MENTAL HEALTH SERVICES AND AMERICAN EXPATRIATES

by

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Abstract

Although American expatriation is becoming increasingly more prevalent, research has yet to keep up. The purpose of this report is to explore expatriation transition models, common mental health needs, challenges that accompany international living, clinical implications of such complexities, and the need for mental health services for American expatriates. A case study will be employed to illustrate such challenges. Social learning, symbolic interaction, and systems theories will be used to conceptualize these difficulties. With the large movement of Americans overseas, there is an increase need for mental health therapists available to them. This report acknowledges that an increase of expatriate research will lead to resources that will help therapists more effectively and more efficiently treat expatriate mental health issues.

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CHAPTER 1 - Introduction

Expatriates

There are many reasons for Americans to leave their country of citizenship and live aboard. One key contributor to this international movement is the internationalization of major corporations that have increasingly set up foreign branches and require their employees to help manage these new ventures. Another key contributor to expatriation is military deployment. Religious missions abroad and self-employment are other more common reasons. This paper will focus on employees of corporations who expatriate for work. The need to expatriate employees is often a result of the need for specialized skills in the foreign country.

Richard and Laura Rodriguez have been married for twenty years; fifteen of those Richard has worked for ConocoPhillips. Living in places such as Oklahoma, Texas, and Louisiana, the Rodriguez family, including their three children, were accustomed to moving. They had moved from one place to another approximately every four years. In Louisiana, the Rodriguez family decided to buy their dream home. The couple and their three children settled into their new purchase; the kids began their school year and Richard pursued an upcoming promotion at work. He had been waiting for this promotion for years and he was relieved and excited now that the moment had arrived. His life plan was well underway: the education, the family, the home, and now the job. Richard, surprisingly, was offered the promotion, with the stipulation of moving to Argentina. ConocoPhillips had asked Richard, Laura, and their children to trek overseas. Not only was this a good career move, training the Argentine managers to run the production of crude oil, but Richard had always fantasized about living overseas.

With hope, he presented this plan to his wife and after long discussions, some arguments, and a decision, they sat the children down. "Dad, I just made friends here." "I can't go; I can't leave my best friends." "No way, I just started my senior year." The Rodriguez family began the first of many challenges that accompany an expatriate life.

The Rodriguez family is an example of a typical expatriate family. There are millions of families similar to the Rodriguez family. Their situation is not unlike others. With the decision to move overseas there come transitions and challenges. If the Rodriguez family makes the move to Argentina, they will be classified as American expatriates. They will leave their home

country, their country of citizenship, to work and live in a foreign place. With this forthcoming change, the Rodriguez family might encounter challenges that could be overwhelming. If not well managed, these challenges could provoke stress that could lead to a deterioration of the mental health of the family. In the United States, trained professionals, who could assist the Rodriguez family with their challenges, are readily available. To whom would they go when they live abroad?

Mental Health Resources

Mental health services are readily available for Americans living in the United States. Mental health professionals include psychiatrists, psychologists, marriage and family therapists, counselors, and clinical social workers. Services are available through employee assistance programs, medical facilities, social services, school districts, churches, community outreach programs, and private practices. Mental health services can range from inpatient treatment to outpatient. A varying level of therapeutic intensity exists for those needing help. Connecting with these resources requires minimal effort and time. Through yellow pages, internet, work, advertisements, and word of mouth, residents of the United States can have a list of professionals within minutes. For example, a quick internet search for a marriage and family therapist in the Las Vegas area resulted in more than 100 therapists (Therapist Locator, 2002). Such a process is relatively effortless. Treatment for mental health issues and difficulties varies. Common forms of treatment include psychotherapy, psychological testing, and medication, if needed. Therapists use a wide range of models and techniques in their work, depending on the needs of their clients. American citizens have a variety of options for therapy. They can "shop around" until they find the right client/professional fit. Services in the United States might vary slightly depending on location, quality of care, and supply versus demand; however, the fact does not change that services are accessible for American citizens living in the United States.

Americans living abroad, or expatriates, however, find themselves and their families displaced not only from a culture they are familiar with, but also away from services which were available to them before the move. Bikos and Uruk (2006), through their research, found that "in many global assignments, American mental health service providers are not readily available (p. 524)." This fact influences millions of American citizens who currently live outside of the

United States. A healthy mental capacity is essential to one's overall well-being and ability to function effectively. The World Health Organization (2008) defines it as:

> "Mental health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"

The state of well-being includes cognitive, emotional, mental, spiritual, cultural, and psychological, the absence of which can lead to a variety of symptoms that can result in a mental disorder. The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (2000), for instance, is a tool to identify mental disorders that might necessitate treatment. The manual, expansive in its description, provides guidelines to identify mental health issues, such as mood disorders, anxiety, attention deficit disorder, cognitive disorders, personality disorders, substance-related disorders, sleep disorders, sexual disorders and relationship issues, among others.

For expatriates who have mental health issues prior to expatriation, the need to have access to professionals abroad is necessary for the continuity of treatment. For these individuals, there is a higher likelihood that they will seek mental health resources prior to their move abroad.

For expatriates who have been contemplating seeking mental health resources but have not yet engaged in services, expatriation might propel them to finally seek the help they need. This group will also need the assurance of the availability of services when abroad.

Lastly, there is the group of expatriates that have had no encounter with the mental health field, perhaps due their ability to manage stress effectively on their own. Expatriation, being a new experience, might pose as an overwhelming stressor that necessitates the need for mental health services. The lack of familiarity with services before moving abroad could make seeking appropriate services abroad a huge challenge. After expatriation, the process of repatriation brings along its own set of challenges that again may require clinical attention.

Depending on the host country, finding trained family therapists to treat the specific issue of concern can be a tall task. Mental health professionals' accessibility, language, and training can all affect the expatriate's ability to find appropriate treatment. Similar to how expatriates are dependent on their company for housing and education, they should also be able to rely on it for

psychological services. Regardless of how, why, or when mental health issues arise, companies and employers need to plan accordingly.

Companies make house hunting easier, set up schools, begin programs, and invest in social parties and gatherings. They assist in shelter, education, and socialization. Unfortunately, help with mental health resources is limited. This seems to be a major oversight on part of employers. Employers are gradually realizing the need to connect expatriates with mental health resources. For example, ConocoPhillips operates in 40 countries and "as of Dec. 31, 2006, the company had approximately 38,400 employees worldwide" (ConocoPhillips Fact Book, 2006) with a major portion of this living overseas. ConocoPhilips now has on staff psychologists and other mental health professionals. They perform various services such as psychological testing, school testing, therapy, and counseling.

The military has chaplains who stay on post and also deploy with troops. They not only provide religious comfort and counsel, many are licensed as pastoral counselors, psychologists, or therapists. Churches also provide resources for their missionaries. The Church of Jesus Christ of Latter-day Saints has doctors and psychologists for their missionaries. Self-employed individuals, on the other hand, are left to their own devices.

While this is encouraging, the type of mental health practitioner who is available to expatriates is crucial to ensure effective treatment. Typical practitioners, who are engaged as service providers, are psychologists and psychiatrists whose practice typically focuses on the individual. Neither one of these practitioners are well trained to engage their client within the context of their family or larger systemic environment. Practitioners trained to use a systemic lens will better serve expatriates whose challenges often involve multiple components in their environment. The remainder of this paper will illustrate the unique challenges encountered by expatriates and their families; these challenges call for a broader perspective when working with expatriates. A clinical case will be used to illustrate a systemic treatment modality.

Terminology

To develop a better understanding of expatriation, it is necessary to first review and familiarize oneself with some common terminology that will be used in this paper. These terms will also help distinguish and clarify expatriate life from other forms of migration. Expatriation is essentially a process of emigration where one "leaves one's place of residence or country to

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live elsewhere." This is to be distinguished from immigration where one "comes into a country of which one is not a native for permanent residence" (Merriam Webster, 2008).

Individuals who emigrate, or expatriate, move abroad but do not plan to acquire permanent residency there. The term expatriate refers to anyone living outside of his or her land of citizenship. The experience of moving back "home" or to one's land of citizenship is termed repatriation. A trailing spouse is a partner or spouse who moves overseas with the person working for a company or organization, such as military or church. The trailing spouse is commonly thought of as sacrificing more than the employee sacrifices because they have no job awaiting their expatriate immigration.

Acculturation and assimilation are "processes by which immigrants become more like non-immigrants culturally and socially (Gans, 2007, p. 154)." The difference is that acculturation refers to "the need or opportunity to adapt to new situations (p. 154)." Assimilation is "to make similar" or "to absorb into the culture (Merriam Webster, 2008)." It is the process of acculturation that challenges expatriates, as many will experience some form of initial culture shock, "stress-induced reactions experienced when confronting the norms and culture of a host country (Sims & Schraeder, 2004)."

CHAPTER 2 - Review of Literature

Theory

Just as Vincent Van Gogh painted what he felt and Frank Lloyd Wright created architecture with nature in mind, family therapists need a way of seeing the world. Theories provide this lens, which a professional can look through to conceptualize and treat the challenges that expatriates face. Three theories are particularly relevant to the expatriate population; the theoretical models that are used to conceptualize the experience of expatriates are social learning theory, symbolic interaction theory and systems theory.

