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Transnational Families and Social Technologies: Reassessing Immigration Psychology

Gonzalo Bacigalupe and María Cámara

Social technologies—mobile phones, the wide availability of international phone calls, and the mainstreaming of Internet connectivity and social media—are becoming a cornerstone of the immigrant family experience. Information communication technologies (ICTs) are supporting the transformation of family networks into transnational ones, with potentially significant consequences in the psychology of immigration and family mental health. Social technologies may be influencing and mainstreaming the transnational experiences while families are finding resilient ways to confront the difficulties posed by immigration. Computer-mediated communications among transnational families are a source of compelling opportunities and a challenge for clinicians to adopt an ecosystemic perspective and address these new circumstances.

Keywords: Information and Communication Technologies (ICTs); Immigrant Families; Transnationalism; Social Psychology

A Changing Context

Clinicians may try to avoid the inclusion of social and cultural contexts in their assessments and interventions. Naïveté about the constitutive nature of these contexts, however, is dangerous and unethical and has the potential for recreating inequity (Bacigalupe 2003a, 2003b). Despite their efforts to be neutral, clinicians bring their own personal values and location in society into their work with transnational families. The clinical encounter would, therefore, be similar to that of the ethnographer exploring an unknown culture. Immigration poses a particular challenge, adding complexity to these contextual markers. The literature on

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immigration psychology and mental health has addressed the intersection of family processes and immigration. For the Guzmans, a Salvadorian immigrant family in Massachusetts, their nationality is only one important piece of their family identity that it is always intersecting with others and that may resist clear-cut definitions. On the other hand, their immigration experience may be a more relevant marker in helping clinicians to contextualise clinical diagnosis and interventions.

With the emergence of digital communication technologies into the lives of immigrant families, the knowledge we may have acquired about the impact of immigration on family mental health requires reconsideration. Transnational processes become core processes to which we need to pay attention now that families connect habitually across national borders. Several of the articles in this special issue of JEMS support these assumptions—Benítez, in his analysis of border migration, and Nedelcu’s re-reading of transnationalism in the light of emerging media. The same San Salvadorian family now maintains ongoing Skype and cell-phone communications with their relatives about daily decisions (i.e. a cooking recipe) or core lifecycle issues (i.e. getting married). The Guzmans become a transnational family in part shaped by these digitally mediated communications.

Social technologies are becoming a core protagonist in the lives of families in general and in particular in those of transnational families. The emergence of ICTs may be a true transformation of what clinicians and researchers take for granted as the immigrant psychosocial experience and its impact on mental health. The number of international migrants reached 214 million in 2010, nearly three times greater than the 75 million recorded in 1960. Their number is estimated to be around 405 million by 2050 (IOM 2011). In parallel, there has been a rapid diffusion of the Internet at the global level over the past decade. World Internet use (number of Internet users per 100 people) increased from 14.1 per cent in 2004 to 32.7 per cent in 2011 (Internet World Stats 2012). Mobile cellular has been the most rapidly adopted technology in history, and today is the most popular and widespread personal technology, with an estimated 5.3 billion subscriptions globally by the end of 2011 (ITU 2011). In 2009, more than a quarter of the world's population—1.9 billion people—had access to a computer at home. Over five years, the total number of fixed broadband subscribers has grown more than threefold, from about 150 million in 2004, to almost 547 million by the end of 2010 (ITU 2009; World Bank 2012). Immigrants may have been adopting social technologies at a faster and deeper pace, adjusting for socio-economic status in comparison to citizens of the receiving countries (Ros 2010). Although the data are still inconclusive, a 2009 market survey in the US concluded that 63 per cent of Latinos own smart phones versus 46 per cent of non-Latinos (Gerson 2009).

