

Expatriate Mental Health and Personal Crises

1. Introduction

Expatriates are not typically recognized as a population vulnerable to states of crisis, owing primarily to their chosen migration and assumed-to-be privileged lives. This contrasts with refugee and economic migrant populations, who appropriately receive ample attention in crisis literature. However, expatriates are also prone to personal states of crisis, which occur whenever an event is experienced as exceeding one's current resources and coping mechanisms (James & Gilliland, 2024). These crisis states are internal and, as such, often invisible to outside observers. This invisibility means that expatriates frequently go unrecognized in crisis research. Foyle, Beer, and Watson (1998) documented a paucity of literature on expatriate mental health in the medical and psychiatric literature, and over twenty years later, Rached et al. (2022) reinforced this view: "next to no one has examined expatriates' mental health." This paper addresses that gap. It establishes who expatriates are, argues that they are particularly vulnerable to personal crisis, and proposes an intervention framework that brings together a number of existing crisis response approaches, organized primarily around self-determination theory (SDT).

2. Who Are Expatriates?

Benson and O'Reilly (2009) defined expatriates as people who relocate abroad based on the belief that a more fulfilling life is available elsewhere. A useful academic term for them is "lifestyle migrants." This is in contrast to both refugees and economic migrants, whose migration circumstances produce meaningfully different psychological profiles and crisis presentations.

According to the United Nations High Commissioner for Human Rights (OHCHR, n.d.), a refugee is "strictly defined in international law as a person who is fleeing persecution or conflict in her or his country of origin." Economic migrants, by contrast, are motivated to leave their country due to material concerns (Bertrand, 1998). The crises encountered by refugees and, to a lesser extent, economic migrants, clearly map onto trauma frameworks. Deschamps and Dorias (as cited in Bertrand, 1998) observed that the conditions of refugee life are so oppressive as to constitute a form of psychological and physical torture. In this way, their crises are obvious and overt; as such, they receive significant attention in crisis response. Expatriates, on the other hand, often do not look like they are in states of crisis to outside observers. In fact, because their personal struggles are largely an internal experience without external indicators, expatriates themselves may not recognize their own crises. When neither mental health professionals nor expatriates themselves appreciate the crises they confront, responses will be minimal or altogether nonexistent. Where mental health responses and crisis intervention do occur, existing intervention frameworks require adaptation to adequately address the unique circumstances of expatriate crisis. The following section examines the psychological realities of expatriate life in detail, with the aim of understanding what such an adaptation requires..

3. The Psychological Realities of Expatriate Life

The term "expatriate adjustment" refers to the degree of fit between the expatriate and their new environment. Achieving that fit is rarely straightforward, and expatriates often encounter challenges in adjusting to their new country and culture. When the culture is distinctly foreign, the language is decidedly different, and the attitudes of host country nationals toward expatriates are prejudicial, expatriates are likely to encounter high degrees of anxiety and stress (Aycan, 1997, as cited in Khemiri & Saygan Yagiz, 2025). Indeed, Foyle, Beer, and Watson (1998) found

that expatriates have elevated rates of depression, anxiety, adjustment disorders, and hazardous alcohol use compared to non-migrant populations.

A significant contributor to this distress is the expectation gap — that is, the expatriate's imagined quality of life before moving abroad versus their actual quality of life upon completing the move. Benson and O'Reilly (2009) demonstrated that the gap between anticipated and actual quality of life frequently produces disillusionment, identity confusion, and psychological distress. Compounding this, expatriates may encounter feelings of shame when they confront the fact that they are not as happy as they anticipated when they made their decision to move.

Relationship strain adds a further dimension: moving abroad frequently severs existing social ties while making new ones difficult to form, leaving expatriates isolated and lonely. Taken together, overall adjustment difficulty, the expectation gap, shame, and relational isolation constitute a pattern of psychological hardship that is both real and largely invisible to outside observers. The following section proposes a theoretical framework for understanding what underlies that hardship.

4. Self-Determination Theory

Self-determination theory (SDT) is a useful framework for understanding the psychological and emotional challenges posed by a move abroad. SDT proposes that human beings are intrinsically motivated toward psychological growth, but that this growth depends on the satisfaction of three basic psychological needs: autonomy, competence, and relatedness. Deci and Ryan (2020) identified these three needs as essential to psychological growth, integrity, and well-being. A move abroad challenges all three dimensions. With regard to relatedness, which concerns belongingness and connection, existing relationships are challenged by geographical distance

and time-zone differences, while new relationships are often difficult to find and sustain.

Regarding competence, which entails one's perception of one's ability to succeed, language differences and unfamiliar cultural norms may pose novel difficulties that cause expatriates to question themselves and their abilities. Finally, autonomy — defined by Ryan and Deci (2020) as "a sense of initiative and ownership in one's actions" (p. 1) — stands to be challenged by life abroad, when unfamiliar norms and hierarchies dictate or heavily influence the actions one would typically take.

