HHS Public Access

Author manuscript

Method Innov. Author manuscript; available in PMC 2024 March 11.

Employment of trauma informed principles in the Palabras Fuertes project: Implications for narrative research with older Latinx communities

David Camacho[1], **Anindita Bhattacharya**[2], **Kiara Moore**[3], **Maria P Aranda**[4], **Ellen P Lukens**[5]

[1]Department of Disability and Human Development, University of Illinois Chicago, Chicago, IL, USA

[2]School of Social Work & Criminal Justice, University of Washington Tacoma, Tacoma, WA, USA

[3]Silver School of Social Work, New York University, New York, NY, USA

[4]USC Suzanne Dworak-Peck School of Social Work, Edward R. Roybal Institute on Aging, University of Southern California, Los Angeles, CA, USA

[5]School of Social Work, Columbia University, New York, NY, USA

Abstract

In the US, there is a growing number of older Latinx communities. Qualitative approaches such as narrative inquiry may be fruitful endeavors to elucidate their lived experiences. However, older Latinx communities, including sexual minorities, are disproportionately exposed to social, health, and historical challenges that may result in exposure to potentially traumatic events (e.g. discrimination, illness, grief, etc.). The recognition of high rates of exposure to potentially traumatic events among participants has led to the recommended adoption of Trauma Informed (TI) principles for use in non-trauma specific research. At present, there are limited examples and discussions about the implementation of TI principles in qualitative research and our literature review yielded no discussion of the use of TI principles in narrative inquiry or with older Latinx communities. In this manuscript, we advocate for the adoption of TI principles when engaging in narrative inquiry with older Latinx adults. Second, we discuss examples of TI guided practices we employed while conducting the Palabras Fuertes study of life history narratives with older Latino immigrant gay men living in New York City. Finally, based on these experiences, we provide recommendations for incorporating TI into future narrative research with older Latinx communities.

Corresponding author: David Camacho, Department of Disability and Human Development, University of Illinois Chicago, 1640 Roosevelt Road, Chicago, IL 60608, USA. dc1981@uic.edu.

Keywords

LGBTQ+; Latinx; older adults; life history; narrative; reflexivity; recruitment; trauma informed

Introduction

The growing recognition of the high frequency and adverse effects of exposure to traumatic experiences in the general population has led to Trauma Informed (herein, TI) principles being recommended across caring professions (SAMHSA, 2014). TI principles recognize the importance of (1) *safety*, (2) *trustworthiness and transparency*, (3) *peer support*, (4) *collaboration and mutuality*, (5) *empowerment, voice, and choice, and* (6) *cultural, historical, and gender issues*. More recently, these recommendations have expanded into discussions of their implementation in research (e.g. Alessi and Kahn, 2023; Isobel, 2021; Ranjbar et al., 2020; Voith et al., 2020; Wong, 2021). Incorporating TI principles into methodological considerations in qualitative research aims to reduce the likelihood of retraumatization (SAMHSA, 2014), but it also has the potential to enhance research participation and facilitate narrative construction.

The older U.S. Latinx population faces unique health and social challenges across the life course that may lead to disproportionate exposure to potentially traumatic events (e.g. discrimination, illness, poverty; Crenshaw, 2013; Ferraro et al., 2009; Forrester et al., 2019). Older Latinx communities are diverse as they include individuals with roots in 20+ countries and intersecting LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer plus) identities that may increase trauma exposure due to interpersonal, societal, and organizational discrimination experiences (i.e. Administration for Community Living, 2020; Lopez et al., 2013; Wilson et al., 2021). In addition, previous studies have found that historical knowledge or direct experiences of mistreatment due to racism and anti-immigrant bias by researchers is a common obstacle to recruiting and retaining U.S. Latinx individuals in research (Aranda et al., 2023; Liljas et al., 2017). Therefore, qualitative researchers working with older Latinx communities should acknowledge and take steps to address the likely presence of trauma exposure while conducting narrative inquiry with these communities.

Narrative approaches can be fruitful endeavors in understanding the experiences of diverse groups including older Latinx[1] communities in the US (i.e. racial, ethnic, sexual or gender minorities). Chase (2018: 951) describes narratives as distinct communication forms that include:

> meaning making through the shaping of experience; a way of understanding one's own or others' actions; of organizing events, objects, feelings, or thoughts in relation to each other; of connecting and seeing the consequences of actions, events, feelings, or thoughts over time (in the past, present, and/or future).

---

[1] In this manuscript, we use the term "Latinx" to describe the population and acknowledge that gender diversity exists and to be inclusive of individuals who subscribe to the gender binary (i.e. men and women) (María del Rio-Gonzalez, 2020). When referring to men (i.e. people who fall within the gender boundary), we use the term "Latino."

Life history narratives provide opportunities for individuals to reflect on their lives, share their biographical stories (spanning from birth to present and include inferences about the future) in their own words (Chase, 2018; Goodson, 2012: 139). Such narratives are co-constructions where the researcher and storyteller collaborate on a shared exploration and understanding of the storyteller's world within their relevant social and historical contexts. Most human research interactions carry the potential for disclosure of potentially traumatic events. However, compared to a strictly quantitative study with a prescribed set of questions, narrative researchers may only anticipate where their interviews may go (Sandelowski and Barroso, 2003). Thus, narrative inquiry may be more prone to include the disclosure of "sensitive" topics (e.g. secrets, untold stories, trauma) that may generate strong emotions and possible re-traumatization for participants and researchers (Dickson-Swift et al., 2009; SAMHSA, 2014) that need to be considered in the use of this methodological approach. However, there are limited examples of the use of TI principles in qualitative research or with older racial or sexual minorities.

There is a growing need for research that documents the lives of rapidly growing older Latinx communities (Administration for Community Living, 2020; Aranda et al., 2023) and methodological approaches to narrative inquiries that are centered on TI principles (Alessi and Kahn, 2023; Isobel, 2021; Ranjbar et al., 2020; SAMHSA, 2014; Voith et al., 2020; Wong, 2021). However, our literature review yielded no examples of the use of TI principles in narrative inquiry processes or with older Latinx communities. Our paper addresses these research gaps: First, we suggest the incorporation of TI principles in working with older Latinx communities in the US. Second, we draw from and discuss examples of TI guided research practices we employed in the Palabras Fuertes project where we examined life history narratives with older Latino gay men living in New York City. Third, we discuss and provide recommendations for incorporating TI principles into future narrative research with older Latinx communities.

Trauma informed principles, older Latinx, and research application

The concept of *trauma* acknowledges that individuals may be exposed to a single or series of events, or circumstances that they perceive as emotionally harmful or life threatening (SAMHSA, 2014). These hardships may have lasting negative effects on the individual's mental, physical, social, emotional, or spiritual well-being and functioning.

A growing body of literature has documented the exposure to potentially traumatic events across the life course. For example, examinations with midlife and older adults (i.e. 50 years and above) indicate rates as high as 16% for childhood sexual abuse (Easton and Kong, 2016; Felitti et al., 1998; Raposo et al., 2014), 11% for emotional abuse (Felitti et al., 1998), and 20.5% for physical abuse (Felitti et al., 1998; Raposo et al., 2014). However, the exposure to potentially traumatic events occurs across the life course including but not limited to war, domestic violence, illness, death of loved ones, and natural disasters. Further, racial, ethnic, and sexual minorities may experience trauma through exposure to micro and macro aggressions, homophobia, and immigration transitions, (Diego Rivera Hernández, 2017; Kirkinis et al., 2021; Meyer, 1995; Perez, 2016; Sue et al., 2007).

TI principles recognize that exposure to trauma is a significant public health problem (SAMHSA, 2014). Extensive evidence exists regarding the relationship between exposure to stressful events and long-term negative health effects (e.g. Cook et al., 2017). However, individuals' perception of trauma experiences can vary widely due to subjective perceptions, coping strategies, and personal resources (e.g. Ferraro et al., 2009; Larkin et al., 2014; Lazarus and Folkman, 1984: 142). Further, not all individuals who experience traumatic reactions will recognize the relationship between exposure and the impact on their well-being (SAMHSA, 2014). The implementation of TI principles seeks to avoid reliving stressful reactions related to exposure to traumatic events and to support individual's trauma recovery. Further, in clinical settings, TI includes both support for patients and their providers as they often listen to descriptions of potentially traumatic events that may contribute to negative emotional reactions (e.g. Vicarious Trauma; McCann and Pearlman, 1990). These TI practice implications can inform methodological strategies in narrative research and ultimately the decisions to be made at each phase of the inquiry, which is the focus of this paper.

Briefly, TI principles include: (1) *safety*, refers to the provision of an environment that is emotionally and psychologically safe, as defined by the individual receiving services or care; (2) *trustworthiness and transparency*, includes clear and openness of operations and procedures; (3) *peer support*, acknowledges that individuals may find mutual support and trust among peers who experienced similar trauma, which can promote healing; (4) *collaboration and mutuality*, emphasize addressing and leveling power differentials between the individual and practitioner in order to share power and decision-making; (5) *empowerment, voice, and choice*, refers to the recognition and building on an individual's strengths and experiences. Individuals are provided support to voice their choices and grow from their experiences; and (6) *cultural, historical, and gender issues*, address the importance of avoiding cultural and gendered stereotypes and are responsive to racial, ethnic, and cultural needs (SAMHSA, 2014).

