

REENTRY EXPERIENCES AND PROFESSIONAL DEVELOPMENTS OF
INTERNATIONAL MARRIAGE AND FAMILY THERAPY GRADUATES IN TAIWAN

by

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(Under the Direction of Jerry Gale)

ABSTRACT

Reentry research has received much less attention than research on cultural adjustment in a foreign country, especially in the marriage and family therapy (MFT) field in the United States. International MFT graduates often lose contact with their American colleagues and mentors; the MFT faculty also does not initiate follow-ups with international graduates and evaluate the influence of MFT training on the international students' clinical work during reentry. This study was intended to extend the reentry literature and specifically to understand personal and professional reentry experiences and cross-cultural transformation of MFT returnees in Taiwan. Thirteen participants were interviewed and the resulting data were analyzed using constructivist grounded theory. Analyses results demonstrated macro contextual factors that situated unique personal and professional reentry phenomena for international MFT graduate in Taiwan. The returnees strived to explore their MFT identity and interpret cross-cultural differences by developing four coping strategies (e.g., not wanting to fit in, doing what you were supposed to do or could do, processing with others, and therapists' multicultural awareness) that were associated with three conditions, such as personal networks linking to professional

networks, supervision, and training in MFT. Findings suggested that reentry adaption was varied and fitting into Taiwanese society might not be the final goal for the returnees.

INDEX WORDS: Reentry, marriage and family therapy, cross-cultural differences, cross-cultural transformation, coping strategies

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Chapter 1

Introduction

With the growing conveniences of transportation and communication via technology services, increasing numbers of international students choose to study in graduate programs in the United States nowadays. During the 2011/2012 academic year, there were 300,430 international students doing graduate work at US universities (Open Doors, 2012). Since systemic family therapy has a distinguished and diverse history in America, it has drawn many international students to study family therapy theories and approaches in the United States. International students from Taiwan, China, Japan, and Korea particularly have emergent needs to study systemic therapy from Western countries, because there have been growing demands for solving family problems and the requisite professional developments of local mental health professionals in these countries (Bae, Joo, & Orlinsky, 2003; Chao, 2011; Joo, 2009; Ng, 2003; Sim & Hu, 2009).

While studying abroad, international students experience living in a different cultural environment. This can facilitate their personal growth, enrich global perspectives of the world, and develop critical cultural awareness (Gill, 2010; Kim, 2001, 2008; Walling, Eriksson, Meese, Ciovica, Gorton, & Foy, 2002). It can also provide a competitive advantage in employment when they receive a high-level degree overseas and return to their native countries for work (Park, 2009; Yen & Stevens, 2004).

During the cross-cultural education period, international students may face numerous cultural challenges in coping with such as issues as negotiating academic requirements, language barriers, social isolation, perceived discrimination, psychological distress, and financial

difficulties. (Chun & Poole, 2009; Poyrazli & Kavanaugh, 2006; Rahman & Rollock, 2004; Smith & Khawaja, 2011; Wang & Mallinckrodt, 2006; Yeh & Inose, 2003; Ying, 2002). To overcome these cross-cultural challenges, international students must adapt and learn new social and cultural behaviors in a foreign learning environment. Berry (2005) considers these individual psychological and behavioral changes during intercultural experiences as natural parts of an acculturation process. International students, who adapt to Western values, behaviors and life styles, tend to handle a variety of people and situations in the United States more effectively than those international students who have not yet adapted (Wang & Mallinckrodt, 2006). To thrive in a foreign country, international students must immerse themselves and, to some extent, adjust their native cultural values and behaviors into the host culture.

Consequently, for those students who have adjusted well to different life styles and values while living in the United States, returning to one's native country after graduation is not necessarily an easy transition. International students returning to their native countries might experience depression, anxiety, anger, frustration, feelings of grief, adjustment difficulties, value changes, role conflicts and family problems in daily life (Brabant, Palmer & Gramling, 1991; Chamove & Soeterik, 2006; Kidder, 1992; Sahin, 1990; Weilkiewicz & Turkowski, 2010; Walling et al., 2002). These issues can affect family and friends as well, and typically returning students do not expect nor are their important others prepared for these issues when they return home (Martin, 1984). Unrealistic expectations and lack of preparation might further intensify this reentry distress among international students and their family members (Black, Gregersen, & Mendenhall, 1992; Rogers & Ward, 1993).

In addition to these reentry challenges, international students who study Marriage and Family Therapy (MFT) in the United States might also encounter professional transitions in their

native country. For example, as more and more mental health practitioners practice systemic therapy in Eastern cultures, psychotherapy models that are built to serve middle-class white populations might not be appropriately applicable to other peoples and cultures (Johannes & Erwin, 2004). Many researchers and mental health professionals in China, Taiwan and Korea have noticed some cross-cultural differences when applying Western systemic therapy and further suggested integrating Western therapy models with Eastern philosophy to fit more with collectivistic cultures (Bae, Joo, & Orlinsky, 2003; Chao, 2011; Joo, 2009; Li, 2012). The emphasis on individualistic well-being in Western societies certainly does not apply to beliefs in maintaining social harmony, interpersonal sensitivity, and other-centeredness in collectivistic societies. As a result, international students, who study MFT in the United States and return to their native countries continuing their clinical work, must first face the necessity of transforming Western MFT theories and modifying their clinical language and practice to fit local cultures, as well as their own personal cross-cultural transitions.

