Transnational e-therapy: telepsychology with migrants in Catalonia

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ABSTRACT

This article presents the results of an exploratory study on transnational telepsychology in Catalonia. By transnational telepsychology we mean a therapy service in which patient and psychologist are in different countries (the migrant patient is in the destination country and the psychologist in the home country) and use some electronic device to communicate with each other synchronously (primarily via videoconferencing). This article is organised into three sections. The first presents the concepts and interpretive frameworks needed to analyse the dynamics of transnationalisation and digitalisation. The second describes the methodological strategies used during the exploratory study on transnational telepsychology in Catalonia. The third discusses the results of the empirical study through four strands: the relationship between migration, telepsychology, and the pandemic; the ways and reasons leading the migrants to use transnational telepsychology services; the ways that telepsychology sessions work; and the relations between the migrants and the psychologists. The text concludes with reflections that emerge from the results of the exploratory study and the current scholarly debate on telepsychology and migrants' mental health.

1.   Introduction

We live in a world characterised by the transnationalisation of social life, not only because more and more people are crossing borders but also because people have the ability to establish social relations in the absence of spatial continuity. Likewise, digital space occupies an increasingly important place today and is where many of the more fundamental types of human relations are formed and dissolve, from intimate relations like those associated with the family and love to more public relations such as institutional power disputes in democratic states.

For more than one decade, different studies have shown that contemporary migrants are navigating this scenario, which combines transnationalisation and digitalisation, by mobilising a wide range of analogic and digital instruments, resources and repertoires to consolidate and maintain transnational social ties (Metykova, 2010; Panagakos & Horst, 2006). In the same period, a significant group of researchers has drawn attention to the transnational dynamic of social protection (Levitt et al., 2017; Faist, 2019; Speroni, 2019), that is, migrants' (and their families') access to health, education and social security resources and services dispersed through more than one national territory. However, this line of research has not yet paid sufficient attention to the transnationalisation of health which has come with the digitalisation of health services.

Specifically, transnational telepsychology in Catalonia is being addressed based on this gap. By telepsychology we mean a therapy service in which the patient and the psychologist are geographically separated and use some electronic instrument (like a telephone or computer) to communicate with each other synchronously (Manhal-Baugus, 2001). Thus, the concept alludes to electronically mediated interaction between the migrant patient in the destination country and the psychologist in the home country (or in a third country).

Studying these practices is also justified by the accelerated adoption of telepsychology (Hackbarth & Cata, 2021) caused by the COVID-19 pandemic. Therefore, transnational telepsychology is a phenomenon that enables us to reflect on the interfaces between the transnationalisation and digitalisation of social life and mental health services.

This article is organised into three main sections. The first presents the concepts and interpretive frameworks needed to analyse the dynamics of transnationalisation and digitalisation. The second describes the methodological strategies used during the exploratory study on transnational telepsychology in Catalonia. The third discusses the results of the empirical study through four strands: the relationship between migration, telepsychology and the pandemic; the forms and reasons leading the migrants to use transnational telepsychology services; the ways that telepsychology sessions work; and the relations between migrants and psychologists. The text concludes with reflections that emerge from the results of the exploratory study and the current scholarly debate.

2. Transnationalisation and digitalisation of social life and mental health services

The launch of *Nations Unbound* by Linda Basch, Nina Glick Schiller and Cristina Szanton Blanc (1994) signalled the start of the transnational view of migratory studies in different branches of sociology (Levitt & Sørensen, 2004). These authors defined transnationalism as the process whereby migrants forge and sustain multiple social bonds that join their origin and destination societies (Basch, Glick Schiller & Szanton Blanc, 1994, p. 6).

The transnational perspective confers centrality in practice on the structuring of society. It partly negates nationalist and global assumptions and proposes a multiscale view of what happens in national spaces, 'underneath them' (Dobbs & Levitt, 2017), 'between them' and 'beyond them' (Bauböck, 2016). Instead of assuming the primacy of the national scale, this perspective stresses the mobile actors' ability to constitute multi-localised spaces of action and interaction. In order to interpret these cross-border interactions, Levitt and Glick Schiller propose the concept of transnational social space, meaning '[...] a set of multiple interlocking networks of social relationships through which ideas, practices, and resources are unequally exchanged, organized, and transformed' (2004: 605). Transnational social spaces are characterised by symbolic bonds and multi-situated and multidimensional interaction between migrants, non-migrants, organisations and institutions which cross borders (Levitt & Jaworsky, 2007). These relations permeate not only the migrants' origins and destinations but also other places with which they manage to maintain bonds based on mediations of social and family networks, diasporic policies and religious and cultural organisations (Levitt & Jaworsky, 2007).