Processes for managing direct and indirect effects of trauma in research among groups with known trauma exposure have been described in prior studies (e.g. Wyles et al., 2022). The recognition that experiences of trauma and their disclosure are common in non-trauma specific research has led to the suggestion to incorporate TI principles in research processes more broadly (Alessi and Kahn, 2023; Isobel, 2021; Ranjbar et al., 2020; Voith et al., 2020; Wong, 2021).

To illustrate, Voith et al. (2020) developed the *Trauma Informed, Socially Just Research Framework* to be used with marginalized communities. This framework includes following TI principles as well as considering the need for healing centered research that is strengths-based. They suggest that researchers understand the contexts (historical, sociopolitical, cultural) of their study population and how these contribute to trauma and consider the need for social change during a "pre-study" phase. Further, researchers should closely examine how TI and social justice principles align with study processes (i.e. design, recruitment, consent, data collection, and post-data collection).

Ranjbar et al. (2020) suggest the use of TI principles and cultural humility when conducting research with minoritized communities. Cultural humility considers culture to be influenced by an individual's unique characteristics and experiences (e.g. biology, personality, psychology) and is something that cannot be fully analyzed or learned (Tervalon and Murray-García, 1998). Cultural humility provides opportunities for practitioners to integrate the following in their daily practice: mutual learning, personal reflection, examination of power dynamics and biases, and avoiding assumptions about an individual's culture or experiences. Therefore, qualitative researchers can assume these strategies and make choices regarding how and why to approach their inquiry with—and on behalf of—minoritized groups.

Researchers also suggest the use of TI principles in qualitative examinations. For example, Wong (2021) provides general guidance of how to implement TI principles and what these may look like in a qualitative research study. First, Wong notes the importance of examining the relationships and power dynamics between the researcher and study participant. This step may include reflection on participant and researcher social locations (e.g. social identities, privileges, marginalization, and lived experience) and how this influences study development. She encourages collaboration with community partners and practitioners across research processes. Second, she notes the importance of transparency. For example, she considers the need to be explicit about study purpose and to preface discussions to allow an interviewee to choose topics they want to discuss. Third, Wong highlights the importance of autonomy. Autonomy may be promoted by creating a confidential and welcoming space; avoiding labeling a participant's experiences unless the participants provide a preferred term first and that should be mirrored throughout the interview; establishing clear communication with the participant and allowing participants to answer only questions they feel comfortable with; and connecting them to helpful resources. Fourth, she underlines the importance of human connection through the researcher's acknowledgment of the participant's experience, employment of active listening, and display of compassion and empathy.

Isobel (2021) describes possible approaches to incorporating TI principles before, during, and after data collection. She notes that a TI approach may begin with a study design that disrupts inequities brought upon by common research strategies (Ghanbarpour et al., 2018). Isobel suggests that researchers should carefully consider why the research is being done, who will participate, and how it will benefit community members (Smith et al., 2021). TI informed research should not be solely focused on satisfying a researcher's curiosity or opportunity (Jones, 1998). Researchers should offer participants choices of where interviews will occur (in person, online, phone etc.) and include interactions that validate emotions and encourage freedom and choice.

During qualitative interviews, researchers should be attentive to interpersonal interactions, including participant's non-verbal cues and body language that may indicate a need to check-in to ensure safety (Isobel, 2021; Urquiza et al., 1997). The researcher may need to incorporate grounding techniques, shift topics, offer water, or even terminate the interview (Risan et al., 2020; Vickers, 2019). Isobel notes that TI principles acknowledge the possibility that researchers may experience their own strong emotional reactions when engaging in qualitative research (e.g. sensitive topics, Dickson-Swift et al., 2009; Vicarious

Trauma; McCann and Pearlman, 1990). Therefore, TI research processes should include opportunities to discuss these emotions with a supervisor or colleague to prevent them from dominating study interactions.

Alessi and Kahn (2023) discuss TI guidelines in conducting qualitative studies that enhance safety and promote resilience. Their suggestions include first learning about the impact of trauma on potential study participants and their communities prior to the start of the project. Second, researchers should take steps to improve safety and trust in the research environment. This step may include an examination of the study's physical environment; establishing and enhancing relationships with community partners and potential participants; and empowering participants to have choice, control, and boundaries. Third, researchers should take steps to develop safety and trust in the qualitative interview. This step may include starting off with the least threatening questions; being transparent about the purpose of the study; awareness of power dynamics and reducing any threat of retraumatization; differentiating between recounting and reliving an experience; and checking-in with study participants after the interview to facilitate connection to necessary support or resources. Four, Alessi and Kahn (2023) note that researchers should be able to identify when there is a need to change conversation course to avoid re-traumatization. Five, researchers should engage in self-reflection and self-care activities that include examinations of the researcher's trauma history and motivations for engaging in research with the study's target group.

Beyond the above guidelines and suggestions, there are limited examples of what TI qualitative research might look like in real world research (Alessi and Kahn, 2023). To our knowledge, there is no discussion or examples of the implementation of TI principles in conducting qualitative research with older adults who have intersecting racial, ethnic, and sexual minority statuses in the US, or those who prefer to express themselves in languages other than English. However, TI is a necessary and critical approach that may facilitate narrative inquiry with older Latinx individuals.

Trauma informed qualitative research with older Latinx communities

We advocate for the use of TI principles in engaging in narrative research with older Latinx groups for multiple reasons. First, common challenges in aging disproportionately expose older adults to experiences that may threaten their physical, emotional, and social well-being. For example, older adulthood increases the likelihood of experiencing health challenges (e.g. Vetrano et al., 2018), bereavement (Wang et al., 2018), and frailty (Bandeen-Roche et al., 2015), that also elevate the possibility of experiencing elder abuse (DeLiema et al., 2012). Further, older adults commonly experience psychological challenges (e.g. loneliness, Ong et al., 2016; suicidal ideation, Santos et al., 2020) and concerns about their future (e.g. end of life care, Meier et al., 2016) that may contribute to elevations in stress (e.g. Hawkley and Cacioppo, 2003).

Second, older Latinx adults in the U.S. experience disproportionate exposure to potentially traumatic experiences. For example, compared to their White counterparts, Latinx communities experience higher rates of chronic contextual and social stressors (e.g. poverty, low levels of education, discrimination, immigrant stress; e.g. Andrade et al., 2021;

Ferraro et al., 2009; Forrester et al., 2019). Some Latinx were misused, exploited, and sexually abused since childhood (e.g. Arreola et al., 2009) and experienced other childhood challenges that contributed to decisions to migrate (e.g. chronic high rates of poverty; Garza-Rodriguez et al., 2021). The experience of immigration may also produce psychological distress (e.g. failed migration attempts and deportation, loss of homeland & ambiguous loss; Diego Rivera Hernández, 2017; Perez, 2016). Further, intrafamilial and community violence experienced in the U.S. and Latin American may also challenge older Latinx emotional well-being (e.g. Abrego, 2011; Camacho, 2016; Camacho et al., 2018, 2022).

As older adults, Latinx individuals face common challenges in aging. However, they also endure health disparities compared to their White counterparts. For example, older Latinx communities experience higher rates of chronic diseases, and cognitive impairment (e.g. Balfour et al., 2016; Howrey et al., 2020; Further, Latinx have lower access to culturally sensitive physical and mental health services (e.g. Jimenez et al., 2013), and as a result have fewer opportunities to disclose and process any exposure to potentially traumatic events.

Third, older Latinx communities include individuals who also identify as LGBTQ+. Older sexual and gender minorities have also historically been marginalized in the U.S. For example, older Latinx and LGBTQ+ communities face compounding experiences of victimization, oppression, discrimination, racism, and homophobia (Fredriksen-Goldsen et al., 2014; Mallory et al., 2021; Marin and Marin, 1991; Zea et al., 2003). Approximately 50% of individuals living with HIV are now 50 years of age or more (Wing, 2016). Many older gay men living with HIV also experience survivor's guilt (Machado, 2012) as they witnessed their friends and romantic partners succumb to the virus. Further, living with HIV is associated with additional challenges including social isolation and loneliness (Greene et al., 2018), and depression (Olson et al., 2019), that may alone or in combination challenge an individual's physical, social, and emotional well-being. U.S. historical marginalization of Latinx and LGBTQ+ communities has contributed to mistrust in these communities (Harkness et al., 2022). Therefore, as researchers it is critical to take steps (i.e. use of TI principles) to undo harm and regain trust in marginalized communities.

In addition to the challenges noted, TI principles recognize community and individual's strengths. For example, older adults may continue to successfully navigate their worlds because of their "wisdom" (Bangen et al., 2013) and shifting perspectives of their future (e.g. limited time left) and what is important in life (e.g. Socioemotional Selectivity Theory; Carstensen et al., 2003). Similarly, despite facing numerous social and contextual challenges, Latinx and LGBTQ+ communities have found ways to cope and over-come challenges that highlight their resilience (e.g. Andrade et al., 2021; Ferraro et al., 2009; Forrester et al., 2019; Halkitis, 2013). Lastly, evidence exists that U.S. older Latinx may actually experience less physical problems if they live in communities with high Latinx population density (Aranda et al., 2011) that signals strengths based, cultural experiences may be salubrious to health status.

