in 2018 brought attention to the particular needs of migrant populations regarding access to and the quality and relevance of health care. However, numerous studies have shown the objective and cultural barriers migrants face in accessing mental health facilities, as well as deficits in the focus of the treatments themselves and in the training of health care practitioners when it comes to addressing the concerns of migrant populations, such as the experience of forced migration and persecution (eg. Blukacz et al. 2020; 2022; Rada et al, 2022; Astorga-Pinto et al, 2019; Yañez & Cárdenas, 2010).

1.1 Analytical considerations

The history of migrations illustrates the multiple associations between the migration process and the welfare of migrants (Hollifield & Wong, 2014) as they confront several types of adversity. There is a global academic consensus that migration can be considered an important social determinant of health and mental health (IOM, 2020; 2022; Compton & Shim 2019; WHO, 2022). There is also agreement among social scientists that there is a direct relationship in many countries between perceived discrimination and poor mental health (in the form of anxiety and depression, for example), which is sometimes moderated by factors like self-esteem and social support (Urzúa et al., 2019; Urzúa, et al., 2017; Szaflarski & Bauldry, 2019). Meanwhile, social support has been found to have positive associations with psychosomatic health and to mediate the association of negative emotions related to discrimination. These topics have been less researched in Chile, with Oyarte et al, (2022) and Baeza Riveira et al. (2022) being among the few papers to consider them.

Moreover, exploratory studies on the health and social needs of asylum seekers and refugees from Latin America in Chile have found a general lack of knowledge concerning and of training in mental health professionals regarding their specific mental health needs. (Minoletti et al., 2012) Consequently, the health needs of these people remain largely unaddressed in terms of the number of available services and the relevance and pertinence of the services delivered.

Furthermore, abundant research shows the barriers to access, especially to health and secondarily to mental health, that exist in Chile for the population as a whole (Alvarado, 2010; Blukacz et al., 2020) within an extremely unequal and segmented health system. However, the literature on these barriers in the case of the mental health of migrant populations is quite limited. Among the published studies, Astorga-Pinto et al. (2019) and Urzúa et al. (2017) constitute significant contributions. The former illuminate, through a qualitative study based on interviews and focus groups with migrants, health workers, and authorities several themes, including access and use of mental health services, barriers to access and use, mental health consequences due to lack of access and initiatives to improve services to evaluate the mental health of migrants other than Venezuelans.

The latter use the concept of strategies of acculturation (defined below) and find that mental stress disorders and inter-relational difficulties are more common in groups seeking assimilation (Peruvians) than in those dealing with separation strategies (Colombians).

Berry (1997) has characterised the cultural changes that might result from the adaptation of persons to the migration process and resettlement as generating what he has termed as an experience of psychological acculturation. The different forms which these strategies take include integration (retaining the culture of origin while adopting the host culture), assimilation (withdrawing from the culture of origin and adopting the host culture), separation (retaining the culture of origin and rejecting the host culture) and marginalisation (rejecting both cultures) (Berry, 2005). The author adds that there tends to exist, as a product of those processes of adaptation, acculturation stress, which impacts the physical and mental health of migrants as another new stress (Berry et al., 1987; Berry, 1992). Acculturation and acculturation stress are useful concepts in relation to the assessment of the quality of life and mental health of migrants once they have settled in a country. The literature has linked higher levels of acculturation stress with a higher prevalence of psychosomatic illness, depression, anxiety and general psychiatric disorders (Rojas et al., 2011; Fajardo, 2008; Torrealba & Cáqueo Urizar, 2017). Turning to Chile, migrants here have shown a high prevalence of acculturation stress. It has been reported that migrants narrate having higher levels of nostalgia for their home country alongside experiences of discrimination, adaptation difficulties and problems with the migratory regulation process, which also negatively impacted access to health care, jobs, and housing. However, in our study, the concepts of acculturation and acculturation stress will be applied differently, as we are dealing with the migration steps taken before settlement.

We argue that acculturation as well as acculturation stress are experienced as soon as persons decide when and how to leave their home country and continue to be experienced in the process of the adaptation to the conditions of transit and the journey conditions and to those of the early stages of arrival. These influence mental health all along this pathway. In all the stages different strategies are used that involve the redefinition of subjectivities and identities among the migrant populations, some that contribute to psychosomatic stability and most that erode it. As

Butler (1990, p.115) argues, 'the subject is gendered and manufactured through a sustained set of acts or performativity', from where a reflexive self is generated relationally within a situated biography. Subjectivity is 'in the making' and so is that during the migration processes.

In the present study, we refer both to health and mental health as 'psychosomatic well-being', as we hold − following many other psychosocial and psychoanalytic authors (e.g. Levine (2003); Schore (2009) and Stern (1993)) − that the causes and repercussions of adversities affect jointly the psyche and the body, whether explicitly or implicitly. Trauma, at an individual level, overwhelms the nervous system and the personality through unprocessed experiences of distress of a magnitude that exceeds the individuals' usual abilities to cope emotionally with adversity (Acero, 2024).

However, not all severe threats and difficulties necessarily generate trauma. Adversities suffered may or may not trigger psychosomatic disorders and mild or severe trauma, depending on the level of self-esteem of migrants as well as the timing and level of the support received from others, most especially from their fellow travellers in the initial phases and from families, friends, colleagues and hosts further on. The capacity to process social discrimination can also influence the degree of this psychosomatic stability (Acero et al., 2025). Volkan (2019) finds that if migrants can internally recognise the loss of their previous lifestyle and accept the pain associated with it, they may feel sad or nostalgic but will keep in touch with the repair capacities that favour social integration and feelings of belonging. This is however not the case for people where persecutory anguish predominates; this feeling becomes more pronounced when they confront different types of discrimination in the host country.

In relation to Chile and especially regarding Venezuelan migrants, the effects on psychosomatic health during the migration process prior to departure and during its main early phases remain underexplored. How the migration process is experienced and perceived, ignored or made invisible by migrants themselves has seen even less attention.