This study is to explore reentry experiences and professional developments of international MFT graduates in Taiwan, and to gain insights about how MFT program in the U.S. can further prepare for their future international students for reentry transitions. This study is committed to engaging the participants, Taiwanese MFT graduates, in rigorous training backgrounds and continuous therapeutic practice, sharing cross-cultural challenges they encounter personally and professionally, developing coping strategies to cope with these challenges, and creating an understanding of culturally responsiveness and multicultural interventions for Taiwanese therapists and clients.

Chapter 2

Literature Review

As foreign exchange programs emerged in the 1950s, intercultural research has emphasized studying social and psychological problems encountered by international students (Ward, Bochner & Furnham, 2001). Most research in the intercultural field has studied culture shock and cross-cultural adaption among international students in a foreign country (Zhou, Jindal-Snape, Topping & Todman, 2008). Comparatively, reentry experiences of international students in their native countries have received much less attention (Szkudlarek, 2009), even though scholars argue that readjusting to one's native country could be more difficult than adjusting to a foreign country (Adler, 1981; Martin, 1984; Chamove & Soeterik, 2006).

In this section, I first described the professional development history of family therapy practice in Taiwan that serves a macro context where the participants were located. I added this section in the literature review because the participants disclosed professional transitions and challenges that were relevant to professional developments of the family therapy field in Taiwan. I then demonstrated an integrative theory that highlights affective, behavioral and cognitive aspects of intercultural experiences proposed by Kim's stress-adaption-growth model (2001). In describing multiple aspects of intercultural experiences in reentry process, I also provided empirical findings that either supported or contradicted those theoretical assumptions.

Taiwan: A Brief Background

The practice of family therapy in Taiwan started in the late 1960s when the psychiatrist Zhu-Zhang Chen and the social worker Ji-Jun Wu began conjoint family therapy with psychiatric patients at the National Taiwan University Hospital (Chao & Huang, 2013; Wang, 2013). In

1982, Virginia Satir was invited to conduct the first local family therapy training workshop and the “Taiwan Satir Center” was then founded in 1991 to periodically provide Satir approach in Taiwan (Chao, 2011; Chao & Huang, 2013). Since then, attending workshops conducted by visiting trainers from abroad has become a common way to learn family therapy in Taiwan. For example, Waiyung Lee from the Minuchin Center for the Family in New York started conducting a series of structural family workshops in Taiwan since 1999 (Chao, 2011; Chao & Huang, 2013). Other famous family therapist, such as Insoo Kim Berg, Michael White, Maria Gomori, John Banman, Bert Hellinger, etc. were also invited to conduct short-term workshops in Taiwan (Wang, 2013).

Gradually, there are therapists who studied family therapy abroad and went back to Taiwan for practice. Some of them continue their private clinical and supervision practice in local communities (e.g., Shijiuan Wu, MFT Ph.D from Iowa State University and Cambridge Hospital, Boston), and some of them work in a university setting and provide counseling training and supervision (e.g., Ping-Chuan Hsiung, MFT Ph.D from Purdue University; Wen-Yi Shieh, MFT Ph.D from Purdue University...etc.) (Chao & Huang, 2013).

The third resources of learning family therapy are related to the developments of a few local training programs in Taiwan. There are two master training programs in Taiwan. One was built by National Chang-Hua University of Education in 2007, and the other was founded by Shin-Chien University, Family Counseling and Guidance program in 2010 (Chao & Huang, 2013). In addition, there are a few local mental health institutes (e.g., Shiuh-Li Lu Memorial Foundation, Huaijen Center for Human Becoming, Taiwan Institute of Psychotherapy) that provide systemic training and cooperate with both foreign and local trainers to give certificates when trainees finished required clinical practices. Two family therapy professional

organizations, the Association of Couple and Family Therapy in Taiwan (ACFT, founded in 2006) and Taiwan Association for Marriage and Family Counseling (TAMFC, founded in 2003) have promoted indigenous practice, training, professional dialogues and research in Taiwan (Chao & Huang, 2013).

Even though there are growing practices of family therapy in Taiwan, there are also some challenges that prevent mental health professionals from working with couples and families in therapy. Chao and Huang (2013) concluded four main challenges to practice couple and family therapy in Taiwan: the habit of seeking professional help, misperception of psychotherapy and mental health professionals' misperception of family therapy. First, people in Taiwan would not consider psychotherapy as their prioritized strategy to handle their life issues. They prefer to consult with friends, future tellers, religion, or family members first before going to see a mental health professional. Second, people do not initiate psychotherapy because one Chinese saying states, "family issues (ugliness) should not be revealed to the public". Even though people chose to go to therapy, they would feel reluctant to attend therapy with other family members together or they will be very careful of hiding the fact that they are attending therapy. Third, mental health professionals worry how to handle relational conflicts in a bigger group structure (e.g., family) when they feel not prepared well enough to do so. Fourth, family therapists are still the minority professionals and there is limited availability of family therapy to be provided in Taiwan.

There are unique professional developments in the family therapy field in Taiwan. As a result, international students, who study marriage and family therapy (MFT) in the United States and return to Taiwan continuing their clinical work, must first face the necessity of transforming Western MFT theories and modifying their clinical language and practice to fit Taiwanese

cultures. This study responds the needs of understanding what those personal and professional transformations are and how these transformations further influence their interpretations of reentry experiences.

Stress-Adaption-Growth Dynamic Model.

