

Re-entry adjustment of cross cultural workers



The role of the GP



Susan Selby, MBBS, FRACGP, FACPsychMed, is a general practitioner and PhD student, Department of General Practice, The University of Adelaide, South Australia. susan.selby@adelaide.edu.au

Alison Jones, BA, PhD, is Senior Lecturer, Department of General Practice, The University of Adelaide, South Australia.

Sheila Clark, MD, MBBS, BSc, DRCOG, FRACGP, FACPsychMed, is a general practitioner, and former Senior Lecturer, Department of General Practice, The University of Adelaide, South Australia.

Teresa Burgess, MPH, GDipNursMan, RN, RCNA, is Senior Lecturer, Department of General Practice, The University of Adelaide, South Australia.

Justin Beilby, MD, MPH, MBBS, FRACGP, DRACOG, DA, is Head, Department of General Practice, The University of Adelaide, South Australia.

BACKGROUND

Re-entry adjustment affects Australian cross cultural workers returning home; and for many, loss and grief issues arise. General practitioners are often the first point of contact in the health care system and are well placed to deal with these issues.

OBJECTIVE

This article examines strategies that GPs can use to support the Australian cross cultural worker on re-entry, and focusses on recognition of re-entry adjustment, the role of loss and grief issues, and the importance of dealing with these issues.

DISCUSSION

Australian cross cultural workers are valued members of their communities. However, their loss and grief issues associated with re-entry adjustment on return are often unrecognised and may lead to significant morbidity. Acknowledgment of their disenfranchised grief and appropriate therapy may be part of the role of their GP. Further research is needed to equip GPs to manage this important group in the Australian community.

Case study – Mrs KD

Mrs KD, aged 55 years, presented after a number of years as a cross cultural worker involved in missionary work in a third world country. She had various health issues and felt like 'a fish out of water'. She described herself as having no sense of belonging, feeling angry, not really wanting to relate to people but knowing she had to, and not wanting to be home. This was affecting her ability to function with her daily tasks and she complained of insomnia.

'It is like swimming through mud'

Over 90 000 Australians left Australia in 2001–2002 intending to stay away for 12 months or more, but planning to return eventually.¹ Of these, approximately 4000 left Australia to work in other cultures for missionary organisations.² An increasing number of workers for humanitarian aid organisations are also

working in other cultures with AusAID listing 34 fully accredited nongovernment organisations with workers overseas.³ On their re-entry to Australia, these workers experience re-entry adjustment or reverse culture shock which may be more severe than the culture shock they experienced on entering another culture.⁴ Of key importance is the initial recognition of re-entry adjustment, the associated loss and grief issues, and the provision of support for patients to deal with this.

'It's kind of like being... on the deck of a ship in a storm... if you don't even know what to call what's going on it's extremely frightening'

Recognition of re-entry adjustment

Re-entry adjustment is the transition back into one's home culture after living for a time in another.⁵ This may involve physical, emotional, cognitive, behavioural, social and spiritual changes for the individual. Cross cultural workers leave their country of origin, move to a new host culture where they may be part

of another subculture, and then return to their own culture again, sometimes multiple times. During the time they have been away, their own culture has again altered, transforming it into another changed culture to which they need to adjust. Re-entry adjustment was identified as a separate process to culture shock in the early 1960s by Gullahorn and Gullahorn.⁶ The process of re-entry was assumed to be the same as that of culture shock with the sequence of elation, depression and recovery or adaptation being repeated on return to the home country. However, more recent authors summarising the literature have highlighted the differences between culture shock and re-entry adjustment including the lack of anticipation of re-entry problems, different perceptions of self, home, family and friends, and the lack of interest in the returnee's foreign adventures by those in the home country.⁷ Both reviews^{8,9} and personal accounts¹⁰ indicate that there is significant distress during re-entry which may have a complex aetiology and explanation.

