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Family and Family-Like Relations for Transnational Migrants: Ideals of Care Informed by Kin, Non-Family, and Religion

Hispanic Journal of Behavioral Sciences

1–19

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DOI: 10.1177/0739986320937435

journals.sagepub.com/home/hjb

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Abstract

Studies of transnational family formation and care relationships suggest that, while family forms and care values are idealized, they are also negotiated, enacted, and fluid constructs. Strategies of resilience and mechanisms of flexible care achieved by transnational families are fine-tuned under multiple influences. Among these influences are well-known sources such as social networks, as well as less well-understood sources such as religious teachings. We report findings of a 4-month, ethnographic study among Latinx immigrants to the U.S. whose ($n=14$) narratives of family “care” reflect their ideals and simultaneously work to linguistically produce role continuity. Thematic results address three key strategies for achieving this continuity: (1) valuations of flexibility; (2) family-like care by non-family and church members; and (3) commitments to and reliance on new networks, particularly through church relations. We conclude by suggesting how family-like care, such as that from church relations, informs the flexible relational obligations, resources, resiliencies, and values of transnational migrants.

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Keywords

care, family-like, religious affiliation, transnational, migrants, Latter-day Saints, familism/familismo

Introduction/Background

As a fundamental unit of society, the family establishes a person's sense of relational connection to others, is the site of enculturative learning, and serves both social and psychological functions that keep individuals and societies healthy. Gilligan (1982) wrote in her classic text that the family represents "ideals of human relationship" (p. 62) against which many other relationships are measured. In the 21st century, when globalization pushes families into more mobile forms and non-traditional compositions, the topics of family formation and care relationships are at the center of migration studies. In particular, the study of transnational family care demonstrates that while family values and forms are still idealized, they are also negotiated, enacted, and fluid constructs.

The study of migrant¹ family dynamics is informed by robust research in psychological, anthropological, and political-economic disciplines. For example, the study of "care chains" (Hochschild, 2003; Yeates, 2004a, 2004b) traces how migration follows care, particularly in response to market demand for care work but also in response to family expectations and relational motives (Smith-Morris, 2018). As demand for care work increases in one geographical region, caregivers are pushed or pulled to take on that work. In previous decades, these tugs on care chains have been theorized to cause care gaps wherever dependents of leaving migrants lost their source of care (Bednárík et al., 2013; Leichsenring et al., 2013). However, it is increasingly recognized that in fact, networks of care are regularly responding to dynamic care demands, whether from near or far (Coe, 2015). In short, migration often meets one set of family needs at a cost to others. We are, therefore, interested in the multiple "care slots" (Leinaweaver, 2010) that migrants attempt to fill, whether to provide multigenerational care, remittances, or other forms of care (Christensen & Guldvik, 2014; Hondagneu-Sotelo, 2003; Hondagneu-Sotelo & Avila, 1997).

Contemporary views of migrant family dynamics recognize the resilience and flexibility of family bonds, and not just the discontinuity and loss of separation (Stone et al., 2005). For example, "other mothers" (Bloch, 2017; Carling et al., 2012; Fresnoza-Flot, 2009) serve a positive and important role in providing familial care in the physical absence of a migrant mother. Ethnographic research has illuminated important continuities of care in the

life cycle of migrant families, as well the strategies migrants employ to create that continuity (Chavez, 1985; Collins, 1985, 1998; Falicov, 1991). In particular, we argue that transnational family care is an important subject in narratives of coherence (Falicov, 2005; see also Mattingly & Garro, 2000; Smith-Morris, 2010) for transnational migrants.

In this article, we consider how migrants are able, and choose, to care for their families in an iterative process, negotiated over time among evolving social ties. We embrace Falicov's (2007) frame of "emotional transnationalism," her critique of "therapists' uncritical imposition of normative mainstream values," and call for "therapists cultural examination of personal and conceptual preferences" (p. 166). Professional acknowledgement of the dynamic and conceptual preferences of mobile people will be critical to their well-being. And as the presence and impact of mobile peoples around the world grows with globalization, therapeutic approaches that are fine-tuned to the multiple influences on values of "care" and notions of "family" will be needed.