Social Learning Theory

Social learning theory implies that individuals not only learn from their own experiences, they also learn from observing other people's behavior and consequences (Bandura, 1977). With this concept is the assumption that humans can change; they can change their behaviors by imitating others and perceiving positive reinforcement. Theorists of this model believe that both physical and mental rehearsal of another's behavior can lead to change. The imitation might be completely the same; the imitation might also be a revision of the model's behavior. For instance, a new expatriate teenager might watch as the more experienced expatriate teenagers whistle and wave down a taxi to take them home, instead of taking the bus. The new expatriate might take a taxi also, whether she whistles, waves, or just waits patiently, she is reproducing what she saw the others do. Imitation is a powerful way of learning appropriate behavior.

Bandura (1977) describes four fundamental elements in his theory: attention, retention, reproduction, and incentives. Attention takes place when an individual notices others who epitomize their goal or who they deem successful. The individual being observed becomes a model, whose status, attractiveness, similarity, and availability make him/her more desirable to imitate. "Retention is the process by which the modeled behavior becomes encoded as a memory by the observer (Black & Mendenhall, 1991, p. 233)." There has to be retention of the behaviors in order to cause the change that social learning theory strives for. Like the example above, the teenager must remember what the girls did in order for her to do the same. The

teenager might remember them by writing them down, taking mental note, or practicing the behaviors at home. The procedure by which these observations become actions is reproduction. Transitioning the model's behavior from first observing it, to memory, to practice, and then to real-life actions can be difficult. Reproduction might take time to evolve into an appropriate, natural event; social learning theory adds growing room for the behaviors to be practiced and become instinctive. Lastly, incentives, whether vicarious, external or internal, must be perceived in order for the behaviors to be maintained. Vicarious incentives are observed, rather than personally experienced. If the teenager saw that the other expatriate girls got attention from the local boys for hailing a taxicab, she is more likely to reproduce the same behavior. An external incentive is when she personally experiences the consequence, such as calling attention to herself for such an act. Internal incentives might range from happiness to increased self-confidence. "Individuals choose or increase behaviors that are likely to have positive consequences and avoid those that are likely to have negative consequences (Chibucos, Leite, & Weis, 2005, p. 95)."

This theory is especially pertinent to expatriates as they enter a culture in which they might be completely new and unassuming. Their actions, which might have been fitting for home, are now inappropriate and out of place. First-time expatriates might learn to cope with expatriate life by observing other more experienced expatriates who have transitioned successfully. Later, they might also use host nationals as social models. Pires, Stanton, and Osterfeld (2006) concur with Black and Mendenhall (1991) by saying that, "Cross-cultural adjustment places the expatriate in a situation in which past behavirours and associated consequences are no longer appropriate and new sources of modeled behaviour are different from the past (p. 160)." Both researchers agree that new models and new behaviors are essential in becoming a successful expatriate. Attention, retention, reproduction, and incentives can be applied to almost any source of expatriate struggles. Bandura (1977) goes on to explain that the "ability to reproduce appropriate behaviors leads the expatriate to feel and be more adept in the host culture (p. 161)." Learning through the examples of others is a natural and effective approach of expatriation.

Symbolic Interaction Theory

"Thomas and Thomas (1928) reinterpreted the pragmatic maxim as the important social-psychological principle: What humans define as real has real consequences (White & Klein,

2002, p.572)." "This has become known as the definition of the situation and provides a linkage between how we perceive our environment and how we act in it (Chibucos et al., 2005, p. 95)." There are two fundamental parts to symbolic interaction: symbols and meanings. A symbol is "any sign that is agreed on by convention (p. 61)." Meaning is how the symbols are shared; they emerge through the course of social interaction and mutual understanding. Grasping human behavior is nearly impossible without knowing the meaning of the behavior to the individual. An assumption of the symbolic interaction theory states that society precedes the individual. For instance, if an individual disagrees with the meaning a symbol was given, no matter its origins, if society agrees, it overrides the individual. For example, in China, it is not uncommon for individuals to spit in public or avoid direct eye contact while communicating face-to-face. So when a Chinese spits and just barely misses your feet or does not make eye contact when conversing with an American expatriate, it would not be surprising for the expatriate to misinterpret the behavior as disrespectful or due to the lack of etiquette. However, since Chinese society deems it acceptable, the behaviors are maintained.

"Socialization is the process by which we acquire the symbols, beliefs, and attitudes of our culture (White & Klein, 2002, p. 66)." When young, a child might go through this process with play, game, and role-taking stages. "Roles are defined as shared norms applied to occupants of social positions. These shared norms become systems of meanings that allow individuals to anticipate how those in social roles will act and react. These norms also contribute to definitions of how people should behave in social roles (Chibucos et al., 2005, p. 238)." Socialization, although most often happens when an individual is young, can be instituted when an individual is an adult if they find themselves in a unique environment.

Since symbolic interaction relies on symbols, what happens when one group of people see a symbol differently than another? This is a feature of cultural adjustment, something expatriates have to face on a continual basis. Communication in a foreign country can also be a hindrance, and not only because of different spoken languages. "For communication to take place, symbols must be shared or commonly agreed on (White & Klein, 2002 p. 62)." For example, in some Latin and European countries, kissing on the cheek is an acceptable way to greet others. This might be taken out of context if an American is kissed by a national. A greeting kiss can be misinterpreted as a romantic kiss. Miscommunication and misunderstanding

can further compound the challenges faced by expatriates. Symbolic interaction can provide a basis to better understand missed symbols and distorted meanings.

"Thus, effective relationships, both in and outside of families, are dependent on nurturing a culture of shared meanings (White & Klein, 2002, p. 63)." Initially, it is natural for expatriates to bring symbols and their meanings into the new culture. This leads to misunderstanding and challenges. Expatriates must quickly learn how to identify the host country's symbols and their shared meaning of the symbol. Role socialization can be extremely helpful for expatriates. This is the process of being appropriately socialized into the host country's culture, such as learning their symbols and meanings. By this "sharing of common symbols, humans can adapt to and survive in their environment (p. 61);" understanding the host country's symbols and meanings is an essential task for expatriates.

Systems Theory

Systems theory recognizes and considers both the individual component, in relation to their system, and the system as a whole. Essentially, it uses a systemic conceptualization that takes into account the numerous environmental factors that co-interact; this approach provides a more holistic understanding of a situation. An aspect of this theory is the idea of change, illustrated as a mobile- movement in one part of the mobile will lead to the movement in the entire mobile. This concept of change or movement applies to families.

When a family member starts to act differently, everyone in the system will be affected by this new behavior, as they will now find themselves needing to respond differently. It takes merely one change to effect change in the whole system. Although change itself can be constant as a system, it is dynamic and constantly seeking ways to adapt to changes in the environment. In family systems, there is a predisposition to maintain a state of homeostasis to maintain a sense of order and structure in families. When a child for instance, due to the natural process of development, begins to assert him or herself, demanding more autonomy, a family that is not prepared for this 'demand' on the system may respond defensively. The reluctance to accommodate the child's request is an attempt to maintain status quo. Often this response stems from a state of feeling threatened or being uncertain of what the change may mean for the rest of the system involved. When the child's request is accommodated and the necessary change made to the system, the system will then naturally reestablish homeostasis, or balance. This example

illustrates how the need to maintain homeostasis can be disruptive at times, as it can cause tension when change is in fact a necessary movement of adaptation and growth.

Boundaries are other key components of family systems theory. "A boundary is a border between the system and its environment that affects the flow of information and energy between the environment and the system (White & Klein, 2002, p. 124)." Boundary maintenance ensures the integrity of the system as a whole and its component parts. While it is protective in nature, it also needs to be somewhat flexible to facilitate healthy and necessary interaction with the environment.

Circular causality, a key concept of systems theory, is the idea that "forces move in many directions simultaneously (Goldenberg & Goldenberg, 2004, p. 16)", making a cause and effect idea, also called linear causality, inapplicable in families and other human systems. Their idea leads to the understanding that multiple realities or explanations for any one situation making isolating and identifying "one" sole reason impossible. Working within a systemic framework then requires the consideration of multiple perspectives and influences.

Simply put, the systems theory views the family as "an organism, or living system", where "the whole is always greater than the sum of its parts (Nicholas & Schwarz, 2004, p. 95)." To understand the stress of expatriation then involves understanding more than the stressors experienced by each individual within an expatriate family. It takes an understanding of the system - the family as whole. Homeostasis can cause a struggle for expatriates. Since families feel the pull towards homeostasis when the atmosphere alters drastically, expatriates' transition to the new country will initiate this pull. There might be resistance to adapt to the new environment because of the need for family homeostasis. As for boundaries, expatriates must be willing to flex their boundaries to allow the flow of information about the host country and its norms. If expatriates maintain rigid boundaries, they might be able to maintain homeostasis within their own home, but the change, which is necessary for successful expatriation, will be compromised.

Literature Review

The overall published research on expatriation is scarce. One of the first research articles that addressed Americans living abroad was by Rubin (1966) in the *Annals of the American Academy of Political and Social Science*. It summarized the demographic, occupational, and

educational characteristics, and length of residence abroad of the expatriate population at that time, which was about 1.5 million. Rubin categorized expatriates into "private workers, federal civilian employees, employees of foreign governments, employees of international organizations, not reported (p. 6)."

Other than a study in Spain (Castillo-Puche, 1963), Nash's (1969) is probably the first American study that emphasized the impact of an international move on the whole family, specifically women and children. Nash states, "Were we to rely on novelistic or personal reports for our conclusions, we might conclude that much sexual promiscuity, alcoholism, and other problems generated by the foreign setting tend to weaken or even break American families overseas (p. 574)." This highlights the struggles and experiences of Americans living abroad. Studies that ensued included transition models, adjustment variables, possible business solutions, and mental health services.