Martin and Harrell (1996) consider cross-cultural adjustment in a foreign country and reentry adjustment in the native country are linked stages, and understanding returning individuals' experiences must consider the entire intercultural adaption process. Kim's (2001) stress-adaption-growth model includes both aspects of intercultural contacts and it proposes an integrative theory describing international individuals' psychological health (affective aspects), functional fitness (behavioral aspects) and intercultural identity (cognitive aspects).

An overview of stress-adaption-growth model. Grounded in general open-systems theory (Bertalanffy, 1968), the stress-adaption-growth dynamic model (Kim, 2001) demonstrates that individuals have an innate self-organization drive and a capacity to adapt to environmental challenges. Individuals are not only a static human organism but also self-reflexive and dynamic creatures that observe and renovate themselves as they continuously interact with the environment. Adaption is a life-long and dialectic process of stability and change as long as individuals are engaged in a given sociocultural environment through communication activities (e.g. language use, explicit code systems, nonverbal messages, participation in social activities, etc.).

Kim (2001) proposed that individuals feel stress when their capabilities are not adequate to meet the demands of the external environment during intercultural contacts. Stress is a psychological manifestation of the individuals' struggle of balancing the maintenance of old coping behaviors and the acting out of new behaviors to fit the environment's demands. Stress

becomes most severe during the initial phases of intercultural adaption. As time goes by, individuals continue engaging and responding to activities to the environment. Through interacting processes, they gradually incorporate some information of the environment into their internal cognitive structure and engender new internal meanings that fit more of the external realities. By doing so, individuals grow during intercultural contacts by changing their behavioral characteristics, expanding cognitive structures, and increasing psychological tolerance of life complexity while maintaining internal coherence and unity.

Kim (2001) further elaborates that the “stress-adaption-growth dynamic does not play out in a smooth and linear progression, but in a cyclic and continual ‘draw-back-to-leap’ representation of the present articulation of the interrelationships among stress, adaption, and growth.” (p. 56) According to Kim (2001), individuals respond to stressful intercultural experiences by “drawing back,” which in turn activates their adaptive energy to self-organize and self-regulate themselves and “leap forward” (see Figure 1) to cope with external challenges. The adaption process includes the opposite forces of progression and regression, engagement and disengagement, and construction and deconstruction. Large and sudden adaptive changes might occur in early intercultural contacts. The intensity and fluctuations of stress and adaption will gradually decrease (e.g. the diameter of the ‘draw-back-to-leap’ circle becomes smaller and smaller as time goes by) as individuals go through internal (psychological health and cognitive expansion) and external (behavioral fitness) changes.

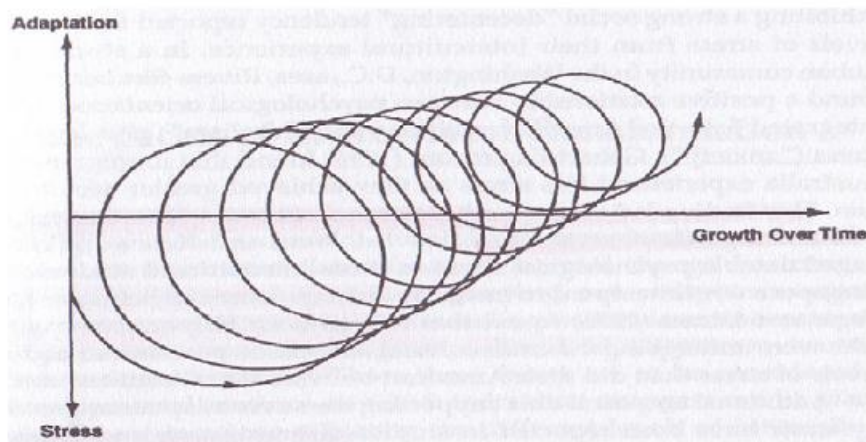


Figure 1: *Diminishing Stress-Adaption-Growth Fluctuation over Time* (Kim, 2001, p. 59).

Kim's stress-adaption-growth theoretical model provides an integrative outlook describing individuals' multidimensional phenomenon of intercultural experiences. In reviewing reentry literature, there is little empirical research that includes all three aspects of studying reentry experiences. However, there are more studies that have emphasized studying one aspect of reentry experiences. Martin and Harrell (2004) group them into three categories: affective, behavioral and cognitive aspects that highlight each theoretical underpinning regarding reentry process. I will follow their framework to focus on three important theoretical underpinnings regarding reentry processes and related empirical studies that either support or contradict that theory.

Reverse Cultural Shock- Affective Aspects

The first trend in the study of reentry experiences focuses on the psychological and affective well-being of returning individuals such as feelings, emotions and mental responses during the reentry period. The most influential work in this area is the W-curve theory proposed by Gullahorn and Gullahorn (1963). The W-curve theory is the extension of the U-curve theory. In order to understand the W-curve theory, the reverse culture shock in the native country, we

must first understand the concept of the U-curve theory, the culture shock in a foreign country.

The concept of culture shock was first introduced by Lysgaard (1955) when he studied the adjustment patterns of 200 Norwegian Fulbright scholars in a foreign country and found a U-shaped adjustment curve. The international scholars in this study encountered initial euphoria, then emotional depression, and finally resolution (gradual adaption) while studying in the U.S. Oberg (1960) defined and named these discomforts and negative emotions in a foreign country—such as confusion, disorientation, depression and discouragement— as “culture shock”, which he stated, “is precipitated by the anxiety that results from losing all our familiar signs and symbols of social intercourse.” (p.177) He specified six aspects of culture shock such as: (a) feeling strained, due to requirements of making necessary cultural adaption; (b) a sense of loss and feeling deprived in regards to giving up things to migrate; (c) feeling rejected by or rejecting new members of the host culture; (d) confusion about roles, values, feelings and self-identity; (e) anxiety and indignation after being more aware of cultural differences; and (f) feeling incapable and powerless when not being more successful with adaption.

