When Home Isn't Home

– A Study of Homesickness and Coping Strategies among Migrant Workers and Expatriates

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Abstract

This paper addresses, homesickness, an important issue in the area of international human resource management. It uses psychological and sociological literature to highlight the negative effects of homesickness on migrant workers and expatriates. These effects range from psychological disruptions to physical manifestations that affect the health and welfare of individuals and impact on work performance. The paper presents a model of coping strategies used by expatriates to deal with homesickness. This model is built on the empirical evidence collected. It concludes that there is significant amount of evidence found to substantiate that homesickness is an illness and detrimental to psychological and social well-being. It is crucial that further research is undertaken in this area as affecting expatriates because the size of the investment in expatriates commands that risks of failure are minimized.

Keywords: homesickness, migrants, expatriates, adjustment, multinationals

1. Introduction

Moving away from home has always led most people to feel homesick. Homesickness as a psychological state created by the prospect or the reality of social isolation continues to attract research attention. Much of the literature in international human resource management acknowledges that one of the key issues facing expatriates and international workers is related to adjustment to the new place. For instance Black, Mendenhall & Oddou (1991) identify a typology of adjustment difficulties formed of four major elements: individual factors, non-work factors, organisational factors and job factors. However, while issues of culture and the family occupy a central place, homesickness is not mentioned.

Homesickness is often covered in expatriate literature within the framework of culture shock, a connected but different psychosocial reality linked to displacement. The article draws on the literature and interviews with expatriates and migrant workers to show far reaching consequences of failure to tackle the problem. The first part provides a definition of homesickness and examines some theoretical models and attempts to differentiate it from culture shock; the second part considers the experiences of the expatriates and migrant workers interviewed to explain the manifestation of homesickness and its consequences in the host country. The unique contribution of this article to the literature resides in its contrasting of migrant workers' and expatriates' experience vis-à-vis homesickness and the development of a typology of copying paradigms.

Van Tilburg, Vingerhoets & Van Heck (1996, p.899) define homesickness as "the commonly experienced state of distress among those who have left their house and home and find themselves in a new and unfamiliar environment". The authors argue that homesickness is a big stressor which can cause ill-health in the people affected, e.g., "depression, deficiencies in the immune system, diabetes". The authors' claim is not isolated. Other scientists such as Ekblad (1993), Leff *et al.* (1970) and Weissman & Paykel (1973) found evidence to support claims that homesickness affects health. If homesickness affects people on the move, even the voluntary migrants, then there is strong probability that it could be more pronounced in expatriate populations. Indeed, the literature suggests that homesickness is common among displaced people and is an illness of socially disorientated and isolated people.

2. Literature Review

2.1 Homesickness as an Illness

As an illness, according to medical and psychological evidence, homesickness has tangible symptoms which are physical, cognitive and behavioural. Sufferers complain of gastric and intestinal pains, lack of sleep, headache, feeling of tiredness and some eating disorders. Baier & Welch (1992), Fisher (1989) and many others noted much evidence to support this claim. Examining the cognitive symptoms of homesickness, Fisher (1989) reveals that there develop in the displaced person obsessive thoughts about home and sometimes simultaneously negative thoughts about the new place. Fisher also identifies a state of absent mindedness in the people affected. There is a tendency to idealise home rather than revisiting the problems one encountered there before. The behavioural symptoms include "apathy, listlessness, lack of initiative and little interest in the new environment" (Van Tilburg et al., 1996, p. 903). A number of expatriate and migrant studies acknowledged that there are numerous and complex relationships between socio-cultural and psychological adjustment (Fisher, 1989; Lin 1986; Scullion & Linehan, 2005). The business consequences of such psychological, physiological and social anomalies are numerous and include lack of motivation, lack of team spirit and poor performance (Deresky, 2010). Omi and Winnant (2003) found similar consequences in a study of migrant populations in East Kentucky, in the United States. It should, however, be acknowledged that there may be elements related to personality and to the impact of the micro-environment in which the expatriates and labour migrants arrive. If the individuals' degree of psychological damage, as a result of displacement, is high and has deeply affected morale and perhaps personality, then they are more likely to display much of the pathological signs explained by Fisher and other psychologists. In addition, the extent to which the new environment in which the international assignee or the migrant lands is supportive determines the degree to which the newcomer experiences difficulties and the extent to which he or she feels homesick. Although most studies of homesickness have been conducted on other groups of migrants, not necessarily expatriates, given the above arguments it may not be unreasonable to attempt to speculate possible generalisations of the conclusions to international assignees and to the social environments in which they arrive. The cognitive and behavioural symptoms of homesickness are likely to lead to emotional problems such as low mood, lack of security, loneliness, nervousness, lack of control and depression.