Interestingly, research recommendations for working with older Latinx communities do not include the use of TI principles. To date, most research guidance focuses on general research recommendations, or provides suggestions for working with individuals who are older

adults, Latinx, or LGBT (Lesbian, Gay, Bisexual, and Transgender). For example, when considering research with older adults, recommendations include: establishing a relationship with a community advisory board (e.g. gatekeepers), providing adequate time to understand and complete study procedures, addressing privacy concerns, ensuring written materials match participants' language and education levels, covering travel costs (e.g. to and from interview site), and separating study procedures into small sections and allowing breaks to help decrease fatigue (Curry and Jackson, 2003; Davies et al., 2010; Gill et al., 2001; Mody et al., 2008).

Recommendations for conducting research with Latinx communities include: paying attention to cultural values (e.g. plática, familia, respeto; Ojeda et al., 2011; Zea et al., 2003); speaking Spanish (Rivera-Goba et al., 2011), using the formal versus informal forms of verbs (e.g. usted vs tu; Ojeda et al., 2011; Zea et al., 2003); acknowledging intersectional identities of Latinx individuals (e.g. undocumented status, sexual or gender minority statuses; Balderas et al., 2016; Delgado-Romero et al., 2018); ensuring that knowledge produced is relevant and accessible to the Latinx communities (Balderas et al., 2016; Zea et al., 2003); and considering structural, macro-level factors in research participation (Aranda et al., 2023). When working with Latino gay men, suggestions include not pathologizing sexuality (Gamson, 2000) and emphasizing participants "strengths" (Foster-Fishman et al., 1999).

In summary, there is a need for TI principles to be adopted into research practices with minoritized communities who speak languages other than English. Beyond the research summarized here, there are no existing examples exploring the use of TI principles in narrative research with older Latinx communities. To address this key gap, we use the Palabras Fuertes project as a real-world example to illustrate how to inform the inclusion of TI principles in examining the lived experience of older Latinx groups.

Palabras Fuertes: Incorporating trauma informed principles

The Palabras Fuertes study examined the life histories of older Latino gay men. To date, very limited narrative research has examined the experiences of older Latinx sexual minorities (Fredriksen Goldsen et al., 2019). As Latino gay man, I[2] aimed to begin a conversation about the lives of older Latino gay men. The Palabras Fuertes project explored two broad research questions: (1) What do older Latino gay men identify as important experiences across the life course? and (2) What meaning do they attach to these experiences? Five men completed consent forms and engaged in life history narratives. Participants ages ranged between 60 and 78 years (born between 1937 and 1955). These men were immigrants from two Latin American countries.[3] Participants had resided in the United States from 28 years to 50 years. They lived in the Brooklyn, Queens, and Washington Heights neighborhoods of New York City. All participants preferred to communicate with the me in Spanish.

---

[2] In the manuscript, "I" refers to author DC.

[3] We consider the relatively small number of Latino men at SAGE agencies in New York. We feel that providing information related to specific countries of origin would allow for identification of participants. Thus, in line with *safety*, we purposely do not provide the specific countries of origin to maintain confidentiality.

The Palabras Fuertes project formally began with the opportunity to take a yearlong course about qualitative research methods and ultimately conduct a project as a doctoral student at Columbia University. Prior to pursuing doctoral training, I was a clinical social worker in Los Angeles, and received extensive training and supervision in the implementation of Trauma Informed Care, Cultural Humility, and evidence-based practices (e.g. author MPA was one clinical supervisor and continues to be a longtime mentor) in working primarily with midlife and older Latinx communities (Camacho, 2016). Trauma Informed Care (e.g. Levenson, 2017) was a standard guide in clinical practice. Thus, as a researcher it was intuitive to incorporate TI principles into qualitative research processes. This study started in 2015, before the TI-informed research guidelines mentioned above, so I did not follow any structured TI research framework. In this section, we describe how we incorporated TI principles across the Palabras Fuertes project. We examine three general study sections including: (1) Conceptualization of Palabras Fuertes: Life History Narratives of Older Latino Gay Men-It is not a Coincidence; (2) Recruitment: Addressing Mistrust and Safety Concerns; and (3) Life History Narrative Interviews: Before and During. We discuss how these approaches overlap with current TI principles and frameworks. We note that the following applications of TI principles were interrelated and informed each other, required on the spot unplanned pivots, and do not represent an exhaustive list.

Conceptualization of Palabras Fuertes: Life history narratives of older Latino gay men—It is not a coincidence

In building the foundation for the Palabras Fuertes, TI principles of *transparency, empowerment*, and *diversity* were key. At the most basic level of *transparency*, it is important for the researcher to be transparent to themselves so that they may be transparent to others. *Transparency* may also facilitate building trust with older Latinx participants and community stakeholders. Like extant recommendations, in the Palabras Fuertes project I reflected on my social locations (e.g. social identities, privileges, marginalization, and lived experience) and examined how these influence research questions, participant sample, and method (Alessi and Kahn, 2023; Isobel, 2021; Ranjbar et al., 2020; Voith et al., 2020; Wong, 2021).

With my colleagues and mentors, I often engaged in unstructured conversations and ultimately intentional processes of personal introspection. As a team, we learned to use our mentorship and collegial relationships to incorporate supportive reflective exchanges into our scholarship. From these conversations, and in line with *transparency*, I acknowledge that my personal and professional experiences sparked my desire to work with older Latinx. I am a son of Mexican immigrants and was raised in the Boyle Heights area of Los Angeles, an historically immigrant neighborhood with large percentage of Latinx individuals. I was a caregiver for my parents as they aged and that exposed me to multiple challenges as I navigated the fragmented healthcare systems. As a result, I pursued formal training in social work and gerontology, engaged in clinical practice and research with midlife and older adults in Los Angeles and New York, and subsequently pursued doctoral training. Further, as a Mexican American gay man, I am keenly aware that sexual and gender minorities are often stigmatized and targets of institutional and physical violence. As a caregiver and social worker, I learned that heightened emotions were persistent as I experienced exposure to

multiple potentially traumatic events (e.g. my parent's passing, illness, violence etc.) and the risk of vicarious trauma (McCann and Pearlman, 1990). As part of my posttraumatic growth (Tedeschi and Calhoun, 2004), I chose to embrace research as a form of advocacy for older Latinx communities. I am motivated to support the development of gerontological healthcare services that meet the needs of older Latinx communities (Camacho, 2016).

My personal, clinical and research experiences motivated me to engage in life history narrative construction with older Latino gay men in the Palabras Fuertes project. For example, through clinical and research work I listened to hundreds of stories told by midlife and older Latinx adults (Camacho, 2016). To fit clinical and quantitative research processes, I was forced to reduce these stories into diagnoses, clinical symptoms, scores, or left out completely. I learned that older Latinx were underrepresented in research particularly when it came to documenting their oral histories. At the same time, I experienced the power of storytelling. I learned that suffering is shaped by subjective meaning making and perceptions of the future (Cassell, 1998). Further, meaning making and health experiences are shaped by culture and contexts (Ferraro et al., 2009; Forrester et al., 2019; Kleinman, 2020). Thus, to support the well-being of older Latinx it was important to listen to their subjective understanding of their worlds.

For the Palabras Fuertes project, I chose to engage in narrative construction. Narrative research approaches align with TI principles. Narratives can serve to *empower* and raise participants' voices and identify critical issues that are important to them (Chase, 2018; Riessman, 2008). One of these approaches is life history narrative. Life history narratives explore participants' biographies spanning from birth to present, and perceptions of their futures. Further, I was interested in reaching the most marginalized Latinx groups.

Despite the broad research questions (i.e. What do older Latino gay men identify as important experiences across the life course? What meaning do they attach to these experiences?), iterative discussions with colleagues (and co-authors) highlighted the presence of *diversity* across individuals with single and intersecting Latinx and LGBTQ+ identities (e.g. Moore et al., 2011). In line with TI principles, it was critical that the Palabras Fuertes allow space for descriptions of *diverse* experiences. For example, describing our target population required multiple choices. Older adults, Latinx, and LGBTQ+ communities and terms to describe these groups vary. "Latinx" is a gender inclusive term (i.e. to acknowledge and include individuals who do not fall within the man and woman gender binary; María Del Río-González, 2021) that refers to individuals living in the U.S. who are immigrants or descendants of individuals whose lineage includes ancestors from at least one of the more than 20 countries in Latin America (Lopez et al., 2013). Latinx communities include individuals with diverse sexualities. Sexuality consists of three components including sexual identity, sexual attraction, and sexual behavior (Fredriksen-Goldsen et al., 2014). For many individuals but not all, their sexual identity (e.g. gay) is consistent with their sexual attraction and behaviors.