This concept of culture shock is further used to define the concept of reverse culture shock. Gullahorn and Gullahorn (1963) studied reentry adjustments of returning scholars in the U.S. and suggested that their reentry experiences follow a W-curve, as an extension of the U-curve adjustment model. When returning scholars came home, they encountered a second-time excitement about coming back, then an emotional decline during readjustment to the homeland, and a recovery stage while settling down again. According to Gullahorn and Gullahorn (1963), those returning scholars often did not expect changes occurring in their home environments as much as they anticipated cultural differences in a foreign country, and they did not prepare themselves for readjusting to reentry changes and the accompanying emotional shocks.

The concepts of culture shock and the reverse culture shock provide simple and descriptive explanations for emotional reactions during intercultural contacts, but both the U-curve and W-curve theories are too simple to be reflected by empirical evidences explaining complex intercultural experiences (Martin & Harrell, 2004). For example, in contrast to the “initial euphoria” in the U-curve theory, research has demonstrated that international students studying in different host countries generally suffer more depression, anxiety, and psychological distress in their initial cultural transition when there are more unexpected cross-cultural challenges occurring in life and that it takes them time to utilize internal and social resources for coping with cross-cultural distress (Anderson, 1994; Brown & Hollway, 2008; Chruch, 1982; McClure, 2007; Ward, Bochner & Furnham, 2001; Ward, Okura, Kennedy & Kojima, 1998).

There are similar critics of the W-curve theory, and empirical findings are inconsistent. Some research findings suggest individuals indeed experience reentry culture shock, such as feeling depression, anxiety, anger, frustration, feelings of grief, and adjustment difficulties (Chamove & Soeterik , 2006; Christofi & Thompson, 2007; Gaw, 2000; Huang, 2008; Thompson & Christofi, 2006; Sahin, 1990; Walling et al., 2002). Some research findings do not suggest reentry shock but highlight the cultural value conflicts and restricted freedom that returning individuals experience in home countries (Brabant, Palmer & Gramling ,1991; Pritchard , 2011; Wielkiewicz & Turkowski, 2010).

Even though there are many critics of the U-curve and W-curve theories, psychological distress that returning individuals encounter because of cultural value conflicts, lack of preparation, or unrealistic expectations are well documented in different groups of returning individuals, such as students (Chamove & Soeterik , 2006; Gaw, 2000; Kidder, 1992; Thompson & Christofi, 2006; Sahin, 1990), corporate repatriates (Black, Gregersen, & Mendenhall, 1992;

Forster, 1994), migrants (Chaban, Williams, Holland, Boyce, & Warner, 2011), refugee children (Cornish, Peltzer, & MacLachlan, 1999), and political exiles (Steyn & Grant, 2007). Research shows that some returnees' emotional reactions during reentry can reach clinical levels of depression and anxiety (Sahin, 1990). The intensity of grieving feelings that senior high school students had during the reentry period could be even comparable to those who recently experienced loss from death (Chamove and Soeterik, 2006).

Reentry Expectation and Cultural Identity Models- Cognitive Aspects

The second set of reentry trends focuses on the influences of cognitive changes within returning individuals on their reentry experiences, including the expectation model and the cultural identity model.

Expectation model. The expectation model explains that pre-reentry expectation impacts the follow-up reentry adjustment in the home country. Returning individuals often expect cultural adjustments in a foreign country, but do not expect reentry adjustment in the home country; they are not aware of changes within themselves as well as external changes in the home country while overseas (Alder, 1981; Gullahorn & Gullahorn, 1963; Martin, 1984). The discrepancy between the unexamined expectation of returning home and the reality of the reentry experience often causes discomfort (Black, Gregersen, & Mendenhall, 1992; Rogers & Ward, 1993). Researchers argue that the more accurate the expectations returning individuals can form, the more reentry uncertainty can be reduced and managed. The more returning individuals can manage their reentry adjustment, the fewer surprises and negative affective responses they will experience.

Rogers and Ward (1993) found that actual, but not expected, social difficulty was related to anxiety and depression among sampled senior high school students in New Zealand. When

actual experiences were more difficult than expected, larger discrepancies were related to psychological distress. The authors concluded that expectation only gained predictive power in terms of its discrepancy from actual experiences. In business settings, similar findings proved that business repatriates would have a smooth transition if reality met or exceeded their expectation; and would have reentry difficulties especially in the work area with unmet, unrealistic, or undermet expectations (Forster, 1994; McDonald & Arthur, 2003).

Stroh, Gregersen, and Black (1998) further elaborated that the nature or content of the expectation could influence the degree to which a positive or a negative surprise outcome would occur, and the degree to which the expectation would predict the business repatriates' commitment level to the parent company and the new local work unit. For example, those repatriates whose expectations were met regarding to job performance standards were more committed to the parent company and the new local work unit than those whose expectations were not met. In addition, the repatriates with undermet expectations concerning job-related limitations were more committed to both the parent company and local work unit than those with either met or overmet expectations.

According to empirical studies mentioned above, expectation by itself does not predict reentry adjustments. Instead, the discrepancy between the expectation and reality, and its nature of comparison outcome play more important roles in influencing reentry adjustments. These findings also highlight the importance of managing reentry expectations to match with changes in the home country that would facilitate a smoother repatriation process (Kulkarni, Lengnick-Hall & Valk, 2012).