To better understand these migrant family dynamics and notions of "care" given across family relations near and far, we designed an ethnographic study to collect and study Latinx immigrant narratives on the subject of family "care." Following a description of our research methods, we discuss three emergent themes from the family care narratives of 14 Latinx immigrants living in Northern Utah. These narratives both reflect their ideals of family caregiving and simultaneously work to linguistically produce continuity of "good" care as migration altered their family roles.

Methods

Setting

Field work was conducted over a 4-month period at Friends of Immigrants (FOI, a pseudonym), an immigrant and refugee support organization in northern Utah. The organization connects immigrants and refugees to community members and services, as well as provides free citizenship, driver's license, and cooking classes. To promote trust and rapport with potential informants, author EBT worked at FOI during the center's walk-in hours and taught the Driver's License test preparation classes.

Participants

We used a stratified convenience sample, drawing participants from the Driver's License preparation classes, other FOI clients, and those referred

Table 1. Demographic Information on Study Respondents.

Gender	Age	Time in U.S.	Country of origin	Religion	Marital status
M	23	5 years	Guatemala	Latter-day Saint	Single
M	30	12 years	Mexico	Latter-day Saint	Married
F	34	18 years	Mexico	Latter-day Saint	Single
F	24	1 year	Peru	Latter-day Saint	Married
F	22	15 years	Argentina	Non-religious (former Latter-Day Saint)	Married
F	27	5 years	Peru	Latter-day Saint	Married
F	30	1 year	Venezuela	Catholic	Married
F	34	3 months	Guatemala	Christian	Married
M	35	10 years	El Salvador	Latter-day Saint	Married
M	36	1 year and 1 month	Puerto Rico	Christian	Married but separated
F	24	2 years	Dominican Republic	Catholic	Dating
M	40	12 years	Nicaragua	Latter-day Saint	Married
F	25	18 years	Honduras	Latter-day Saint	Married
M	21	18 years	Honduras	Christian, baptized Latter-day Saint	Single

by participants (i.e., their social networks and families). A total of 14 semi-structured interviews of approximately 80 minutes in length was conducted. Questions addressed ideas about “good care” in the lives of migrants—familial, community, and medical care. Characteristics of the study population are provided in Table 1. Informants were split almost evenly between men and women and came from 10 different “home” countries. All 14 participants have family in the United States, ranging from a few distant cousins to spouses, children, parents, and grandparents. These family resources were relevant in migrants’ decisions to emigrate to Utah. Of the seven participants who have children, five had their children with them in the United States, one participant’s children were in his “home” country, and one informant had children both in the United States and in his “home” country.

Likely related to FOI’s location in a U.S. state with a high proportion of members of the Church of Jesus Christ of Latter-day Saints (also known as LDS or Mormon), a unique feature of our sample is the prevalence of Latter-day Saints. Eight of 14 participants actively identified as Latter-day Saints, while two more were baptized into the church but not practicing, and one

other participant had close family that were Latter-day Saints. Only two self-identified as Catholic, which is highly correlated with Latinx culture and more commonly addressed in the literature. Though we did not recruit participants based on religious identity, we anticipated the importance of religious ideals in the context of Latino lives in northern Utah. The high occurrence of Latter-day Saints in our sample, therefore, offers a unique perspective on Latinx immigrant literatures. We also included a section in the interview on how religion interacts with “good care,” and these narratives are addressed below.