I chose to recruit men who identified as "gay" men. However, further in line with *diversity*, it was important to be open to the possibility that these terms may or may not match the language used by study participants. To manage the need to define study inclusion

criteria (i.e. for IRB purposes) I focused on men who identified as "gay" or "homosexual." I decided to use a seemingly straightforward question examining sexuality. I asked about sexual orientation via the following general question: "Do you identify as gay, homosexual, bisexual, heterosexual or other?." All participants acknowledged being gay or homosexual. However, this question sparked discussions about various terms that describe sexuality. For example, one participant explained that he was "homosexual" and not "gay" because gay would imply self-acceptance. He also identified himself as a "cacorro" [i.e. a man who engages in homosexual relations but is the insertive partner]. Further, participants described times in their lives when they did not identify as gay or homosexual but engaged in same-sex sexual encounters or had romantic relationship connections with someone of the same sex or gender.

Another important aspect of *diversity* in Latinx communities was language. Latinx individuals speak Spanish, English and/or other languages (Lopez et al., 2013). However, given that I am a native Spanish speaker and fluent in English, I limited study languages to these two. Further, I also considered that although I am bilingual, this did not automatically mean that my use of Spanish would be congruent with the language of Latino men from the New York area. For example, as an interventionist with another project working with Puerto Rican and Dominican adults in a primarily immigrant sector of New York (Cabassa et al., 2018), I learned that speaking Spanish was not enough. For the Palabras Fuertes project, I anticipated discussions about linguistic similarities and differences that would facilitate clarification and exploration of country specific idioms.

Attention to *diversity* in Spanish language proved to be critical in understanding their stories. For example, one participant explained an incident that contributed to his "coming out." The participant described an occurrence in which his mother spoke negatively to a neighbor about her lesbian daughter. In return, her neighbor informed the participant's mother that she was friends with her son (i.e. study participant) because he too was gay. The study participant chose to stand up to his mother by using a "dicho" (saying) I had not heard before. He told her that "quien tiene rabo de paja, no se arrima a la candela" (he who has a straw tail does not get close to the candle). However, the participant explained that this dicho meant that those who talk too much will suffer the consequences. To summarize, he said "la cabra siempre tira al monte" (the goat always goes up the hill) to highlight that his mannerism and behaviors were obvious and started at a young age and that his mother should have suspected he was gay.

Recruitment: Addressing mistrust and safety concerns

Trust and *safety* are critical elements across narrative co-construction processes (Chase, 2018; Riessman, 2008) and important TI principles (SAMHSA, 2014). However, older Latinx adults are underrepresented in research due to mistrust in researchers, and fear of negative repercussions for sharing their information (e.g. deportation of self or loved ones; Delgado-Romero et al., 2018; Liljas et al., 2017). In the Palabras Fuertes project, the interconnection across principles of *diversity*, *empowerment*, *transparency*, *trust*, and *safety* guided recruitment strategies.

Like other TI guides (e.g. Alessi and Kahn, 2023; Wong, 2021), as an initial step to enhance *trust* in me as a researcher by older Latino gay community members, I developed the Palabras Fuertes project in collaboration with the Services & Advocacy for GLBT Elders (SAGE) social services program in New York. SAGE is the United States' largest and oldest organization dedicated to improving the lives of older adults who identify as LGBT and is trusted by the community. Its services include social support groups, case management and senior centers for a diverse group of LGBT elders. My initial conversations with agency directors included discussions about my personal motivations for doing research with older Latino gay men and the importance of participant *safety*. In line with *transparency*, I provided a general overview of my experience in working with older Latinx communities and personal connections to aging LGBT communities. With permission from the SAGE director, I attended a social support group with multiple Latino men to present the Palabras Fuertes project. The idea was to approach potential participants in a space that they felt *safe* and supported (e.g. by their *trusted* support group facilitator).

Also in line with *transparency*, I met with support group members and shared details related to my experiences and motivations for doing research with older Latino gay men. Building on my initial reflections (described earlier), I disclosed my motivations for doing this research project. I added that I was a social work doctoral student from Columbia University and a Mexican American gay man. I acknowledged that I shared some identities with group members including being Latino and a gay man. I shared that I was born in Los Angeles to Mexican immigrants, that I spoke English and Spanish, that I had the privilege of pursuing advanced degrees and that I was a clinical social worker by training (Lopez et al., 2013). I added that I was raised in a community where many residents were low income Latinx immigrants and where poverty, gang related activity, and violence were common (Barton et al., 2020).

To *empower* participants to share their stories, I highlighted their *expert* knowledge. I emphasized that their stories were important to me and others in the community. I pointed out that younger generations of Latino gay men (like me in my 30s), lost many potential mentors due to AIDS (Halkitis, 2013), and that this project was an opportunity for younger cohorts to learn from their experiences as elders who had lived through that crisis and the aftermath. I explained that I perceived research as an avenue for advocacy and that the Palabras Fuertes project was a starting point to build a foundation for future implementation of interventions that met the needs of racial, ethnic, and sexual minority older adults. Further, I noted that to date, limited research has been conducted with older Latinx and even less with older Latino gay men. I pointed out the *diversity* among Latinx individuals, Spanish language, and I highlighted that our shared identities did not necessarily translate to equal experiences (Fredriksen-Goldsen et al., 2014; Lopez et al., 2013) or that these identities were enough for me understand their experiences. Therefore, I was interested in learning about their experiences and what they perceived to be important issues that health services providers should know to enhance and enrich services.

I emphasized during my presentation that I desired to be as *transparent* as possible and encouraged participants to openly and "con confianza" [with comfort and trust] ask any questions and for clarification at any point. In response, men had several questions related

to *safety* concerns about who would have access to their information. Since older Latinx communities are underrepresented in research, they were likely less familiar than majority groups with research processes (e.g. Aranda et al., 2023; Liljas et al., 2017). I took great care to ensure they understood options to complete interviews at home or at SAGE in English or Spanish, confidentiality procedures related to data management (e.g. anonymity, who would listen through conference presentations, who would read academic publications). I reviewed study consent forms and addressed all concerns related to study procedure in Spanish. To further enhance *safety*, I highlighted the fact that I would neither inquire about nor report citizenship status to any immigration authorities.

Life history narrative interviews: Before and during

Pre-formal interview: Setting the stage. Safety, collaboration, and *empowerment* were key elements of building a safe space where study participants could engage in the co-construction of their narratives. First, it was important to engage participants in a place that they felt *safe* and in control (i.e. *empowered)*. Based on participant preferences, I scheduled interviews at the homes of the participants or at SAGE. The power to choose interview locations likely contributed to feeling safe to reflect and dig into previously undisclosed experiences. For example, I carried out home interviews sitting in the living room or at the kitchen table. One participant chose to complete his interview when his partner was not home. During the interview, the participant described a previously undisclosed episode of sexual abuse. The participant did not want his partner to know about this and other challenging experiences. He noted that he would not have shared these stories had his partner been in the home.

To build *trust* in research procedures (e.g. consent forms, asking questions, sharing stories etc.), I drew from literature describing cultural norms while making space for intragroup Latinx *diversity*. I first engaged participants in "la plática" or small talk (Ojeda et al., 2011) to enhance their comfort in engaging in potentially deeply personal interviews. Interestingly, "la plática" allowed for a balance of formal research with informal exchange that we believe fostered *trust* for consent but also for making connections throughout the interview (Delgado-Romero et al., 2018; Ojeda et al., 2011). In addition, I paid particular attention to showing "respeto" [respect] toward and developing "confianza" [trust] with study participants (Ojeda et al., 2011) by using the formal tense in Spanish language (e.g. usted).

Like Ranjbar et al. (2020), I utilized cultural humility, which encourages mutual learning (Tervalon and Murray-García, 1998). During initial conversations I highlighted to participants that despite my personal and professional experiences as a Mexican American gay man, it was not possible for me to know all Latinx and LGBTQ+ communities unique experiences. This facilitated the exploration of diversity as it sparked conversations about intra-group differences in contexts among Latinx groups. Some participants discussed similarities and differences across international contexts and Latinx groups (e.g. Los Angeles, Miami, Bogota) drawing examples from soap operas, the Miss Universe pageant, and even famous singers (e.g. Rocío Dúrcal). One participant even noted the of colorism in beauty pageants, and how these relate to politics and power dynamics in Latin America.

Informed consent is required for all individual participants in narrative inquiry. However, narrative inquiry with older Latinx communities requires further steps to establish *safety*. Although I had previously verbally outlined study procedures during my initial visit to social support group at SAGE, it was important to be *transparent* again and note that *safety* was a priority during consent processes. For example, to avoid *retraumatization* I highlighted the potential for emotional distress but encouraged participants to only share what they felt comfortable in sharing (Carlson et al., 2003). I emphasized that they were in control of their stories.