Cultural identity model. The cultural identity model (Sussman, 2000) proposes that cultural identity is a mental framework and often socially constructed within a certain

sociocultural group. It guides individuals in their behaviors, ways of thinking, responses to their environments, and interpretation of other people through communications. Therefore, cultural identity becomes a reference for self-definition and organizing social interactions.

According to Sussman (2000), returning individuals have experienced personal transformation through cultural contacts, which help them to survive during intercultural experiences overseas and change their sense of home cultural identity. The changed cultural identity containing new cultural scripts and social references might not be appropriately applied to the home environment. Sussman (2000) proposes that individuals experience four different types of cultural shifts overseas and would encounter relatively different psychological and behavioral responses during reentry, depending on the degree of shifting identity centrality (with the home culture) and embracing cultural flexibility (coping with cultural transitions). Those four types of cultural shifts that Sussman (2000) suggests are subtractive, additive, affirmative, and intercultural.

1. Subtractive individuals, who have weakened links with the home culture and have low cultural flexibility, experience a more difficult reentry. They feel less comfortable with the home culture values and norms, and are less similar to the native citizens of their native country.
2. Additive individuals, with moderate home-culture identity and high cultural flexibility, will experience cultural identity shift in feeling more similar to the host culture and want to maintain feeling familiar with the host culture. During reentry, they would find opportunities to interact with people from the host culture, participate in social activities representative of the host culture, and continue learning the host culture's language.
3. Affirmative individuals, with high home-culture identity and low cultural flexibility, will

continuously strengthen the home-culture identity through reentry. They often find that coming home is a relief from not adapting successfully in the host country.

4. Intercultural individuals, with low cultural centrality and high cultural flexibility, have multiple cultural lenses and utilize each lens as the working concept as it required in different cultural contexts. They often experience less reentry distress, develop friendships with individuals who are representative of many cultures, and participate in a wide range of international social and leisure activities.

Sussman (2001) first tested the cultural identity model among 44 American managers returning from 6 months to 4 years abroad, and found that that the identity changes were indeed associated with the repatriation distress. Further, Sussman (2002) found that reentry distress was significantly related to individuals' subtractive (weakened links with the home culture) and additive (the host culture oriented) cultural identity among 113 American teachers who expatriated in Japan. Those who had intercultural identity shift reported higher life satisfaction during reentry.

Another alternative cultural identity model was proposed by Cox's (2004) study with 101 missionaries returning from two-year period in 44 different countries. He categorized four different cultural identity groups: home-favored, host-favored, integrated, and disintegrated, and used these categories to predict individuals' psychological health and social difficulty during reentry. In terms of psychological health, the disintegrated individuals experienced the highest depression, followed by the host-favored individuals, the home-favored individuals, and the integrated individuals, respectively. In terms of social difficulty during reentry, the host-favored individuals had the most social difficulty, followed by the disintegrated individuals, the home-favored individuals, and the integrated individuals.

Based on Sussman (2002) and Cox (2004)'s work on cultural identity during reentry, it is concluded that those who have integrated cultural identity or strongly identify with the home culture will have smoother reentry adjustment than those who either strongly identify with the host culture or feel that they do not belong to both cultural groups. This conclusion is further approved by Walling et al.'s (2002) study of 20 American college students after their short-term missionary trip. The authors found that participants who experienced negative views and criticism of American culture in comparison to a foreign culture often had negative affect to the home culture during reentry.

Culture Learning Theory-Behavioral Aspects

The third trend in reentry research, the social skill/cultural learning model (Furnham & Bochner, 1986), describes the behavioral aspects of intercultural experiences. The model states that returning individuals have modified behaviors and thoughts to fit more appropriately in the host culture while overseas. In other words, learning new culture-specific skills is required to engage in a new environment through social interactions. Therefore, some of their home-country behaviors are replaced by newly learned culture-specific behaviors in the host country. When coming home, returning individuals need to unlearn these host-culture specific behaviors and regain familiarity with the home-culture specific behaviors. For example, a few researchers in Japan found that Japanese returnees would change acquired host cultural behaviors to fit into the Japanese collectivistic society that normally emphasizes group harmony (Sasagawa, Toyoda, & Sakano, 2006; Takeuchi, Imahori & Matsumoto, 2001). Japanese returnees would use indirect criticism styles (e.g. hiding dissatisfaction or expressing dissatisfaction ambiguously to teachers) and took more collectivistic positions while interacting with other Japanese. They did so much more than domestic Japanese by overcompensating for cultural differences in communication

style. Chur-Hansen (2004) also discovered that 8 medical students who studied medicine in Australia and chose an elective internship placement in Malaysia needed to take a directive style in communicating with local patients as a doctor rather than adopting the person-centered medical approach they had learned in Australia.

However, it is not always easy for returning individuals to immediately change their host-country behaviors and reactivate the home-country behaviors. For example, Kidder (1992) interviewed 45 Japanese college students returning from overseas and found that Japanese participants had a hard time readjusting to a conservative Japanese society. Some of them were reluctant to give up the newly acquired aspects of themselves such as physical changes (from light hair color and curly hair style to black and straight hair), behavioral changes (from a bigger-step walking style and free posture to smaller space between walking steps), interpersonal style changes (from being direct and making eye contact to being indirect) and manners of speaking (from English-speaking to paying more attention of using respectful language words in Japanese).