Data Analysis

Interviews were conducted in Spanish ($n=10$) or English ($n=4$), according to the participant’s preference. Participant narratives were transcribed, coded, and analyzed using Dedoose qualitative data analysis software (Sociocultural Research Consultants, 2016) by both (bilingual) authors. All narratives were analyzed following grounded theory to identify recurrent themes, categories, and expressions (Ryan & Bernard, 2003). Coding occurred in two steps. A sample of five interviews was coded independently by EBT and CS-M, with coding applications affirmed through conversation and consensus after the second and fifth coded transcripts. Any revisions to the code list were made at each discussion, and then only as necessary during the remainder of coding. To help ensure the reliability of conclusions, themes are drawn from code patterns within and across multiple interviews plus observations and literature review. This process grounds important findings within and across multiple data sources. A final code list of 12 codes (with an additional 14 sub-codes) was created, of which the following are the primary focus of this article: Good Care (definitions), Community Care, Flexibility, and Religion.²

Results

All participants claimed to be caring for family in some way, whether their family was also in the United States or in another country. Three themes emerged from our analysis: (1) ideals of family care for migrants; (2) the negotiated balance of competing care obligations; and (3) the role of family-like care by and for migrants.

Ideals of Care as a Migrant

In collecting migrant narratives on the care, they give and receive, we first asked them to define “good” care. This produced reflections on being present

with, and offering material or emotional support to family members, but led quickly to comments about less good care, justifications and compensations for their failures to care, and hopes for future improvements. Across all interviews, a total of 888 distinct narratives addressing “good” care were coded. As participants voiced relational priorities of “good” care, and the ways they achieved, attempted, or hoped in the future to provide this care, migrants worked to express continuity in their role as good care providers, despite geographical separation.

To achieve these ideals, migrants repeatedly had to show flexibility in the way they performed those roles. Passages about “flexibility” or “rigidity” were coded (29 times and 19 times, respectively), illustrating how regularly participants faced pressures to change, or underwent some process of evaluation about the care provided to family members. For example³:

Jazmin^A: I had to take care of [my daughter] and it was more complicated because sometimes I traveled for work and her Nana took care of her. Sometimes I traveled for a week or four days and her Nana took care of her. But it's not the same as when I care for her.

Emilio: I always have the idea that I want to do more for my mother. But at the same time, her example and the counsel she has given me has helped me to realize that maybe this isn't the right time. But maybe someday I'll have the option to do it.

The need for flexibility was not limitless, of course, as when demands on a migrant for remittances or other forms of help became too great:

Santiago: There are times when you have to be a little hard with [family who request help or money] because they are going to be really hard on you. (Speaking as if to his wife) I know that you aren't unkind, but people are going to be unkind to you and sometimes they are going to be really unkind to you [about these things].

Similar demands for role flexibility have been documented among family members caring for elders (Flores et al., 2009; Ruiz, 2007), in the family planning by migrants (Campos et al., 2008; Maternowska et al., 2010), and in parenting (Vesely et al., 2019). Migration-related changes to the family dynamic and organization can produce great stress and conflict, adding to the need for flexibility and resilience (Heymann et al., 2009; Lahaie et al., 2009). Thus, the codes “Flexibility” and “Rigidity” help explain how migrants and their families (both at home and abroad) strive to make careful, but creative, decisions about how to best care for family.

Above all, flexibility involves prioritization of care needs—helping those seen as needing it the most. This was most often children or mothers left at home in another country:

Eduardo: Now that I have my green card, [my wife and I] have decided that caring for [our daughters] is a priority. But I got a part time job in Walmart that allows me to pay for school. So maybe I can't fully care for my family, but in a few years, I will be able to because I am making the long-term commitment.

Juanita: My mom supported me a lot. She went with me to the hospital. My siblings were put in charge of my grandfather, who at that time was still alive. . . My brother was also sick. But my mother didn't hesitate. She didn't think about saying, "I'm leaving all of this, I'm going to leave my sick father to be with my daughter because she needs me right now. She is the one that needs me more right now." But my brothers also said, "No mom, go and we will take care of my grandfather while you are with our sister there." But it was really difficult.