Building and traversing a transparent safety bridge in narrative construction.
—Upon completion of consent forms, it was necessary to build a bridge that continued to *empower* participants to engage in *collaborative* and *safe* narrative construction. For example, the introduction to the Palabras Fuertes interview was as follows (taken from one transcript and translated from Spanish):

> Thank you very much for participating, this will be very helpful in beginning to understand the experiences of people like yourself… I will ask you to think about your life, there is no correct or wrong answer here, *you are the expert*… Again, your responses are *confidential*, in your case I am only recording your voice [participant's choice]…I will be asking you questions chronologically, but these questions are simply to help you think about your life, feel free to share what you would like [participant's control], I want to know what is important to you, please do not feel limited by the questions [participant's empowerment]. I am particularly interested in learning about important issues or events that you consider important…

To enhance *transparency*, it was also important to ask directly if participants understood my prompts, and to pay attention to participants' body language for clues of possible uncertainty or not understanding study procedures or discomfort with interview processes (e.g. delayed response, blank stares, attempts to interrupt, stuttering). For example, my awareness of changes in communication and body language led me to reevaluate comfort with being video recorded. Two participants originally agreed to be video recorded. However, I realized that once I turned the camera on, they began to stutter and had difficulty formulating their thoughts. In line with the prioritization of *safety*, I inquired if the camera made them uncomfortable. These participants originally thought that recording their face was required. I reminded them that I wanted them to feel comfortable and *safe* and that I could simply record their voice and not their faces. For these participants, once I switched to audio recording only, as if via the flip of a switch, they were able to restart their storytelling.

It was important to *empower* participants to *voice* their personal stories and related meaning making in their own words and to capture their stories as they came out. The formal interview in the Palabras Fuertes was composed of two sections, a survey, and a semi-structured narrative interview. Like Alessi and Kahn (2023), the enhance *safety*, the interview started with least threatening questions. As was common in clinical practice, storytelling began during the survey that included questions about important demographics, acculturation, health conditions and self-rated health (Bardage et al., 2005; Marin and

Marin, 1991). These initial survey questions sparked introspection and meaning making processes for participants. For example, one participant reported no presence of common chronic conditions. However, he went on to explain that he had trouble with heartburn because of poor nourishment. The participant rated his health as "good." He also noted that this was his assumption because he had not visited a medical provider in more than eight years. He explained he had not visited a medical provider due to medical insurance concerns and fear of being diagnosed with serious medical conditions like HIV or cognitive impairment.

Paying attention to *power* dynamics and *diversity* was important in creating a *safe* space to explore participants' life trajectories. Researchers hold a high level of *power* relative to participants as universities house a wealth of knowledge, and the knowledge creation process tends to be a top down (e.g. what, who and how things are researched). For example, researchers have the power to steer narratives via theoretical assumptions about human development. I did not want to apply a westernized perspective of aging (e.g. Erikson Stages of Psychosocial Development; Erikson, 1968) and assume that participants would go to school during childhood, get married, or build careers. I decided to formulate questions using 10-year intervals and allowed room for iterative descriptions of participants' development. The aim of the semi-structured questionnaire was to start with general questions that allowed participants to reflect on their lives and provide rich descriptive accounts of experiences *they* deemed important. The semi-structured questionnaire asked participants to discuss events that they considered most important, happiest, and challenging (i.e. "What do you consider the most important event/memory during these years? What is your happiest memory during these years? Were there any challenges you experienced during these years?"). One additional question explored how participants felt that their sexual orientation influenced each interval of their lives (i.e. Did your sexual orientation or identity affect you in any way during this time? If so, how?).

Further, as a U.S. born Mexican American Spanish speaking gay man, it was important to reiterate cultural humility (Tervalon and Murray-García, 1998; Ranjbar et al., 2020) by acknowledging what *I did not know*. In all interviews I acknowledged that I did not understand what it was like to live or grow up Latin American countries, to be an immigrant, or understand all varieties of Spanish terms across countries. I was upfront about my lack of knowledge with the purpose of encouraging participants to take on the expert role and freely elaborate on their stories.

Ultimately, the cumulative effects of above-mentioned approaches led to extensive exploration and descriptions of life experiences that may be deemed atypical by current U.S. norms and prevalent human development perspectives. For example, one participant discussed his exploration of sexuality and his early environment in Latin America:

> By the age of twelve I was well developed [physically] and I began to meet other muchachos [young males] in my neighborhood and to have sexual experience with others my age…by the age of fourteen I began to go out, my mother would give me permission to go out, I would go to movie theaters or travel to other cities during vacation periods… By the age of 15 or 16 I would go to bars…in Latin American

countries there is not the same level of control as there exists in the United States…
[I would go] to the "fuentes de soda" located in the city's center, one would go and
have a coke with empanadas or cake or something, one would stay there and after
7pm there would be loud music…

Taking a step back through cultural humility and not focusing on a theoretical perspective
of human development allowed me to further listen and non-judgmentally explore
his perspectives of his early development. Interestingly, the participant reflected and
acknowledged that his early sexual behaviors were uncommon. In response, he highlighted:

I knew what I liked by the age of seven or six, I felt inclined toward my *amiguitos*
[young male peers] without having any sexual experiences… I had my first sexual
experience around the age of ten, but not before, nobody raped me, nobody forced
me, nothing like that…

The incorporation of TI principles allowed me to gain a deeper understanding of participants
stories and their inter-pretations. At the same time, these principles opened the door for
participants to make sense of previously undisclosed experiences that further highlighted the
need for TI narrative inquiry.

The Palabras Fuertes project opened the door for unexamined and potentially traumatic
experiences and underscored the importance of emotional *safety* for the participant and
researcher. Participant stories included vivid recollections of childhood abuse, physical and
mental health challenges (e.g. depression, loneliness, HIV, suicide ideation), loss (e.g. death
of loved ones), and examinations of the future (e.g. dying with dignity, fear of abuse). For
example, one participant recalled that he would often hitch a ride from strangers to get to
school. One morning he was picked up by 35-year-old man:

[he] gave me a ride [to his place], we had some sexual contact, it seems
ridiculous but I think I fell in love with him, and it was dysfunctional…[paused to
contemplate] I am not a psychiatrist or psychologist, but he was the one who made
the mistake of becoming [sexually] involved with someone who *was a confused 15
year old…*he had the choice not me… it was my first [sexual] experience that I
found pleasurable although *he was the one in control* and not I….

In line with the nature of narratives, participants made connections between their thoughts,
experiences, and feelings (Riessman, 2008). For the participant, the narrative interview was
the first time in many years to examine his early experiences. He wept as he realized that
he was *not in control* and that he was *sexually abused* by the 35-year-old man. He further
recalled learning that this man was a distant relative when they met again at a family
gathering. After the realization of abuse, the participant paused. We sat in silence as the
participant emotionally- regulated himself and moved on to sharing other aspects of his life.

As a researcher, I wanted to capture the full story and obtain further details about this
incident. As an initial reaction, I viewed the incomplete or unfocused stories as a missed
opportunity or study limitation. However, as a clinician and researcher guided by TI
principles, *safety* and avoiding retraumatization were most important (SAMHSA, 2014).
It was critical to allow for the participant to share his story as he was able, willing, and

ready to tell it (i.e. first time disclosure). As a researcher, it was my responsibility to wrestle with my discomfort of not knowing his full story of child abuse and to interpret his descriptions "as is." Ultimately, childhood sexual experiences were described across participants, which led to a publication examining subjective understanding of childhood sexual abuse (Camacho et al., 2022).

The same participant above eventually disclosed concerns about his physical and cognitive well-being (e.g. parents experienced Alzheimer's Disease) and feared becoming a dependent older adult who relied on formal long-term care. He feared that as a gay man he might be abused. He reasoned: "I hope nobody hits me, abuses me, I will not be able to defend myself or complain…because if I do not have anybody to oversee, or me being alone, that is a real fear, one hears things…." He went on to disclose that he would rather be dead. I wondered if he had any thoughts of self-harm. However, he did not go into detail about these thoughts during the interview and I did not want to disrupt the flow of the interview. Further, he was not attempting to hurt himself in the moment and there were no objects with which he could hurt himself in our interview space. In addition, I learned from my work in emergency care settings that not all disclosures of possible traumatic experiences required verbal interventions. Sometimes it was best to simply listen and provide individuals with an opportunity to collect their thoughts and self-regulate. Like suggestions from Alessi and Kahn (2023), I decided to complete the interview and then assess further regarding participant's thoughts of death. This participant acknowledged that he would prefer to be dead, but denied any type of intention, plans, or means to hurt or kill himself. However, the participant also disclosed symptoms of depression, loneliness, had just realized that he was sexually abused, and was not receiving any type of treatment at the time of the interview. With the participants' permission (i.e. *choice*), I collaborated with an agency social worker to link this individual to mental health services (i.e. for evaluation and possible treatment).