Transition Models

Transition models were developed to understand and normalize the expatriate experience. In their literature review, Pires et al. (2006) found a *U*-curve description of the expatriate experience, one that relied heavily on the social learning theory. It consisted of four major phases: honeymoon, culture shock, adjustment, and mastering.

The honeymoon phase is when the excitement and novelty of a country outweighs the difficulties. They insinuated that there is a honeymoon phase, or "cultural infatuation," during which the culture is still new and unfamiliar. Based on social learning theory, the honeymoon phase "prevails because there may be a short-term failure to recognize any negative outcomes from the expatriate's behaviour (p. 160)." Black and Mendenhall (1991) also found that expatriates tend to emphasize the elements in the host country that are most similar to their home country. They might also "superimpose familiarity on anything that even resembles familiar cues (p. 236)." This will give a false sense of euphoria. Shay and Baack (2004) define the expatriate transition as the "experience [of] high levels of uncertainty as they try to fit into their new work environment, and they attempt to reduce this uncertainty to make the environment more predictable and understandable (p. 220)." The honeymoon stage may linger because of the expatriate's protection of their self-concept, denying negative feedback, and lack of recognizing negative consequence for their actions.

It is expected that expatriates transition into the culture shock phase when they recognize and receive negative consequences for behaving inappropriately, according to the host country's norms (Shay & Baack, 2004). Black and Mendenhall (1991) use this example to explain cultural adjustment:

> For example, Mr. Smith knows he is making mistakes and exhibiting inappropriate behavior during the early part of his overseas assignment in Japan, but he does not know what appropriate behaviors to substitute for the inappropriate ones. This is what leads to the typical symptoms of culture shock—frustration, anxiety, anger, etc. (p. 238)

Cultural shock can be defined as the time between appropriate behaviors being displaced and appropriate ones being learned and implemented. Sims and Schraeder (2004) defined culture shock as the "uncertainty about behavior that is considered acceptable (p. 74)." It entails "an emotional and psychological reaction to the confusion, ambiguity, value conflicts, and hidden clashes that occur as a result of fundamentally different ways of perceiving the world and interacting socially between cultures (Solomon, 1994, p. 58)." Harris and Morgan (1991) assert that some obvious symptoms of culture shock are excessive concern about minor issues, preoccupation with cleanliness of drinking water, food and surroundings, fear of being cheated, robbed or injured, depression, feelings of helplessness, anger over delays and other minor frustrations, reluctance to learn the host language, dependence on long-term residents of their own nationality and lack of awareness about behaving dysfunctionally. Another outcome of the shock stage is an unfounded, glorified memory of the expatriate's home country (Oberg, 2004). This stage persists because of a low observation of others who can model appropriate behaviors and feedback.

The next phase of the Pires et al. (2006) model is adjustment, which is defined by the ability and personal satisfaction of being able to cope with the host country's practices and idiosyncrasies. This does not necessarily mean they adhere to the cultural norms, but they have a "better knowledge of how to function effectively within the host country (p. 160)." Part of adjusting to the host country is obtaining more realistic expectations of the culture and people, more sense making, and more understanding of the foreign context (Usunier, 1998). The adjustment stage is initiated when there is a length of stay that results in repetition of appropriate modeled behavior. The chain effect leading to the adjustment phase includes observing models,

observing positive reinforcements for those behaviors, incorporating the same behaviors in to the expatriate's life, receiving positive feedback and continuing the behaviors.

The final stage, mastering, arrives when "the individual now knows and can properly perform the necessary behaviors to function effectively and without anxiety due to cultural differences (Black & Mendenhall, 1991, p. 240)." Mastering is "characterized by 'small incremental increases' in the expatriate's ability to function effectively (Pires et al., 2006, p. 159)." This results in a diminished need for continual modeling and alteration of behaviors or social learning.

The specific phases, outlined by Pires et al. (2006), are "perceived competence, unreality and elation, fantasia, interest, acceptance of reality, experimentation, search, and integration (p. 161)." These subcategories coincide with the overarching stages of honeymoon, culture shock, adjustment and mastering.

Transition Variables

Varying factors play a role in expatriate adjustment. Some common transition factors, which continually surface in expatiate research, are "academic morale, psychological mood, favorableness of opinion about host nationals, satisfaction, attitudes, degree of contact with host nationals, comfort with the new environment, and difficulties with various aspects of the new environment (Black & Mendenhall, 1991, p. 231)." Other variables include willingness to communicate, willingness to establish relationships, tolerance for ambiguity, degree of ethnocentricity, and willingness to substitute reinforces (Church, 1982; Mendenhall & Oddou, 1985; Stening, 1979).

When an individual expresses self-efficacy, or belief that they will be able to effectively accomplish the expected behaviors, the adjustment will run more smoothly and with a quicker rate of completeness. They will be more likely to experiment and imitate novel ways of behaving (Black & Mendenhall, 1991). The expatriate's own nationality will also play a role in the adjustment. When "an expatriate assigned to an entirely different host culture, the advantage is that the consciousness of dissimilarity is always there. Managers posted in a similar culture to their own often fail to identify the differences that do exist and easily resort to blaming their subordinates or themselves for problems which in reality are due to the culture clash. In other words, it is the expectations expatriates hold about the new culture and the attributions they make

about what happens in the new culture that will have a significant impact on expatriates' adjustment (Selmer, 2006, p. 1215)." When an individual is obviously from a different culture than the host country, their display of inappropriate actions might be received with more patience or they may be given more leniency. Contrarily, if the individual's nationality is similar, or presumed to be similar, to the host country's, they might be treated with less tolerance and given less flexibility with culturally deviant behaviors. "Expatriates in locations characterized by low cultural novelty may experience difficulties when trying to deal with their incorrectly identified problems and they could become increasingly frustrated, feeling unexpectedly badly adjusted (p. 1216)."

Sims and Schraeder (2004) identified further factors that influence expatriate culture shock; they include "training, demographic characteristics, cultural personality characteristics, organizational support, and technical competence (p. 75)." An additional variable that is highly accepted in the research is the family status. "It cannot be over-emphasized that the quality of the expatriate's experience functions in tandem with the experience of the expatriate's family (p. 77)." Gender, age, previous international experience, cultural flexibility, ethnocentricity, stress reactions, interpersonal skills, and willingness to communicate are all factors that could play a part in expatriate culture shock (Sims & Schraeder, 2004).

Proposed Solutions

Literature on expatriates has also included proposed solutions and recommendations for more efficient and smooth expatriation. It also emphasized the need for preparatory work before expatriation. Consistent with social learning theory, it is possible "through vicarious learning" to make "anticipatory adjustment to the new culture before they ever experience it (Black & Mendenhall, 1991, p. 241)." This type of preparation can eliminate or decrease the initial exhilaration of a new country by replacing novelty with realistic expectations and suitable behavior. However, the benefit outweighs the absence of the honeymoon stage.

Pires et al. (2006) have also offered ideas regarding "country-specific cultural training incorporating technical competencies, expatriate networks, ethnic group social networks and resources… to bridge such distances (p. 167)." The literature also highlighted support for expatriates. Selmer (2006) concluded that there is a need to increase expatriate support. Coinciding with his field of research, he hypothesizes that "appropriate cross-cultural training or

more sophisticated selection of expatriates will lead to better prepared employees (p. 1219)." Establishing relationships with host country nationals can also be a solution as quoted: "it seems reasonable to suppose that those who are more willing to establish relationships with host country nationals would as a consequence have more salient and available models of appropriate behavior in the new culture (Black & Mendenhall, 1991, p. 243)." Working with this idea, Pires et al. (2006) concluded that, "Rather than assimilation, adaptation is the key, a sensible perspective since expatriation is normally followed by repatriation (p. 160)."

Orientation activities are presumed to increase the smoothness of the transition into the host country. One of these activities includes a visit to the country before the move. "Many corporations offer prospective expatriates and their spouses a pre-assignment familiarization trip, allowing potential expatriates to visit the host country (Sims & Schraeder, 2004, p. 76)." An advantage of this is ownership of the expatriation. With ownership comes an investment in the process and a willingness to adapt. Cross-cultural training is another activity that might benefit Americans living abroad.

Various other solutions have been recommended. Fitzgerald-Turner (1997) suggested hiring "a relocation service in the host country" and "provide predeparture assistance and ongoing consultation for expatriates and their families (p. 70)." Selmer (2006) advocated the revision of the expatriate selection process. "Individuals with a good track record of adjustment and performance in previous foreign assignments could be targeted. They could be better suited to deal with a certain foreign location, regardless whether it represents a high or a low cultural novelty (p. 1218)."

Mental Health Services

Through their review of literature, Bikos and Uruk (2006) discovered that "one of the most frequently cited problems in delivering mental health services to ethnic minority groups is the cultural and linguistic mismatches that occur between the client and the counselor (p. 526)." With the scarcity of resources, it is evident that difficulties would arise when finding ethnically matched therapist-client pairs. They also cited Becker's research (1991), which concluded that American expatriates in Saudi Arabia brought similar issues to counseling as they would at home and acknowledged that cultural factors and isolation from living abroad compounded their problems. Hence, it can be concluded that mental health services has a role in expatriation.