The transnational perspective provided a fundamental factor when defining migrations: instead of being described as linear processes—from the home to the destination countries—it acknowledges the existence of plural forms of mobility, which may be characterised by simultaneously belonging to more than one place (Levitt et al., 2017). Consequently, migration is viewed as a complex, multidirectional process in that migrants are understood to be active subjects of decisions which are not limited to either the strictures of migratory policies or individualistic utilitarian calculation. Instead, migrants are acknowledged to be subjects capable of developing interstitial strategies in relation to social structures and national states.

The transnational view has enabled attention to be drawn to phenomena that are usually treated in a dispersed fashion (Solé & Cachón, 2006: 38). As a result, in the past two decades numerous subfields of research have appeared, such as those that analyse transnational practices in family life, culture, religious activities, politics and the economy, among others (Vertovec, 2003).

In this vein, researchers claim that the job of demonstrating the empirical existence of the transnational dimension of social life was concluded more than ten years ago (Levitt & Jaworsky, 2007: 130). Currently, the challenge is to develop and consolidate conceptual frameworks that

are capable of interpreting and explaining the complex nuances of transnational phenomena in different sociohistorical contexts. This is what studies addressing the transnationalisation of social protection are seeking.

For half a century, the importance of social protection in studying the dynamics of mobility and migrants' social integration processes has been foregrounded. The transnational social protection research agenda has recently been developed. These studies seek to interpret the arrangements between formal and informal social protection resources which enable migrants to access healthcare, education and social security across borders (Levitt et al., 2017; Faist, 2019; Speroni, 2019). It acknowledges strategies to combine the four sources of social protection (state, market, family and community), even if they are located in different national states (Levitt et al., 2017). This perspective is thus distinct from methodological nationalism.

The digitalisation of healthcare opens new routes for the transnationalisation of social protection. Inasmuch as it does not require spatial proximity, telemedicine services—defined as the provision of healthcare services at a distance through the use of digital communication and information media—may be mobilised by migrants in their strategies to build 'bottom up' social protection schemes.

This study is interested in the interface between digitalisation and transnationalisation. The definition of telepsychology proposed here does not include asynchronous communication practices, as do some studies that use the term 'e-therapy' or 'cyber therapy' (Manhal-Baugus, 2001). Specifically, we are primarily referring to psychotherapy via videoconferencing (Backhaus et al., 2012). According to previous studies, one of the main advantages of telepsychology over in-person therapy is that it increases the possibility that some groups will seek mental health services by avoiding possibly stigmatising or uncomfortable situations (Backhaus et al., 2012). In this vein, Suler (2004) notes the possibility that the digital space could lead to an un-inhibition effect which facilitates intimacy and trust between patient and psychologist.

Regarding the effectiveness of the therapy sessions, Hilty et al. (2013) and Ye et al. (2014) argue that telepsychology does not entail a loss of quality compared to in-person therapy. Regarding the cost-benefit ratio, there is evidence showing that telepsychology can lead to money and time savings not only for the patient but also for the professional and the healthcare system as a whole, which may also facilitate access to treatment (Ye et al., 2014). This is why the integration of telepsychology into national healthcare systems has been on the European Union agenda in recent years (Topooco et al., 2017), which should promote a significant digital transformation of healthcare services in the middle term (Ricciardi et al., 2019). Despite the potential advantages of telepsychology, Mohr, Riper and Schueller (2018) note the existence of a great deal of resistance to digital mental health services among patients.

In any case, the social and health emergency caused by the COVID-19 pandemic has accelerated the digitalisation of healthcare services, including telepsychology. It also revealed the need to better understand access to these services by vulnerable populations, especially migrants (Disney et al., 2021; Garrido et al., 2022). However, only a few studies have addressed the use of telepsychology among the migrant population (Disney et al., 2021). Furthermore, we have been unable to identify studies that articulate a transnational perspective when examining the telepsychology practices between migrants in the destination country and professionals in the home country, a process we call transnational telepsychology.