In addition to behavioral changes of returnees' interpersonal communication styles, researchers also studied the influences of behavioral changes on the nature of relationships between returning individuals and local people. Martin (1986) found that returning American college students reported their relationships with family and siblings changed more positively than negatively. Participants identified romantic relationships changed more negatively because the returnees' changes were not expected by their dating partner, which resulted in more relational conflicts. Wilson (1993) also noticed that American high school students were willing to engage in conversations about their intercultural experiences with family members, friends, and people in the home countries, and even became bridge-builders between cultures when most

of them were prepared to come home. Both studies about positive behavioral changes with family members and friends were conducted in the U.S.; the findings were somewhat different from those studies in Japan. It can be argued that returning individuals would need to make more behavioral changes during reentry when they enter a relatively conformist society, such as Japan.

Contextual Factors Shaping Reentry Experiences

Individuals are social and relational beings. Kim's stress-adaption-growth dynamic model (2001) highlights individuals' self-reflexivity and responsiveness to the external environment's demands. According to reentry literature, there are many contextual factors shaping individuals' complex reentry experiences. Martin (1984) identified three critical variable categories which determine the reentry process: personal background variables, host cultural variables, and home cultural variables. Each separate variable or combination of variables can influence the reentry experiences.

Personal Background Variables. Personal background variables included gender, age, marital status, religion, personality, reentry coping style factors, and previous cross-cultural experiences.

Gender. Research tends to show that male and female individuals experience reentry differently but has not concluded a consistent finding about gender difference on reentry adjustment. Brabant, Palmer & Gramling (1990) found that returned female international students around the world were more likely than males to report problems with both family and daily life after they studied in the U.S. Huang (2008) also reported a similar finding that males spent less time than females readjusting to Taiwanese culture after returning from the U.K. In Japan, Yoshida et al. (2002) concluded that bilingual males had less adjustment difficulties.

However, Rohrlich & Martin (1991) suggested that American college female students felt more satisfied with the reentry than male students after returning from West Europe. The authors concluded that American college female students returned to a more independent and free lifestyle than experienced living as part of a host family while studying abroad. Sussman (2001) even reported no significant relationship between gender and psychological reentry distress among 44 American managers. Inconclusive findings on gender difference in the reentry experience need further investigation, because it can be partially explained by other contextual factors such as comparatively different life style and gender role expectations between the host culture and the home culture. For example, females who studies in a more liberal country such as the U.S. or the U.K. and return to a relatively conservative country such as Taiwan or Japan might experience more conflicts than males in terms of adjusting their changed gender roles, family and daily life values during reentry.

Age. Most reentry research concludes that older returnees adjust better during reentry than younger returnees. Early work such as Gullahorn & Gullahorn (1963) demonstrated that older scholars had less trouble with reentry than younger scholars. They suggested that younger scholars had not established their identity yet and were less willing to change their new cultural beliefs and attitudes during reentry. Recent research works also demonstrated that older returnees experienced less adjustment difficulties and significantly lower levels of depression and social difficulty than younger returnees during reentry (Cox, 2004; Huang, 2008; Yoshida et al., 2002). Cox (2004) explained that younger returnees had higher cultural learning abilities and adjustment skills, which caused more profound identity changes in a foreign country and increased reentry distress.

Only one study in Finland found that age was negatively associated with reentry adjustments among Finnish economic graduates (Suutari & Välimaa, 2002). The authors concluded that ageism in Finland made older business repatriates have a difficult time in finding a job. However, a few researchers found no relationship between age and reentry distress (Brabant, Palmer & Gramling, 1991; Uehara, 1986). The participants in those two studies were mainly college students. These studies might not detect the age factor among such a homogeneous group compared to other studies whose participants sample were more diverse in terms of their age variation (e.g. from early 20s to 70s). In conclusion, older returnees seem to adjust better than younger returnees due to their developmental, cognitive and emotional maturity when participants' age range is heterogeneous. Within only college-aged participants, the age factor becomes less important influencing reentry experiences because of the sample homogeneity.

Marital status. Cox (2004) found that single business repatriates reported a significantly higher depression than married repatriates during the reentry. The author concluded that marital relationships served as a social support for repatriates to lessen their reentry distress. Among student participants, there is no research that studies the influence of marital status on reentry adjustment. Returning students in most reentry studies are still in their senior high or college school age (Brabant, et al., 1991; Chamove & Soeterik, 2006; Gaw, 2000; Kanno, 2000; Kidder, 1992; Martin, 1986; Tohyama, 2008; Wielkiewicz & Turkowski, 2010) and marital status might not be as interesting a factor to study.

Religion. Religion provides one of important demographic information about returnees and it can become spiritual resource for returning individuals to use in coping with reentry challenges. Surprisingly, there are not many reentry studies examining the influence of religion

factor. Brabant, Palmer and Gramling (1990) found that Near East and Islamic students experienced more problems with families and with daily life during reentry. This reentry difficulty might be explained by the conflicts between returnees' newly learned behaviors and values and the relatively prescribed sociocultural norms in the native countries. Another recent study demonstrated that missionaries who were aware of changes in themselves during the reentry also reported an awareness of God's presence and felt secure in their relationship with God; missionaries who felt called by God to return home also reported a greater degree of preparedness to return home (Kimber, 2012).