The literature also highlighted preference for mental health services among expatriates. Atkinson, Poston, Furlong, & Mercado (1989) found that clients generally expressed a greater preference for a counselor who is ethnically similar. Bikos and Uruk's (2006) study, however, did not support their "hypotheses that there would be higher ratings of working alliance, progress on goals, or utilization intent when expatriate American clients were seen by American counselors than when they were seen by Turkish counselors (p. 534)." Contrary to their original thoughts, expatriate clients "experienced a high positive relationship with their [Turkish] counselors (p. 534)," suggesting that other variables, including education, and similar attitudes, may override the effects of ethnic dissimilarity. Kim and Atkinson (2002) also found that counselor helpfulness played a more important role than ethnic similarity. These findings support the idea that mental health resources can and should be available without ethnic priority.

The results of research, conducted to understand the counselor-client relationship in foreign countries, suggest there is hope in making mental health services accessible to expatriates. "Given that no differences were found in working alliance, progress on goals, and utilization intent as a function of counselors' nationality, the results are encouraging in that foreign resources may be a viable source of mental health services to Americans who live abroad (Bikos & Uruk, 2006, p. 537)."

Many employers think, "They're in western Europe, not a third world country. How difficult can it be (Fitzgerald-Turner, 1997, p. 65)?" At times, underestimating the importance of a smooth transition can exacerbate the problem. The author found that "employers downplayed the challenges they faced in adjusting to life and work abroad (p. 65)." Another myth many employers believe is that the allowances and premiums that are given to expatriates are compensating for or solving their problems. Along with this is the myth that by sending their best employees overseas, they are assured that they can "handle anything." Hence, services are mostly located in their home office, in the United States, leaving the expatriates without local support. The companies justify this by insisting they are a "global company," that they can meet their employees' needs from home base. An additional myth is "the trailing partner who left behind an established career will adjust. It just takes time, and we are giving them an allowance (Fitzgerald-Turner, 1997, p. 68)." Overall, "there is little or no recognition or appreciation for [expatriates'] situation (p. 70)."

These myths about expatriate life not only impact the services provided, they lead employers to stream efforts into ineffective or unproductive channels. When it is understood that "expatriates have an ethnic identity and a foreign sojourn may lead to a loss of this identification that cannot be fully met over any relatively short period through immersion in a foreign culture, or association with expatriates from diverse cultures (Pires et al., 2006, pp. 157-158)," services can be tailored to fit the mental health needs of the Americans. The authors further acknowledge that "outcomes of poor management and the lack of mental health services, can lead to a decline in self-worth, which directly effects work performance and length of expatriate employment (p. 158)."

Fitzgerald-Turner (1997) commented that she had scarcely seen expatriates who received pre-departure assistance that went beyond tax advice and relocation of possessions. She implied that, "pre-departure assistance should also address critical family issues such as what the partner will do, children's schools, medical coverage, and making friends (p. 70)." She added, "As an experienced expatriate in Germany told me, 'Companies seem to feel that once they have transported families and their goods to the foreign country, their responsibility has ended. They leave them stranded (p. 71)." To conclude, not only do the clients of mental health services directly benefit, so do employers. "The company's investment in expatriates may be the key to future business success (Fitzgerald-Turner, 1997, p. 72)."

Research Limitations

One of the limitations of the expatriate research is the lack specificity. General conclusions can be drawn from the research that must be generalized to all expatriates. An example of general research includes Bikos and Uruk (2005), who found that traits, such as racial identity attitudes, general level of adjustment, cross-cultural self-efficacy, and psychological hardiness, predict a successful cross-cultural counseling experience. These general traits should be able to provide more precise and useful information for clinicians.

Access of literature is also another area that needs to be considered. Clinical professional journals are lacking expatriation research; international business and management journals contain most of the expatriate research. More research must be conducted from a clinical, mental health perspective. Psychology, marriage and family therapy, and social work are a few

areas in which research would directly benefit expatriates; it would accomplish this through more empirically based treatment of mental health issues for expatriates.

CHAPTER 3 - Clinical Challenges

Although an important "theme among parents was that the decision to expatriate was taken in order to enrich the cultural and general life experiences of their children, including linguistic development, broader social networks, and educational opportunities (Richardson, 2006, p. 480)," a family should not overlook the challenges that accompany a move overseas.

When Richard Rodriguez accepted the job to move overseas, he was not only moving himself. His job required he bring his wife and three children. From a systemic theory, expatriation includes the whole family: individual expatriate, trailing spouse or partner, and children. For example, it was discovered that the family's "ability to influence performance and likelihood of premature repatriation is a particularly dominant theme (Richardson, 2006, p. 470)." As expatriates agree to move from the familiar to the unfamiliar, they also unintentionally agree to specific challenges that come packaged with the move. There are challenges that can be anticipated, themes that run across expatriation. Such difficulties can affect all family members or specific individuals, including the expatriate, the trailing partner, children, and extended family.

Literature on expatriation has included the specific difficulties experienced in the different phases of adjustment. Black and Gergersen (1991) found that "the expatriate's adjustment consists of (1) adjustment to the job, (2) adjustment to interacting with host nationals, and (3) adjustment to the general non-work environment (p. 673)," which can all pose challenges. Expatriation is a process that begins from the time the decision to expatriate is made. It is a process that involves the entire family of the expatriate, even when each individual experiences their own challenges. Some individual challenges include repatriation, grief and loss, loss of identity, cultural shock, finding appropriate models of behavior, and assertiveness, which are not commonly addressed in research. The trauma from each adjustment can lead to a variety of mental health issues such as depression, anxiety, loneliness, and guilt.

Familial Effects

One of the first challenges that potential expatriates face is the decision to move abroad. Therefore, it is valuable that there is a "growing recognition of the family's influence on acceptance of an overseas assignment (Richardson, 2006, p. 470)." Richardson also found that "it was not that participants were simply considering family members in making their decision. Family took an active role in the decision-making process itself. To that extent the decision is best understood as a family decision because it is a direct outcome of familial interaction and relationships (p. 474)." From a systems perspective, a decision such as expatriation will affect the whole family although often the whole family is not involved in the decision making process. When all members are included in the decision-making process, each family member, to some degree, has to take responsibility and "own" the decision. There might be less blame, accusing, and arguments surrounding the topic, and more accountability and acceptance of the decision to expatriate.

Grief and Loss

Grief and loss is most commonly associated with death and dying. However, when it is understood that individuals can "experience loss not only through death, but also through changes that we encounter throughout the rich tapestry of life (Goldworthy, 2005, 167)," challenges take new meaning. Literature has uncovered several themes about grief and loss. Some major players of grief and loss are included here, with the key themes they have discovered. Lindemann (1944) identified somatic distress, preoccupation with thoughts of the loss, guilt, hostility and the loss of normal patterns of behavior. Bowlby's (1980) research discerned four phases in grief work: numbing, yearning and searching, disorganization and despair, and reorganization. One of the most commonly cited researchers of grief and loss is Kubler-Ross (1969); her model contains denial and isolation, anger, bargaining, depression and acceptance. Symptoms of grief and loss can be physical/somatic, mental, emotional, behavioral, and spiritual; the effects can also be far-reaching. Some of the most common symptoms include muscle pain, forgetfulness, rumination about the loss, sadness, anger, guilt, anxiety, weight loss/gain, and sleep disturbances. All these symptoms can potentially plague any or all members of an expatriate family if nothing is done to moderate the stress from the transition.

It is not uncommon for instance, for denial of the existence of stressors to set in on the onset of expatriation. This could be manifested in behaviors that attempt to disprove any form of hardship that come from transitioning to a new culture. The suppression for support and emotional needs for instance can be a way of copying by denying the existence of stressors. In addition, the loss of friends and family in the United States can easily lead to isolation of an expatriate and their family especially at the early stages of expatriation before they acquire and develop new friendships and perhaps establish surrogate families. The inability to seek out help and the barrier that denial and isolation creates that prevents the receipt of help could in turn develop into anger. If anger is internalized, it could be lead to abuse of self or substances as a form of coping, or if externalized, it could be projected onto family members or other external systems.

The bargaining stage of the grief and loss process for expatriates could include negotiating with family members for perhaps more lenience or freedom, or with the expatriates corporation for compensation of the extent of their losses. An extent that they were not prepared for or forewarned. The final realization of the situation and having to learn to accept their fate for the duration of the contracted expatriation is akin to the depression stage of the grief and loss process. Finally, the ownership for solutions, a necessary step for successful expatriation denotes acceptance of the situation.

Grief and loss can also manifest itself in the absence of familiarity. Moving away from what is familiar, such as grocery stores, neighborhoods, libraries, resources, people, and entertainment, can be extremely difficult. For the trailing partner, their loss could include being independent and gainfully employed. For all members of an expatriate family, the inability to communicate easily and the accessibility of certain resources, such as health care as some additional forms of loss experienced. Regardless of who in the family experiences loss, the entire family is affected, as acknowledged by Goldworthy (2005): "these losses affect not only the individual but their wider networks, such as family (p. 173)." He also states that, "loss leaves people forever transformed (p. 175)." Expatriation does exactly this; it is a loss and a change, one that permeates individuals and families for the rest of their lives.

Loss of Identity

Loss of identity, like grief and loss, can affect all family members. Drawing from the symbolic interaction theory, an individual's language, words, cultural norms, actions, hobbies and interests play an active role in self-identity. Other factors include how an individual interacts with their systems, including familial, occupational, social, and religious. They may not be able to communicate in the manner or language that they are used to doing or speaking. They may lack the resources to pursue certain interests they were pursuing before the international move. They might have no friends. They might possibly search for a church that fits their beliefs and needs without results. A person can easily lose their sense of self when these basic needs are not fulfilled.

