

# HOMESICK: SUPPORTING THE EMOTIONAL LIFE OF EXPATRIATES

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FOREIGN AFFAIRS AGENCIES NEED TO DO MORE TO ENSURE THAT OVERSEAS EMPLOYEES AND THEIR FAMILIES ARE OFFERED APPROPRIATE CARE, PRIVATELY AND CONVENIENTLY.

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BY ADRIENNE BENSON SCHERGER

**I**n September 2010, Secretary of State Hillary Rodham Clinton issued a memo to employees of the State Department and U.S. Agency for International Development, encouraging them to seek mental health support when needed. Though long overdue, her declaration was a welcome acknowledgment that State and the other foreign affairs agencies must do more to support their overseas employees.

The daily stresses of an international lifestyle — trying to learn new languages, bumping up against cultural habits and being far from home — are challenging enough. But then add the need for overseas missions to please Washington policymakers, who may have little sympathy for pressures in the field, and the drive Foreign Service personnel feel to ensure that every assignment enhances their career. Such ambition often means taking assignments in places they may not want to go, or where they cannot take their families. Compounding the stress, there may be little demarcation between work life and personal life, particularly (but by no means only) at unaccompanied posts.

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*Adrienne Benson Scherger, the daughter of a USAID Foreign Service officer, grew up traversing Africa. Since then, she has been a “trailing spouse,” a mother to third-culture kids, a Community Liaison Officer and a freelance writer who often reflects on expatriate life. Her publication credits include the Washington Post, Skirt! magazine and the Huffington Post.*

When Secretary Clinton issued her memo last year, it was warmly received. Unfortunately, though, the bulk of the attention paid to the issue since then has centered on employees sent to posts in war zones like Iraq and Afghanistan.

Certainly such postings have a disproportionate impact on those serving there, and Sec. Clinton was right to draw attention to the special mental health needs of that demographic. But expatriates living and working in danger zones are a minority; most people who choose a life abroad live in relatively calm places and bring their families with them. It is this large group who most lack the mental health support they need.

## Keeping a Stiff Upper Lip

“There is a certain demographic attracted to the expatriate life,” says Sean Truman, a clinical psychologist in Minneapolis. “People who choose to go overseas are generally brave, autonomous self-starters. On some level, they like the idea of the adventure of testing themselves against the newness of a different place.”

But as Dr. Truman notes, “When problems do arise ... it’s almost a point of pride for expats to be tough in challenging situations, and that seeps down into a feeling that they have to be tough in more intimate situations, like depression, or spousal abuse, or their daughter’s eating disorder. There is less evolution in the way mental health support is viewed overseas, and expats often cling to their ‘stiff upper lip’ ideal.”

The stereotypes of Foreign Service life run particularly

deep. Popular culture still clings to skewed, outdated images of diplomatic wives serving tea to friends while a housekeeper shushes the children and washes the dishes. Movies and TV shows show scenes of cocktail parties where junior FSOs rub elbows with prime ministers.

Such exaggerations notwithstanding, any Foreign Service employee or family member can attest to the prevalence of certain patterns. The employee who copes with the stress of a demanding overseas job through drinking or other destructive behavior. The officer at her first post who battles loneliness and the certainty that she's made a mistake in leaving her boyfriend at home, but feels trapped. Or the diplomatic child who misses his family's previous posting, feels himself unable to keep up at school, and sinks into depression.

"Expatriate life," says Truman, who himself grew up overseas, "amplifies any underlying mental health issues that may have previously been latent." But what happens then? When someone faces depression in Syracuse, N.Y., there are plenty of private counseling options, so unless the depression affects their work, an employer would never know the employee began psychotherapy or medication. But when that same family lives in Tashkent, they often find that support and services are sparse, privacy is almost nonexistent, and options are limited.

Dianne Peersman, who lives in Mumbai, explains the situation this way. "Once you acknowledge that there is a problem, you have to find someone to share it with. The first choice would be your husband, but do you want to make him worry? If you tell him that this overseas assignment is driving you crazy, what would that really mean? What are you trying to say? That he should quit his job so you can return home?"

"And then, once you do have that conversation, what happens next? You have to decide if it is manageable within your own family, or if you need outside help. And if you need outside help, do you do it in private, and pay all the fees yourself? If you use company insurance to pay for therapy or medication, then the company knows. And if they know ... maybe they'll stop your husband from getting a promotion if they see him as having a wife who can't cope."

Rob Giallongo, a State Department medical officer, points out that help cannot be mandated by the employing agency. "If the direct-hire employee is unable to work due to behavior stemming from a mental health issue, the em-

ployer can deal with it on that level. [But] if the job is not affected, then the employer is unable to get involved. It's seen as a private issue."