This study aims at describing in-depth the shared psychological aspects of the migration process early on among a small sample of Venezuelan migrants to Chile, with an emphasis on the psychosocial and emotional aspects of the experience. The main argument advanced here is that stigma has a direct adverse effect on psychosomatic health while stamina works in the opposite direction, mediated by the social support received from others and from networks. Accordingly, the study tries to answer the following questions:

- What are the main factors that influence the psychosomatic health of migrants prior to and during the departure from their country of origin?
- How is psychosomatic health affected by the adversities encountered during migrants' journeys?
- How do mental disorders arise or evolve upon arrival at the country of resettlement?

In summary, this is a qualitative study about Venezuelan migrants to Chile and their perceptions and how the latter evolve in response to experiences, including discrimination. However, it does not pretend to draw a complete picture of this population's psychosomatic conditions. The goal here is to identify trends that might be further explored in larger samples and among other migrant populations.

2.0 METHOD

The first step in our analysis for this qualitative case study was to review the most closely related literature on mental health from national and international organisations and the articles of authors writing on Chile and publishing in international journals, among them *Migraciones Internacionales, Polis, Revista Instituto de Salud Pública, Revista Panamericana de Salud Pública*, Publications of the University of Development (UDD), Acta Colombina de Psicologia, Salud & Sociedad and Publications of the IOM, among other. This brief search was not intended to be a thorough review, but rather to set the baseline for the context in which the case study would be developed.

A small though representative sample of adult Venezuelan migrants was selected through a snowball technique that considered their age, socioeconomic group and gender. Between 2023 and 2024 10 in-depth face-to-face semi-structured interviews (of 2 to 3 hours' duration) were carried out. Migrants were selected based on a variety of conditions such as their date of arrival in Chile, means of arrival (bus or plane), registration status and whether their departure from Venezuela had been planned or sudden. Table 1 shows the distribution of the 10 Venezuelan migrants living in the Metropolitan Area of Santiago who were interviewed by gender, age-cohort, and socioeconomic condition.

Table 1: Distribution of Venezuelan interviewees by gender, age cohort and socioeconomic status (2023−2024)

Socioeconomic Group/Age cohort & Sex Distribution	**Group C3**	**Group D**	**Group E**	**Total**
Age cohort	18−30	30−45	50 +	
Women	1	3	1	5
Men	2	2	1	5
Total	3	5	2	**10**

Note: Socioeconomic Group C3: lower middle class; Group D: vulnerable middle class and Group E: poor.

Content analysis, based exclusively on the migrants' narratives, was structured around the following topics: conditions previous to departure, departure, transit and arrival in Chile. The content analysis built on the approach of Mulkay (1993, p. 723–724), which has as its goal the identification of 'discourse regularities, in form and content, that are based on pre-existing socio-cultural beliefs and reveal an interrelated set of background assumptions'. Convergences and divergences between the visions of different social actors were distinguished, as were subtle variations between the two extremes.

As a first step, narratives were classified according to the prevalence of the topic and then compared with keywords that reflected recurrent themes or matters of concern (Acero, 2022). The keywords and phrases mainly included documented migrants, irregular migrants, reasons

for departure, risks in transit, difficulties at frontier crossings, obstacles upon arrival, means of transport, family reunion, leaving accompanied or alone, psychosomatic disorders, well-being, stress and exhaustion.

3.0 RESULTS

3.1 Premigration stage and departure

The totality of the interviewees mentioned the difficulties regarding survival and finding work due to the economic situation in Venezuela as the main reason for leaving their country. Some added the political conditions under which they had been living, with the left wing and almost the same authorities being in government for almost 20 years and committing fraud during different election periods. One man claimed,

> It was obvious this government will not leave, there has to be a civil war or a military intervention for that to happen. Why? Because the so-called opposition in my country are all left-wing; the right wing does not exist. Even the main opposition party, Democratic Action, is a product of the 60s guerrilla, they all form part of the international socialist movement. Which right-wing? One knows how these governments work, the shows they mount, the smoke cans to distract people from more important things.

A female interviewee explained, 'I have watched a number of documentaries where 10-year-old children have to go out to sell things to bring some money to their homes. I think that Venezuela is like a second Cuba now; it is a very poor country though it is rich. I think it is very poor as well as the mentality of those that still support the government and regime. There is inflation, delinquency and they keep supporting it and supporting it'. Another issue often mentioned as a cause for departure was the poor state of education: "Education has deteriorated a lot because they started with communist indoctrination and I do not agree with that. Also, education changed in the country, there was no more training of professionals directed towards looking for Excellency" (woman)

Insecurity related to the arbitrary and dishonest behaviour of officials in Venezuela was reported as a cause for departure by a male interviewee:

> At the economic level, one lives in one of the most dangerous countries in the world, it has homicide rates similar to those countries at war. There is also the fear of being outdoors at night, looking at all sides when one leaves home and also for having any body modification, such as tattoos, the police can put drugs in one's pocket or demand one hand over one's cell and if you do not do it they threaten to process you as a drug carrier.

However, one of the most shocking situations migrants referred to was the level of violence exercised by gangs − usually violence conducted with the involvement of state officials − they were experiencing in their own country. They provided many anecdotes about this. One woman said she had been threatened with being killed due to having a bit more economic resources and she left immediately. Another one mentioned "insecurity, criminality, more

Volume 06, Issue 01 "January - February 2025"

ISSN 2583-0333

specifically, violence with risk of death and possibilities of being kidnapped" as being common.

Three events stand out as highly traumatic. The first was the case of a young woman who was followed when she was on her way to work and was carrying her child. Her car was stolen and almost taken with the child inside and later on, it was returned by the same thieves who called her by phone. They were members of the military system whom she openly denied having recognised to protect herself. She stated they had used the car for trafficking drugs until the car started having problems and then they had returned it. Moreover, afterwards, the thieves spent one week asking her to pay for their lunches.