"An identity is a set of meanings applied to the self in a social role or situation defining what it means to be who one is (Burke, 1991, p. 837)." When expatriation takes place, social situations change. Social change, in some cases, will lead to identity changes. For most, however, this is a specific challenge of expatriation. There must be an inspection of self as an expatriate begins to relate to their environment and family in new ways. At times, this might lead to a loss of identity.

There are four components of identity: (1) "a standard or setting (the set of self-meanings), (2) an input from the environment or social situation, (3) a process that compares the input with the standard, and (4) an output to the environment (meaningful behavior) that is a result of the comparison (Burke, 1991, p. 837)." These aspects, which follow the precepts of the social learning theory, will affect the expatriate's ability to transition not only their physical selves, but their psychological and social selves as well. Since "identity refers to both a cognitive and an affective sense of a continuous and consistent self as socially situated by others' appraisals and personally projected onto others (Weigert & Hastings, 1977, p. 1171)," it can be challenging when these elements are missing.

When relationships are lost due to a move abroad, an individual might also lose their sense of identity. Just as "spouses who become parents acquire an additional identity which includes creativity and responsibility for the identities of their children (Weigert & Hastings, 1977, p. 1172)," expatriates can acquire a new identity. On the other hand, parents sometimes lose a sense of their individual selves with the new responsibility. Just as easily as expatriates can modify their identity to fit the new circumstances, they can get lost in it.

Culture Shock

Culture shock, in all its forms, can be destructive to an expatriate's adjustment. Since the majority of the literature explores the effects of culture shock, it is apparent that it is one of the key challenges of the expatriate life. Stated directly, "The bottom line is this: expatriates do not, cannot, and will not make successful cross-cultural adjustments unless they overcome the potentially debilitating effects of culture shock (Sims & Shcraeder, 2004, p. 84)."

From a symbolic interaction approach, expatriation culture shock is the gap of time between when an American moves abroad and when he learns how to successfully associate with his new environment by understanding the new symbols and meanings. It is also the difference between acting inappropriately and learning new ways of behaving, which is based on the social learning theory. This is a trying time for the majority of expatriates. What was acceptable in the United States turns out to be quite unacceptable in the host country. What he might find rude or annoying, the locals find completely normal. Culture shock fits with grief and loss of identity; the common thread is being "loss." Culture shock is a loss of the familiar.

Even when the host country is not extremely different from the expatriate's home country, there can be complexities. "Expatriates in locations characterized by low cultural novelty may experience difficulties when trying to deal with their incorrectly identified problems and they could become increasingly frustrated, feeling unexpectedly badly adjusted (Selmer, 2006. p. 1216)." Culture shock is accentuated by the misunderstanding of it. When an expatriate becomes angry when a local charges him three times more than he would another local and he does not understand this is part of the adjustment phase, he can become disheartened. His anger might deepen into resentment and further complicate his adjustment. Acknowledgement of such an adjustment is crucial in identifying issues and challenges that expatriates face.

Models of Behavior

Fitting with to the social learning theory, another challenge would be to find long-term, effective role models. Pires et al. (2006) prescribe appropriate social models to expedite the transition from culture shock to adjustment. "Gradual modeling is more effective than 'one-shot' modeling, especially if the modeled behaviors are novel to the observer (Black & Mendenhall, 1991, p. 235)." Finding and maintaining a productive model can be quite the challenge. To do so, an expatriate would need social networks with well-functioning expatriates, constant

connection with these people, and the ability to repeat the appropriate behaviors the model displays.

Assertiveness

Drawing from all three theories, if an expatriate can learn how to be assertive, it will advance their adjustment. There are times when being assertive is necessary and how one asserts oneself in a culturally acceptable way is crucial. Setting boundaries, making decisions, asking for help, and declining excess responsibilities are specific assertiveness tools. Such examples are asking a host national for help when you do not know where and how to catch a taxi to work and pushing your way to the cash register when there is no line but a mass of people. Saying "no" to neighbors who ask you to help teach English at a local school when you are overwhelmed with unpacking and setting boundaries around family time once a week where you can check in on each other's adjustment and needs are other examples of assertiveness. Although some of these skills might seem aggressive to Americans, in a less orderly country, these skills are necessary. These seemingly small acts of assertiveness can greatly impact an expatriate's successful transition.

It is also common for a system to first close their boundaries for survival when encountering a new environment. Such is the case with immigrants and refugees who find themselves in an unfamiliar world. Their need to contain themselves and protect their families naturally leads them to "close" themselves to the outside world. When they become more comfortable and are assured of safety, they open themselves up to receive input from their environment. Hence, they loosen their boundaries to allow the exchange of information with systems external to the family. This appears to be a similar process adapted by expatriate families.

While the expatriate family can experience many similar challenges, there are unique challenges that pertain specifically to individual members, such as the individual expatriating, trailing partner, children, and extended family. The following will highlight the different types of challenges that could exist for each of these.

Challenges of Repatriation

Similar to when the family expatriates and suffers from culture shock, the family is often faced with a new set of challenges when they repatriate. In Black and Gregersen's study (1991)

on the adjustment process of repatriation and the antecedents of repatriation, they found that the same categories that accompany expatriate adjustment, effect repatriation. The categories are adjustment to job, interacting with host nationals, and non-work environment. They also found that "individual factors, job factors, organizational factors, and non-work factors (p. 673)" effect the adjustment.

Adler (1981) concluded that most expatriates have a greater challenge with moving back home than with adjusting to the new, host country during expatriation. Another significant predictor of the expatriate's and his/her partner's repatriation adjustment is the total number of years spent abroad. "The longer the elapsed time since returning to the home country, the more information the individual would have acquired through experience, the more uncertainty would be reduced, and the greater the repatriation adjustment (Black & Gergersen, 1991, p. 676)." They found that it takes less time to adjust to interactions and the general environment than it does takes to adjusting back into the work environment. Repatriation can easily be overlooked when identifying expatriate adjustment challenges, causing even more stress to the expatriate experience. Repatriation, just like expatriation, can be a difficult change for the employee, trailing partner, and children.

Challenges Faced by Specific Individuals

Individual Expatriate

Unlike unemployment, underemployment is an employee is working beneath his or her ability, training, or "working in inferior, lesser, or lower quality jobs relative to some defined standard (Bolino & Feldman, 2000, p. 889)." Because underemployment is inversely correlated with the general mental health of the employee, including depression and self-esteem, it is important to identify the issue. "Some expatriates may be underemployed because they lack the ability to use decision-making skills, while others may be underemployed because their assignments do not require the use of their functional training and experience (p. 904)." "Underemployed expatriates live with the daily frustration of unchallenging work (p. 908)." Underemployment is likely to increase expatriates' anxieties concerning their repatriation. "Harvey's (1989) work indicates that finding suitable positions following overseas assignments is a general concern for most expatriates (p. 895)."

While some expatriate employees might feel underemployed, others are struggling in an opposite way. Employer expectations for expatriate employees tend to be greater overseas. Due to these greater expectations, some common feelings employees have are incompetence, failure, and pressure. Many employers think that transitioning from a developed nation to a less developed one should not be too difficult (Fitzgerald-Turner, 1997). Underestimating the importance of a smooth transition can, at times, exacerbate the problem. It is not uncommon for employers to downplay the challenges they faced in adjusting to life and work abroad. Along with this is the myth that by sending their best employees overseas, they have false hope that they can "handle anything".

Services are mostly located in their home office, in the United States, leaving the expatriates without local support, in contrast to what the social learning theory would advise. The companies justify this by insisting they are a "global company;" hence, they can fill their employees' needs from their home base. Overall, Fitzpatrick-Gerald (1997) reports, "there is little or no recognition or appreciation for [expatriates'] situation (p. 71)." Rather than just relying on effective career knowledge and application, international living requires more. Schneider and Barsoux (2003) concluded that "foreign markets require expatriate managers to have interpersonal skills, linguistic ability, cultural curiosity, tolerance for uncertainty and ambiguity, flexibility, patience and respect, cultural empathy, strong sense of self and sense of humor (p. 190)." Expectations of expatriates often far exceed that of non-expatriate employees. Without the necessary resources and support, the expatriate is often left to fend for themselves. The stress of complete self-reliance and meeting unrealistic work expectations can infiltrate into their family life.

Trailing Partner

While the partner is employed and has work to do during the day, the trailing partner is often unemployed outside the home, especially if the partner is a woman. She is left to fend for herself in a new and possibly confusing world. Loneliness, depression, anxiety, and anger can easily beset this individual.

The lack of support and guidance can make life seem empty, lonely, or unbearable. The feeling of being lonely, although not exclusive to trailing partners, is predominately a trailing partner's challenge. In addition, her partner might be unable to understand this dilemma because

he is at work where he has established occupational networks. Trailing partners must find other established social networks to offset this challenge. Although not as formal as work or school, there might be some resources for expatriate partners. A challenge with this, however, is getting connected with those resources and being assertive enough to pursue such connection.

Feeling alone can lead to depression. Depression can manifest itself in decreased or increased eating and sleeping, depressed mood, diminished interest or pleasure in activities, fatigue, inability to concentrate, feelings of worthlessness and thoughts of death (APA, 2000). Depression, when it plagues one family member, can quickly affect the entire family. A trailing partner who has a depressed mood will have a harder time fulfilling necessary daily tasks, which can be a real challenge for other family members.