Transnational telepsychology combines the advantages and potential of non-transnational practices (such as the efficiency and flexibility of time and place) with factors that are inherent to it and particularly suited to migrants' possible needs for mental health services. Among them are those associated with economic factors (depending on the migrants' home and destination countries, the cost of appointments can vary widely), linguistic factors (psychologist and patient share the same language) and cultural factors (psychologist and patient share codes, cultural values and collective memories).

Specifically, this exploratory study seeks to understand transnational telepsychology practices in Catalonia, as well as the content of these therapeutic dynamics, and to ascertain whether these possible advantages exist for the interviewees.

3. Methodological strategies of the exploratory study

This study presents the results of an exploratory study on the use of online therapies by migrants living in Catalonia with professionals located in other countries. On the one hand, we should stress that the use of online therapies is a phenomenon that has scarcely been studied despite its high prevalence. Consequently, the lack of studies analysing transnationalisation and digitalisation in mental health justifies the exploratory nature of this study. On the other, it is essential to understand the general aspects of this phenomenon in order to discuss its possible implications both for future research and for public policies and interventions in Catalonia and Europe.

According to Stebbins (2001), exploratory studies in the social sciences are systematically designed to generate descriptions and understandings of emerging phenomena in the process of discovery. This same author upholds the importance of qualitative approaches in this type of study, because they allow for the greatest flexibility and an inductive process that is richer and more open.

Flexibility in the use of research techniques is necessary in exploratory studies both to respond to emerging problems and try to test the different working hypotheses that emerge before and

during the research process. In this sense, we used a qualitative approach, which began with mapping the forums and online groups on WhatsApp, Facebook, Reddit and Discord used by migrants living in Catalonia in order to identify the content and authors of the posts that discussed mental health in general and the use of online services in particular.

This initial approach enabled us to gain a general notion of the prevalence of the phenomenon in different migrant communities, as well as the types of problems discussed by these actors. Based on these issues, we held in-depth semi-structured interviews with migrants who are using (or have used at some point in the recent past) online mental health services with professionals located in their home country.

Specifically, we held eight semi-structured interviews, both in person and online (the interviewee always decided the interview method). Ultimately, three online interviews and five in-person interviews were held, which lasted an average of 60 minutes. The interviews had five parts: i) migratory trajectory and integration/participation in Catalonia; ii) background as a user of mental health support services; iii) the decision to use telepsychology; iv) the choice of professional; and v) the functioning of the sessions. People from Chile, Peru and Colombia participated. Prior to holding these interviews, an interview was conducted with a migrant psychologist who uses telepsychology services, who helped to evaluate and complement the interview script. Additionally, an interview was held with a migrant engaged in in-person therapy in order to compare this in-person experience with the online experiences.

For recruitment purposes, we used networks of migrants in Catalonia, primarily WhatsApp groups. Specifically, we sent a notice with information on the project to potential participants. In order for them to be able to easily contact the research team, the notice included a website designed with a contact form (in Catalan and Spanish).

IMAGE 1   **The project website**

Home   Nuestro Equipo   TELEPSICOLOGÍA MIGRANTE   – Formas de participación   CAT

Colabora con el proyecto Telepsicología Migrante

Estamos realizando entrevistas para saber más sobre el uso de la telepsicología transnacional por parte de personas migradas en Cataluña. Invitamos a personas migradas usuari@s y a profesionales de la salud mental a conversar sobre sus experiencias con la telepsicología. Use el formulario o contáctenos directamente para participar en el proyecto.

SOURCE: Telepsicología Migrante Project (*https://telepsicologiamigrante.com*).

The interviews were subjected to a categorical content analysis with the support of the Atlas.ti programme. Categorical analysis 'works by breaking the text down into units, into categories according to analytical regroupings' (Bardin, 1977, p. 153). In this study, the interviews were analysed based on four categories: i) the individual and therapeutic context; ii) the content, format and justification of online therapeutic practices; iii) the implications of culture (language and symbolic world); and iv) the resources and strategies associated with telepsychology.

4. Transnational telepsychology in Catalonia

In this section, we discuss the results of the exploratory study with migrants who use transnational telepsychology services. Because these practices are only established and maintained through the subjects' own effort, without any institutional support, the subjects are given centrality in the individual narratives on this phenomenon.