The second case involved the mother of one of the interviewees who, returning from a family lunch outdoors, found four armed men without masks waiting for her at her apartment's door. They started severely punching her in her face until she fainted. They also threatened her with burning her with an iron if she did not reveal where the money and other valuables were hidden. She was then left tied up in the bathroom with a telephone cable around her neck. She explicitly explained that they had previously had their home and routines under surveillance; for example, they knew they had visitors staying in their house. In both cases, the interviewees concluded that 'those who have to protect you are acting out this violence − a violence supported by the state'. The third case involves the TV showing − during an intentional interruption of one of President Chavez's speeches −governmental snipers firing at the heads of people and killing dissidents in the crowd who were participating in a political protest about the management of oil resources.

These three types of situations: difficulty of survival (literally, to eat and get health treatment), politically backed violence and threats to one's life, are the worst conditions that had prompted migration and were commented on different levels of detail by almost all interviewees. Only two of them, the youngest, emphasised their desire for professional development as a main cause for departure. As a result, the Venezuelan migrants interviewed were already experiencing unstable mental and health conditions, e.g. malnutrition, stress, exhaustion and even trauma, before they left their country.

Another important trigger of the exodus was the previous dispersion of their families, which had left them 'alone' and feeling lonely. Quite a few of them had been, for example, the last to leave the country relative to other members of their nuclear or extended family. Relatives had already migrated to several other countries or, in some cases, some members had come to Chile. Family reunification acted as a pull factor for departure. A woman interviewee explained how the rupture of family life had affected her: "We were used to doing everything together and suddenly we were all separated. This affected me a lot, in fact, I consulted a psychologist and took psychiatric medication, I also felt a lot of fear about living alone in a house that had become enormous".

Most of the interviewees referred to the anxiety generated by leaving, though this reflection was often balanced by the hope of finding peace and stability. Some declared their main emotions at the time were "impotence, sadness and anger and leaving my family was the sadder thing, the most hurtful, a lot of grief". A man said, "Emotionally, a lot of anxiety, sadness to abandon my country. Venezuela has always been a country that receives migrants, not where people emigrate [from]. But basically, I never had fear and said to myself, from the bad things

one also learns. But I had an anxiety related to what could happen, if things would go well or not. But always thinking positively". Feelings of self-deception and frustration concerning what they had obtained and could not keep (e.g. jobs, property, car) or could not attain at home, such as a decent salary, also motivated these migrants to leave.

There were two contrasting situations in the form of how migration took place. Some interviewees had previously done research and compared the quality of life between countries, especially in the Latin American region, by considering levels of employment/salaries, purchasing power, gross domestic product, cultural aspects and so on. Easier access to visas also influenced their decision-making process These were planned migrations to a certain extent, though usually they only involved short-term planning: 6 months to a maximum of 1 year. Other migrants simply fled leaving from one day to the next.

Resettling in Chile was not necessarily the first choice for most of the interviewees. They had considered other Latin American countries but were seduced by the way the economic situation of Chile was described in the news and other available literature, as well as by the government of Chile during the ruling of President Sebastian Piñera who had described it as: 'an oasis of stability' (Rodríguez Torrent & Vargas Callega, 2023). Their choice also sometimes depended on having relatives or knowing people in the country of resettlement. However, others left very suddenly induced by life threats or the menace of the closing of frontiers with Colombia. The following two extracts are examples of these types of cases.

A woman said, "I was the last one to leave and left because my life was in danger, because in Venezuela there is a type of delinquency system – something called vacuna [vaccine] − that extorts you because they think you have money if you have family abroad. Then comes the threat that they are going to invade your home . . . so I left, fleeing from my country, house and home. I fled without being a criminal, it was very, very painful, very traumatic". Living in constant danger or experiencing what was described in some of the episodes related above would surely leave a strong psychological mark that would not be easy to overcome and/or which could become a traumatic disorder (Levine, 2023; Achotegui, 2020).

In another case, a male interviewee described in detail the odyssey he experienced while crossing the frontier towards Colombia, walking on a 2 km bridge, at a time when the government was threatening to close the frontier. This measure reflected the government's intent to block the humanitarian aid that the itinerant alternative government, which had emerged out of the Venezuelan Assembly and was led then by Juan Guaidó, had brought into the country with the support from international institutions. A transcription of a portion of this long anecdote follows:

> The bridge was full of people, there was such desperation! Those on the bridge looked downwards where there was a river, which people were crossing on foot carrying their suitcases with them. The desperation was based on the fact that it was being said that the country was going to be closed up in around 3 more hours and nobody was going to be able to get out from it. It was like a stampede and luckily, the bridge's structure was solid enough to tolerate it. It was terrorising, because the authorities were not controlling anything, they were not even helping. They just wanted us to cross quickly and were putting pressure on us to reach the other side.

This interviewee further explained that around 500 people of all ages were crossing at the same time and that he had felt as if he was being carried by their arms. Finally, he described the friendship he had established with a mother and her son and how the son was lost and they had to go back to find him, showing an example of the strong cooperation between some of these people in this plight.

Interviewees usually knew very little about Chile, except in one case where a male interviewee had had contact with Chileans online. He related,

> I have known Chile for a long time, though I had not travelled there because it was not the right moment. I arrived in Chile through the internet. I was an introvert in Venezuela, very shy, and took refuge in the internet, where I made a lot of relationships and very good friendships through social media. I met two people in Chile, one from the north and one from the south, nobody from Santiago. With the one in the south, we shared our taste for English literature and read and commented on books.

This person strongly supported the interviewee in his decision to depart.

In many other cases, departure was also induced by the support given by friends or relatives abroad. For half of the interviewees, their intention was a short-term migration, i.e. one estimated as lasting between 5 to 9 months, in order to save money and return to their country of origin. Those who clearly saw their departure as definitive either intended to be reunited with their family or were younger and wanted to settle somewhere else in order to prosper.

3.2 Journey

Almost half of the interviewees had travelled on their own and most of the rest with their spouses or other relatives and often their children. A common pattern among interviewees was that their migration to Chile was not direct, i.e. they first chose neighbouring countries such as Colombia as their destination, usually due to their reduced economic possibilities. Most of them had spent time working in 2 to 3 countries to save money before migrating to Chile; in addition to Colombia, Ecuador and Peru were most commonly mentioned. But when in the end they chose Chile for resettlement, they generally said the reason was that it was more advanced technologically and culturally than the other countries in the region.