Anxiety can manifest itself in many forms. Panic attacks, paranoia, agoraphobia, and physical complaints are all common manifestations. Anxiety might be spurred by the climate of the country. More dangerous or politically disorganized countries could instill anxiety in individuals, especially if a trailing partner has to stay at home alone or if she has to go out by herself, to shop, run errands, buy groceries, pay bills, and feels that her safety is compromised. Her anxiety might also infiltrate other family members. She might become overprotective of her children and express it as anger or excessive worry.

A myth many employers have is that the allowances and premiums, which are given to expatriates, are compensating for solving any problems or inconveniences that expatriation causes (Fitzgerald-Turner, 1997). The financial benefits, while welcome, do not outweigh or eliminate adjustment to a foreign country. This lack of understanding and support can lead to anger towards the corporation, which might lead to resentment of both the corporation and the working partner. Anger can be a serious challenge, which might begin with the trailing partner and end with other players in expatriation.

All of these symptoms and more, experienced by a trailing partner, can easily turn negative and become destructive. "Instead of feeling excited about a new experience, many trailing spouses feel isolated and lonely, leading them to focus on the negatives instead of the positives of their new world (Fitzgerald-Turner, 1997, p. 71)." Richardson (2006) noted that an employee's expatriation success was linked with the person's family. Hence, any stressors experienced by the family can easily infiltrate all other aspects of adjusting to expatriation, according to the systems theory.

Children

Children have similar challenges as their expatriate parent - new environment, new peers, new school. All these factors can lead to difficulties for the expatriate children. Depression, loneliness, anxiety, eating disorders, substance abuse, promiscuous and defiant behavior are problems that are common in adolescents, and when experienced aboard can be magnified. For instance, "for the children of movers, given difficulties in establishing friendships in their new environment, sexuality might be used as a vehicle to hasten friendship formation, or as a means to combat loneliness (Stack, 1994, p. 205)." Such destructive ways of coping can easily lead to other emotional and behavioral issues, which may infiltrate the child's family, school, and social life.

In line with the systems theory, these challenges can be inflamed depending on the parents' involvement with their children and their difficulties - "the extent that parents are preoccupied with the resettlement process, their supervision of children may weaken, thereby increasing the influence of peers who tend to be more permissive (Stack, 1994, p. 205)." Parental supervision can span two ends of the same continuum. Parents might become permissive in regards to their child, or perhaps become concerned for and overbearing of their children. The climate of the country might be a factor in this challenge. A safe, laid-back climate might produce permissive parenting; a dangerous, perilous climate might produce authoritarian parenting.

Family Members of Expatriates

We should not overlook other populations who might be non-existent or underemphasized in expatriate research; the systems theory would be ashamed to leave out such an important aspect of expatriation. College-aged children, extended family, especially parents of the expatriate family, and friends can also face challenges with expatriation. Depending on the stage of life the family, expatriation can mean leaving one or two family members behind. For instance, it is less possible or convenient to uproot a college-going child. Not only is it challenging for the family to leave their child, it poses difficulties for the child. Keeping in touch and maintaining connection can become difficult. The adjustment of not being able to visit parents is often a challenge, especially if the college student is a freshman, where he or she possibly needs more parental guidance.

Expatriates may also choose to leave behind their children whether in boarding schools or with family members. Leaving aging parents behind is another decision that can pose challenging. Parents of expatriates will need to adjust and accept that their child might not be as present as before expatriation for traditional family events, such as graduations, engagements, anniversaries, birthdays, or reunions. This sense of loss and sacrifice extends to members of the extended family and friends. Needless to say, holidays can be a harder time of year for everyone involved. These extended family issues are not commonly addressed in research.

CHAPTER 4 - Case Study

This section will include the case of the Rodriquez family, followed by a treatment model proposed for the family at two different stages - expatriation and repatriation.

Expatriation and the Rodriguez Family

"Dad, I just made friends here." "I can't go; I can't leave my best friends." "No way, I just started my senior year." The Rodriguez family began the first of many challenges that accompany an expatriate life. Richard and Laura Rodriguez are now at a crossroad. They must make a decision. Discussion with their family therapist revolved around listing pros and cons of moving to Argentina. After many disagreements and contemplation, the Rodriguez family each committed to live in Argentina for the three years. Marie, 12, John, 16, and Daniel, 17, grudgingly, yet willingly, left the United States of America with their parents. They left friends. They left family. They left their work, school, and home. They left the familiar. They left comfort.

The Honeymoon Phase

Arrival in the country was expected to go smoothly, since all their papers were in order and Richard's company briefed them before they left.   Housing was arranged before they arrived and they quickly and comfortably settled in. While the initial move was stressful and confusing, due to language barriers, the first few months ended up being quite exciting. There were new sights, smells, places, and people. The family explored Argentina. They drove to the coast and swam in the ocean, visited the many waterfalls and local "panaderias", which sell baked goods. They liked it and thought that it was a good decision to expatriate.

The Adjustment Phase

Gradually, the newness began to wear off and the daily living set in. Richard was overwhelmed in his new position and in his workplace. He not only noticed that other

employees were able to handle the daily stresses of working abroad, he noticed that a few specific workers were receiving a more lenient work and deadline schedule. After closer examination, he realized that employees who appeared to be Caucasian were provided more time to adjust to their new environment and responsibilities. Richard soon learned that more was expected of him as he was mistaken to be Hispanic, hence expected to have an easier time adjusting to his new environment. Little did his colleagues know that he did not speak Spanish and that he was struggling with his adjustment. He was not familiar with the area, public transportation, and the customs of Argentina. When he finally decided to talk with his boss about the situation, his boss was confused and somewhat disappointed that his expectations for Richard were false.

While Richard struggled at work, Laura struggled to execute the daily tasks of running a home and a family in a foreign country. She had difficulty with tasks that were second nature at home in the U.S., such as grocery shopping, picking children up from school, socializing, attending church, and stress management. Laura felt ignorant, confused, and frustrated most days. Rather than friends, Laura had business cards with names and numbers of company employees she had never met. Although she took Spanish courses offered through ConocoPhillips, she struggled to grasp and enjoy the language. After being hugged and kissed by Argentines one too many times, which made her extremely uncomfortable, she found that she was socially withdrawing and avoiding situations where her boundaries would be violated.

Marie, John, and Daniel also felt displaced living in Argentina. Different from the American school system, their international school included all grades, kindergarten through twelfth. They had to ride to and from school together and see each other at lunch. Even though there was a five-year gap in age, they had no choice but to attend the same school. Each child struggled in her or his own way. Marie out rightly refused to complete an assignment on Argentina. She seldom enjoyed discovering new places in Argentina and she would complain about missing her friends who were still in America. Her behavior earned her a suspension at school. John began to isolate himself. Instead of sitting in the lunchroom with his classmates, he hid in the library. He refused to make friends, socialize, or learn Spanish. He was soon teased for his behavior and his teachers often picked him to read in Spanish aloud in class. John found this embarrassing, but his teachers were adamant that it would help him learn the language. Daniel began drinking, smoking, and partying with his friends. Against his parents' wishes, he

stayed out late and became defiant towards them, disregarding any discipline and lecture. Daniel's attempts to "blend in" caused arguments with and worry to his parents.

Model of Therapy

A proposed therapy model is outlined below. The case of the Rodriguez family is first conceptualized using the social learning, symbolic interaction, and the systems theories. It is followed by proposed interventions to help the family better manage their adjustment phase.

Case Conceptualization

According to the symbolic interaction theory, the Rodriguez's move overseas was accompanied by numerous expectations for which they were not prepared. Richard was disappointed when he did not meet his boss' expectations. The other family members were somewhat let down because Argentina did not meet their expectations. They did not foresee the extent of what was expected of them, especially when it caused them to feel inferior and ignorant. They missed the acknowledgement and validation that they received in the United States.

The Rodriguez family lacked support; hence, they had to fend for themselves. They lacked someone to teach and guide them in order to transition smoothly. Social learning theory would hypothesize that they had no role model to emulate and struggled with culturally appropriate behaviors. Behaviors, which once served them well and were suitable in their atmosphere, were now not received positively.

Each member of the Rodriguez family struggled; Richard in his job, Laura in her social network, and the children at school; from a systems theory perspective, each struggle affected the other family members. The children, due to cultural ignorance, have reaped repercussions for their defiant behavior. Each family member found themselves with behaviors, symbols, and meanings that were now confusing and irrelevant to the environment.

In the United States, assertiveness is taken for granted. The Rodriguez family was naturally assertive back in America. They were comfortable and self-reliant. In Argentina, however, a new type of assertive was required. Laura and John were confused at how they could

appropriately ask for help with Spanish. Richard was unable to be assertive with his boss and coworkers.

Key consequences of these struggles include grief and loss, loss of identity, and cultural adjustment. Although each family member faced their own challenges, the individual challenges impinged on the whole family's functionality.   They needed help but were unsure as to where to get it. They had names and numbers of people, but they were not quite sure where to start, as they were not sure as to what help they needed. This further paralyzed them as not knowing what to do and kept them in their "stuckness."   If the Rodriguez family were to work with a family therapist, the following interventions could help them dislodge from their stuckness and begin transitioning through the adjustment stage.

Proposed Interventions

Preparatory interventions. If the Rodriguez family sought mental health services, such as family therapy, before they made the transition overseas, some interventions could be implemented to mediate the stress from the transition abroad. This work prior to expatriation is one of the most vital steps.