The symptoms and effects of homesickness help to appreciate the magnitude of the problem, especially as it may affect long term international assignees and migrants. Expatriates may already be facing stress associated with their involvement in major ventures in the home country; in addition they may be facing the dilemma of whether to pursue their career within a MNC in their own home country or seek an international experience often seen as "fetishism" for a high flying career as a global manager or consultant. Further dilemma is faced by dual-career couples that may be worried about opportunities for the partner abroad or the security of their jobs on return. Such a 'psychological trauma' coupled with isolation and difficult conditions in the new environment could culminate into acute cases of homesickness. If support is not offered, then homesickness may contribute to protract their suffering. In such a case, integration and successful rebuilding of broken lives are in great jeopardy and could in turn affect the success of the international assignment as argued earlier.

Homesickness is often viewed as a periodic situation although in "severe cases these feelings are continuous" (Fisher *et al.*, 1984). The possibility of protracted period for homesickness enables to differentiate this condition from culture shock, whose life cycle may be shorter. While homesickness is view as a serious illness, culture shock is not always perceived in this way. Adler (1987) in particular rejects the association of culture shock with illness. The seriousness of homesickness is further indicated by its prevalence although it has been suggested that it is hard to assess prevalence of the 'disease' because of its periodicalness. Van Tilburg et al. (1996) contended that most people experience homesickness especially in the early days following departure and only grave experiences are reported spontaneously. Fisher *et al*., (1984) studied homesickness among boarding school pupils and they found that only 18 per cent of cases were reported. However, a deeper investigation in the same school revealed a prevalence rate of sixty to seventy per cent. This situation may translate the case of expatriates who fall within a field that is under-researched as asserted and substantiated earlier in this paper. The little attention paid to homesickness as a distinct condition in expatriate literature and, at the same time, there are the volumes of existing evidence that a significant number of international assignments end in failure (Briscoe & Schuler, 2004). Homesickness in expatriates and international workers could be a deeper and continuous process that should command more attention if the success rate in international labour transfers is to improve.

2.2 Theoretical Models of Homesickness

Models of homesickness developed by Fisher (1989) are similar to Lin's (1986) model of psychological and social disruption in forced migrants. Fisher drew five models to the ways in which homesickness affect people who are

away from their usual "home". The first, the *Loss and attachment model*, assumes that the separation of the person from his or her social and cultural networks is felt as a loss which sometimes turns into anxiety, grief and anger. If this is persistent, the feeling of loss aggravates to become apathy and helplessness (Van Tilburg, et al., 1996, p. 903). These latter consequences of homesickness in the loss model are what occasion a situation of dependency for the people affected and leads, in turn, to "depression, agoraphobia, two symptoms of home sickness" according to the authors.

The second model, the *Interruption and discontinuity model*, is based on the fact that a break in the way people used to lead their lives and fulfil daily routines can be an important stressor and the source of other negative emotions like fear, anxiety, and distress. The individual becomes powerless because the basic foundations of his or her real life have broken down. In order to survive in the new environment, the expatriate or displaced person needs important adjustments that may not be achieved in the immediate future, or may not be achievable at all. Thus, the more protracted the process of adjustment is, the more anxiety, fear and depression is developed which could prevent, to a large extent, successful social and professional integration in the case of international assignees.

In the *Reduced personal control model* the displaced person is not in control of the new environment in which he or she has landed. In many instances, the individual lacks coping mechanisms susceptible of helping to accommodate the new social, cultural, technological and psychological conditions which can be perceived as opposing and threatening forces. These observations led Burt (1993) to argue that the development of homesickness is mainly due to the fact that the displaced person is not in control of the host environment.

The *Change and transition model* sees individuals as being obliged to accept to fulfil new roles that are supposed to enable them to live in harmony with the host environment. The transition between "giving up" old roles and habits to "adopt" the novel ones is particularly stressful. This has been observed in male and female migrant behaviour. For instance, in research by the various migrant assisting organisations, some male migrants have been reluctant to perform kitchen and childcare duties in the United Kingdom because in their original cultures such duties are essential feminine Similarly, some female migrants have been reluctant to contemplate work with male colleagues as this might clash with their own culture and religion (Hack-Polay, 2008).