As each of these dimensions of psychological well-being is challenged, an individual's intrinsic instinct toward growth and integration is likely to be compromised. In its place, anxiety and stress are prone to arise. Chen et al. (2015), in a cross-cultural study of over 1,700 participants across Belgium, China, the United States, and Peru, found that satisfaction of the three SDT needs predicted well-being, whereas frustration of those needs predicted psychological problems. Importantly, need frustration is not merely the result of non-attainment — a passive lack of need satisfaction — but the result of the active thwarting of said needs, which expatriate life is particularly prone to. In the context of SDT, relatedness frustration involves active relational exclusion, competence frustration involves self-doubt about one's abilities, and autonomy frustration involves feeling coerced or pressured (Chen et al., 2015). Expatriate life frustrates all three, leading to what Vansteenkiste and Ryan (2013) described as "the dark path where need frustration leads to ill-being" (p. 265).

It follows, then, that effective intervention in expatriate crisis must address the frustration of all three needs. The following section evaluates existing crisis intervention frameworks in terms of how well they are equipped to do this.

5. Crisis Intervention Frameworks Relevant to Expatriates

When expatriates respond to their personal crises on their own, they employ coping strategies. These coping strategies are divided into two groups: problem-focused coping strategies and emotion-focused coping strategies (Khemiri & Saygan Yagiz, 2025). When an expatriate employs problem-focused strategies, they take active steps to address the issues giving rise to their stress. By contrast, when an expatriate employs emotion-focused coping strategies, they attempt to manage their distress and minimize anxiety by withdrawing from the situation and avoiding the problem. Problem-focused coping is likely to produce resolution; emotion-focused coping is not. Following the work of Caplan (as cited in James & Gilliland, 2024), a crisis occurs when an event upsets equilibrium, an attempt to address the disequilibrium fails, affective and cognitive function are impacted, and physical health and psychosocial functioning then break down. Emotion-focused coping, by avoiding rather than addressing the source of distress, accelerates this process, compounding psychological distress until the expatriate reaches a state of personal crisis that calls for intervention.

The following discussion introduces and evaluates several crisis intervention models in terms of their feasibility for this population, assessed against the SDT criterion established above: does the model address need frustration with regard to autonomy, competence, and relatedness?

Following the work of James and Gilliland (2024), effective crisis response involves engaging the client, defining the problem, providing support (which necessarily includes establishing safety), examining alternatives, making plans, and obtaining commitment. A major aim of this type of crisis intervention is to return a sense of agency and internal locus of control to the client. According to the authors, "the critical element in developing a plan is that clients do not feel

robbed of their power, independence, and self-respect" (James & Gilliland, 2024, p. 63). This directly addresses the autonomy dimension of SDT. Effective crisis intervention should help the client feel that they are, once again, the active agents in their lives so that "the client can make self-determined decisions in response to the crisis event" (James & Gilliland, 2024, p. 34). With regard to expatriates specifically, crisis workers should be collaborative as opposed to directive or nondirective. The collaborative approach respects client autonomy and self-direction while providing appropriate support (James & Gilliland, 2024), and is likely to address the competence dimension of SDT, lending to expatriates the experience that they are able to guide both the sessions and their life decisions. With regard to relatedness, the crisis worker may address this in the planning portion of the intervention by working with the expatriate on how and where to maximize the quantity and quality of social interaction. However, the clinician should proceed with caution. Koveshnikov and Lehtonen (2024) found that social support-seeking was not an effective coping strategy for expatriates in crisis, likely because social networks in expatriate communities tend to be transitory and recently formed, and therefore lack the depth required to function as genuine supports in moments of acute distress.

Even though refugees are distinct from expatriates, crisis response models that prove effective in that domain deserve attention. One intervention model used with refugees was the Emergency Psychosocial Care (EPSoCare) framework (Scholte et al., 2004). In the EPSoCare model, the primary support provided is directed toward the individual's social reintegration by means of improving upon existing mutual support mechanisms — directly targeting the relatedness dimension of SDT. This model therefore directly addresses the relatedness dimension of SDT. However, findings about the model's effectiveness were unclear due to extraneous factors, and the psychosocial supports recommended are largely inapplicable to expatriates because the

model connected refugees with already-existing communal supports that expatriates do not possess. A multi-agency guidance note on the mental health of refugees and migrants (Ventevogel et al., 2015) identified a number of principles for addressing mental health and psychosocial well-being in displaced populations. These include treating all people with dignity, supporting self-reliance, responding in a humane way, providing relevant psychoeducation, strengthening family support, and making culturally relevant interpretations. By and large, these are basic crisis intervention stances also recommended by James and Gilliland (2024). However, assessed through the SDT lens, they gesture toward need restoration without providing a systematic means of achieving it.