With new media, the transnationalisation of the immigrant family experience seems to have become the norm. In a transnational clinical context, the focus would no longer only be the immigrant in the receiving country but the family as a whole, interacting across national and international borders. Clinicians working with transnational families, therefore, are situated in new communicational circumstances that have implications for how individuals, couples and families behave, think and
feel. The need for clinicians to think first of the cultural and contextual changes becomes unavoidable and even more important in this new scenario. These emerging technologies demand a definitive shift from an individualistic psychological to an intercultural and relational mindset, of which plenty of guidelines can be found in the relational family therapy (i.e. Almeida et al. 2008; Becvar 2007; Falicov 2007; McGoldrick and Hardy 2008) and multicultural counselling psychology literature (i.e. Comas-Díaz 2005; Rastogi and Thomas 2009; Sue et al. 2007; Sue and Sue 2003; Ungar 2010).

The introduction of social technologies in the lives of these families makes immigration ‘more acceptable than ever before’, giving ‘distant individuals the means to not only manage and maintain their connections but also to negotiate their roles through time’ (Aguila 2009: 100). A UN-commissioned research report was even more categorical and concluded that ‘ICTs have become global drivers of migration’ (Hamel 2009: 1). Despite the obvious need, research and clinical literature addressing the impact of computer mediated communications and mobile phones on transnational families’ mental health are still scarce. This lack invites a review of the potential value of mental-health concepts developed in order to understand the immigrant family experience.

The distinctive feature of technology-mediated tools is to break the distance and time limitations that prevented ongoing family communication. This quality could modify the ways in which immigrants and their relatives abroad construe geographical separation. Physical distance does not eliminate the interactions per se, but the way in which they are mediated or carried on. Under these circumstances, the concepts that usually characterise the psychology of immigration may constrain the ability of clinicians to comprehend what the challenges are that transnational families face and their potential resilience. We briefly review the concepts of acculturative stress, loss and grief, and ambiguous loss as proxies for how assumptions about the psychology of immigration may need to be deconstructed if clinicians are to work ethically and ecosystemically with transnational families. Underlying this review and taking prevalence is a strength-oriented and resilience framework. Indeed, mental-health practice could mirror the adoption of these technologies to reinforce transnational family bonds. Moreover, professionals could make use of these technologies as part of their clinical toolbox in order to work not only with transnational families but overall in any professional practice.

**Rethinking Immigration Psychology**

Clinical assessment and intervention based on immigrant family literature have historically relied on two pervasive sets of psychological construct. The first set includes loss and grief, and is later unified into the sophisticated relational construct of ambiguous loss. The second set is acculturation and its psychological derivative, acculturative stress—a largely contested but extremely popular concept. Their popularity and high frequency of representation in the research and clinical literature...
are undeniable. Immigration is conceptualised in each of these models as an experience of multiple losses that includes people, communities, objects, and cultural and axiological practices. Despite the differences that exist between psychoanalytic and social-learning theories in psychology, these concepts seem anchored in similar assumptions about loss and the need for recreating a new identity in the receiving country. In both frameworks, adaptation to a new society is accompanied by the loss of what was left behind. Therefore, accepting or making meaning of the loss and the distance has been the *sine qua non* goal of clinical work with immigrant families.

Loss and grief have their conceptual origin in psychoanalytic theory (Garza-Guerrero 1974; Grinberg and Grinberg 1989) and Bowlby’s (1980) attachment theory as well as the trauma framework developed in work with refugees (Nwoye 2009). In the case of the attachment framework, a positive resolution is that the immigrant generates a new identity to facilitate living in the receiving country. Grief and loss resulting in stress, trauma, depression and other symptoms are often the themes associated with a clinical view of immigration. Mourning is the psychological reaction triggered by the loss of a loved one. This definition, coined by Bowlby (1980), informs how clinicians assess the case of immigrants. Boss’ (2002, 2004) ambiguous-loss framework offers a more sophisticated understanding of what occurs as an individual immigrates in the context of continuous contact via ICTs: ‘With a clear-cut loss, there is more clarity—a death certificate, mourning rituals... But with ambiguous loss, ‘none of these markers exists’ (2004: 553). Depression, guilt, anxiety and other mental-health problems are the result of feelings of hopelessness in this ambiguous situation: ‘Symptoms are outcomes of the relentless stress from having to live with no answers rather than from the psychic or familial weakness’ (Boss 2004: 554).