The *Conflict model*, establishes that there is a perceived or potential conflict within the individual's self. On the one hand the displaced person has the will - or is rather forced - to learn and acquire new ways of seeing and approaching things and life. On the other hand, there is a sort of resistance on the part of the individual to accommodate the irreversible and uncontrollable wind of change. Thus, there exists in the mind of the displaced persons a desire to return home but they are confronted with issues of security and safety.

Research in an area connected to home sickness, culture shock, uses a model referred to as the U-curve model, developed by Oberg (1960). This model contends that newcomers to an alien culture go through four stages to reach adjustment. These stages are honeymoon, crisis, recovery and adjustment. This model has been criticised because some researchers argue that not all migrants go through the honeymoon phase (Selmer 1999). Models are interesting to consider in an attempt to understand the behaviours of expatriates and international workers. Fisher's models offer a fairly comprehensive catalogue of what expatriates may feel like and do in the new socio-cultural and professional context. However, instead of seeing Fisher's theories as five different models, there could be a realistic inclination to categorise them as one single model of homesickness with different stages. Indeed, it is not rare to observe that an individual goes through more than one, and sometimes, all the stages defined by Fisher's model. These stages may be experienced or felt simultaneously or occur gradually. Some theorists suggest possible interventions or remedy to deal with homesickness.

3. Method

Taking a qualitative approach, the research used unstructured interviews to obtain information. The investigation sought to answer the following *research questions*: (1) To what extent does preparation prior to migration or expatriate is a mitigating factor for developing homesickness? (2) Are there differences between sponsored migrants (expatriates) and self-made migrants (migrant workers)? (3) How do different groups of migrants cope with homesickness? Nationality was not a selection criterion and is not used as a critical variable in the analysis. The participants originated from East Africa, Britain, Indonesia and Saudi Arabia. The expatriates worked for large and small multinationals operating in London, United Kingdom. The migrant workers all came independently to work in the UK from various countries. The critical sample selection criterion was a time variable that required the participant to have lived and worked in the UK or another foreign country for a minimum of three years and competence in English language since the interviews were to be conducted in the medium of English. Three years was thought to be adequate time during which the expatriate or migrant worker would have settled through the development of strategies to cope with homesickness.

Participants were contacted using snowball sampling. The sample comprised 45 participants, 15 company expatriates and 30 migrant workers. Two migrant workers and an expatriate initially contacted led the researcher to others. The contacts obtained via the original interviewees were often from the participants' immediate networks, e.g., company or community organisations, making the process of finding participants less laborious. The purpose for selecting expatriates and migrant workers was to contrast their experiences in the host country and examine differences and similarities among groups that entered international labour migratory movements via two distinct routes.

The unstructured interviews explored themes such as reasons for relocating, pre-departure preparation, initial encounter with the host country, issues with settlement, family and missing home. Questions on homesickness required participants to talk about their experience and feeling in the early period of arrival, e.g., whether they missed home, felt culture shock, lonely. They were also required to speak about the duration of such issues and how they overcame. Most expatriates and the migrants spoke openly about their experiences of living abroad and the research was able to probe their narratives in order to gain more insights into the participants' coverage of key discussion themes. The study covers a period of two years. Initial interviews took place in early 2009, with follow up contact with the participant a year later to establish the degree to which participants have overcome issues and the strategies used in the process.

4. Results

The participants interviewed described themselves as having felt homesick at some during the expatriation process. For some, the condition started its developments right at the point of departure from the home country. For the vast majority, the expression of homesickness actually developed on arrival in the host environments. However, there is a split as to when the illness developed. Among the migrant workers, 26 experienced homesickness in the first three weeks following arrival. Others felt homesick much later, about three to six months later. Among the expatriates, the picture bears similarities though with some variations. One expatriate expressed that feeling of homesickness appears before departure and 14participants acknowledged symptoms only after three months. Among the latter, two expatriates felt homesick only a year after starting the overseas assignments. It was evident that all migrants and expatriates displayed symptoms of homesickness and developed the condition regardless of mitigating factors such as previous experience of migration, the presence of the family and basic language knowledge. These variables were used to assess the degree to which there could be mitigating factors to homesickness.

4.1 Homesickness in Expatriates and Migrants: Causal Explanations

A plethora of factors in combination lead to the sense of dislocation and subsequent development of homesickness in migrant workers and expatriates. In general the study has revealed that it is always a combination of factors that causes the condition. However, a multiple combination of those is likely to aggravate the disease and cause the affected workers condition to deteriorate over time. This section highlights some of the most common causes described by the participants.