4.1. Migration and telepsychology during the pandemic

Frida has been doing therapy with the same professional for several years. She initially shifted to virtual sessions because of the pandemic and the associated mobility restrictions, and later continued with it because she moved abroad. For other interviewees, the decision to seek psychological counselling was taken after they migrated, and therefore they started the sessions virtually. For example, Larissa, Pablo and Marina have never met their professionals in person. Larissa has lived in Catalonia for more than 10 years; nevertheless, she describes how important it was for her to find a professional from her home country.

Pablo, who went to in-person sessions in his home country before starting to have sessions with his current therapist, states that the shift to virtual mode did not feel sudden to him. He reflects on the fact that he had already been used to remote communication because of his distance from his homeland, combined with the consequences of the pandemic. Likewise, Larissa confirms that she is in daily contact with her relatives in her homeland. On the one hand, she is used to virtual communication, but on the other she bemoans the loss of 'everydayness' and perceives the contact and relations established via the virtual means available as 'colder'.

The combination of transnationality and digitalisation is particularly palpable in Marina's case. When describing the situation that led her to seek psychological assistance, she describes her tendency 'to escape from the reality' of her everyday life in Catalonia. The isolation she describes is associated with the sense that life in her home country is carrying on as always, but without her physical presence now. This sense is sustained by the possibilities of staying in touch with her friends virtually, in this case primarily via video calls. '[...] My family in Bogota was fine,

I kept my job, I kept my friends, I kept my networks there'. The pandemic was a factor that made her get used to virtual activities more quickly. At the same time, both the demand and supply of digital services in the psychology sector increased.

Frida also tells us about the difficulties posed by the pandemic in securing the identity documents that she needed as a foreigner in Catalonia. She had negative experiences when trying to secure her permanent residence permit, and the restrictions only aggravated the situation. Furthermore, she told us about the status of her relative who is in this country without legal papers, and explains the fraught time that her family experienced. In this way, Frida notes the importance of psychological guidance during her migratory process and her thoughts of returning. In other words, for Frida, the pandemic cast doubt on her decision to migrate.

Carina recalls that the challenges associated with migrating were significantly influenced by the pandemic and mobility restrictions. The solitary work involved in researching a doctoral thesis combined with the lack of in-person activities and a complex situation at home led her to feel the lack of established networks as a core factor in her decision to seek psychological counselling. Frida also mentions the importance of having a network of friends or acquaintances prior to the pandemic. Specifically, she stresses the positive role of her group of friends whom she could meet in her neighbourhood.

All the migrants we interviewed participate in psychological sessions with professionals in their home country. In the next section, we shall examine the differences between the virtual and in-person modalities mentioned during these interviews.

4.2. Personal journeys towards the transnational digitalisation of therapy

As mentioned above, some of the people we interviewed had met their current professional in person. Frida, for example, had years of sessions with the same psychologist whom she now sees virtually. The case of Paula is similar, given that she found her current psychologist through a friend's recommendation after having changed professionals repeatedly. Furthermore, they met in-person in her home country for nine months before she migrated to Catalonia. Due to her migration—even prior to the beginning of the pandemic—she decided to continue the sessions virtually.

Because she had been living in Catalonia for awhile, Paula decided to seek an in-person psychologist because she found that virtual appointments were not optimal. '[...] I didn't have the sense I have now [...], on Zoom, because the pandemic obviously accelerated this and means that now everything is done by this type of platform [...]', she says. Indeed, she began therapy with a professional in Catalonia through her primary care facility, but when her psychologist

changed jobs and was transferred to another European country, she decided to resume the sessions with her psychologist in her home country. She tells us that her psychologist had already transferred all her activities to the virtual space, and that because of the pandemic she no longer had an office. The therapist's approach, the independence of the location and the trusting relationship already established were factors that became essential arguments in favour of attending sessions virtually.

Loreto also met his professional, whom he sees today virtually, before he arrived in Catalonia. In fact, she is the same psychologist with whom he had virtual sessions before the pandemic even though the two were in the same country, given the distance between the cities where they lived. The trust established with the psychologist was a more important factor for Loreto than the physical distance, even though he wishes he could meet in-person. In fact, whenever possible, he would travel to attend the sessions in-person, which is obviously impossible from Catalonia, so now they always meet virtually.