If ICTs can link loved ones in ways that facilitate closeness (Baldassar 2008; Castro and Gonzalez 2009; Vertovec 2004), then assumptions about the nature, length and form of communication required for family members to feel connected are put into question. More specifically, communication research suggests that these technologies may foster the sense that loved ones are present despite geographic distances (Alonso and Oiarzabal 2010; Brinkerhoff 2009; Estevez 2009). Messaging via cell phones is a pivotal example of how mediated communication may be reshaping distance and presence. Texting can create an ambient virtual co-presence in which people have an ongoing awareness of others. Text messaging allows for communication of insignificant or non-urgent updates ‘predicated on the sense of ambient accessibility, a shared virtual space that is generally available between a few friends or with a loved one’ (Ito and Okabe 2005: 264). The texts create a space between direct interaction and non-interaction. Transnational migrants can use social technologies like texting to cultivate this ‘ambient co-presence’ among family members who are in other countries and share information that would typically be inaccessible across geographic distances. Aguila (2009) found that, for couples in romantic long-distance relationships, this form of co-presence may make possible the maintenance of their connection and the negotiation of their roles through time. There are limits
to this ‘virtual intimacy’ (2009: 99). According to interviewees in her research, ICTs were never enough or a complete substitute for physical contact. The same interviewees confessed, though, that, without the computer-mediated communication, the relationships would have been gravely affected or severed. If distance is reshaped, loss, grief and ambiguous loss mechanisms may play a different role or will require a new way of thinking their applicability.

Acculturation is traditionally defined as the accommodation by an individual coming from one cultural background (often a different nation or ethnic group) to a new cultural setting. Psychology has mostly measured and studied what occurs at the individual level. It is also cultural and societal, domains traditionally studied by anthropology and sociology. According to Berry, ‘Acculturation is a two-way interaction, resulting in actions and reactions to the contact situation’ (2009: 365). Despite Berry’s claim, the psychology of acculturation focus has been the measure of individual reactions (Chirkov 2009; Rudmin 2009). Acculturation as a process of assimilation and integration is the most often assumed to be the goal for individuals and families. Adaptation (which is almost synonymous with success in the receiving country) seems to require obliteration of what may be central to the identity formed in the enculturation process—early socialisation in the culture of origin (Weinrich 2009).

The experience of acculturative stress is, as a result, construed as almost inevitable in the clinical setting. Acculturation, from a clinical and health-prevention perspective, is not necessarily, however, a desired outcome. Mental-health problems, unhealthy behaviours, and health disparities have been associated with acculturation (Abraido-Lanza et al. 2005). Acculturative stress has also been linked to depression (Céspedes and Huey 2008; Torres 2010), suicidal ideation (Walker et al. 2008), eating disorders (Warren et al. 2010), and many mental and physical health disorders, including cancer (Abraido-Lanza et al. 2008). Acculturation is, therefore, problematic as a general clinical goal or an a priori standard to be achieved and a subtext signifying what constitutes a dysfunctional pattern.

Even if we accepted acculturation as a pattern that immigrants go through, the concept has little descriptive power (Chirkov 2009; Rudmin 2009). Some assimilate and adopt the values of the dominant culture. Some develop a bicultural identity, negotiating both the values of mainstream culture and their culture of origin (Portes and Rumbaut 2006). A third group continues to embrace the values of their own culture of origin alone. Still others may reject both sets of cultural values and/or present various forms of enculturation, not acculturation, with individuals composing their identities with pieces from various cultures and the meaning assigned to them (Bhatia and Ram 2009).

In sum, psychology-of-immigration defining concepts lead clinicians to a deficit-based framework. Migrating is associated with leaving someone and/or something behind. Migrating is also often a decision based on a lack of something, or many things, in the country of origin. Working parents worldwide are under tremendous pressure to support their families (Heymann 2006), with most migrants expecting to raise their own standard of living or that of their children more than in their country
of origin. A solution to this strain is often the migration of one of the parents or adult relatives to help support the family (Hondagneu-Sotelo 2001). It is a decision construed as a solution—a way of filling a void. This is often a family resolution that requires resilience and a good sum of family strength (Bohr and Tse 2009; Gordillo 2010; Masten and O’Dougherty 2010). Its cause may be in the socio-economic and/or political realities and not necessarily in the individual psychology or the family process. These are the ecosystemic dimensions often missed in clinical interventions that conceive of mental-health problems as either residing in the psychology of the individual or just the family dynamics.