Finally, researcher emotional *safety* was also important. As a clinician, I recognized that I needed to "steel my nerves" to be prepared for interviews (Camacho, 2016). I also recalled that working with older adults, at times, triggered increases in my anxiety (i.e. increasing heart rate, sweating), sadness (e.g. watery eyes) and flashbacks of my parents when speaking about immigrant and/or health related challenges. Drawing from my social work training and experience, I purposely grounded myself before and during interviews and established a keen awareness of my corporal language in a conscious effort to balance empathy with appropriate emotional support, and to allow participants to focus on their narratives. For example, one participant disclosed he was raped when he was 10 years old. He described the forceful penetration, tearing of the anal cavity, and bloody aftermath. As an immediate response, my heart began to beat faster and for moments I forgot to breathe. I felt his emotional pain (e.g. anger, powerlessness, confusion). I recall putting down my pen and notes. I placed my hands on the wooden table. The table's ridges were a reminder of the here and now and personal safety. I focused on regulating my breathing, making eye contact, and actively listening. Upon interview completion, I needed support to experience catharsis. Thus, after every interview I met with co-authors to debrief (Morse, 2015; Thorneycroft, 2020). These sessions were opportunities to discuss my emotions, and explore potential interpretation of participants stories (i.e. based on clinical experience, contextual resources, and relevant theories).

Discussion: Moving forward

In this manuscript, we provided the rationale for the use of TI principles when engaging in non-trauma specific narrative inquiry with older Latinx adults. We discussed examples from the Palabras Fuertes project in which we explored the complex life experiences of older Latino immigrant gay men living in New York City. The literature on the incorporation of TI principles in qualitative research is a recent innovation. In the following section, we discuss challenges and provide recommendations for facilitating the use of TI principles in narrative work as the theoretical underpinning that guides methodological qualitative inquiry with older Latinx communities.

First, extant suggestions for incorporating TI principles into research include reflection and examinations of social location, and how personal experiences influence study processes (Alessi and Kahn, 2023; Isobel, 2021; Ranjbar et al., 2020; Voith et al., 2020; Wong, 2021). These suggestions align with reflexivity (Alessi and Kahn, 2023; Finlay, 2002). Reflexivity refers to a thoughtful, conscious self-awareness process that involves researchers' continual evaluation of subjective responses, intersubjective dynamics, research processes, and recognition of how we actively construct our knowledge (Finlay, 2002). However, there is no consensus on how to engage in reflexive process(es). In this project, I transparently demonstrated that experiences as a Mexican American gay man, caregiver, clinical social worker, and researcher with older Latinx adults informed and guided research procedures (e.g. conceptualization, recruitment, narrative interviews). It is critical to note that this approach aligns with "epistemical strong reflexivity" that considers experiences and related emotions as legitimate sources of knowledge (Kuehner et al., 2016).

Qualitative researchers are not machines, and we cannot turn off our lived experiences. Instead, researchers need to be introspective and *transparent* about what aspects of themselves guide their qualitative approach. In carrying out the Palabras Fuertes project, we found the intentional and ongoing supportive reflexive process to be an asset across the research project. Future research studies may use Jacobson and Mustafa's (2019) "Social Identity Map" as a flexible starting point to identify and think about their social identities and positionality. Further, for those who have a close and trusted colleague, we suggest they collaborate to challenge each other's ideas, check assumptions (e.g. identities, study populations, experiences etc.), and debrief regarding study progress (e.g. recruitment, data collection, emotions) (Morse, 2015; Thorneycroft, 2020). Further, with the growing number of U.S. older Latinx population and the growing funding opportunities to engage in research with them, it is critical that researchers be aware and *transparent* (to themselves, participants, community stakeholders) of their motivations, how findings may benefit community members, how they are incorporating mechanisms to enhance safety and trust (e.g. TI principles), and research steps to avoid harm.

Second, older Latinx are underrepresented in research (e.g. Aranda et al., 2023; Liljas et al., 2017) and extant recommendations for working with these communities, while helpful in building a connection with participants, provide relatively limited insight into the *diversity* of older Latinx communities (e.g. Ojeda et al., 2011; Rivera-Goba et al., 2011; Zea et al., 2003). However, narrative researchers should incorporate cultural humility

to empower older Latinx to share their personal stories (Ranjbar et al., 2020; Tervalon and Murray-García, 1998). In line with TI concepts of diversity (SAMHSA, 2014) and Intersectionality (Crenshaw, 2013), qualitative researchers should not assume that being an older adult or identifying as Latinx, or LGBTQ+ will be sufficient to examine or understand older Latinx individuals' stories. Researchers need to be comfortable with listening and navigating the unknown. Drawing from Watts-Jones' Location of Self (2010) approach in clinical interactions, researchers should identify and be willing to openly discuss possible contrasting identities and experiences with their study participants. Normalizing the unknown offers opportunities to challenge stereotypes and inappropriate community assumptions.

Third, researchers need to consider that emotions are a double-edged sword. Narrative interviews may be therapeutic but may also trigger negative emotions (Parth et al., 2017; Thorneycroft, 2020). As Alessi and Kahn (2023) point out, it is important for researchers to distinguish between recounting and reliving. When participants recount, they may describe strong emotions but remain present in the here and now. Researchers should honor older adults' strengths, wisdom, and personal resources (Bangen et al., 2013; Ferraro et al., 2009; Lazarus and Folkman, 1984: 142). Descriptions of strong emotions are not always crises as some older adults have developed personal coping mechanisms to aide their emotional self-regulation.

In cases where study participants relive their experiences (e.g. dissociative, traumatic stress responses) and experience strong emotions (Alessi and Kahn, 2023), researchers may choose to change direction and explore a different topic. Researchers who are clinically trained may also consider guiding participants through grounding activities (e.g. Najavits, 2002). In cases where older Latinx participants report strong negative emotions (e.g. feelings of depression, anxiety, loneliness etc.), researchers should be mindful that cultural and contextual factors shape mental health experiences (e.g. perceived causes, treatment options and preferences, coping; Ferraro et al., 2009; Lazarus and Folkman, 1984: 142; Kleinman, 2020) that contribute to the underutilization of mental services in older Latinx (Jimenez et al., 2013). Therefore, researchers should identify and at minimum offer those participants a list of referrals to community mental health and social service agencies. Ideally, participants would be supported via a "warm handoff" where participants may be assisted in addressing barriers to mental health care. Further, future work should consider planning for "after care" as standard part of narrative research projects with older Latinx. In the Palabras Fuertes project, IRB approved procedures did not include a follow up visit. However, in line with TI principles, it may be helpful to include at least a brief phone call to explore participants' well-being (i.e. *safety*) and thoughts about their participation. Some participants may experience delayed feelings and desire to be connected to additional mental health services after further thinking about their narrative constructions.

As researchers we bring our own histories into narrative construction processes. Research safety includes taking steps to enhance emotional self-transparency throughout our narrative inquiry projects. Building on reflective and reflexive processes, it is important for researchers to develop a toolbox that includes appropriate and feasible coping mechanisms during and after listening to sensitive data (e.g. grounding, exercise, therapy etc.). Training

in qualitative methods should include the identification and practicing of coping strategies that may be helpful in managing sensitive data.

Finally, narrative research can be challenging and the experiences of older Latinx adults are complex. However, incorporating TI principles may facilitate narrative construction processes with older Latinx adults. Future work should further explore the integration of TI principles, and how these may be systematically supported with epistemically strong reflexivity, and cultural humility to enhance narrative research participation with older Latinx communities.

Funding

Biographies

David Camacho is an Assistant Professor in the Department of Disability and Human Development at the University of Illinois, Chicago. His research centers around the physical and mental health (e.g., loneliness, chronic pain, Alzheimer's and Related Dementias) of racial and sexual minority older adults in the United States and Latin America. His research is informed by his extensive direct clinical practice as a bilingual and bicultural clinical social worker as well as his personal experiences as a caregiver

Anindita Bhattacharya holds a Ph.D. in social work from Columbia University School of Social Work and is currently an Assistant Professor at the School of Social Work and Criminal Justice at the University of Washington Tacoma. Her research integrates intersectional feminist perspectives to examine social and cultural determinants of women's mental health and improve care through the development of culturally and contextually adapted interventions.

Kiara Moore is an Assistant Professor at New York University's Silver School of Social Work. She has over 15 years of experience as a clinical social worker and researcher examining major barriers to mental health treatment such as access and stigma among people from minoritized groups in the U.S. Dr. Moore's current studies focus on developing culturally-relevant interventions to improve treatment engagement among people of color and LGBTQ+ individuals.

María P. Aranda is the Margaret W. Driscoll/Louise M. Clevenger Professor in Social Policy and Administration Professor and Executive Director of the USC Roybal Institute on Aging at the University of Southern California Suzanne Dworak-Peck School of Social Work. Her research and teaching interests address the interplay between chronic illness, social resources and psychological well-being in adults and their families.

Ellen P Lukens holds an MSW in Social Work from Fordham University and a Ph.D. in Public Health from Columbia University. She is Firestone Centennial Professor Emerita of Clinical Social Work at Columbia School of Social Work. Her career has focused on

psychoeducation in the context of cultural diversity among those facing PTSD, severe mental illness, and other life challenges.

References

Abrego LJ (2011) Legal consciousness of undocumented Latinos: Fear and stigma as barriers to claims-making for first- and 1.5-Generation immigrants. Law & Society Review 45(2): 337–370.

Administration for Community Living (2020) 2020 profile of Hispanic Americans age 65 and older.

Alessi EJ and Kahn S (2023) Toward a trauma-informed qualitative research approach: Guidelines for ensuring the safety and promoting the resilience of research participants. Qualitative Research in Psychology 20: 121–154.