Interviews also described the lack of material and knowledge-based preparation they had had prior to undertaking their trips. For example, bringing food, candies and raw vegetables or fruits in their suitcases was not allowed at the crossing of borders.

There was a big difference between the adversities suffered when migrants travelled by aeroplane versus bus and partly on foot. Usually, in the first case, they arrived as tourists or with visas previously obtained at the Chilean Consulate of their own country; while some in the second case arrived illegally, i.e. crossing borders by unauthorised corridors. This also depended on the year when they travelled, because illegal entries have been rising in the last 5 years.

Those who came by bus often faced a very long trip, lasting at least 10 days, depending on which neighbouring country they departed from. A male interviewee commented, “The greatest

Volume 06, Issue 01 "January - February 2025"

ISSN 2583-0333

problem, I think, was being 10 days sitting in a bus. My legs hurt, I could not sleep, but it was an experience, I felt like a backpacker. All my clothes were in a backpack, I also had a small bag and here came my whole life". This last idea i.e. that of carrying one's life in a suitcase, was recurrent among migrants. For example, another interviewee said, "My luggage was a backpack and an 8 kg suitcase and my wife's a backpack and a suitcase that was a little bit bigger". Another interviewee, a woman, expressed it this way: "To try to fit your life, that is the things you felt as important, in two suitcases, was for me very shocking".

The trip can also be a risky one, with many climate changes (due to crossing deserts and mountains) that greatly disturb one's psychosomatic health and often sections where migrants have to walk, with consequent exhaustion, and lack of food and water. A female who travelled with her child said,

> But asking God, we crossed the Tacna dessert [the Atacama desert] on foot walking 3 to 4 hours. It was in the early morning and it was horrible and we had to pay a coyote (trochero) who told us by cellular phone how we had to cross, because if we were caught, we would be sent back. But thanks to God we passed [through it]. I had to throw away clothing from the suitcases, almost a whole suitcase. We took only three little bags and even the child carried one of them; we were already very tired and had run out of water along the way, but we made it. Yes, it was extremely cold but as we were walking, we sweated. This happened at the Peruvian border that I passed illegally or else would have had to hide. I took the normal bus only in Arica towards Santiago that costs 60,000 Chilean pesos each [approximately 60 US dollars].

A male interview listed the potential health and psychological risks: "In the frontier crossing, one knows one has to experience a lot of cold, especially when walking certain trajectories and one does not know what is to be expected in those parts. One is exposed to all sorts of danger". (Among these were being robbed, abused, kidnapped, or even killed by drug traffickers and other criminals.)

Regarding the idea of danger, quite a complicated and much riskier situation was narrated by an undocumented woman:

> Of course, any trip is problematic when you do not have the necessary documentation; I only have the legal entry to Colombia and the Colombian passport. But in the entry to Ecuador, I had to do it by non-authorised corridors (trocha) so I had to pay a guide 15 US dollars to take me to a mountain that, I think, belongs to no jurisdiction; there is no type of protection. They leave you on the mountain for half an hour and then you take a van that takes you to the bus terminal. But that part of the journey is horrible because there is guerrilla [activity], drug trafficking (that they want to engage you in) and many things happen, such as criminal acts from the famous Train of Aragua [an international gang, lately acting also in Chile]. You have to give them money or they steal it. Sometimes they kill people. Nothing happened to me, thank God, but other people are not lucky to be able to tell the story.

Unexpected negative and positive circumstances could also mark the trip, as one interviewee recounted: "Then we travelled by land to Santiago, leaving from Quito [Ecuador], but before we reached Tacna there was a landslide in the city of Arequipa. A mountain fell and as it was

the only highway there was we had to go back to Cuzco, and the next day to Lima, where an airline let us stay at the airport facilitating our access to food and showers. On the next day, we could leave, and entered through Arica until we reached the bus terminal in Santiago" (approximately a 30-hour trip). Another interviewee commented on the very long queues, ranging from 150 to 200 people, they had to face at each frontier to have their passports sealed and also on the incertitude and confusion about which documents they were allowed to enter with e.g. passports versus identity cards. However, he also commented that those waiting established a 'fraternity of support'.

After making this type of extreme effort, migrants, especially those travelling by bus, complained of extreme exhaustion. One described this as follows: "Reaching your destination, you did not feel the weight of the trip as being lifted. Instead, one felt the exhaustion of the past lack of comfort, one collapsed. It was the first time I had experienced this reaction". He added that, once in Chile, he spent almost 3 days recovering and slept and ate around 30 meals. These are typical parasympathetic reactions of the involuntary nervous system after a strong effort is made, as shall be explained later on. But rest can only be taken when people migrants trust are waiting for them; otherwise, they have to start looking for work and maybe that psychosomatic collapse is experienced later on.

Suffering a severe collapse was what happened in the case of a woman with a child who had to separate from her Egyptian husband because he had to leave Venezuela due to lack of work and for financial reasons they could not afford to travel anymore to meet each other. She described the process in detail:

> It was the result of all that tension that had been accumulating from the separation, then leaving everything and travelling here where I had problems validating my professional degree. My parents were legal but I was undocumented so they had to invent a document saying that my work was taking care of children. There was a moment, after a year and a half of being in this situation that I collapsed and fell into severe depression. I cared for nothing, not even for my child who was 5/6 years old. She would come to my room and bring a toy she never separated from and would put it near my face, she knew I was unwell. I did not want to eat; I slept during the whole day and I finally weighed less than 40 kg. I had never had to use psychiatric medicine before. I then contacted my psychologist by video, who [had] treated me in Venezuela, and when I told him everything I was feeling, he explained, "What has happened is that all this situation triggered all you had been swallowing up during the years I had been treating you. Your body chemistry is not being able to help you rise to your feet on your own, so as a psychologist I cannot do anything unless you are also treated by a psychiatrist, so we can start treating the problem".

She added that her female friends − the mothers of her child's classmates at a school that has a strong sense of community − had helped her also; she now regarded them as sisters. Her parents, with whom she lived, also contributed to her getting well and taking care of her child and she also mentioned her cat as another relationship of support. So, previous instabilities at the country of origin can also be a source that triggers situations of collapse once a migrant is settled.