A number of scholars have described the way that transnational families divide care responsibilities (Collins, 1998; Lutz & Palenga-Möllenbeck, 2012; Zentgraf & Chinchilla, 2012) including “motherwork” (Schmalzbauer, 2004). But care also includes provision of material resources that migrants send to families in a home country (including but not limited to cash remittances). And Jazmin’s narrative tells of yet another, unique type of care work:

Jazmin: When I was working and my cousin gave birth, and her birth was difficult, I wanted to be with her. But I couldn't because I had to work. My daughter was also in school, so I couldn't [go]. But yes, I would have liked to take care of her, but the only thing that I did was donate blood. . . I had to get up a few times at four in the morning, and go with someone, or come from work. We give blood with this little paper that I had to fill saying that they received the blood.

In short, there is tremendous diversity and creativity in the way “care” responsibilities are met and shared. Our participants also used their religious networks in a creative way to facilitate the passing of goods between those in the U.S. and other countries. Isabel, a 27-year-old from Peru, received items from her mother (still in Peru) by way of American Latter-day Saint missionaries returning from their placement to Utah.

Finally, these narratives capture ways that migrants cope with the knowledge that their family care is not “ideal” or as they would like. They

expressed this coping by describing their hope to better care for their families in the future, and by explaining that giving something was better than giving nothing.

Eduardo: Now my sisters have their daughters and . . . I would like to be able to help everyone, but I can't right now. . . . Since we've got debts, it wouldn't be easy for me to send money. But I send money once in a while to my mom, who I feel needs my support the most. Maybe when I have a much better position, I'll be able to help the others.

“Hope” was a code applied 76 times across 10 interviews. Hope was expressed when migrants spoke of their efforts to improve care in the future, by advancing economically and providing more material resources as well as eventually bringing family to live with them. They gave what they could, given financial and temporal restraints, and families at home responded variously—from understanding and appreciation of the migrant’s efforts to dissatisfaction and bitter requests for more help.

The Family and The Church Family

Religious teachings were highly influential in the values expressed by our sample. A majority ($n = 10$) of our participants were affiliated with the Church of Jesus Christ. So, to appreciate the relevance of religion for the family care narratives in our sample, a brief explanation of the Church of Jesus Christ of Latter-day Saints’ doctrinal and cultural emphasis on familial care is relevant. Their preferred title for God is “Heavenly Father,” one of the first songs that members learn is “I am a Child of God,” and church teachings emphasize the idealized care relationship as one between a perfect father and his child. Furthermore, members are encouraged to hold “Family Home Evening” once a week as a time for parental gospel teaching and family bonding time. The doctrinal emphasis on family in the church dates back to 1915 but has been periodically re-emphasized. For example, in 1994, church leaders published “The Family: A Proclamation to the World” which reinforces traditional gender roles (mother as nurturer, father as economic provider) in the family (Nelson, 2018). And in 2019, the church transitioned to what it calls a “home centered, church supported” study program, intended to encourage families to study scripture on a daily basis as a family (Nelson, 2018). Emphasis on family in many of our participants’ narratives is, therefore, informed not solely by kinship networks but by these religious ideals.

But what happens to these ideals when family care competes with religious obligations? Migrant members of the Church of Jesus Christ of Latter-day

Saints must find balance across obligations, and there are times when one's obligations as a devout church member take precedence over family.

Santiago: At first, my aunt started going to church, where she goes. And she wanted to make us go to her church with her. And yea, at other times, from time to time, so that she was not angry, we [went to] her church. But like, yea, I like her church a little. But that was because I hadn't discovered this [new LDS] church of ours yet. Now, I like this one more. . . . But, yes, I sometimes visit [my aunt's church] because I became friends with their pastor, with their church.

The narratives of participants who were affiliated with the Church of Jesus Christ revealed a strong presence of church-based social networks. A number of church members described how this network cares for its members, both locally and internationally:

Carla: We found we have a lot of friends in the English ward⁵ who, although there were cultural differences, they very much did show that they cared for us. They cared for us by visiting us, by many times bringing treats to our house. And things like that were a little bit, little bit less common in the Spanish ward. But you know, it's different ways, different cultural perspectives.

Eduardo: When I was on the mission, . . . I was in Honduras and I remember that there were many floods, floods where I lived. And there was food there . . . [but] there was very little. So, I think church members here sent many products there to help us.