Andrade N, Ford AD and Alvarez C (2021) Discrimination and Latino health: A systematic review of risk and resilience. Hispanic Health Care International 19(1): 5–16. [PubMed: 32380912]

Aranda MP, Marquez DX, Gallagher-Thompson D, et al. (2023) A call to address structural barriers to Hispanic/Latino representation in clinical trials on Alzheimer's disease and related dementias: A micro-meso-macro perspective. Alzheimer's & Dementia: Translational Research & Clinical Interventions 9(2): e12389. [PubMed: 37287471]

Aranda MP, Ray LA, Snih SA, et al. (2011) The protective effect of neighborhood composition on increasing frailty among older Mexican Americans: a barrio advantage? Journal of Aging and Health 23(7): 1189–1217. [PubMed: 21948774]

Arreola SG, Neilands TB and Díaz R (2009) Childhood sexual abuse and the sociocultural context of sexual risk among adult Latino gay and bisexual men. American Journal of Public Health 99 (Suppl 2): S432–S438. [PubMed: 19372522]

Balderas CN, Delgado-Romero EA and Singh AA (2016) Sin papeles: Latino parent–child conversations about undocumented legal status. Journal of Latina/o Psychology 4(3): 158–172.

Balfour PC Jr, Ruiz JM, Talavera GA, et al. (2016) Cardiovascular disease in Hispanics/Latinos in the United States. Journal of Latina/o psychology 4(2): 98–113. [PubMed: 27429866]

Bandeen-Roche K, Seplaki CL, Huang J, et al. (2015) Frailty in older adults: A nationally representative profile in the United States. The Journals of Gerontology Series A 70(11): 1427–1434.

Bangen KJ, Meeks TW and Jeste DV (2013) Defining and assessing wisdom: A review of the literature. American Journal of Geriatric Psychiatry 21(12): 1254–1266.

Bardage C, Pluijm SMF, Pedersen NL, et al. (2005) Self-rated health among older adults: A cross-national comparison. European Journal of Ageing 2(2): 149–158. [PubMed: 28794727]

Barton MS, Valasik MA, Brault E, et al. (2020) Gentefication" in the barrio: Examining the relationship between gentrification and homicide in East Los Angeles. Crime and Delinquency 66(13–14): 1888–1913.

Cabassa LJ, Manrique Y, Meyreles Q, et al. (2018) Bridges to better health and wellness: An adapted health care manager intervention for Hispanics with serious mental illness. Administration and Policy in Mental Health and Mental Health Services Research 45: 163–173. [PubMed: 27988820]

Camacho D (2016) Blurring boundaries: An emotionally aware caregiver, social worker, and researcher. Qualitative Social Work, 15(5–6), 682–695.

Camacho D, Estrada E, Lagomasino IT, et al. (2018) Descriptions of depression and depression treatment in older Hispanic immigrants in a geriatric collaborative care program. Aging & Mental Health 22(8): 1056.

Camacho D, Rodriguez CV, Moore KL, et al. (2022) Older immigrant Latino gay men and childhood sexual abuse: Findings from the Palabras Fuertes project. Qualitative Social Work 21(5): 932–955. [PubMed: 36381022]

Carlson EB, Newman E, Daniels JW, et al. (2003) Distress in response to and perceived usefulness of trauma research interviews. Journal of Trauma & Dissociation 4(2): 131–142.

Carstensen LL, Fung HH and Charles ST (2003) Socioemotional selectivity theory and the regulation of emotion in the second half of life. Motivation and Emotion 27(2): 103–123.

Cassell EJ (1998) The nature of suffering and the goals of medicine. Loss Grief & Care 8(1–2): 129–142.

Chase SE (2018) Narrative inquiry: Toward theoretical and methodological maturity. In: Denzin NK and Lincoln YS (eds.) The Sage Handbook of Qualitative Research, vol. 5, Thousand Oaks, CA: Sage, pp.946–970.

Cook JM, McCarthy E and Thorp SR (2017) Older adults with PTSD: Brief state of research and evidence-based psychotherapy case illustration. American Journal of Geriatric Psychiatry 25(5): 522–530.

Crenshaw K (2013) Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics [1989]. In: Maschke K (ed) Feminist Legal Theory, New York: Routledge, pp.23–51.

Curry L and Jackson J (2003) The science of including older ethnic and racial group.

Davies K, Collerton JC, Jagger C, et al. (2010) Engaging the oldest old in research: Lessons from the Newcastle 85+ study. BMC Geriatrics 10(1): 64–69. [PubMed: 20849598]

Delgado-Romero EA, Singh AA and De Los Santos J (2018) Cuéntame: The promise of qualitative research with Latinx populations. Journal of Latina/o Psychology 6(4): 318–328.

DeLiema M, Gassoumis ZD, Homeier DC, et al. (2012) Determining prevalence and correlates of elder abuse using promotores: Low-income immigrant Latinos report high rates of abuse and neglect. Journal of the American Geriatrics Society 60(7): 1333–1339. [PubMed: 22697790]

Dickson-Swift V, James EL, Kippen S, et al. (2009) Researching sensitive topics: Qualitative research as emotion work. Qualitative Research 9(1): 61–79.

Diego Rivera Hernández R (2017) Making absence visible: The caravan of Central American mothers in search of disappeared migrants. Latin American Perspectives 44(5): 108–126.

Easton SD and Kong J (2016) Mental health indicators fifty years later: A population-based study of men with histories of child sexual abuse. Child Abuse & Neglect 63: 273–283.

Erikson EH (1968) Identity: Youth and crisis (No. 7). New York: WW Norton & company.

Felitti VJ, Anda RF, Nordenberg D, et al. (1998) Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. American Journal of Preventive Medicine 14(4): 245–258. [PubMed: 9635069]

Ferraro KF, Shippee TP and Schafer MH (2009) Cumulative inequality theory for research on aging and the life course.

Finlay L (2002) Outing" the researcher: The provenance, process, and practice of reflexivity. Qualitative Health Research 12(4): 531–545. [PubMed: 11939252]

Forrester SN, Gallo JJ, Whitfield KE, et al. ; R. J (2019) A framework of minority stress: From physiological manifestations to cognitive outcomes. The Gerontologist 59(6): 1017–1023. [PubMed: 30169640]

Foster-Fishman PG, Salem DA, Allen NE, et al. (1999) Ecological factors impacting provider attitudes towards human service delivery reform. American Journal of Community Psychology 27(6): 785–816. [PubMed: 10723535]

Fredriksen-Goldsen KI, Hoy-Ellis CP, Goldsen J, et al. (2014) Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. Journal of Gerontological Social Work 57(2–4): 80–107. [PubMed: 24571387]

Fredriksen Goldsen KI, Jen S and Muraco A (2019) Iridescent life course: LGBTQ aging research and blueprint for the Future - A systematic review. Gerontology 65(3): 253–274. [PubMed: 30826811]

Gamson J (2000) Sexualities, queer theory, and qualitative research. In: Dezin NK and Lincoln YS (eds) Handbook of Qualitative Research. Thousand Oaks, CA: Sage, pp.347–365.

Garza-Rodriguez J, Ayala-Diaz GA, Coronado-Saucedo GG, et al. (2021) Determinants of poverty in Mexico: A quantile regression analysis. Economies 9(2): 60.

Ghanbarpour S, Palotai A, Kim ME, et al. (2018) An exploratory framework for community-led research to address intimate partner violence: A case study of the survivor-centered advocacy project. Journal of Family Violence 33: 521–535.

Gill TM, McGloin JM, Gahbauer EA, et al. (2001) Two recruitment strategies for a clinical trial of physically frail community-living older persons. Journal of the American Geriatrics Society 49(8): 1039–1045. [PubMed: 11555064]

Goodson IF (2012) Developing Narrative Theory: Life Histories and Personal Representation. Milton Park: Routledge.

Greene M, Hessol NA, Perissinotto C, et al. (2018) Loneliness in older adults living with HIV. AIDS and Behavior 22: 1475–1484. [PubMed: 29151199]

Halkitis PN (2013) The AIDS Generation: Stories of Survival and Resilience. New York, NY: Oxford University Press.

Harkness A, Rogers BG, Mayo D, et al. (2022) A relational framework for engaging Latino sexual minority men in sexual and behavioral health research. Archives of Sexual Behavior 51(5): 2399–2412. [PubMed: 35763160]

Hawkley LC and Cacioppo JT (2003) Loneliness and pathways to disease. Brain, Behavior, and Immunity 17 Suppl 1(1): S98–105. [PubMed: 12615193]

Howrey BT, Al Snih S, Middleton JA, et al. (2020) Trajectories of frailty and cognitive decline among older Mexican Americans. The Journals of Gerontology Series A 75(8): 1551–1557.

Isobel S (2021) Trauma-informed qualitative research: Some methodological and practical considerations. International Journal of Mental Health Nursing 30 Suppl 1: 1456–1469. [PubMed: 34310829]

Jacobson D and Mustafa N (2019) Social identity map: A reflexivity tool for practicing explicit positionality in critical qualitative research. International Journal of Qualitative Methods 18: 1609406919870075.