Moreover, interviewees often commented how having a mental problem was very badly seen in Venezuela. One of them said,

> I have to thank Chile that made me recognise that mental illness is something to be diagnosed and treated, because in Venezuela this is not good. It is not that they are not recognised, because there are professionals, but it is taboo. If you say you suffer from depression people make fun of you. If a person is diagnosed with bipolar personality, he is stigmatised as being crazy and it is said that he has a need to be psychiatrically hospitalised. They are extremists on this subject.

Due to this cultural trajectory, the interviewees probably have not made visible the psychosomatic disorders they might be suffering. As Moro (2004) argues, culture is key, first to recognise a disease or psychic suffering, second to make sense of it, and third to develop the necessary actions to confront it and maybe solve it.

3.3 Arrival

Most of the interviewees were initially taken in for different periods of time at the houses of friends, relatives or people they knew, either for free or by renting a room. That also helped them find their feet in the new country and gave them contacts to find some form of work or employment, as well as understand the documentation requirements. This social support tends to mitigate the effects of acculturation stress frequently faced by recently arrived migrants (Urzúa et al., 2017). There is an internalised cultural framework (Moro, 2004) that when migrants resettle − especially when migration is forced or unexpected − does not include cultural clues that enable them to interpret the world into which they are integrating. This situation is stress inducing and requires the use of multiple resources to achieve a favourable adaptation. This is why relying on relatives and/or friends already integrated into Chilean society is a source of crucial support.

The interviewees recognised that ‘the impact is stronger upon arrival’. They also experienced the shock between their expectations and the real conditions of survival. The demand for quick adaptation – most crucially involving finding work and living arrangements, accessing documentation, and acquiring a general understanding of the hosts’ culture and its Spanish colloquialisms − is often precipitated by a social context that is not supportive and can in turn exceed the internal resources of the migrant (Urzúa et al., 2017a; Urzúa et al., 2017b). Migrants are faced with constant discrimination even before their arrival (Tijoux, 2016).

The guilt of their survival under better conditions than people or relatives living in Venezuela is another topic often directly or indirectly of concern. A female interviewee during settlement described this feeling in detail:

> One holds that sensation of a difficult departure and closure and sometimes feels guilty enjoying things that one knows they cannot enjoy, like a meal at a restaurant or feels shame of going to the supermarket and buying this or that. Sometimesit has happened to me that I am eating lunch at work and I am full and I feel I cannot leave there or throw away the left-overs, if I do, I think about who haven’t ate because they cannot find food . . . and you start thinking what your relatives do not have.

There were many pleasure, spiritual or health-related activities they had to leave aside on arrival and settlement to make a living that tend to have a strong impact on their personality, what Achotegui (2020) refers to as the mourning of culture. These activities also helped them keep their psychosomatic equilibrium. They also complained about the smog and the dry climate of Santiago as harmful to their health, as well as extremely tiring.

The activities they had given up often relate to attending mass, usually at the Catholic church and sports, the latter mainly among men; some of them have quit studying. They also sounded nostalgic about their regular gathering for tea or coffee with friends and relatives at home. They reported that this change of habits had often had a strong negative effect on their health, as for example they had put on weight or developee certain diseases. One of them explained,

> Sport, sport yes, in Venezuela I always practised sports, I went to the gym, to the park to play ball, but now I do not have time for any of this. There was a moment, before I had a car, when I used to ride a bicycle. And this helped me to be in shape.
>
> I quit sports. I was a sportsman. When I arrived in Chile I weighed 72 kg, [had] a slender body, a lot of resistance and energy but then I had to concentrate only in working. I used to surf, do Frisbee, cycling. Cycling I have continued and I have a bicycle but, while I lived in the centre of town, I used it but now I am working so far away [at the airport] that I cannot.

No longer going to church seems to have been harder to explain for the interviewees. It was usually women who talked about this issue, usually blaming excessive work and tiredness, as for example, “The religious part I have not been able, eventually I have gone to a church but also for topics regarding work, but not to mass” (woman); “I am a Catholic, in my country I used to attend mass three times a week, here I cannot because I work every day and have not had time and I arrive back from work exhausted” (woman); “Yes, I have gone to the church but it is not a constant practice, I am not somebody that does that regularly. Here I could [meaning have the time]. There is nothing that would interrupt this” (woman).

On the other hand, they tend to appreciate enormously the hosts’ cultural activities and interests, often available for free in Chile, such as outdoor concerts, activities in green spaces and courses on literature and other topics, as well as the support to entrepreneurs. A woman related, “I like professional upgrading through workshops or cultural activities like outdoor concerts in the squares. I find that [there are] nice, green areas to walk on and be relatively safe. Also paid courses in different areas and I would like to do more of them. The international gourmet food at restaurants that has opened lately. I also like literature; it is fascinating how people go ‘eating’ a book in buses and on the metro”.

They described the need for, as well as the difficulties they have with, communication with their families of origin, though a majority declared that they missed terribly the day-to-day contact. On the one hand, new technologies help tremendously; on the other, they make more evident the lack of face-to-face communication and how strongly that is felt. When migrants had a stable job, they said they had more time for long-distance communication. But most acknowledged that if they were needed by their relatives or vice versa they could count on them.

The whole situation is marked by a level of ambivalence. For example, some interviewees stated that they were living in two worlds, from the point of view of integrating both cultures. Others reported communication with their families as being more distant, and sometimes less frequent; they explained that time differences also influenced its quality. This could also be read as a process of assimilation, i.e. withdrawing from the culture of origin and adopting the host culture, according to Berry's (2005) classification.

However, almost a third of interviewees said that communicating depressed them or made them cry; differences in the kinds of problems faced also tended to distance them. The lack of extended family support for rearing children was also often mentioned. They began to feel as a part of their family the more direct daily contact they had with spouses and children. Once again, their attitude could be interpreted as a gradual process of assimilation (withdrawing from the culture of origin and adopting the host culture).

In other cases, the disconnection and fear of losing relatives they love due to sickness and death made them suffer tremendously. The permanent or temporary 'rupture' of the nuclear or extended family or the separation of members of it has gradually affected them enormously.