Carina, on the other hand, found her professional via an Internet search. After seeing virtual advertisements on different platforms, she started to inquire into the possibilities and contacted people who offered virtual therapy sessions to ask for more detailed information. She decided to have a first session, 'no strings attached', with her current psychologist. The lower price of the sessions in her home country compared to those in Catalonia was the point of departure for searching in her home country, as she was living on her savings with a very unfavourable exchange rate. The empathy, good care and age of the professional convinced her to stay with him.

Larissa also started directly with virtual sessions. She contacted her psychologist through a friend's recommendation. Despite the long period of time she has been living outside her home country, she sought a person with the same nationality. To Larissa, the direct referral, the professional's approach and the lower price compared to sessions in Catalonia were core factors leading her to start with virtual sessions.

Pablo also found his current psychologist through a friend's recommendation. He had asked for suggestions in virtual groups and received an answer from a friend of his, who suggested that he see her professional. He met with the psychologist for an initial session and decided to continue with him. Prior to migrating, Pablo went to in-person sessions with a different psychologist. Migration was the pretext for interrupting the work with that first psychologist, and he told us that he is much more pleased with the process with his current professional.

Carolina's strategy to find a psychologist was to ask a family member who attended telepsychology sessions whether her therapist could suggest other psychologists in her home country whom she could contact digitally. She says that she knew that if she had been 'very picky', the search

would have been complicated given the large supply of psychologists available. She did, in fact, start virtual sessions with the psychologist recommended by her relative's therapist. She mentions that during a journey to her home country for the holidays, her professional told her that she no longer held in-person sessions after shifting fully to the virtual mode because of the pandemic.

The roads to telepsychology vary with each person; that is, they are very individual. However, we can highlight certain cross-cutting trends. In terms of the migrants interviewed who were not in touch with professionals prior to their migration, the mobilisation of contacts in the migrants' networks in Catalonia or in their home country was a common strategy when starting psychological counselling sessions. In situations involving difficulties or crises, they mobilised resources, primarily trusting 'indirect' relations via their established networks, instead of searching 'from scratch' at a time when the supply is increasingly large. For some of the interviewees, the professionals they found digitally were even preferable to their experiences in person.

On the one hand, we suspect that in transnational life, being inserted in networks that extend beyond national borders makes access to telepsychology more likely. Being far from their home country and therefore used to connecting with friends and family members digitally may positively influence a migrant's openness to contacting psychology professionals virtually. What is more, we can assume that family members' or friends' recommendations on professionals refer to the home countries or fellow nationals, which strengthens transnational constellations. In several cases, the interviewees revealed family participation in the homeland by paying for the therapy, either dealing with transfers or directly getting involved economically. Generally speaking, the cost of the therapeutic sessions in their homelands is lower than in-person sessions in Catalonia.

On the other hand, the pandemic played an important role in the interviewees' increasing their inclination to accept the virtual modality of everyday activities that they previously tended to do in-person. Even the interviewees who stressed their preference for in-person therapy switched to a virtual psychological counselling process during the pandemic.

4.3. Telepsychology practices

'I need to be seated in a quiet place, in silence, with my computer and a good Internet connection in order to participate in the session,' says Frida. Just like the other interviewees, she has experience with telepsychology. She regularly attends therapy sessions virtually. In order to meet with her therapist on the day and time they have agreed upon, her therapist sends Frida a link to the videoconference the same day as the session. They meet via an application, Frida from Barcelona and her psychologist from her home country. This is how they continue the therapeutic process started many years ago despite her migration.

Technology is crucial to telepsychology. A sophisticated enough device to establish a virtual connection and a good Internet connection are the prerequisites for using the wide range of virtual psychology services available. It also entails the need to have minimal digital competences. Finding professionals regardless of their spatial location makes it possible to make very specific inquiries into the different professionals' characteristics and approaches. The difficulties that may arise during the sessions can be the result of digital failures, cuts in connectivity or difficulties with the programmes available, for example. Frida describes times in the middle of a session when the image becomes frozen, and she says that when it comes back, it is not the same. This is why she says that it is essential to have a good Internet connection in order to hold satisfactory meetings. On the other hand, other elements can be integrated into the sessions. For example, Carina highlighted the benefit of being able to share links and other digital materials. The possibility of recording the session is also interesting for both patients and professionals.