Personality. Vidal, Valle, Aragón and Brewster (2007) discovered that business repatriates' self-efficacy and autonomy characteristics enhanced their repatriation adjustments. Martin and Harrell (2004) proposed three attributes related to positive reentry adjustment: openness, personality strength and positivity. O'Sullivan (2002) examined the "Big Five" personality characteristics (e.g. extraversion, conscientiousness, openness to experience, emotional stability, and agreeableness) and their relation to proactive repatriation behavior, such as active attempts to change the work environment, to seek out information through social networking, and to have a positive outlook on reentry adjustment. He concluded that those business repatriates who scored high on the "Big Five" personality characteristics would respond to reentry by engaging in more proactive behaviors than those who scored low on these characteristics. Furuya, Stevens, Bird, Oddou and Mendenhall (2009) also suggested that possession of higher levels of intercultural personality traits (e.g. non-judgment, openness, tolerance of ambiguity, self-awareness, self-confidence, emotional resilience, interest flexibility, etc.) before an international assignment were positively related to global management

competency acquisition during the expatriation, which was also positively related to subsequent competency transfer upon repatriation.

Reentry coping style factors. Adler (1981) studied reentry experiences of American and Canadian Peace Corps Volunteers and proposed four different reentry coping styles, represented by two dimensions: overall attitude at evaluating reentry experiences (optimistic or pessimistic), and specific attitude at changing themselves and their environment to fit with the home culture (passive and active). The four reentry coping styles included being proactive (optimistic and active), re-socialized (optimistic and passive), alienated (pessimistic and passive), and rebellious (pessimistic and active).

1. Proactive returning individuals reflected the most growth by actively utilizing their cross-cultural skills and knowledge to succeed during reentry. They often had positive perceptions of the reentry and valued their cross-cultural experiences.
2. Re-socialized returning individuals had a higher desire to return home. They adjusted to the home environment more than integrate cross-cultural experiences they acquired in the host country.
3. Alienated returning individuals perceived reentry adjustments negatively and did not want to make changes to fit with the home culture environment. They tended to have the most difficulties during reentry.
4. Rebellious returning individuals had negative opinions about the reentry process. However, unlike the alienated returnees, they acted aggressively rather than passively against the home culture.

This reentry coping style model was applied to two qualitative research studies examining international students' reentry adjustments (Thompson & Christofi, 2006; Huang, 2008). Both studies found that their participants were following either proactive or re-socialized style.

Previous cross-cultural experiences. A few researchers proposed that, hypothetically, previous cross-cultural experiences could have a positive influence on consecutive cultural transitions (Martin, 1984; Martin & Harrell, 2004; Sussman, 2002). It is assumed that returning individuals who adjust well in a foreign country are skilled at managing cross-cultural challenges and would easily transform their intercultural knowledge and skills during reentry (Alder, 1981). Suutari & Välimaa (2002) did find that Finnish repatriates, who had more expatriation problems, demonstrated more difficulty in adjusting back to Finnish life style and interacting with old friends or colleagues. Furuya, Stevens, Bird, Oddou and Mendenhall (2009) also discovered that 305 Japanese repatriates' positive self-adjustment experience and global management competency acquisition during the expatriation positively predicted their global management competency skills transferred during the repatriation. However, other studies do not support this assumption. Sussman (2002) studied 113 American teachers who worked in Japan and found that overseas experience was not directly associated with their reentry experiences, in line with Sussman's (2001) earlier study of 44 American managers and Huang's (2008) qualitative study of 10 Taiwanese graduate students.

Host Cultural Variables. Host cultural variables included duration of being in a foreign country, cultural distance and contacts with the host country individuals.

Duration of being in a foreign country. Reentry research has not reached a consistent finding about the influence of the duration of being in a foreign country on reentry adjustment. Martin (1984) proposed that returning individuals who spent more time overseas would absorb

the host culture's ways of thinking, acting, and believing, and had more difficulty in adjusting to the home country than those who were less acculturated to the host culture. Suutari and Välimaa (2002) discovered that time on assignment abroad was negatively associated with Finnish repatriates' reentry general adjustment, but not with their organization, job and interpersonal interaction adjustments. Forster (1994) also suggested that length of time abroad predicted adaption difficulties among 124 returning repatriates in the UK.

However, Uehara (1986) did not find any relationship between the length in a foreign country and reentry culture shock among student samples. Vidal, Valle, Aragón and Brewster (2007) did not find any significant relationship between time abroad and reentry adjustments among 122 Spanish repatriates. Cox (2004) had a similar finding that number of months abroad did not predict psychological health and social difficulty among 101 American sojourners, but it did significantly reduce repatriates' home culture identity and increase host culture identity.

Cultural distance. Cultural distance refers to cultural differences between the home country and host country environments regarding to the degree of restraining sociocultural norms and rules, and it can influence reentry processes (Kogut & Singh, 1988). A few studies already demonstrated that returning individuals would encounter more reentry difficulties from a loose society with more freedom and open gender role expectations to a tight society, where sociocultural and behavioral codes were more restrictively described (Brabant et al., 1990; Huang, 2008; Kidder, 1992; Thompson & Christofi, 2006; Pritchard, 2011). Relatively, female returnees felt more satisfied with their return to the U.S. by living a more independent and free life style while comparing to living as part of a host family with less freedom overseas (Rohrlich & Martin, 1991).

Contacts with the host country individuals. Rohrlich and Martin (1991) found that students' involvements in communicating with the host country individuals overseas negatively predicted their reentry adjustment. They were less satisfied with return life because they missed the degree and the quality of communication-bonding experiences such as going on walks, visits, or evenings with host families and discussing significant issues with the host country individuals. There are still more empirical studies that need to be done in exploring the relationship between reentry adjustment and contact with the host culture individuals.