Moreover, those close relatives who stay behind also suffer. One man explains,

> For them [his parents] it has been very strong, heart breaking. They have even had psychological problems where I myself have told them the many negative things they had had to cope with. I think what is happening with my mother is of the mental domain. She was diagnosed at [a] hospital as having had a heart attack when it had really been a panic attack and that is what she has been suffering from.

He added that his father was also suffering from them.

Migration tends to influence psychosomatic health negatively on both sides, among migrants and relatives who stay in their country of origin. Another male interviewee described what had happened to him after talking to his mother by phone on his birthday, whom he said he was afraid would not see anymore:

> I had a break in my body for the first time in my life. A fever, vomiting, food intolerance, diarrhea. I could not tolerate anything I ate. Not even 3 seconds had passed since I had hung up the phone, I started feeling [like I was] drowning, hyperventilating, and then came a strong crying that I could not control. I was ashamed because I was with two women who were really worried about me and I could not control myself. But the episode acted as a form of discharge.

This is the narrative of a man diagnosed as HIV positive and who felt he could not tell this news by phone to his parents.

There are multiple ways in which migration has influenced their families locally in Chile. In some cases, migrants often valued how the health, growth and prosperity of their children had developed. For example, a woman said, "I have the satisfaction of seeing her [her child] [being] very intelligent, with social skills and a maturity that has surprised me now that she is 11 years old. She is taught a very good sense of inclusive community behaviour at school; she has

Volume 06, Issue 01 "January - February 2025"

ISSN 2583-0333

benefitted from a strong influence at this school. They take care of each other". Being without their nuclear or extended families has also made interviewees have a closer relationship with spouses or other relatives living in Chile. In other cases, they felt it was negative that they had to reside within their nuclear families again, as they had been independent of them before. They describe this situation as a kind of regression.

A main source of support they mentioned was their direct relatives: fathers, mothers and siblings, or indirect ones like cousins. They felt it had been crucial to count on them with integrating, during periods of sickness and establishing fruitful everyday dialogues. As we have seen above, when they had children, the school community functioned as another form of support. Often their bosses and work colleagues were also considered sources of support because they lent them money, provided food or listened to their problems. A female interviewee with a child in Peru who wants to bring the child to Chile said, "In Peru, my boss helped me, he gave me an advance in my salary and I brought the child here with me".

In very few cases, animosity with work colleagues from the host country prevailed and then the migrants tended to leave those jobs. They emphasised that they disliked the host society's tendency towards hypocrisy, the gossiping (cahuín), the criticism of others behind their back and the inability to openly bring up aspects they disliked in others. At work, they often considered Chileans to be inefficient, negligent or disorganised, which usually resulted in 'double work' for everybody in order to correct mistakes or attain work goals.

Some mentioned it had been hard to establish real friendships with their hosts, but that they had sometimes been able to do so, as well as with neighbours. The reason for those difficulties in relationships they tended to attribute to distrust and cultural differences, namely the loud voices, extroversion, and fun making of Venezuelans versus the quieter hosts who tended to keep to themselves.

It is interesting to observe that, except in one case, the interviewees did not belong to migrants' collectives and hardly commented about them. A woman interviewed had been invited to one of them when she attended a talk, but later on, she seemed to have lost interest and just participated sometimes in the group via WhatsApp.

In contrast, one male interview was very committed to several collectives and volunteered for the Foundation Gente en Movimiento, an organisation that was born at the Lourdes Basilica Church and belongs to the congregation of the assumptionist priests and whose coordinator at the time was a Venezuelan woman. Their main task is to support migrants from a socially oriented approach. He said, 'The foundation started a project of rooms to receive and assist migrant youth – between 18 and 25 years old – living in the streets and then a restaurant was founded. These are youth with mental or drug problems or they are transgender youth trying to accept their problematic transition, and so on'. The interviewee also belonged to the collective Manifiesta, supported by ACHNUR, for the LGBTIQ+ community and attended Saturday workshops with a group of peers which they called 'sensitisation for meeting your trans brother/ sister', oriented towards the acceptance of their condition and as an effort towards overcoming discrimination generally and internal to the same community. That was a challenge for him because he had lived in that situation of discriminating and being discriminated against himself in Venezuela. He also accompanied migrants who arrived at shelter houses with mental problems. He mentioned he had taken one of them to the hospital, to therapy, and also to the

Peer Groups in the collective Manifiesta where they had showed a documentary film on homophobic and transphobic behaviour. The film was very powerful and moving for the patient. But it had helped the patient to look for advice from one of the coordinators and a network had been formed at the collective to support him as well.

4.0 CONCLUSIONS

The study's findings show that the first factor that influences the psychosomatic health of the Venezuelan migrants interviewed is the fact that directly (due to threats) or indirectly (due to difficulties with survival) their move to Chile had the quality of forced migration. This in itself is a process of diminished acculturation to their country of origin, which does not seem to be the same country in which they were born. It implies a gradual or sudden loss of a lifestyle. Moreover, the role social violence plays in this process surely generates some form of traumatic disorder that could persist or diminish over time according to the quality of future experiences. Sometimes, there is no time to think and reflect upon the characteristics of the country for which they were departing. In other cases, protective factors can be found if some planning is done, some knowledge is obtained on the country of resettlement or friendships and relatives are available. These factors can facilitate the anticipation of the conditions they will encounter, certitude on aspects that characterise the hosts and so on.

Throughout the life cycle, arousal and relaxation directly impact the biology of the autonomous nervous system (ANS), the healthy functioning of which 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; Acero, 2024).

Travelling by plane or bus/on foot influences the psychosomatic health of migrants substantially. For example, for bus/foot travellers the main issue is that of survival and migrants are permanently confronted with dangers, as well as the anguish of potential death and abuse – as shown by the multiple anecdotes provided by our interviewees. Moreover, some of those conditions had often been present, in different degrees, in their country of origin.