Jimenez DE, Cook B, Bartels SJ, et al. (2013) Disparities in mental health service use of racial and ethnic minority elderly adults. Journal of the American Geriatrics Society 61(1): 18–25. [PubMed: 23252464]

Jones DW (1998) Distressing histories and unhappy interviewing. Oral History 26(2): 49–56.

Kirkinis K, Pieterse AL, Martin C, et al. (2021) Racism, racial discrimination, and trauma: A systematic review of the social science literature. Ethnicity and Health 26(3): 392–412. [PubMed: 30165756]

Kleinman A (2020) The Illness Narratives: Suffering, Healing, and the Human Condition. London: Basic books.

Kuehner A, Ploder A and Langer PC (2016) Introduction to the special issue: European contributions to strong reflexivity. Qualitative Inquiry 22(9): 699–704.

Larkin H, Felitti VJ and Anda RF (2014) Social work and adverse childhood experiences research: Implications for practice and health policy. Social Work in Public Health 29(1): 1–16. [PubMed: 24188292]

Lazarus RS and Folkman S (1984) Stress, Appraisal, and Coping. New York: Springer Publishing Company.

Levenson J (2017) Trauma-informed social work practice. Social Work 62(2): 105–113. [PubMed: 28339563]

Liljas AEM, Walters K, Jovicic A, et al. (2017) Strategies to improve engagement of 'hard to reach' older people in research on health promotion: A systematic review. BMC Public Health 17(1): 349–412. [PubMed: 28431552]

Lopez MH, Gonzalez-Barrera A and Cuddington D (2013) Diverse Origins: The Nation's 14 Largest Hispanic-Origin Groups. Washington, DC: Pew Hispanic Center.

Machado S (2012) Existential dimensions of surviving HIV: The experience of gay long-term survivors. Journal of Humanistic Psychology 52(1): 6–29.

Mallory C, Bouton L, Wilson BD, et al. (2021) Latinx LGBT adults in the US: LGBT well-being at the intersection of race.

María Del Río-González A (2021) To Latinx or not to Latinx: A question of gender inclusivity versus gender neutrality. American Journal of Public Health 111(6): 1018–1021. [PubMed: 33950734]

Marin G and Marin BV (1991) Research With Hispanic Populations. Los Angeles, CA: Sage Publications, Inc.

McCann IL and Pearlman LA (1990) Vicarious traumatization: A framework for understanding the psychological effects of working with victims. Journal of Traumatic Stress 3: 131–149.

Meier EA, Gallegos JV, Thomas LPM, et al. (2016) Defining a good death (successful dying): Literature review and a call for research and public dialogue. American Journal of Geriatric Psychiatry 24(4): 261–271.

Meyer IH (1995) Minority stress and mental health in gay men. Journal of Health and Social Behavior 36: 38–56. [PubMed: 7738327]

Mody L, Miller DK, McGloin JM, et al. (2008) Recruitment and Retention of Older Adults in Aging Research: (See editorial comments by Dr. Stephanie Studenski, pp 2351–2352). Journal of the American Geriatrics Society 56(12): 2340–2348. [PubMed: 19093934]

Moore K, Camacho D and Spencer-Suarez KN (2021) A mixed-methods study of social identities in mental health care among LGBTQ young adults of color. American Journal of Orthopsychiatry 91(6): 724. [PubMed: 34166057]

Morse JM (2015) Critical analysis of strategies for determining rigor in qualitative inquiry. Qualitative Health Research 25(9): 1212–1222. [PubMed: 26184336]

Najavits L (2002) Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York: Guilford Publications.

Ojeda L, Flores LY, Meza RR, et al. (2011) Culturally competent qualitative research with Latino immigrants. Hispanic Journal of Behavioral Sciences 33(2): 184–203.

Olson B, Vincent W, Meyer JP, et al. (2019) Depressive symptoms, physical symptoms, and health-related quality of life among older adults with HIV. Quality of Life Research 28: 3313–3322. [PubMed: 31446515]

Ong AD, Uchino BN and Wethington E (2016) Loneliness and health in older adults: A mini-review and synthesis. Gerontology 62(4): 443–449. [PubMed: 26539997]

Parth K, Datz F, Seidman C, et al. (2017) Transference and countertransference: A review. Bulletin of the Menninger Clinic 81(2): 167–211. [PubMed: 28609147]

Perez RM (2016) Lifelong ambiguous loss: The case of Cuban American exiles. Journal of Family Theory & Review 8(3): 324–340.

Ramírez-Giraldo MT (2006) La educación primaria y secundaria en Colombia en elsiglo XX. Borradores de Economía (No): 379. Available at: https://repositorio.banrep.gov.co/bitstream/handle/20.500.12134/5397/BORRADOR%20379.pdf?sequence=1&isAllowed=y

Ranjbar N, Erb M, Mohammad O, et al. (2020) Trauma-informed care and cultural humility in the mental health care of people from minoritized communities. Focus The Journal of Planning Practice and Education 18(1): 8–15.

Raposo SM, Mackenzie CS, Henriksen CA, et al. (2014) Time does not heal all wounds: Older adults who experienced childhood adversities have higher odds of mood, anxiety, and personality disorders. American Journal of Geriatric Psychiatry 22(11): 1241–1250.

Riessman CK (2008) Narrative Methods for the Human Sciences. Los Angeles, CA: Sage.

Risan P, Milne R and Binder PE (2020) Trauma narratives: Recommendations for investigative interviewing. Psychiatry Psychology and Law 27(4): 678–694.

Rivera-Goba MV, Dominguez DC, Stoll P, et al. (2011) Exploring decision-making of HIV-infected Hispanics and African Americans participating in clinical trials. The Journal of the Association of Nurses in AIDS Care 22(4): 295–306. [PubMed: 21256054]

SAMHSA (2014) SAMHSA's concept of trauma and guidance for a trauma-informed approach.

Sandelowski M and Barroso J (2003) Writing the proposal for a qualitative research methodology project. Qualitative Health Research 13(6): 781–820. [PubMed: 12891715]

Santos J, Martins S, Azevedo LF, et al. (2020) Pain as a risk factor for suicidal behavior in older adults: A systematic review. Archives of Gerontology and Geriatrics 87: 104000. [PubMed: 31891889]

Smith AM, Hamilton AB, Loeb T, et al. (2021) Reactions of novice interviewers conducting trauma research with marginalized communities: A qualitative analysis. Journal of Interpersonal Violence 36(21–22): n12176–n12197.

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript

Sue DW, Capodilupo CM, Torino GC, et al. (2007) Racial microaggressions in everyday life: Implications for clinical practice. The American Psychologist 62(4): 271–286. [PubMed: 17516773]

Tedeschi RG and Calhoun LG (2004) Target article: "Posttraumatic Growth: Conceptual Foundations and empirical evidence". Psychological Inquiry 15(1): 1–18.

Tervalon M and Murray-García J (1998) Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. Journal of Health Care for the Poor and Underserved 9(2): 117–125. [PubMed: 10073197]

Thorneycroft R (2020) When does research end? The emotional labour of researching abjection. Methodological Innovations 13(2): 2059799120926350.

Urquiza AJ, Wyatt GE and Goodlin-Jones BL (1997) Clinical interviewing with trauma victims: Managing interviewer risk. Journal of Interpersonal Violence 12(5): 759–772.

Vetrano DL, Calderón-Larrañaga A, Marengoni A, et al. (2018) An international perspective on chronic multimorbidity: Approaching the elephant in the room. The Journals of Gerontology Series A 73(10): 1350–1356.

Vickers EL (2019) Unexpected trauma in oral interviewing. The Oral History Review 46: 134–141.

Voith LA, Hamler T, Francis MW, et al. (2020) Using a trauma-informed, socially just research framework with marginalized populations: Practices and barriers to implementation. Social Work Research 44(3): 169–181.

Wang Q, Walsh CA and Tong H (2018) A systematic review of late-life spousal bereavement and widowhood, with an emphasis on immigrants in western countries, and older Chinese adults. China Journal of Social Work 11(3): 211–235.

Watts-Jones TD (2010) Location of self: Opening the door to dialogue on intersectionality in the therapy process. Family Process 49(3): 405–420. [PubMed: 20831768]

Wilson BD, Mallory C, Bouton L, et al. (2021) Latinx LGBT Adults in the US.

Wing EJ (2016) HIV and aging. International Journal of Infectious Diseases 53: 61–68. [PubMed: 27756678]

Wong R (2021) Guidelines to Incorporate Trauma-Informed Care Strategies in Qualitative Research. Available at: https://www.urban.org/urban-wire/guidelines-incorporate-trauma-informed-care-strategies-qualitative-research (accessed 25 May 2023)

Wyles P, O'Leary P and Tsantefski M (2022) Bearing witness as a process for responding to trauma survivors: A review. Trauma, Violence & Abuse 15248380221124262.

Zea MC, Reisen CA and Díaz RM (2003) Methodological issues in research on sexual behavior with Latino gay and bisexual men. American Journal of Community Psychology 31(3–4): 281–291. [PubMed: 12866685]