4.1.1 Crossing the Boundaries of Fortress Cultures

Penetrating different cultures is not effortless. Countless studies (Deresky, 2010; Hack-Polay, 2008; Hofstede, 1991; Lin, 1986) described the hitches associated with the process. The process of penetrating new cultural contexts particularly becomes more painful the more distant the cultures are. In the case of the migrant workers in the study, all came from relatively countries outside of Western Europe, with the African respondents having cultures that have more dissimilarity with western cultures. The predominantly collectivist cultures in this part of the world has proved incompatible with the individualist western cultures. Even the Eastern European participants from less collectivist cultures did not escape the feeling of incompatibility of cultures with the western host country. Collectivism meant that the migrants expected a more welcome in the host country, both in society and in the workplace. However, they argue that they were greeted with a "cold welcome" which was far from being one in their home cultures. Over half of the migrant workers felt this. The expression used by a migrant teacher indicates how migrant workers might develop apathy for the host country and a feeling of homesickness:

"Here no-one says hello to you. Even when you are first to do so, you may not get an answer. When I started work, it wasn't much different in the workplace. Colleagues would gather and eat while I sat in my corner. I felt unwanted and desired to go home".

Nine expatriates expressed frustrations about the new work environment while expatriates described the office culture as "fortress culture" where everyone seemed too busy to devote time to welcome newcomers and make them feel at home. The nine expatriates were particularly frustrated at the fact that they could not find their way

around the office easily and felt "stupid" sometimes and missed the home country. Though a significant number of expatriates did not express similar views, the experiences of the nine exemplify issues of integration that could trigger a sense of missing home country cultures and practices and therefore increase the feeling of the superiority of home over away, and an Asian expatriate translated the frustrations in those terms:

"In headquarters, I knew where things were and I knew people. We are supposed to work as a team but the team doesn't work. There's a 'gang' of unhelpful colleagues who chat and gossip between themselves. They know everything about you but you know nothing about them."

This analysis is further supported by the fact that all expatriates contended that there was something either in the organisational cultures or the societal cultures that led them to feel like not being at home or in an environment culturally close to home.

4.1.2 Fear

Fear was exemplified at several levels. Fear of the demands of the need to bridge the cultural gap and integrate has already been elucidated. However, fear that caused a feeling of missing home could be noticed in other areas. Fear of doing the wrong thing both within the workplace and society, fear of the (in)ability to adapt to new technology, fear of opacity of legal frameworks in some contexts, fear of the pace of life, fear for safety, etc. were other dimensions of the feeling of insecurity that surround the migrants and expatriates. The African migrants mostly originated from urban centres. The newness of everything, the people, economic and social systems, the architecture, transport system and even the food was very overwhelming for the migrant workers. Fear was about the use of banking services, road traffic, computers, heating and cooking systems. Many had the fear of doing the wrong thing which might lead to their being hurt or breaking the law or causing other damage. However, the fear of the human beings in the new social context was paramount for a large majority. An eastern European migrant contented:

"I was very scared because this wasn't home. My fears were exacerbated by negative stories I heard about attacks on migrants. I prayed for my safety."

The fear of people and authorities in the receiving country was widely shared by the participants. After a laborious journey, braving much psychological disruptions linked to separation and risk taking in terms of the new venture, to see these fears become reality was not an option to evoke for fear that it might bring bad luck. Nineteen migrant workers and 11 expatriates argued that fear was already in shaping before the journey began, with some reporting "tummy rumbling and fast heart beats". Kofman & Sales (1992) argue that within the boundaries of a "Fortress Europe", those aspiring for safety can fear being rejected and returned to danger. This stage represents a significant step for many migrant workers and expatriates because those with less fear and more strategies to combat fear have an increased chance of successful integration. Removing fear helps combat the "terrifying" perception that distant cultures and realities are necessarily alien, therefore potentially harmful and helped the foreign workers draw similarities with home.

4.1.3 Language

Awareness of the language of the host country was felt to be of critical importance. Both groups of migrant workers and expatriates acknowledge this probably in the same powerful way as expressed by Freire (1970) who argues that "to exist humanly is to name the world, to change it" and this is possible through language acquisition. Freire connects language acquisition with the effective search and appropriation of economic opportunities. Language is a primary source of socialisation and studies by Marshall (1992) found that language is a significant barrier faced by migrants in a host society. In the context of this research, two thirds of migrant workers felt that the lack of language competence was a key issue that reminded them about home and the "good life" they had. An Eastern European factory worker likened the lack of language skills to "deafness, blindness and deafness". This translates the social disability caused to migrants and expatriates by the lack of language competence. The metaphors express the frustrations of not being able to speak for self and communicate with the host country nationals (HCNs) and in the wider society.