A way of life permeated by sustained forms of high alertness greatly arouses the sympathetic nervous system and can provoke important psychosomatic stress. Even worse, it can lead to the complexities of developing different types of traumas. Trauma symptoms can manifest either immediately after an overwhelming threat is experienced or at the time when the main threats are removed or overcome, for example after what appears to be effective social integration in the host country. In the case of the manifestation of symptoms later, these may involve different degrees of trauma or even psychosomatic illness and may or not be related to acculturation stress.

Migrants subjected to different forms of continuous or periodic situations of high alertness at home and in their journey (e.g. difficulties in survival, political or gang persecution, etc.) live in a state of sympathetic arousal which tends to result at minimum in strong anxiety or panic attacks. When the causes of this arousal diminish, the parasympathetic nervous system

responds with immobility, exhaustion, a substantial need for rest and sleep and even difficulties in cognitive perception, problem solving and situational orientation. Exercising extreme psychosomatic effort and having exhausted the body's resources to flee or fight biologically leads to the intervention of the parasympathetic nervous system. However, when this system is overstimulated constantly it can lead in time to different degrees of vitality loss and depression. Conversely, a positive emotional reception in the host country, non-discriminatory practices, and direct social support can alleviate previous psychosomatic symptoms and even avoid new developments and/or the manifestation of some of them.

In Chile, public policy towards migrants has over time proved to be inadequate, though there have been limited improvements lately in relation to certain human rights, for example access to universal health and schooling, specific humanitarian visas, etc., under the recent national migration policy and law of 2021 (for an in-depth discussion of this topic see Acero and Zuleta Pastor, a; b and c).

However, official ignorance on cross-cultural issues affecting migrant mental health among different migrant populations, genders, and races; scarce, short and inadequate psychosomatic treatment programs; barriers in access to mental health professionals; lack of properly trained professionals; and explicit harassment on the part of authorities (e.g. threats of deportation), among others, are still features that characterise the present moment in Chile. Under these conditions, migrants have very few ways of maintaining psychosomatic health, which largely must be undertaken by the individual on his own or with the help of families, relatives and a few friends. Additionally, some interviewees mentioned having to give up activities they used to engage in at home that could diminish this stress, such as sports or spiritual practises, partly due to reduced time and overwork. Moreover, communication with relatives at home either has obstacles or has gradually reduced due to assimilation processes.

Moreover, the case study shows that often Venezuelan migrants tend to avoid confronting their feelings of grief, mourning and lack of well-being, 'being positive in the face of adversity'. This behaviour is partly influenced by internalised forms of cultural stigma and discrimination towards the importance of dealing with mental health in their country of origin. Mild mental disturbances, acute disorders and syndromes in Venezuela are looked down upon culturally. The extra acculturation stress they face upon their arrival and during their settlement may explain their denial of health and mental health discomfort, given their need to find work and living arrangements, which are not facilitated within state policy. Accordingly, a solid application of policy and actions to protect migrants in departure, transit, and the initial settlement phase could result in a healthier experience of migration, as well as less problematic social integration and a strengthening of social cohesion with the national population.

5.0 ACKNOWLEDGEMENTS

We thank the Inter-American Institute for Global Change Research (IAI), which provided a grant for this study by the Chilean Team as part of the international research project 'Human Mobility, Global Challenges and Resilience in an Age of Social Stress' (PHOENIX), supported by the Belmont Forum. Our special thanks go to Constanza Gana and Veronica Moya for carrying out and transcribing the interviews with care and commitment.

REFERENCES

Acero, L. (2022). Framing regenerative medicine: Culturally specific stories of an emerg-ing technoscience. Biosocieties, 17(4), 644-675. https://doi.org/10.1057/s41292-021-00236-6

Acero, L. (2024). Examining resilience, subjectivity and trauma: The case of migrants' mental health in Chile. Issues in Social Sciences, 12(1). https://doi.org/10.5296/iss.v12i1.21847

Acero, L., & Zuleta Pastor, P. (2024a). Life quality and social integration of migrants settled in Chile: Venezuelan narratives. International Journal of Development Research, 14(10), 66875-66880. https://doi.org/10.37118/ijdr.28844.10.2024

Acero, L., & Zuleta Pastor, P. (2024b). Visions of the new migration policy in Chile: A brief analysis of leaders' narratives. International Journal of Social Sciences and Man-agement Review, 7(5), 450-459. https://doi.org/10.37602/IJSSMR.2024.7534

Acero, L., & Zuleta Pastor, P. (2024c). Policy briefing: Migration trends and public poli-cies in Chile. Migraciones Internacionales, 15. https://doi.org/10.33679/rmi.v1i1.3095

Acero, L., Zuleta Pastor, P., & Dides Castillo, C. (2025). Perspectives on resilience and mourning in the historical and current Chilean migration context. E-book. https://www.phoenix-climatemobilities.com/news-12

Achotegui, J. (2020). Los siete duelos de la migración y la interculturalidad. Editorial NED.

Alvarado, R. (2008). Salud mental en inmigrantes. Revista Chilena de Salud Pública, 12(1), 37-41.

Astorga-Pinto, S., Cabieses, B., Carreño Calderón, A., & McIntyre, A. (2019). Percep-ciones sobre acceso y uso de servicios de salud mental por parte de inmigrantes en Chile, desde la perspectiva de trabajadores, autoridades e inmigrantes. Revista Instituto de Sa-lud Pública Chile, 3(1). https://doi.org/10.34052/rispch.v3il.49

Baeza-Rivera, M. J., Salazar-Fernández, C., Manríquez-Robles, D., Salinas-Oñate, N., & Smith-Castro, V. (2022). Acculturative stress, perceived social support, and mental health: The mediating effect of negative emotions associated with discrimination. Inter-national Journal of Environmental Research and Public Health, 19(24), 16522. https://doi.org/10.3390/ijerph192416522

Berry, J. W. (1997). Immigration, acculturation, and adaptation. Applied Psychology, 46(1), 5-34. https://doi.org/10.1111/j.1464-0597.1997.tb01087.x

Berry, J. W. (2005). Acculturation: Living successfully in two cultures. International Journal of Intercultural Relations, 29(6), 697-712. https://doi.org/10.1016/j.ijintrel.2005.07.013

Blukacz, A., Cabieses, B., & Markkula, N. (2020). Inequities in mental health and men-tal healthcare between international immigrants and locals in Chile: A narrative review.