### **Overcoming the Stigma of Seeking Help**

In the case of the employee's family, support is even spottier. Even if a spouse keeps to the fringes of the Foreign Service community, never engages in activities, or is acting in ways that signal distress, not much can be done until the family actively pursues help. Spouses without kids and elder Members of Household are at particular risk of going without help.

In the case of children, it is up to the parent to pursue any recommendations issued by the school, Giallongo notes.

And that is where the problem potentially worsens, for within the expatriate community there remain both a solid stigma attached to seeking mental health support and a limited number of options for getting it.

Compounding the issue is the reality that the social rules surrounding appropriate behavior may be drastically different than the rules at home. Expatriates, in what may be seen as both a perk of the lifestyle and a drawback,

live outside the cultural norms they may have been used to at home. Nor are they expected to follow the traditions of the host country where, by virtue of their expatriate status, they have the luxury of simply leaving if things go wrong. Being "in but not of" the host-country culture allows expatriates a certain freedom to break their own personal rules.

Dianne Peersman sums it up this way: "What seems like a big issue for me may just be daily life for another expat here. Everyone in the expat community just goes by their own standards of what is OK."

### **The Complexity of Grief**

It's important to remember that the individual response a person has to moving abroad may change over time, or even vary from post to post. This is especially true for anyone coping with a loss.

"Grief, for an expatriate, is often experienced as complex, because many intense losses can occur all at one time," says Josh Sandoz, a Seattle, Washington-based therapist who grew up overseas and who has since developed the *International Therapist Directory*. Dr. Sandoz notes that grief can also edge up on someone unexpectedly, or become compounded by subsequent moves, leaving someone who had

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*Sec. Clinton's memo  
encouraging employees to seek  
mental health support as needed  
is a welcome development.*

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felt great about the adventure of their expatriate life suddenly bereft for no apparent reason.

“Sometimes losses are couched in changes that, on the surface, are worthy of celebration: a promotion, a longed-for opportunity, or a chance to engage in something new and meaningful. Either way, the personal and sometimes hidden toll that can come with such extensive change can be immense, confusing and painful.”

If an employee herself is thrilled about a big promotion that entails a move, her spouse and children might feel guilty for being disappointed and even angry that the new opportunity means upheaval for them. Because the move is framed in being a happy occasion, it could mean that reaching out and admitting to feeling depressed or anxious is difficult for family members. These feelings of guilt, sadness and disappointment may not

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even be recognized by the person feeling them, but rather might be sublimated and slip out later in the guise of anger, resentment or emotional distance.

Sandoz emphasizes that there are common elements to the mental

health issues he sees in expatriates worldwide. “Along with the dynamics surrounding complex grief, other common mental health issues expatriates contend with are centered on dealing with the adjustments that come with intense transition, anxiety, depression, cross-cultural identity and/or relationship issues, and angst around the question of belonging.”

### **Help Is Available**

So what can be done? The first step is acknowledging the issue and informing employees that assistance is available, as the State memo does. But that is just the first step.

Dr. Truman, whose practice offers counseling to expatriates worldwide via Skype, suggests that while outgoing expatriates cannot be screened for things that haven't happened, they can be encouraged to talk honestly about pre-existing issues.

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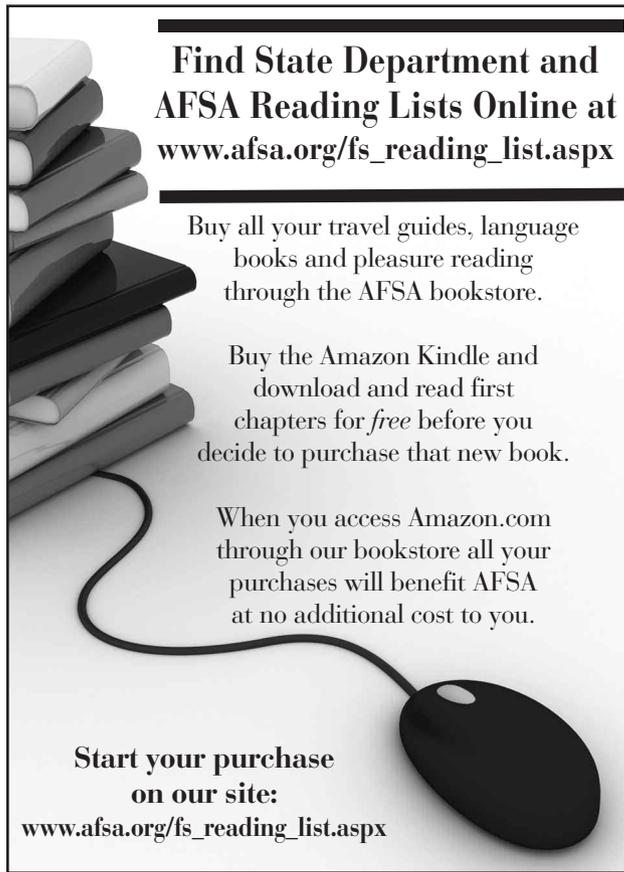
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*Expatriates who work in relatively calm places and have their families with them frequently do not receive the mental health support they need.*

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“If someone who plans to take an overseas job knows that they have issues with depression, anxiety, or is a recovering alcoholic, he or she is in a much better position to heed the early signs of distress and deal with them appropriately before they get out of control.”