The lack of language skills among migrant workers, in the early period following the arrival in the host country, impairs to large extent access to advice, information and guidance and social activities (Hack-Polay, 2008). While the language issue was significant for migrant workers both in the workplace and society, it affected expatriate workers mostly outside work. However, that did not necessarily remove the frustrations of the incapacity to melt in the new social context and learn more, thus, increasing the sense of dislocation of being out of place and therefore re-inactivating the strong feeling for home. This was expressed by a migrant in these terms:

"Back home, I knew very little English. When I arrived here, I felt ashamed at not being able to communicate with people and understand them".

Migrant workers and expatriates who spoke a second language or a plurality of languages had an advantage. Multilingualism made it easier to build initial relationships with people and peers from a variety of backgrounds and nationalities. This helped them to combat social isolation and some psychological pressure born from separation and loss. The experiences of the migrant workers and expatriates demonstrated that language is critical survival tool in a new culture and society.

4.1.4 Dimensions of the New Position

Increased responsibilities, unfamiliarity with the context and the magnitude of coordination issues were highlighted by half of the expatriates as critical factors that led them to miss home and develop thoughts of wanting to return. There was a question of whether the pre-departure training and visits undertaken actually achieved the aim, which was to smooth the transition between home and away. Pre-departure training is often credited with some degree of success (Briscoe, Schuler & Claus, 2009; Dowling & Welch, 2008) and this was exemplified in the experiences of the participants. Expatriates, with the exception of one who has several years of experience in multiple locations, have underscored the overwhelming sense being lost in the new job. The expatriates estimated that while the preparations were important, these did not always emphasise the job element in terms of the new employee getting a chance to practise and to experience for a meaningful length of time the realities and issues associated with the new position. Images of home keep coming back to the mind due to these difficulties, but this is further evident when there is scarcity of support as in the case of a quarter of expatriates who argued that they receive little support from both the subsidiary and headquarters.

Migrant workers were less concerned about the immensity of the tasks involved in the new job in the host country. The major issue for two-thirds of participants was about demonstrating that they had skills and could mix well with locals. Migrant workers were further concerned about not gaining permanent positions and therefore having to either seek other opportunities or return home. For those migrants whose country of origin presented less employment opportunities, this was not a desirable option; that increased the sense of fear, a factor impacting on their emotions.

4.2 The Grieving Process and Homesickness

Becoming a migrant or expatriate causes a sense of loss and grief. When most participants were alone, they felt more deeply the loss in terms of family, friends and environmental familiarity. They grieved for country as a geographical space, and sociocultural and linguistic entity that signified belongingness. An eastern European migrant's expression sums up the feeling of many of the participants:

"I feel sad for leaving my parents back home. I always think about them and the good time. I go to see them from time to time and phone them. But this is not the same as being with them regularly".

Grieving for such a colossal loss was commonly expressed through tears and the body language that encompassed head shaking, isolating oneself in the room, restlessness and miserable attitude. All migrant workers and expatriates acknowledged going through this process, despite the apparent joy having the opportunity to further their professional experience and, in the case of migrant workers, to send remittances to relatives back home. The similarity in the experiences of the migrant workers and expatriates is not an isolated finding. Other studies found some consistency in the experience and behaviour of displaced people, e.g., Lin, 1986; Williams & Westermeyer, 1986. An African migrant described the "coldness" of the host country, not just in terms of the cold weather of November when he arrived in the United Kingdom. During the interview the migrant persistently referred to the loneliness on arrival, the emptiness and the lack of social warmth. Grief for the "lost" homeland or the "lost" paradise is unmistakably high particularly in the first hours and days of arrival. In later stages, the migrant try to get on with their professional lives. Time and the building of new networks shorten the grieving process.

4.3 Symptoms and Consequences of Homesickness

The symptoms of homesickness among the migrant workers and expatriates could be observed at many levels and took different forms. Some were purely psychological but others were physiological. Though the detailed symptoms were different from one individual to another, broad similarities were reported by the participants.