In summary, while much of the crisis intervention guidance outlined by James and Gilliland (2024) and applied with refugee populations is certainly pertinent to expatriates, it lacks specificity. These approaches do not adequately respond to the particular need frustrations of expatriates in a systematic way. They do not address the shame dimension of expatriate crisis, the transitory nature of expatriate social networks, the expectation gap, or the identity disruption that characterizes life abroad. The following section proposes an approach to expatriate crisis response that builds on the best of the approaches discussed here, while actively addressing the unique demands of expatriate need frustration as identified by the SDT framework.

6. An Expatriate-Specific Crisis Intervention Framework

The aforementioned crisis intervention principles and frameworks can be generically applied to expatriates, and they should be. However, certain adjustments and additions are required in order to address the particularities of SDT need frustrations that characterize expatriate distress. The framework proposed here builds on the model outlined by James and Gilliland (2024) while

organizing its interventions around three principles: an autonomy-supportive and shame-informed stance, psychoeducation regarding the realities of expatriate psychological and emotional struggles, and relatedness-focused interventions that realistically address the limits of expatriate social networks.

Autonomy-Supportive, Shame-Informed Stance

The first principle concerns the relational stance of the crisis worker. Autonomy frustration in the expatriate context takes a particular form: the expatriate chose this life, anticipated fulfillment, and instead finds themselves disappointed. This situation produces shame, which compounds the original crisis by causing the expatriate to question themselves and their authentic choices and expression. James and Gilliland's (2024) collaborative approach is appropriate here, as it respects self-direction while providing appropriate support, with the goal of restoring the client's capacity to "make self-determined decisions in response to the crisis event" (p. 34). For expatriates, this collaborative posture must be explicitly shame-informed: the crisis worker should communicate clearly that psychological distress in expatriate contexts is both documented and understandable, and that the voluntary nature of the migration does not diminish the legitimacy of the crisis. The crisis worker's role is not to evaluate the initial decision to migrate, nor to position that as the source of the client's difficulties, but to restore the expatriate's capacity to act meaningfully within it.

Psychoeducation

The second principle concerns the use of psychoeducation to address the expectation gap and identity disruption that frequently accompany expatriate crisis. James and Gilliland (2024) identify psychoeducation as a valuable component of crisis intervention, defining it as providing

clients with information about their condition and what they can expect psychologically and emotionally. For expatriates, psychoeducation can help to externalize distress that the expatriate is likely internalizing as personal failure. Benson and O'Reilly (2009) demonstrated that the gap between anticipated and actual quality of life is a well-documented, even predictable, feature of chosen migration, and that identity confusion and psychological distress are common and predictable outcomes. When expatriates learn this, the competence dimension of SDT is directly addressed. Their struggles are reframed not as as personal inadequacy or evidence of personal failure, but as a documented psychological response to a difficult and identity-disrupting transition.

Addressing Relatedness Intentionally and Realistically

The third principle concerns the relatedness dimension. This is the most structurally challenging of the three needs to address in expatriate crisis intervention. Standard crisis intervention assumes the existence of social networks that can be called upon in a moment of need. For expatriates, this assumption frequently does not hold. The crisis worker must therefore approach relatedness not as something to activate but as something to construct. The clinician should also be sensitive to the reality to the transitory nature of newly formed social networks; that is, the crisis worker should approach relatedness restoration with realism. In the immediate crisis phase, the therapeutic relationship itself can serve as the primary relational anchor. The consistency, care and attunement of the clinician may represent the most reliable relational experience currently available. In the planning phase, the goal shifts toward longer-term community construction within the constraints of expatriate life. This is likely to include the thoughtful identification of repeated points of contact such as expatriate organizations, cultural groups, and shared-experience communities. The intervention goal is not to replicate the networks the

expatriate left behind, but to begin constructing the conditions for a new sense of belonging. This reframing distinguishes the expatriate-responsive approach from the generic social support activation recommended by standard crisis intervention models.

7. Conclusion

Expatriates represent a population whose vulnerability to personal crisis is real but largely invisible, even to expats themselves. This paper has argued that the psychological hardship of expatriate life is best understood through the lens of self-determination theory, as a move abroad frustrates the three basic psychological needs of autonomy, competence, and relatedness. As this frustration compounds over time, it produces states of personal crisis. Existing crisis intervention frameworks, while applicable to expatriates in broad terms, fail to address the particular circumstances of expatriate distress. They do not account for the shame that attaches to struggling in a chosen life, the expectation gap that characterizes chosen migration, the identity disruption that accompanies life abroad, or the structural limits of expatriate social networks. The framework proposed here addresses each of these gaps directly, organizing interventions around the three SDT needs and adapting the model proposed by James and Gilliland (2024) accordingly. As the expatriate population continues to grow globally the need for crisis intervention frameworks responsive to this population will increase. This paper represents a preliminary step toward meeting that need, but further work should attend to empirical validation of theoretical frameworks such as the one proposed here, and should address the heterogeneity within the expatriate population - something that was not taken into consideration here.

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