International Journal for Equity in Health, 19, 197. https://doi.org/10.1186/s12939-020-01312-2

Blukacz, A., Cabieses, B., Obach, A., Madrid, P., Carreño, A., Pickett, K. E., & Mark-kula, N. (2022). "If I get sick here, I will never see my children again": The mental health of international migrants during the COVID-19 pandemic in Chile. PLoS ONE, 17(11), e0277517. https://doi.org/10.1371/journal.pone.0277517

Butler, J. (1990). Gender trouble. London: Routledge.

Cambero, F. (2021). Chile anti-migrant protesters destroy camps in tense north. Reuters. https://www.reuters.com/world/americas/chile-anti-migrant-protesters-destroy-camps-tense-north-2022-01-30/

Connectas. (2021). Chile rejects the migrants it once welcomed. Global Voices. https://globalvoices.org/2021/10/19/chile-rejects-the-migrants-it-once-welcomed/

Compton, M. T., & Shim, R. S. (2015). The social determinants of mental health. Focus, 13(4), 419-425. https://doi.org/10.1176/appi.focus.20150017

Goic, G. A. (2015). El sistema de salud de Chile: Una tarea pendiente. Revista médica de Chile, 143(6), 774-786. https://dx.doi.org/10.4067/S0034-98872015000600011

Hollifield, J. F., & Wong, T. K. (2015). The politics of international migration: How can we "bring the state back in"? In C. Brettel & J. Hollifield (Eds.), Migration theory: Talk-ing across disciplines (3rd ed., pp. 227-288). New York: Routledge.

IOM. (2020). World migration report. Geneva: IOM.

Latinobarómetro. (2022). Informe Latinobarómetro Chile 1995–2020. https://www.latinobarometro.org

Levine, P. (2003). Panic, biology and reason: Giving the body its chance. The USA Body Psychotherapy Journal, 2(2), 5-12.

Minoletti, A., Rojas, G., & Horvitz-Lennon, M. (2012). Salud mental en atención prima-ria en Chile: Aprendizajes para Latinoamérica. Cadernos Saúde Coletiva, 20, 440-447.

Moro, M. R. (2004). ¿Por qué crear dispositivos específicos para los inmigrantes y sus niños? La experiencia francesa. Revista de Psicopatología y Salud Mental del Niño y el Adolescente, 4, 69-80.

Mulkay, M. (1993). Rhetorics of hope and fear in the great embryo debate. Social Stu-dies of Science, 23(4), 721-742.

Organización Internacional para las Migraciones. (2022). Tendencias recientes de la mi-gración en las Américas. https://rosanjose.iom.int/sites/g/files/tmzbdl1446/files/documents/tendencias-recientes-de-la-migracion-en-las-americas_

Oyarte, M., Cabieses, B., Espinoza, M., Valenzuela, M. T., & Delgado, I. (2022). Per-ception of discrimination against immigrants compared to Chilean-born and its relation-ship with access to services and health outcomes. Revista de Saúde Pública, 56, 121. https://doi.org/10.11606/s1518-8787.2022056004125

Rada, I., Oyarte, M., & Cabieses, B. (2022). A comparative analysis of health status of international migrants and local population in Chile: A population-based, cross-sectional analysis from a social determinants of health perspective. BMC Public Health, 22, 1329. https://doi.org/10.1186/s12889-022-13709-5

Regional Coordination Platform for the Response for Venezuelans (R4V). (2022). RMRP 2022: Regional refugee and migrant response plan January - December 2022. https://rmrp.r4v.info/

Rodríguez Torrent, J. C., & Vargas Callega, R. (2023). Migración al Chile neoliberal: Ciudadanía, arraigo y autonomía. Política, globalidad y ciudadanía, 9(18), 135-154. https://doi.org/10.29105/pgc9.18-8

Rojas, G., Fritsch, R., Castro, A., Guajardo, V., Torres, P., & Díaz, B. (2011). Trastor-nos mentales comunes y uso de servicios de salud en población inmigrante. Revista mé-dica de Chile, 139(10), 1298-1304. https://dx.doi.org/10.4067/S0034-98872011001000008

Szaflarski, M., & Bauldry, S. (2019). The effects of perceived discrimination on immi-grant and refugee physical and mental health. Advances in Medical Sociology, 19, 173-204. https://doi.org/10.1108/S1057-629020190000019009

Schore, A. (2009). Relational trauma and the developing right brain: An interface of psychoanalytic self-psychology and neuroscience self and systems. Annals of the New York Academy of Sciences, 1159, 189-203. https://doi.org/10.1111/j.1749-6632.2009.04474.x

Urzúa, M. A., Boudon Torrealba, S., & Caqueo-Urizar, A. (2017a). Salud mental y es-trategias de aculturación en inmigrantes colombianos y peruanos en el norte de Chile. Acta Colombiana de Psicología, 20(1), 70-79. https://doi.org/10.14718/ACP.2017.20.1.5

Urzúa, A. M., Caqueo-Urízar, A., Calderón Carvajal, C., & Rojas Páez, L. (2017b). ¿El apoyo social mediatiza el efecto negativo del estrés por aculturación en la salud? Un estudio en colombianos y peruanos inmigrantes en el norte de Chile. Interciencia, 42(12), 818-822.

Urzúa, A., Cabrera, C., Carvajal, C. C., & Caqueo-Urízar, A. (2019). The mediating role of self-esteem on the relationship between perceived discrimination and mental health in South American immigrants in Chile. Psychiatry Research, 271, 187-194. https://doi.org/10.1016/j.psychres.2018.11.028

World Health Organization. (2022). World report on the health of refugees and migrants. https://www.who.int/publications-detail-redirect/9789240054462

Volume 06, Issue 01 "January - February 2025"

ISSN 2583-0333

Yañez, S., & Cárdenas, M. (2010). Estrategias de aculturación, indicadores de salud mental y bienestar psicológico en un grupo de inmigrantes sudamericanos en Chile. Salud & Sociedad, 1(1), 51-70.