Symptoms of re-entry adjustment

The cross cultural worker may present with a range of symptoms such as difficulty relating to friends and family, difficulty with job performance, problems with identity, and issues of loss and grief.¹¹ Clark¹² lists a number of physical, emotional, cognitive and behavioural phenomena of grief (eg. headache, mood fluctuations, poor memory, sleeplessness). Gardner¹³ lists symptoms of anxiety and depression as part of transition stress, and Pirollo¹⁰ lists suicide, which may be a complicated outcome of loss, as one of the re-entry behavioural patterns. These are all important scenarios that may be part of the cross cultural worker's presentation to their GP on returning to Australia.

The role of loss and grief issues

'It's like... being like a yacht pushed before the wind with your keel down and you're ploughing along and all of a sudden someone comes along and pulls the rudder off and all of a sudden the boat's just spinning around, at a loss to know what to do...'

Current theories to explain re-entry adjustment include dealing with the changed meaning of 'home',¹⁴ and shifts in the re-entrant's cultural identity⁹ as they journey back into their 'home culture'. These theories do not emphasise the issues of loss and grief in re-entry adjustment, however some authors acknowledge the importance of these aspects in the literature. Austin⁹ emphasises a sense of loss as 'another prevailing motif of re-entry'. He includes losses for returned missionaries such as the loss of status, underutilisation of field skills and experiences, and loss of some degree of independence.

Others explain their observations as part of the grief process. Stringham¹⁵ proposed that individuals' experiences during re-entry included profound grief for the loss of social reinforcers, and found sojourn outcome is also a predictor for grief reactions, successful outcomes of overseas assignments being associated with facilitation of the grieving process. Foyle¹⁶ defines re-entry adjustment as 'reverse bereavement', implying the role of grief, and naming loss of role as one of the most stressful factors. Pirollo¹⁰ records a number of short accounts of missionaries' experiences on re-entry, mainly to the USA, with acknowledgment by some that 'there was a lot of grief to work through'. Lester¹⁷ provides the key concepts and missing link in re-entry adjustment research. She asks 'what is missing?' and answers the question in terms of loss and grief concepts. She particularly emphasises the need to mourn the loss of cultures and identity, but also identifies the issue of disenfranchised or unacknowledged grief for those experiencing re-entry adjustment. Her model acknowledges that one of the key factors in facilitating re-entry adjustment is the legitimising of grief issues.

The importance of dealing with loss and grief

Why should the GP address loss and grief issues for returning Australian cross cultural workers? There is a large body of literature from the studies of the effects of bereavement that supports morbidity as an outcome of the grief process. Stroebe and Stroebe¹⁸ surveyed the literature and concluded that the loss of

a partner is associated with the deterioration of health of the surviving partner. Rando¹⁹ lists psychological, behavioural, and physical symptoms as potential outcomes of loss, and complicated mourning with diagnosable mental and physical disorders being further outcomes. If this concept is extended to the effects of loss and grief on the returning cross cultural worker, there is an opportunity for the GP not only to prevent poor health outcomes but also to recognise the emotional causes for physical symptoms, prevent somatisation and minimise unnecessary investigations and referrals.

There has been little research into the effectiveness of brief counselling and therapy in this area, however Powell²⁰ discusses the usefulness of these techniques in dealing with loss and transition in cross cultural workers. Brief counselling is easily incorporated into the general practice setting. The GP who is aware of the adjustment process may also have a role in legitimising the grief issues for re-entrants. At present there is no comprehensive program available for use in general practice to detect and manage these issues.

Conclusion

General practitioners are often one of the first points of contact for cross cultural workers returning to Australia. They play a significant role in exploring the health issues surrounding re-entry by understanding the process and recognising the presentations of re-entry adjustment, exploring and acknowledging the loss and grief issues for these workers, and undertaking brief therapy and counselling to manage and prevent further morbidity. Further research to clarify the loss and grief issues of the re-entry experience and to develop a management plan is needed to enable GPs to support cross cultural workers as they journey back into Australian society.

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Correspondence

Email: afp@racgp.org.au