And while these church networks were viewed as beneficial, the competing obligations also produced some challenges. Seven of the eight Latter-day Saint participants had converted to the Church of Jesus Christ as adults, either alone or with their entire family. Of those seven, six offered narratives about how they had to re-balance their care commitments between church and their families:

Jazmin: Before [I migrated from Peru], I always went to see [my family]. But being a new member [of the Church of Jesus Christ], Sunday is when [my family] rests. So, it was like, "Hey, I will be [available to talk] at this time." I didn't want to tell them anything. I gave them excuses. And then they saw in Facebook [that I was with my Latter-day Saints ward]. I explained how it would be, "Today I'm going to be [with my Latter-day Saints ward] from this time to that time." I

explained to them how the church was. It surprised me at first. [Before] I was always with them, but they began understanding, and from there they said, "It's ok. Don't worry."

Thus, for Jazmin who first struggled to explain to her non-Latter-day Saint family why she was spending so much time at her new church, the migration from Peru to the U.S. actually eased her relational and emotional stress. She no longer needed to so carefully balance her time between non-Latter-day Saint family and church, or to navigate those time commitments as intensely as she did in Peru.

The search for balance was most difficult in the missionary services of Latter-day Saints. Missions, as they are known among members, are 18 months for women and 24 months for men. And during these missions, contact with families through email, text, and video chat is limited.⁶ For Naely, a now 34-year-old woman that migrated from Mexico when she was 16, the lack of communication with her family during her mission presented the greatest challenge during her missionary service. And for Isabel, family obligations would ultimately prevent her from serving a mission.

EBT: Did you ever have to choose between your family and the church?

Isabel: I think it was the moment when serving a mission came to my mind. . . . I thought that I couldn't leave my dad alone with the costs of the house. Because he couldn't . . . he needed my help.

Tensions between family and church were not limited to time or even monetary resources. Converts also had to negotiate new-found differences in beliefs between their family and their new church family. Santiago, who converted just over 3 years ago, continues to balance his new religious obligations (i.e., church attendance, tithing, and listening to the teachings of church leaders) with participating in his extended family's religious practices as well.

Santiago: Several times they wanted to make me feel bad about tithing, that they make us pay tithing. "No," I told them. "They don't make us pay tithing. We give willingly. It's like you all." They give tithing in (their Christian denomination) church. They call it offerings. They don't say tithing, they call it offerings. But I tell them it's the same. (as if speaking to family) "Look, if you don't have money that day to pay your offerings, you pay another day," I tell them. "I do the same thing. If one day I don't have money to pay tithing, I give it the next day." It's the same I tell them.

By providing these explanations and participating to an extent in both churches, Santiago is able to maintain a relationship with his family, while also continuing to meet his newfound religious obligations.

Emilio's family converted to the church at the same time, though all but him eventually stopped practicing. Emilio's challenge was in staying true to his beliefs without distancing himself from family:

Emilio: Well I think every family reunion, maybe customs that they have that I don't. I always try to not make them feel bad and at the same time they respect me, and I respect them and it's a type of coexistence. I don't take it like hypocrisy, I know that other people would think so. Like, hypocrisy or an elephant in the room, like, what do we talk about? But I think that there are a lot of things other than religion in the family, like, you can keep taking care of your family even though you don't share the same religion or thoughts.

In sum, the careful balancing of family and religious obligations is particularly fraught for our narrators. Due not only to their kin-based ties, but to the religiously informed obligations to family care of the Church of Jesus Christ, these narratives illustrate a constant balancing act performed by devout migrants. From concerns about providing material care and remittances, to reconciling differences of belief within the family, migrants convey the complex relationship between their mobility, their religious obligations, and ideals of family care.

“Family” as the Ideal, Even for Non-Family Care

The third major theme in our participants' narratives emerged from abundant references to care given to and received from non-family members. These passages were coded as “community” care, whether a church community, a neighborhood, or a migrant association. What they reveal is how family-like care reaches beyond biological kin into a wider landscape of the migrant's social network.