Constant changes in moods were common among expatriates and migrants. A significant majority reported that in the early period following arrival, they were unsettled possibly due to disorientation and fear. The anxiety led three quarters of the participants to shift from excitement to a feeling of unhappiness. Frowning, teeth grinding, not finding a personal space and occasionally being unfriendly denoted more often the mental state of the worker. At times, the expatriate or migrant worker realised that there was something wrong in their own behaviour but could

do nothing about and found room to blame others for the psychological state in which they were. Phone calls to the headquarters were inappropriately rude before the expatriate apologised. The migrant workers also reported that sometimes, they did not feel like phoning home. When they did because they missed relatives, the slightest reminder of the "overdue remittance" greatly irritated them. Though only a fifth, some participants reported sobbing in the office or more discreetly in the loo or in their apartment. The stage was an exemplification of Fischer's (1989) reduced personal control model during which the migrant feels helpless before a number of situations. An expatriate said:

"Sometimes, I became irritated with no reason. Some of my colleagues' behaviour, sometimes normal, was found unacceptable and offensive. I went out of the office, to the toilet and outside for fresh air. It was unsettling and I was withdrawn"

The lack of interest was characterised by participants' lack of response to normal demands of the body and refusing food. Some participants, particularly among migrant workers, reported not eating for a day or two and having very unbalanced diets for many weeks after arrival. This led to unusual loss of weight and ill physiological conditions. Five respondents reported constipations, three claimed to have had constant headaches and a larger proportions, one third of participants, thought they felt weak. Many, both migrants and expatriates, experienced a general sense of feeling unwell without necessarily being able to describe what was wrong. Some participants refused basic socialising that may assist them in removing the sense of isolation and the constant reminders of the absence of home. An Eastern European migrant commented that being alone helped to connect with past realities but it was equally harmful because the mind was consistently back home and the migrant was spiritually absent from the host country. This transition exemplifies Fischer's (1989) conflict model in which the authors sees antagonistic and conflicting forces at work within the individual's psyche.

Migrant workers and expatriates alike went through this experience. Migrant workers particularly felt that there was a lot to take in. Work systems, technologies and reporting lines were entirely different in the country of origin. These, combined with the psychological effects of separation, became a situation that the participants were uneasy about but had no control over. This impacted on their performance in the early days of taking up the new positions. A migrant added that sometimes he might be chatting with friends and being lost in the discussions. He also acknowledged making several mistakes at work, which caused concerns to the managers. In fact the respondent admitted that on several occasions, he used the wrong packaging for particular products. These errors caused delays in processing customer orders and a sizeable amount of complaints. Managers referred him to the human resource department that provided advice and counselling to help the transition. However, such errors were fatal for one migrant worker who was returned home before finding work in Britain. Eight of the fifteen expatriate equally experienced the lack of focus and concentration and this lasted weeks but the situation tended to improve over time. Here, it could be spoken of *Interruption and discontinuity model* within Fischer's (1989) homesickness framework.

In total, homesickness caused psychological and social disruption in migrant workers and expatriates. The participants were affected physiologically, leading to some more accepted forms of physical illness. The gravity of the homesickness and its effects were more pronounced among migrant workers perhaps because they received less preparation before migrating but equally because of the fear of having no jobs to return to unlike expatriates. The next section examines coping or mitigating mechanisms.

4.4 Bridging the Gap between Home and Away

The following paragraphs examine in more details the mitigating factors in dealing with homesickness. The migrant workers and expatriates interviewed had different responses to the evolving symptoms of the disease and developed a variety of coping mechanisms. However, other factors such as the role of third party, e.g., employers, were significant. Usually, these when combined with personal coping strategies were rendered more effective. The major mitigating factors in the fight against homesickness can be categorised in four main groups: social paradigm, the educational paradigm, the personal paradigm and the medical paradigm.

4.4.1 Social Paradigm

This is made up of strategies linked with the utilisation of social networks. A fifth of participants argued that contacts with different people, including locals and expatriates from own and other countries were extremely productive in maintaining a certain psychological balance. A larger proportion of both migrant workers and expatriates acknowledged that contacts with strangers were not helpful in the initial period after relocation as the majority was in search for a personal space that would encourage the organisation of thoughts and make sense of the new realities. For this latter group, such self-imposed isolation became counter-productive and later contacts with the "outside" social world became instrumental in the healing process.

Most beneficial ingredients for respondents in the social paradigm include the discovery and integration with community organisations and expatriate associations. All the migrants workers felt that being able to meet people from their own community, socialise, speak the language, attend cultural events and have access to native cuisine were critical healing and success factors. The choice of the place of residence in the host country for migrant workers is fundamentally determined by the concentration of people from the same ethnic backgrounds. The sense of solidarity helps migrants make sense of life in the new environment. Further evidence the healing powers of the social paradigm lies in the highly ranked role of the family by expatriates. A third of the fifteen expatriates had come with their spouse and children. With the nuclear family being present, the expatriate had little to be deeply concerned about back home; to some extent, home seems to have moved with the expatriate. Though this category displayed the symptoms of homesickness, these were less pronounced than in those who did not relocate with the family. Most participants who regularly kept in touch with family and friends in the home country (12 participants), the feeling of missing home was less intensive than among those who did not telephone, write to or visit friends and relatives at regular intervals. The social model is summarised in table 1.