When comparing in-person sessions in the transnational remote modality, the migrants highlight the differences in terms of time and space. The time difference, for example, is a factor that three of the interviewees cite as a major difficulty when arranging and holding the sessions. Having to combine their own timetable of activities with that of the professional in another time zone, in addition to considering the different changes in daylight savings time in the two countries, makes planning cumbersome. However, Larissa finds this to be an advantage. The opportunity to connect with her psychologist from her home outside her Catalan work schedule —at night—frees her from the effort of coordinating her professional and caregiving tasks. In consequence, she can use therapy time as time for herself: 'I go out to the balcony all bundled up, smoke a few cigarettes [laughing] and [...] it's great!'

Travelling to the psychologist's office disappears in the virtual modality. While some of the interviewees perceive this as an advantage in terms of saving time and more easily coordinating therapy with other activities, Pablo reflects on the shift of responsibility from the professional to the patient: while the only factor he had to arrange with in-person appointments was travel, in virtual sessions he has to organise the space and ensure that his immediate environment is quiet and his connection is good. In fact, the interviewees stress the need to communicate and negotiate with the people around them in order to guarantee optimal circumstances for their meetings. For example, Loreto tells his flatmates that he is having a session and asks them not to interrupt him, and Carolina tries to coordinate with her partner to have the flat to herself.

One aspect that the interviewees appreciate almost unequivocally about the remote sessions is sharing the same language as their professionals. For example, Carolina says that the issue of expression had been difficult when she arrived in Catalonia: if she spoke Spanish, how come she couldn't connect with people? She claims that she felt sensitive about language and had the sense that she had to be wary when speaking. Similarly, Pablo says that he tended to speak 'a bit

more neutrally and slowly', and Larissa says that she felt like she had to 'translate' what she really wanted to say. Pablo, too, feels that he had to 'search for the right word' in order to be understood, and Marina explains the excitement she felt in one of the early sessions when her psychologist used a word for an everyday object that is not used in Catalonia.

In fact, the sense of connection that comes from sharing the same language goes beyond the language itself. The political, social and cultural experience shared with the psychologist was a core factor in the interviews. Being familiar with the experiences in the same political circumstances in relation to social movements, elections or other public events in the home country—which are hardly reported in Catalonia—was significant for the migrants interviewed. For example, Carolina mentioned important social movements which profoundly moved her, causing her a sense of impotence and a desire to go back, even though they had few repercussions in her Catalan circles.

Carolina also vented about the difficulties explaining the differences in the social context, job instability and healthcare system in her home country, especially at times of crisis. Similarly, Pablo cited the difficulty of conveying to people socialised in Catalonia the huge difference in terms of social problems such as elementary concerns—a decent salary or pension—and future prospects in his home country. Having experienced a reality that differed from that of his Catalan psychologist made the process of establishing a trusting relationship more complex, he believes.

These aspects of the social context were complemented with reflections on a shared geographic context. Events such as natural catastrophes or detailed knowledge of regional particularities are described as points of departure for beginning the therapeutic conversation. Larissa mentioned that in the first few sessions she compared the 'chaos' she felt internally with the period after an earthquake. She says that she felt understood by her therapist because she comes from the same country and had experienced the same earthquakes, with all their aftereffects.

Cultural aspects were also mentioned in this sense. National differences in ideas and ideals regarding the family, childrearing and friendships were issues that arose in the interviews. Marina, Carina and Pablo mentioned their excitement at being able to refer to people who are largely unknown in Catalonia but very common in their home country. Pablo recounts one difficult time he experienced, when he was looking for psychological counselling and needed someone who could be empathetic with him and his experiences during adolescence in a Latin American capital; he repeated that it would be been a much greater effort for him to communicate and construct this empathy if the person were from Catalonia, Spain or any country other than his own. Generally speaking, the different shared aspects are described as possibilities for forging connections with the psychologist and therefore establishing a trusting relationship more easily. This is the aspect we shall discuss in the next section.