Family therapists can encourage the Rodriguez family to make anticipatory adjustments before moving overseas. Part of this is to give or help the family find accurate information about the host country. "If the content of the information were inaccurate, then the individual would make anticipatory adjustments in behavior that would actually turn out to be inappropriate in the host culture (Black & Mendenhall, 1991, p. 241)." Connecting the family with cultural resources and encouraging them to take advantage of the company's information and training will have long-term benefits. Gaining a greater understanding about Argentina, its common customs, and culturally appropriate behavior will assist the family in closing the cultural gap. This will avoid misunderstanding of cultural symbols and allow the family to be prepared for the need to change familiar behavior and adapt the host country's cultural norms. The therapist at this point will need to become familiar with the Argentine culture, if not already familiar, or refer the family to a therapist who is better informed of the culture.

Another therapy goal that could be initiated prior to becoming an expatriate would be to develop plans of action. "The most successful expatriate families develop action plans for the first two weeks, one month, three months and nine months, with key milestones they are striving

to achieve (Fitzgerald-Turner, 1997, p. 71)." The therapist could aid the Rodriguez family in this endeavor by helping the family write out the family's goals, objectives, and even a mission statement before expatriating. The therapist should include all family members in this pursuit. Such a plan of action should be tangible and portable, allowing the family to have a reference and the ability to re-evaluate and modify at each milestone.

Initial stages of interventions. Circular questioning should be employed. For example, a therapist could ask Laura, "If I asked Richard what his biggest struggle has been since moving to Argentina, what do you think he would say?" This enables each family member to examine the issue through the eyes of another family member. This can also aid in helping the individual mentally separate their issues or emotions from their family members, which results in increased ownership of expatriation. For instance, Daniel's drinking problem could affect Richard's work performance and Laura's loneliness could affect Marie's social agenda. When a family realizes how connected they are and how their personal experiences not only affect them but others in the family, they can learn to support each other. This is especially vital for expatriate families, who might not have reliable external support.

Exploring the family's expectations and current situation would facilitate the assessment of resources available for the family. Asking the family what they considered "successful" expatriation and if they knew and socialized with "successful" expatriates, for instance, would initiate this exploration. The therapist would also want to know if the family knew how and where to meet other expatriates. As for the children, asking them what they look for in friends and how they think friends can affect their life will help assess their need and desire for friendships. This could be followed up with preparing them for the challenge in making new friends. Establishing social networks can then be translated in using them for social models. Each family member can then begin to incorporate behaviors from their friends, or models, that they deem acceptable and necessary.

To facilitate a less stressful transition, the therapist can advocate that the family increase their social interaction with other expatriates, both as a means of expanding their support network and finding suitable role models to emulate. "Individuals can learn completely through symbolic modeling, that is, individuals can learn just by watching and mentally rehearsing (Black & Mendenhall, 1991, p. 235)." Supporting them in their search for appropriate models as

early as possible in their expatriation experience can help expedite the expatriate's adjustment process.

Part of "watching and mentally rehearsing" could include cognitive-behavioral assignments, such as asking the family to think about what a successful expatriate does when they do not know how to communicate in Spanish, or to ask, "What would an expatriate woman say or do in a situation where an Argentine man yells derogatory language at her?" "The reproduction of the observed behavior may or may not be seen immediately, and the imitation of what has been observed can be practiced by thinking about it as well as by doing it (Chibucos et al., 2005, p. 96)." Since "participative reproduction is generally more effective than symbolic processes alone (Black & Mendenhall, 1991, p. 235)," the therapist can help initiate this practice. Therapists' repertoires have long included role-playing; role-playing can be a powerful tool to make sense of an experience. Using the whole family in this endeavor can be extremely advantageous. For example, Daniel could practice how to interact with other seniors in a meaningful way. Laura can begin to channel her frustration to something productive and to get what she needs.

Later stages of interventions. The "looking glass self" or role of the other is the concept of being able to analyze your own behavior. This can determine if one's actions are congruent with the culture's meaning. White and Klein (2002) suggest asking: "How would others in society look at [your] act (p. 65)?" Some other ways of rephrasing this question might include: "If you were watching yourself through a two-way mirror, what would you think about yourself?" Followed by: "How about in the context of being an American living in Argentina?" To facilitate moving from self-awareness to action or change, a therapist could ask: "What advise would you give yourself?" "If an Argentine were present, what might he or she advise you?" Exploring the symbolic meaning of the scenario will facilitate further learning: "How is your meaning about a situation different from an Argentine's?" Aiding the family in exploring symbols and meanings will allow them to begin to modify their perspective to fit more completely with the host country.

The Rodriguez family did not conceptualize their challenges as a family systems problem. Each member was quite absorbed with himself or herself and thinking linearly not circularly. There was blaming, and accusing, common responses in stressful situations. By learning how to view the problem from a systemic perspective will help the family glean support

from each other and begin to alleviate the secondary effects of primary issues. It also reduces the inclination to blame and accuse and increased awareness of each person's role and responsibility in the situation. Some questions a therapist could ask include: How was the decision made to expatriate? Who was involved in that decision? Who has been impacted by this decision? How are you family members adjusting to being overseas? How is your experience different from your family members? How do you set boundaries around your time and emotions? When do you feel anxious? How do you deal with your anxiety?

Evaluation of and education about boundaries will help the Rodriguez family have more access to information about the culture they are now living in. For whatever reason, such as fear or pride, the family has maintained closed boundaries. Possibly, they have cut off cultural feedback, both geographically and psychologically. They might have kept to themselves at home, rather than inviting people over and allowing others into their home. They might have avoided social interaction because it is uncomfortable or hesitated to ask for help because their pride got the better of them. The family therapist, working with this family, can help highlight how their closed-boundaries have hindered their process of adjustment and acculturation. Just like when Daniel, John, and Marie were children they were socialized into their family and environment, it must take place again as they become expatriates. Since their socialization was different from their current atmosphere, a foreign country, they must be re-socialized. As children, for instance, the Rodriguez children might have learned that they should stand approximately three feet from the person with whom they are conversing. They learned that you only hug those with whom you are related or are close. They observed that men respect women and that you move out when you turn eighteen. Now, as they become expatriates, some implicit norms that were programmed into their thinking are being violated. A therapist might use his time with the Rodriguez family in combating their old socialization. He might have a discussion with the family about what they observed to be different about Argentina then what they might find back in the United States. This discussion can lead to cultural education and cognitive restructuring. When you cognitions naturally match the culture, cultural adjustment is leveling out. Therapists can help the Rodriguez's control their cognitions, or thoughts, about the culture and their struggles with it.

Through assertiveness training, the Rodriguez family will learn how to set boundaries, make decisions, and ask for help. The ability to set appropriate boundaries will be vitally

important for the family as they transition into expatriation. Although they need to keep open information and knowledge boundaries, as discussed earlier, they must learn how manage their time, "say no," and keep their lives structured and organized. It is also important that the family learn how to make decisions. Richard will be able to make the decision to live in a house or an apartment. Laura will be able to make decisions regarding which grocery store to use and which airline to travel. Richard's and Laura's kids might learn how to decide which sports to play and at which stores to shop. Aiding the family learning how, when, and why they should ask for help will lessen the uneasiness for them. Encouraging Laura to ask other expatriates if hugging is common, a therapist will help support her as she learns more about Argentina. A therapist can also encourage John to seek help with Spanish and use it as strength or friend-maker, rather than an embarrassment. Each individual will need support as he/she begins to practice assertiveness skills. This support will initially come from the therapist, but can be shifted to the other family members, as they all progress and grow into being assertive.

Most of these interventions are useful when a therapist views the Rodriguez family as going through grief process. They assist the family in successfully moving through the grief phases and come out with new understandings, meaning, and reorganization. The therapist can assist the family profitably grieve their losses through using each other as support and allowing themselves to process all their emotions about expatriation. Cultural shock and loss of identity can also be minimized and the effects of such challenges can be stunted when proper interventions are used with Richard, Laura, Daniel, John, and Marie.

Through "enhancing the skills needed in family life (White & Klein, 2002, p. 81)," they will become more stable and healthier. Properly and therapeutically applied interventions will leave the Rodriguez family better able and more apt to adjust to their transition overseas. They should receive support, empowerment, and encouragement from a mental health therapist. As therapy progresses, each family member will learn how to be a support for the others; a synergetic and systemic process will improve the Rodriguez's expatriate adjustment.

Repatriation and the Rodriguez Family

Daniel repatriated first. He graduated high school after one year in Argentina and left for the United States to attend Florida State University. Not only was he away from his family, the

only way he could visit was by flying 4700 miles across the Caribbean Sea. Although his dad's company gave him two free trips back to his family, Daniel felt that money could not compensate for his loss. It could not compensate for not having his parents around when he needed help finding a job, choosing a major, or for moral support. Just as he had experienced Argentina to be new and different when he arrived, he experienced his first year in college as new and different. He found that he had adjustments to make similar to when he moved to Argentina.

Now that the Rodriguez's are back in the United States, Laura is lost in a cookie-cutter country; she feels that she lacks a way to stand out. Her confidence and independence are now threatened. Richard felt underemployed when he repatriated; he felt out of place at work and in his new job. Richard longs for the stimulating work experiences he experienced in Argentina. Marie and John now have the travel bug. They miss the foreignness of being an expatriate - the exciting culture, good food, sense of uniqueness and independence. As they repatriated, they soon learn that the other teenagers do not share the same interests in international issues and Marie and John are at a loss of words when someone asks them where they are from.

Model of Therapy

Similar to expatriation, repatriation comes with challenges that require a new perspective. The same theories that apply to expatriation, mainly social learning, symbolic interaction, and systems theories, can also be employed in repatriation therapy.