Impact of ICTs on Transnational Families

The clinical literature on transnational migrant families generally focuses on those who have migrated, and not those who remain in the country of origin, despite their continuous relationship. The lack of terminology for the latter group may indicate the relative dearth in literature on this population. Moreover, clinical assessments do not necessarily contextualise their diagnosis in the global socio-political and economic context of immigration. In a reductionist fashion, they frame the complex immigrant family experience into ethnic categories. This is also the danger of research that conceptualises individuals as detached from context; often, the focus informing basic Internet research psychology methods (i.e. Reips and Buffardi, this issue). Moreover, individualistic clinical discourses lead to assessment and intervention with the family—sometimes the immediate community—but almost never including those left behind. Being a transnational family, in a clinical context, brings a tacit acceptance of acculturation and loss as the paradigms with which to understand these families. With the incorporation of ICTs in their lives, the limits of these psychological and individualistic frameworks become more evident.

Research on transnational families in anthropology and sociology reflects a different sensibility and focuses its attention on kinship relationships in the context of immigration (see, for example: Baldassar et al. 2007; Bauer and Thompson 2006; Madianou and Miller 2011; Olwig 2007). The literature on transnational families and ICTs often presupposes that transnational caregiving (Bohr and Tse 2009; Horst 2006; Horton 2009; Parreñas 2005) cannot always occur in the way it has in the past and/or caregivers may want to because of the geographical distance. For example, one aspect of family life is interactions that involve daily, ritualised activities, such as bedtime rituals and habits of personal hygiene. Financial, personal, and emotional or moral support, however, can be facilitated through communication technology (Baldassar 2007a). In her research, Baldassar (2007b) concludes that transnational families engage in similar forms of caregiving as proximal families: financial (e.g. remittances), practical (sharing expertise), personal (hands-on care, including nursing the sick), accommodation (having a place to stay) and emotional or moral support, but personal and accommodation support could only be provided during in-person visits.
Caregiving between migrants and non-migrants, research also suggests, is bidirectional (Carling 2008; Wilding 2006). For clinicians, then, it would be critical to consider both migrants and non-migrants in order to understand family relations. It may be that, rather than acculturative stress or ambiguous losses, what clinicians would need to focus on, for example, are goals related to the renegotiation of the relationship with the family abroad. In the case of the Guzman family, technology was used first to maintain pre-existing relationships (e.g. children moving away from their parents, who remain in the home region) and then to build the existing connections despite the lack of a common place.

Transnational families ‘live some or most of the time separated from each other, yet hold together and create something that can be seen as a feeling of collective welfare and unity, namely “familyhood”, even across national borders’ (Bryceson and Vuorela 2002: 3). By definition, transnational families are less bound by the prevalent discourse of the nuclear isolated family unit and have been more permeable to the influences of the social environment. In the context of emerging social technologies, clinicians must reassess who the family is and acknowledge that some family processes are virtualised as including an increased opportunity of co-presence at any time and in any place (Fortunati 2010). Accepting co-presence, however, requires us to reconsider the notion of face-to-face relationships as the only ideal means to maintain or build relationships. Licoppe’s review of the literature on communication and social bonds argues that:

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\text{communication technologies, instead of being used (however unsuccessfully) to compensate for the absence of our close ones, are exploited to provide a continuous pattern of mediated interactions that combine into ‘connected relationships’, in which the boundaries between absence and presence eventually get blurred (2004: 135–6).}
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Guzman family members have been immigrating to the US from El Salvador one by one over the last decade, joining an extended family network and friends. During this period, they have been using cell phones and computers to communicate daily with their relatives in their host country and country of origin. ICTs have made it possible to exchange information about work opportunities, share photos and written matter, and participate in web-conferencing (i.e. Skype). More recently, the extended family, together with members from various generations, have participated in sophisticated rituals that integrate virtual and on-site interactions in what seems a seamless process. For instance, a video-conference of a baptism allowed the parents to plan the participation of members of the family who could not travel due to visa constraints. Like many immigrants, the Guzmans utilise many digital technologies to communicate with their family in their country of origin, relatives located in several states in the US, and others in Europe. A couple of decades ago, when families like the Guzmans immigrated, their communication would have been cut off or curtailed. Letter-writing and sporadic phone conversations, together with periodic remises, would not resemble the daily virtual communications that characterise their present exchanges.
As is common with most transnational families (Hamel 2009), the Guzmans utilised ICT tools before immigration to plan and prepare for the trip, to let family members know where they were during the migration journey, and to keep them informed about the resettlement process. The capacity to maintain the connection with the extended family and larger community in the country of origin became core throughout this time and continues to be central. The easier connection also serves as a bridge with the community to which the Guzmans used to belong and therefore a source of social capital.

**The Case of Couples**

An important locus of the communication research literature is the case of couples engaged in maintaining their romantic relationship. The development of travel and communication technologies have resulted in highly mobile networks (Larsen et al. 2006), which explains the increase of so-called long-distance romantic relationships (LDRs). The existing literature about LDRs has focused on the relational maintenance behaviours which are orientated towards sustaining or improving the relationship within the multiple forms of long-distance relationships (Dindia and Emmers-Sommer 2006; Larsen et al. 2006; Sahlstein 2006). Some long-distance couples compensate for physical distance by improving and increasing their communication (Mietzner and Lin 2005), although they have proved that they use maintenance behaviours (e.g. assurance, openness and advice) with a similar frequency to geographically close romantic relationships (Pistole et al. 2010). In computer-mediated communications, couples have been found to transmit conflictive messages that they would not communicate face-to-face (Pertierra 2007). Aguila (2009) has even found that computer-mediated communication can be a stabilising factor in long-distance relations.

The model proposed by Sigman (1991) introduced the construct of ‘relational continuity’ happening before, during and after the moments of face-to-face presence, as a way to define the relationship as a continuous one. In this context, ICTs are central not only as a means to maintain communication during non-co-presence periods but also in helping to conceive the separation terms prior to parting or during reunions (e.g. defining the future frequency of computer-mediated conversations). Based on the certainty about maintaining this relational continuity through the means of computer-mediated communication, couples might suffer less anticipatory anxiety about not being together. For example, when long-distance partners wish for enlarged future co-presence but are uncertain about its occurrence, negative emotionality increases (Maguire 2007). As Guldner (2003) has suggested, ritualised communication practices can help LDRs to manage conflicts more constructively. Similarly, partners with children have shown more difficulties in parenting and household tasks when communication routines were unpredictable (Bergen et al. 2007).
In brief, all these maintenance behaviours contribute, as Canary et al. (2002) posited, to the assistance of parents in developing functional coping strategies and, moreover, in growing resilience in relationships. Research finds that LDRs can be satisfactorily and effectively maintained (Stafford and Merolla 2007) despite idiosyncratic stressors such as extra travel expenses and relational disruptions due to distance (Mietzner and Lin 2005). The debate about how much ‘meetingness’ can be recreated through ICTs is still open (Larsen et al. 2006). Nevertheless, from a theoretical point of view, considering the act of communication as part of a social process (Hall 1989), it is not surprising that new technologies are completely integrated in it. Moreover, computer-mediated communication results in the state of virtual co-presence, an intermediate space between non co-presence and physical co-presence.

**Emerging Technological Shortcomings**

ICTs can provide a source of emotional sustenance but they are not free from potentially negative consequences. If clinicians are paying attention to transnational and ICT dynamics, they will hear stories that counter the notion of technologies as having an intrinsically positive impact on migrants’ lives. Transnational families would face other challenges in the context of wide ICTs availability. Family dilemmas of control and autonomy, privacy and boundary-making can be heightened as the technologies evolve. These are not just issues that transnational families may face; distance may be the desired goal to avoid or prevent problems, in which case, ICTs would be potential obstacles to personal or family safety.