4.4. The relationship with the professional: Distance and trust

Siegmund and Lisboa (2015: 170) highlight the importance of a trusting relationship between psychology professionals and their patients for therapeutic progress. For the interviewees, what were the implications of attending virtual therapy sessions in terms of this trusting relationship?

Some of the interviewees had met their therapists before and therefore already had a trusting foundation when they 'shifted' their sessions to the virtual space. In other cases, the relationships only began with virtual communication. These bonds established 'at a distance' were described positively. In fact, the interviewees only mentioned conflicts with professionals with in-person experiences.

What is missing in virtual sessions is the physical co-presence of patients and therapists. Marina, Pablo and Frida cited this as a shortcoming. They believe that being able to perceive the other person's body, gestures and movements, as well as the scents and sounds of the environment, is very enriching for communication. Larissa connected this co-presence with the concept of intimacy, in contrast to the coldness of a screen: 'The fact that I can't even hear the breathing of the other person whom I'm telling something is important!', she exclaimed during the interview.

Similarly, Pablo reflected on the restricted view that comes with the screen of the device used for the session. Ultimately, one cannot know whether there are other people on the other side of the connection, whether the professional is alone or where exactly they are. During the sessions, he had occasionally heard noises that he was not sure how to associate with the environment, and since then he has wondered about where his interlocutor is. Carina described an interesting approach in this regard. Her professional provided a detailed description of her workplace in one of the first sessions, including sensorial aspects like the sounds that may arise during their shared time, which made it possible to partly offset the lack of physical co-presence.

The interviews anecdotally showed the need to rethink the establishment of a trusting relationship between patients and professionals virtually and remotely. This virtual modality is certainly advantageous when seeking specialised counselling regardless of spatial location. For example, Larissa and Pablo explained how important it was to them that their professionals worked with an explicitly feminist approach. In turn, Loreto was seeking a psychoanalytical approach. While not all interviewees necessarily knew the psychological current with which their professionals are affiliated, the explicit integration of specific approaches and 'alternative' methods was one of the aspects that they positively rated and that contributed to establishing a trusting relationship.

We have seen that being able to access a variety of professionals via the Internet, regardless of geographic location, is an important advantage of telepsychology. Nonetheless, we have to be

aware of the informality of this practice. Because it is not regulated, telepsychology does not have explicit mechanisms to manage cases of conflict between professionals and patients, or even abuse. Reflecting on the trusting relationship reveals concerns about possibilities of protecting both patients and professionals.

5.   Final reflections

The objective of this study is to make an initial theoretical and empirical examination of the phenomenon of transnational telepsychology, a set of practices that remain invisible despite their prevalence in migrant communities and their multiple implications for reflection on the interfaces between digitalisation and transnationalisation of mental health services and resources. To conclude, we would like to mention several issues that may serve as the foundation for future studies and reflections.

The first question that emerges from this study is whether transnational telepsychology is exclusive to migrants. At the start of the project, we thought that it was, that is, that transnational psychology only affects migrants. However, by learning about different pathways that can lead to this practice, we came up with two further possibilities in the transnationalisation of telepsychology. The first can be undertaken before migration by people who are preparing to migrate and want to find professionals in their destination as part of this planning. The second is the transnationalisation established by psychologists from low-income countries who actively offer their services to residents (both migrants and non-migrants) of countries where psychology services cost more. This is a phenomenon that is particularly possible in countries that share the same language.

The second question arises from the way the interviewees narrated their trajectories as users of telepsychology services. Is transnational telepsychology yet another example of migrants' (self-)responsibility? Because of the difficulty accessing public mental health services and the diversity of therapeutic cultures, managing mental health services becomes users' responsibility, as they have to offset the failings of the healthcare system through both an economic and a personal and emotional effort. What is more, the lack of de facto regulation or awareness of the risks of this type of service means that migrants are more vulnerable to any type of improper conduct/practice by the professionals.

The third question is directly related to the second one. Is it possible to regulate and protect the access to and use of digital and transnational mental health services? What type of legal mechanisms and action protocols have made it possible to lessen the grey zones where these services exist? What role should be played by the public administration at different scales and professional psychologists' organisations?

These three questions have many nuances and levels of complexity and can serve as an incentive and as avenues of work for actors associated with this phenomenon, as well as for future studies (migrants, public administration and psychologists in the home and destination countries).

See bibliographic references in the Catalan version of the article.