	Main strategies within paradigm	Outcome
Social Paradigm	• Use of social networks • Integrate community or expatriate groups • Increased contacts with friends and family • Use of the nuclear family • Cultural exploration and discovery	• Psychological balance • Ability to rapidly make sense of host realities

Table 1. Social paradigm and intended outcomes

4.4.2 Educational Paradigm

This paradigm includes coordinated assistance by the MNC, e.g., pre-departure training and briefing sessions, a least a country visit and chat with previous expatriates from the same company. A large number of the expatriates asserted that pre-departure preparation provided a crucial overview of the host country, geographical orientation, the dimensions of the new positions and expected issues. At least two thirds of expatriates supported this view and within this proportion half agreed that the testimonies of returnees were important in establishing a picture of the destination. Among first-time expatriates, half of the sample, as part of the pre-departure training four had overlap experience. Overlap is pre-assignment preparation that involves the new expatriate working alongside the outgoing member of staff to develop a realistic idea of what is involved in the work. All new expatriates that went through this process were unanimous about the benefits of overlaps.

A key aspect of the training provided to the expatriates before the assignment was cross-cultural management. All the expatriates that received some form of training acknowledged that it was extremely important and "eye opening". The view was shared by both experienced and first-time expatriates. Such positive feeling is translated by the statement of a first time expatriate for an operational management position who sees the richness of pre-departure preparation. Migrant workers in general did not benefit from such coordinated assistance and showed more signs of dislocation and homesickness. Their experience is similar to expatriates who had little or no preparation. In fact, for these participants, the more dislocated their felt, the more they missed home and presented the symptoms of homesickness. This argument is further vindicated by the experiences of migrants who took formal courses in the UK; these migrants benefited in terms of language acquisition, cultural awareness and socialisation as they had more opportunities to meet host country nationals and experience real life interactions but critically such migrants developed skills that made them more professionally mobile. Table 2 illustrates the educational paradigm.

The centrality of the educational paradigm lies in its capacity to raise awareness and be psychologically prepared to a certain degree. Such awareness means that the displaced persons could think of contingencies. The educational paradigm removes to a certain degree the sense of dislocation which is a causal factor of homesickness and the perilous circumstances displaced persons experiences.

	Main strategies within paradigm	Outcome
Educational Paradigm	• Coordinated assistance by MNCs • Pre-departure training, preparation • Returnee testimonies and input • Overlap • Education attendance in host country	• Reduced sense of dislocation • Preparedness of expatriate or migrant worker • Formulation of personal plan prior to departure

Table 2. The educational paradigm and intended outcomes

4.4.3 Personal Paradigm

The personal paradigm comprises of three key strategies: personal willingness and drive to maintain local and distant connections, Self-directed cultural learning and the Use of previous migration experience. The first strategy involved the expatriate or migrant worker doing all it takes to keep in touch with relatives and friends back home. This is usually through letters, electronic mail, telephone calls or visits back home. A female expatriate described her experience of using this strategy:

The atmosphere in Indonesia was great. But I felt lonely because my boyfriend could not come as we weren't married. To feel better I wrote 10 letters in 3 days and received equal numbers within 2 weeks; I kept reading, which kept me going.

The second strategy within the Personal paradigm is *Self-directed cultural learning*. This is summarised in table 3. Using this strategy, the migrant or expatriate, consciously or unconsciously, constructs a programme of learning aimed at decreasing the effect of homesickness. This involves the participant developing keen interest and willingness to learn about cultures and practices in the host country. Some expatriates clarified that they established regular patterns of television sessions where they would watch particularly programmes on local TV stations; others bought several books explaining local cultures and signposting newcomers to religious or traditional festivals and things of interest to tourists. Self-directed cultural learning also applied in the workplace. The Personal Paradigm proved effective because the subject of homesickness was at the centre of the search for remedy and was driving the healing process. Such a conclusion was further evident in the experiences of migrants or expatriates who had worked or lived abroad before. Although the environment was different, they tended to dig hard into past migration to inform current life. These participants showed a superior capacity to adapt than those who were first time migrants or expatriates. Migrant who have worked in another country mirrored this.