EBT: How do other members of the neighborhood care for you?

Eduardo: Well, they worry for me and for my family. They take interest as if we were part of their family. That makes me happy. When I was abroad, they concerned themselves . . . arranging my documents. They took care of my wife, and my family is the most important thing. For me, I don't have to do anything, but for my family yes. Yes, they take care of me, my wife, my daughters - it's how they take care of me. So, I thank them a lot.

Definitions of “care” were somewhat broader for community members, and expectations substantially lower. But despite these lower expectations, our participants said they received from and gave to their communities the same types of care as for family: namely “Material Care” ($n=66$), “Emotional Care” ($n=57$), and “Hands-On Physical Care” ($n=26$). In the best scenarios, migrants found themselves “feeling part of a family” among these non-family social networks:

Jazmin: When I was a recent [new] member, I worked in a business where the manager was Mormon. He was also a member. This was a moment when I needed it, because I had separated [from the father of my daughter] and I remember [the manager's] brother - even now I'm in communication with him. He is like a second dad. I know they care about me a lot.

These new bonds are a common, if ideal, example of the networking inherent to migration. In sum, migrant narratives about care by their new community members reveal networks based not only nationality, but on a number of other non-family linkages including: other Latinos ($n=2$), other immigrants ($n=1$), non-church friends ($n=2$), neighborhood ($n=1$), and a general “other”/anyone one might encounter in daily life ($n=6$).

Alejandro: For example, what happened in Guatemala with the volcano. A lot of people in [our town] were selling tamales. They were selling a lot of things to send money to Guatemala. And the people from Mexico, people from Peru, but since they knew that there were people from Guatemala here, they wanted to help.

At other times, community care was for unknown others; care facilitated by organizations, or its leaders.

Isabel: The bishop communicated it during Sacrament meeting- “This family is doing an ‘apoyada’ this weekend. Please, everyone contribute.”

Care, for many migrants, is thereby replaced by care from non-family community members. The value of that care, however, appears proportional to the degree to which it is “family-like,” with the ideal type of care remaining squarely defined in terms of notions of “family.”

Discussion

Our research considers several complexities in the changing ideals of family care for migrants. As migration produces change in caregiving roles, so too

ideals of both “care” and “family” come under pressure from new networks of influence. For many migrants, circumstances and relationships in their new contexts demand or inspire substantial value changes and corresponding emotional and relational work. Transnational migrant narratives of care reveal several key influences on and strategies of such change.

First, the imperfect nature of familial care is evident for migrants struggling to fulfill pre-migration roles, and their narratives reveal patterned ways of coping with that change. Emotional coping requires that migrants are “flexible” in their caregiver roles and in what they value as “good care,” and that they set limits on care demands for which they feel responsibility. Such adjustments by migrants have been described as movements along “continuums” of change—for example, between assimilation to cultural maintenance (Falicov, 2005, p. 400)—and are increasingly recognized as fluid and lifelong (Collins, 1985; Falicov, 1991). Our findings on the topic of “ideal” care also corroborate previous research demonstrating how Mexican families can act as both social and emotional support and as a source of conflict, shame, or burdensome obligation (Smith-Morris et al., 2012). Our data may shed light on what Näre (2013) terms “transnational market familism,” a triangle of negotiated care formed by family members organizing care, a migrant caregiver, and the dependent care receiver. As family member roles shift to accommodate the migration context, alternative forms and providers of physical care become not only acceptable but sought-after, as a migrant’s way of expressing their emotional care.

Second, and as Falicov (2007) has argued, a complicated relationship exists between conceptions of religious responsibility and preferences about familial care. Religious teachings had a particularly large influence in our data, likely due to the overt emphasis on “family” within Church of Jesus Christ of Latter-day Saints, the affiliation of a majority of our participants. We believe, however, that this pattern will be relevant beyond membership in that church. Migrant religious participation in sending communities has been seen as a beneficial manner of non-ethnic incorporation (Schiller et al., 1992, 1995). This is especially true for Latinos in the United States who align closely with Christianity (Dunn & O’Brien, 2009; Foner, 1997). However, we are aware of few studies aimed specifically at the balance struck between family and religious obligations, particularly in contexts of migration (an exception is Feline Freier, 2009). Our research helps fill that gap.