Not all immigrants wish to stay in continuous contact with their family or some family members. In some cases, family members may have migrated to resolve family conflict or be able to pursue ventures for which they were restricted in the context of their own family legacy. Similarly, remittances to the home country can also become a burden, and ease of communication could make the demands from the home country more frequent. Some individuals may come from violent family environments, running away from an abusive partner or seeking protection for the children. For them, to have the family in their country of origin ready to locate them becomes dangerous and emotionally unsettling. For the Guzmans, the ICTs were heightening some of the tensions that occur with pre-adolescents as they become more independent and as second-generation immigrants begin adopting peer norms that may be different from those the parents know. The use of cell phones thus becomes a way for the child to be more independent but also to provide parents with new ways to control the child’s behaviour.

Cell phones do not replace face-to-face interactions. Instead, they provide new opportunities for constructing a ‘co-presence’ in spite of distance (Horst and Miller 2006; Panagakos and Horst 2006). Baldassar (2007a, 2008), though, indicates that, even with technology, parents will hide illness and the ageing process from their adult children. One of her interviewees, in her ethnographic research on family caregiving...
processes with an emphasis on ageing with 80 families in Australia and Italy, summarises it: ‘There was nothing you could do anyway, living so far away’ (Baldassar 2007a: 403). So, devirtualizing interactions (i.e. physical visits) still matter for checking on the well-being of family members and maintaining relationships. For poor immigrant families, however, replacing virtual communications with visits by their relatives or visiting their home country will continue to be restricted, inhibiting the privileges of non-mediated communication.

Conclusion

We propose that, currently, mental-health interventions disregard the possibility of transnational links being sustained by ICTs. If the Guzmans were referred for therapy in the receiving country, what they would probably find is a clinician who would treat them as a patient unit disconnected from their family and the community abroad. The focus of clinical practice has traditionally been insulated from the larger context, which would include those able to support the individual (her/his family) or the family (its community). From a realist or constructionist perspective, when clinicians conceptualise the unit as isolated from the communication context, what they will take for granted is the existence of acculturative stress and ambiguous loss.

An alternative scenario would be a clinician who assumes that family members abroad play a role in the decision-making process. This clinician may be particularly attentive to notions of intergenerational legacies. The session may include conversations and many questions about the relatives abroad. A clinician working with a transnational family without the constraints of geography or time accepts the fluid nature of the virtual and real. This clinician would employ ICTs within the session and acknowledge their role in the family process and narrative. In working with members of the extended and intergenerational family abroad as well as those immigrating, the clinician could be expanding the understanding of the family and addressing one of the core dimensions impacting on immigrants— isolation.

Transnational families existed before ICTs were mainstream. These technologies, however, nurture new ways of keeping families connected and therefore have the potential for transforming the psychology of immigration. From this transformation, the necessary clinical work could parallel a more resilient and strength-oriented approach in psychology and counselling professions. If salient concepts associated with immigration psychology are not reflective of the new realities, clinicians cannot act competently.

At present, even clinical approaches sustained in a systemic and relational framework reflect a deeply modern realist version of relationships, where any form of virtualisation is viewed with suspicion, described as unethical or proscribed either by legal committees, licensing boards or ethical codes. Real and virtual communications are not dichotomous in the lives of transnational families, nor should they be in clinical practice. We challenge clinicians to rethink their work in light of emergent social technologies, to make use of them and to assess their impact on the family.
This paper presents several limitations since it draws data from population studies and infers its potential impact on the clinical arena. To link both, we have drawn from the story of a family needing psychotherapy to illuminate the themes that will challenge clinicians as they work with transnational families. Despite the review of empirical studies, this paper takes a critical view of conceptual cornerstones in immigrant mental health, based mostly on a theoretical perspective. Utilising empirical, phenomenological and mixed methods, clinical research in this area will require a response to the question of how and to what extent social technologies have a clinical impact.

We hope further research will focus on resilience, given that positive functioning is a better predictor of mental health (Wood and Tarrier 2010). In sum, there are lessons to be learned from transnational families’ use of social technologies to ensure a competent study that includes social and cultural venues.

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