	Main strategies within paradigm	Outcome
Personal Paradigm	• Drive to maintain contact at home • Willingness to build contacts with host country nationals (HCNs) • Self-directed cultural learning • Use of previous migrant/expatriate experience • Social tourism	• Cultural immersion • Sense of self-worth • Development of temporary social networks • Cultural exploration and discovery

Table 3. The personal paradigm and intended outcomes

4.4.4 Medical Paradigm

The Medical Paradigm was the least used – only five of the 45 participants - but remained an avenue for a minority of participants. It is worth exploring given its impact on those participants' lives. The strategies within the medical paradigm involved the absorption of medicines and drugs. The sufferers of homesickness took tablets literally every day for the slightest pain, headache, stomach-ache and fatigue. One respondent acknowledged taking tablets when he felt very tired claiming that it relaxed him. Others took sleeping tablets to beat the constant thoughts about

home that stopped them sleeping well. The Medical Paradigm had a degree of effectiveness but presented strong drawbacks. An expatriate who relied heavily on this paradigm pointed out some drawbacks:

"In the beginning taking tablets was fine. I become drowsy and sleep a bit. But when I wake up and 'regain consciousness' the thought of home was still there, sometimes even more virulent. I ended up losing more by not socialising with local people".

The medical paradigm is illustrated in table 4.

	Main strategies within paradigm	Outcome
Medical Paradigm	• Consumption of drugs • Consumption of alcohol	• Temporal removal of homesickness • Less social networks and societal assistance • Addiction to drugs or alcohol • Reduced personal control

Table 4. The medical paradigm and intended outcomes

5. Conclusions and Discussion

The paper has shown that homesickness is a critical issue for displaced people. This could affect expatriates and multinational organisations to a large extent. Evidence (Deresky, 2010) suggests that it is a serious issue with potentially damaging impacts if it is not remedied. Homesickness is a condition that many psychologists see as an illness (Fisher, 1989; Van Tilburg et al., 1996), with important manifestations that have bearings on performance. For example, the displaced person could be irritable, sad, uncooperative and lacking initiative and drive. In business, the discourse of successful expatriate assignment must incorporate issues of homesickness which can lead to lower performance. The legitimacy of such a conclusion lies in the fact that migrant workers and expatriates in this research made significant reference to the term "home" and feelings of missing home. The impact of homesickness on expatriate performance should therefore not be overlooked. Further research is needed to establish the weight of homesickness in expatriate failure. This means attempting to establish whether an employee posted overseas who does not experience acute levels of homesickness generates better performance and return on investment. Homesickness could be a critical factor affecting adaptation and adjustment and should require greater attention than it currently receives. Expatriation is significant corporate investment whose high cost has been consistently argued. It is imperative to take every little step to safeguard such crucial investment.

Van Tilburg et al., (1996, p.909) argue that "the possibilities of interventions appear to be limited". Some realistic modes of interventions centre on the "stress management" approach (Fisher, 1989). It is designed to help the affected people to accept the feeling of homesickness, be involved in the new environment, do physical activities (sports, games, visits), eat and sleep well, go onto training programmes (Van Tilburg et al., 1996). In discussing culture shock, a concept related to homesickness, Selmer (1999) argues that there is no way to prevent it. Preventive solutions for homesickness are equally in short supply. Attempts can, however, be made to reduce the impact of homesickness on expatriates and organisations; such attempts are deeply rooted in the ability of organisations to ensure adequate expatriate preparation before departure and during the assignment. Deresky (2010) emphasises the importance of preparation and training, arguing that such activities reduce culture shock, disorientation and anxiety. Preparation should largely be concerned with informing the expatriate about the circumstances in the host country and the potential for social and psychological isolation for some time before acquaintance with the new environment. This process is normal and requires time and personal or family effort for a positive and gradual adjustment. Important family problems could result from homesickness; members could turn against each other and this could lead, on occasions, to the disintegration of the family and a large number of people do not pass this stage, causing the expatriate to return earlier. As part of prevention, expatriate packs could include plans for frequent return visits back home. Although this may add to the overall cost of the expatriate assignment, it will still remain more economical than failed expatriation.

Finally, reducing homesickness could take into account an attempt to rebuild a socio-cultural network, however artificial it may be. In many places several multinational companies work in juxtaposition and their staff may share cultural norms. For instance, there could be concerted effort by MNCs to establish an expatriate network that could

include host country nationals (HCNs). Cultural practices such as nightclubs, religious institutions, schools or childcare facilities could be drawn in to provide a more cultural sensitive network for the expatriates. This is far from implying that parent company nationals (PCNs) and third country nationals (TCNs) should cut themselves off the host society. On the contrary they learn from each other's adjustment difficulties and successes at the same time as combating somehow the effects of homesickness.

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