Case Conceptualization

After an all-exciting, ever-changing, life-altering experience in Argentina, the Rodriguez family is back in the United States. After seeking help from a family therapist, they incorporated models into their lifestyle to behave appropriately and thrive in a new environment. They were empowered by switching their American symbols and meanings to match Argentina. They were able to work as a family to adjust to Argentina. Overwhelmed by another move, the Rodriguez family needs to undo what they learned, to retrain their brains to incorporate American models, symbols, and meanings. Repatriation requires an expatriate to once again leave the familiar and to reevaluate roles and identities.

Proposed Interventions

Expatriation interventions can also be helpful for repatriation. Therapists' help, such as therapeutic questioning, boundary opening or setting, assertiveness training, and culture education can continue to benefit the Rodriguez family. Specifically, they can employ social learning, meanings, and grief and loss interventions.

Once again, the intervention of aiding the family locate and use appropriate models of behavior cannot be overstated. Through social learning, the Rodriguez family thrives in their new home. Richard can find models at work. Laura can find models through a job, volunteer work, neighbors, or friends. The Rodriguez children can learn from other children; they might be able to read popular books which are being talked about, catch up on movies shown in America, or learn of new bands and music. Again, a therapist can encourage social interaction that will help them use culturally appropriate behaviors. Laura, after getting used to hugging others when meeting for the first time, will have to be re-socialized back to shaking hands, which is acceptable in America. Also, helping Laura understand how to make herself unique will aid in her repatriation adjustment. Asking her, "How do other American women claim their independence or uniqueness?" can be powerful. Asking Richard, "How do your coworkers deal with low levels of expectations at work?" or Daniel, "How can you gain the support you need with parents so far away?"

Along with social learning, symbols and meanings are explored once again. Easier than expatriation, repatriation is merely a process of recalling past symbols, rather than learning new ones from scratch. Recalling these symbols might come more easily through rehearsing or role-playing. Therapists can help the Rodriguez family rehearse these culturally-appropriate behaviors. A family therapist can also encourage all members to be involved in this process, which will help the family work as a team and use each other for information and practice.

Grief and loss continues to be a challenge when the family moves back to the United States. The Rodriguez family learned to love Argentina; their expatriation turned out to be a wonderful decision because they did not know how much they loved Argentine people, food, and scenery. Just as they lost the comfort when they expatriated, they are now grieving the lost of Argentina. They also need to process the grief of losing independence. Processing their losses and helping the family work through possible anger or depression, a therapist will acknowledge a key repatriation challenge.

Limitations

The stigma of seeking mental health services continues to prevent potential clients from seeking the help they need. Many expatriates might be able to alleviate their mental health issues with therapeutic help, but avoid doing so for fear of the perceived social or occupational repercussions.

If expatriates were unaware of the challenges of expatriation, it would be hard for them to phantom the need to prepare for expatriation, let alone seek mental health services to help with the transition. Then, when they are faced with challenges, how do they explain their problems? How would they describe the uneasiness they feel when their children leave for school, or when they ride public transportation, or when they get frustrated when someone does not understand English? Can they explain their situation in ways that will make sense to others and not be judged as culturally insensitive?

While the theories proposed in this case appear sound and applicable to therapists, it has its limitations. Symbolic interaction theory, for instance, includes concepts that can be too vague and not well-defined, lack of emphasis on emotions, and it may focus too much on the individual rather than the social structure or the environment. The expatriate might also feel overwhelmed by the therapist's constant redirection to look at themselves, rather than identify the external factor causing their distress. Social learning theory assumes that the expatriate will have access to role models to emulate and help with their transition; however, this might not always be true. Despite potential limitations, the fact remains that expatriates can benefit from mental health services to help in their transition and transient lifestyle.

CHAPTER 5 - Implications

Expatriation has become more common over the last several years as companies go global. More Americans are moving themselves and their families overseas, to live in countries that stray from what they are familiar with and used to. The literature has shown that expatriation comes with specific challenges and difficulties. However, the literature has underemphasized or omitted the need for properly trained therapists. Due to globalization, therapists need to become aware of expatriate needs; they need to become better trained and more knowledgeable about these challenges. Therapists, who are trained and ready to work with expatriates, then become resources for companies. Companies should be responsible for making such services available and accessible to their expatriate employees.

Expatriate Needs

Expatriation can be thrilling. Living in a new environment, with new foods, sights, smells, people, language, and culture can be exciting. With the exciting newness comes the difficult newness. Expatriates are placed in a location where their old behaviors, meanings, and ways of life are confronted or are inappropriate in their new environment. As the years aboard increase, it becomes more vital that the family receives repatriation assistance. "Pre-return training (or even post-return training) may be most effective for expatriates and families who have been away from the U.S. for longer rather than shorter periods of time (Black & Gergersen, 1991, p. 686)." This assistance should not only stem from company training, but also from mental health services. This training can be invaluable for expatriate families. Similar to expatriation, repatriation is an adjustment and can be difficult. The challenges that accompany expatriation and repatriation can have diminished negative effect on the family with the help of professionals.

Role of Family Therapists

Therapists' ability to understand the expatriate experience will likely affect the clients' resistance and dropout rate. Only when an individual or family can feel confident in their

therapist, one who has training, knowledge, and empathy, can they work effectively with the therapist. Therefore, therapists who know about expatriation and repatriation are essential in providing expatriates with the resources and help they need. Awareness of expatriate needs should be included in professional training. Empathy for the expatriate experience can be a powerful tool in providing mental health services. When clients feel that the therapist understands and appreciates their circumstances, they can begin honestly working through a therapeutic process with the therapist.

Whether in the host country or in the United States, therapists can work with expatriates to lessen the transition and increase the adjustment. "Given that no differences were found in working alliance, profess on goals, and utilization intent as a function of counselors' nationality, the results are encouraging in that foreign resources may be a viable source of mental health services to Americans who live abroad (Bikos & Uruk, 2005, p. 537)." Therapists, irregardless of nationality, race, or experience with expatriation, benefit families, if they are able to view expatriation as a process that comes with unique challenges and difficulties.

Responsibilities of the International Company

In the United States, trained mental health therapists are available. The disconnect between therapists and expatriates comes when companies fail to recognize the need for such services. Companies should provide mental health services for their expatriates, on top of providing cultural, language, and financial services. Companies should also evaluate individuals and families for mental health issues and level of resiliency before sending them abroad to represent them. This assessment could facilitate selecting individuals that have a higher likelihood of expatriating successfully and reduce the stress and trauma from such a transition. Some common personal traits that employees should possess that will ease the expatriate transition include being open and adventurous to experiencing new situations, having an outgoing and assertive personality that will make it easier to seek help and build a social network, having the ability to be flexible to adjust to new situations and having a strong internal locus of control that will allow the individual to take responsibility and seek solutions for problems that may arise. Overall, an employee that has a track record of being resilient in the face of adversity would more likely fair better with expatriation. If the employer is unable to fill

the position with one of their own employees, they certainly have the option of outsourcing the position.

Employing their own professionals can have many benefits. Benefits would include direct contact with the therapist. Hiring full-time therapists will also allow them to have a more specialized niche. They will become very familiar with the expatriation and repatriation processes; the knowledge and experience they acquire after continually working with expatriates will continue to help expatriates. They might begin to see new themes and pattern, similar challenges, similar areas of hidden strength. Companies, hiring their own therapists, will also have total access to their time. They can use them at will, possibly to hold group sessions, psychoeducation, and other trainings. They might also use them for other company-wide trainings on general topics, such as stress management or communication. A disadvantage could include the distance. Having a professional available in the host country only a few times a year might not be enough for some expatriates. On the other hand, if the professional was sent overseas, the cost for such travel and living could become outrageous.

Companies can also outsource their services to American professionals, who are also living in the host country or to local professionals. "The results of this study suggest that subject ethnicity plays a very small role in the preferences individuals have for counselor characteristics (Atkinson et al., 1989, p.71)." From this finding, it can be assumed that therapists, regardless of ethnicity, can be helpful to American expatriates. Therefore, outsourcing to local professionals can be beneficial for companies. One advantage might include lower rates and decreasing company costs. The local therapist might charge less than a therapist living in the United States. Local therapists would save the company money, while still providing quality and helpful services. Another benefit would be more immediate access to services. If the therapist was local, an expatriate could receive services almost immediately; no long-distance travel required. A disadvantage might be finding such therapists and the possible negative connotation of seeking mental health services.

Companies can do more to alleviate the stigma of therapy. They have the ability to remove the stigma barrier of seeking professional mental help by providing employee assistance programs. Through internal and organized programs, expatriates might be more likely to seek the services they need without fear of repercussions. Employee assistance programs should be provided to expatriates before, during, and after the move overseas. All phases of expatriation

can invoke mental health issues and companies should work hard at removing the stigma of seeking help for such issues.

Lack of Social Science Research

Mental health resources are seldom offered by international corporations. The lack of research might be a cause for this lack of mental health resources available to expatriates.   Most research on expatriation is published in business and international journals. Psychology, social work, and psychotherapy journals that publish clinical research on expatriation can bring the clinical challenges of expatriation to the forefront. Making this issue more visible in the field will have several positive benefits, such as better trained therapists and more effective treatment. It is only then that attention can be drawn to it. The existing literature highlights the fact that the need for mental health services has been underestimated and underemployed among expatriates. With more mental health specific research, changes can be employed to benefit expatriates.

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