And third, our sampling strategy captured some of the social lives of these migrants. Namely, by recruiting participants through the FOI and then inviting those participants to identify up to three additional people, we effectively witnessed a portion of their social networks. These networks represent the varied social ties of migrants as they pursue the bridging and linking social

capital they need for successful migration (Airriess et al., 2008; Falicov, 2007; Smith-Morris, 2008; Yeates, 2012). Those new, non-kin relations (e.g., church members, neighbors) are often evaluated in terms of “family-like” care, suggesting how migrants seek close and supportive bonds from whatever relationships are possible in their new homes. In short, when family is unavailable, family-like care is a prized replacement (Smith-Morris et al., 2012). Migration introduces so much contextual change that migrants must constantly build relations with others, often strangers, along their migratory routes. As relational beings, humans often speak of these new networks in terms of a “family” that enlarges and “evolves” for migrants (Ruiz, 2007, p. 86; see also 2011). In other words, migrants intentionally expand their kin-like ties to non-kin in order to bolster their vulnerable support network. In demonstrating this pattern, our sample aligns with others in migration literature who build various relational communities including ethnic, national, neighborhood, and religious communities (Choldin, 1973; Falicov, 2007, 2013; Menjivar, 1995; Winters et al., 2001).

Finally, our work contributes critical and detailed evidence to the growing body of literature on narratives of continuity among transnational migrants. Kilkey and Merla (2014) offer a typology for the types of care needed to sustain family unity (or a feeling of “familyhood”) (p. 210). Meanwhile, tolerance for changing traditions in migrant lives (Smith-Morris, 2016) and promotion of “resilience” in migrant families Greeff and Holtzkamp’s (2007) are important examples. Attempts to over-concretize cultural patterns or “family”-based value systems (e.g., Lahaie et al., 2009) are neither productive nor healthy for migrants (Falicov, 2007; Smith-Morris et al., 2012). Instead, “finding balance” across these competing pressures and value systems will promote both social and mental health benefits (Dengah et al., 2019). Research that promotes therapeutic and theoretical clarity around these processes of value change will be increasingly important for family and mental health care in the diasporic world.

Conclusion

Our research illustrates how migrant narrators achieve continuity in their role as a caring family member, as well as build family-like communities in their new contexts. We demarcate ways in which migrant narratives of family care reveal key strategies for achieving continuity—namely, valuations of flexibility, of family-like care by non-family members including church members, and by commitments to and reliance on new networks including religious ones. Salutogenic approaches to family must first recognize the diversity and fluidity of family forms, particularly for persons undergoing rapid cultural or

contextual change like migrants. By framing studies of transnational migration in view of flexible relational obligations, a more accurate and less monolithic model of migrant family resources, resiliencies, and challenges can be drawn.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This material is based upon work supported by the National Science Foundation Graduate Research Fellowship Program under Grant No.1645420. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Science Foundation. The work was also funded by the Cary M. Maguire Center for Ethics and Public Responsibility at Southern Methodist University.

Notes

1. Depending on the relative position of the person being discussed, we use the terms “migrant” (person who moves from one place to another) and “immigrant” (person who has moved into the U.S. from another country) throughout this article. All participants in the study were immigrants to the U.S.
2. The complete code list is available from the Corresponding Author.
3. All indented examples are quotes from participant narratives. All quotes are provided in English, regardless of the language in which the interview occurred.
4. All names are pseudonyms.
5. A “ward” in the Church of Jesus Christ of Latter-day Saints is a congregation of between 150 and 500 church members (depending on location).
6. At the time of data collection, contact between missionaries and their families was more limited. Missionaries are now able to contact their family weekly via telephone and text messaging.

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