In that regard, MED’s Rob Giallongo emphasizes that many pre-existing psychiatric conditions do not preclude someone from working abroad with the State Department. “Certain conditions and their treatments used to bar entry to the Foreign Service, but they don’t now,” he says.

Admitting to having been depressed or to having an anxiety disorder, for example, does not negatively affect a security clearance. In fact, having pursued treatment for mental health conditions can be considered positive.

Giallongo concurs that more preparation for what it’s really like to live overseas would be a great addition to the mental health services State and USAID already offer. For example, he notes, “Currently, only those going to war zones get any kind of training in how to deal with intense stress and trauma.”

Happily, the Foreign Service Institute now offers classes, in cooperation with MED, geared to helping employ-

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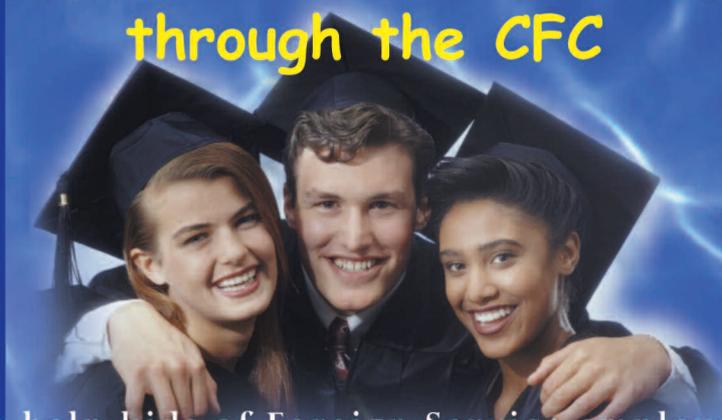
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ees heading overseas and their spouses to develop resilience. (These include “MQ500: Encouraging Resilience in FS Children” and “MQ803: Realities of Foreign Service Life.”) This is a positive step, for making employees and family members aware of emotional factors and stressors a transition abroad may trigger will help them manage issues when they arise.

Instituting pre-departure emotional health checks, and subsequent regular examinations by independent therapists hired by sponsoring agencies, would engage Foreign Service families and other expatriates and encourage them to seek help as needed. But breaking down the entrenched stigma, the “tough it out” mentality expats so often exhibit, has to come first.

“I grew so weary of hearing people say ‘we’re fine, we’re fine’, when they aren’t fine,” laments Robin Pascoe, the author of several books on expa-

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triate life. She points out that in many overseas communities, expatriates silently battle anxiety and depression on their own even when mental health support services are available.

Expatriate culture often makes that critical step more difficult than it should be. But, as Pascoe comments, “Sponsoring agencies can make it

much easier, either by offsetting the costs of therapy, or making rigid confidentiality agreements so that expats feel safe using a therapist. And the sponsoring agencies need to get lots and lots of information about available services out to their overseas employees and families as often as possible, not just in pre-departure trainings.”

### You Are Not Alone

Slowly, the barriers around talking about mental health and the emotional issues faced by expats are coming down. But agencies that send people abroad still need to do more to ensure that employees and their families are offered appropriate care, privately and conveniently.

Encouragingly, State recently began tracking mental health medical evacuations, and calculates that about two-thirds of officers who receive mental health treatment return to

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*Having pursued treatment for mental health conditions can actually be considered positive in terms of a security clearance.*

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duty, with little or no career fallout. That statistic should go a long way toward breaking down the barriers to mental health support.

In this age of high-speed Internet, treatment for psychological issues doesn't mean having to fly home, at the government's expense, to be seen only once things are at the point of utter despair. MED is working with insurers to confirm coverage of therapy through Skype. In addition, there are now more and more therapists on the ground in foreign posts.

For their part, expatriates — including Foreign Service personnel and family members — must redefine their culture to accept that everyone pursuing that rewarding, if challenging, lifestyle may occasionally need support, whether from each other, trained professionals or both.

"Tell someone," Dianne Peersman urges. "Don't just yell at your kids. Don't hide it. The life we're living can be hard, and those who live it with you can help. They understand what you're going through."

Talking to one another is a start. But when a trained therapist is necessary, sponsoring agencies should ensure that there is no obstacle, real or imagined, to employees and their families getting professional help. ■

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