Home Cultural Variables. Home cultural variables included contacts with the home country individuals, attitudes of home-country individuals toward returnees, and the length of return time.

Contacts with the home country individuals. Research suggests that communication with the home country individuals, while both overseas and upon return, contribute to better reentry adjustment. Brabant, Palmer and Gramling (1990) discovered that international students who frequently visited home while overseas experienced fewer family problems during reentry, and suggested that visiting home helped the students "keep in touch" with changes occurring in the home country, which facilitated their reentry adjustments, in line with Huang's finding (2008). When family members such as parents could communicate with returning students prior to, during and after their return to Japan, returnees would have less adjustment difficulties, feel less different conforming to the Japanese culture, feel more acceptance by peers, and more self-affirmation of their overseas experiences (Yoshida, Matsumoto, Akiyama, Moriyoshi, Furuiye, & Ishii, 2003).

In business settings, Suutari and Välimaa (2002) also found that following what happened in the native country and in the home organization while overseas was positively

associated with business repatriates' general adjustments during reentry. Cox (2004) discovered that communication with family members and visits from U.S. tourists during expatriation decreased repatriates' depression and social difficulty during reentry. In addition, all communication with family members, friends, and colleagues increased home culture identities and decreased all host culture identities.

Attitudes of home-country individuals toward returnees. The attitudes of home-country individuals toward returnees can further shape returning individuals' reentry adjustment. However, reentry research on this factor is still rare except for a few studies in Japan (Fry, 2007; Kanno, 2000; Yoshida, Matsumoto, Akiyama, Moriyoshi, Furuiye, & Ishii, 2003; Yoshida, Matsumoto, Akiyama, Moriyoshi, Furuiye, Ishii, & Franklin, 2002). Attitudes toward returning students, who accompanied their business parents overseas and came back to Japan, had shifted from being negatively perceived as "educational refugees," "han-Japa" (half Japanese) or "gaikoku hagashi" (ripping off foreignness) to being positively perceived as "bilingual," "bicultural," and "valuable assets for Japan" who would lead Japan toward internationalization and globalization during the late 1970s and early 1980s (Fry, 2007). Fry (2007) stated that the Japanese Ministry of Education had developed special programs for assisting returning students back to Japanese educational systems in the past decade. With more open attitudes toward returnees in Japan now, recent Japanese returning students and those returnees who study in schools with special provisions (leading to recruit more returning students) demonstrate less adjustment difficulties and feel more accepted by peers (Yoshida et al., 2002). Even though Japanese society has gradually accepted returnees, Japan is a relatively homogenous country and returnees still encounter problems with cultural identity and belonging (Kanno, 2000). To fit in the Japanese society, Japanese returnees may need to be aware of the public image associated

with returnees and present themselves in a manner that goes with that image, without disrupting group harmony in Japan (Sasagawa, Toyoda, & Sakano 2006; Takeuchi, Imahori & Matsumoto, 2001).

Most reentry research about home-country individuals toward returnees is conducted based on self-reports of returnees. There are very few studies actually examining perceptions from returnees' important others, such as peers (Yoshida, Matsumoto, Akiyama, Moriyoshi, Furuiye, & Ishii, 2003), and mothers (Chang, 2009). Yoshida et al. (2003) found that peers perceived Japanese returning students' "lack of fit" and "tend to use direct type of communication" as disadvantages. When those peers also studied abroad or had other returnee friends, they would go beyond a stereotype and consider both the advantages and disadvantages of being a returnee. Chang (2009) found that mothers' confusion about their children's cultural identity changes led to their confusion about their motherhood identity. The authors suggested that reentry was not an individualized process of psychological and behavioral adjustment on the part of returnees only, but also co-constructed by returnees and their significant others through communication.

The length of return time. As Kim's (2001) stress-adaption-growth model suggests that the intensity and fluctuation of stress and adaption cycle would decrease as time goes by during intercultural contacts. It is assumed that returning individuals would gradually adjust back to their home country with time. Vidal, Valle, Aragón and Brewster (2007) included the time factor in analyzing the reentry process, and found that business repatriates were less adjusted in 2 months than after 9 months.

Differences Between Acculturation and Reentry Experiences

As it is stated earlier in the paper, research on culture shock in a foreign country has impacted research on the reverse culture shock in the home country. However, scholars who study reentry on individuals have argued that reentry process in the home country is quite different from acculturation process in a host country (Martin, 1984; Onwumechili, Nwosu, Jackson & James-Hughes, 2003; Sussman, 1986; Uehara, 1986). To identify differences between acculturation in a host country and reentry in the home country, Martin (1984) proposes three reasons that differentiate individuals' reentry experiences from their acculturation process in a foreign country.

First, returnees have different expectations regarding coming home than going to another foreign country. Individuals often expect to encounter cultural dissimilarities and adjustment problems in a host country, but not in their homeland. Members in the host country also expect the foreigners to behave differently from native members. However, returning individuals often do not expect to encounter adjustment problems at home because home is not a totally new place for them. Their family members and friends also do not expect returnees' readjustment issues and could unintentionally provide less social support for returnees. Therefore, neither returning individuals nor their native social networks expect their reentry problems, and this further jeopardizes the reentry experience.

Second, returning individuals experience a different nature of change in their initial entry. In adjusting to the new culture, individuals might not change their internal values much but experience more environmental changes in the beginning. It often takes time for them to gradually develop new cultural values, behaviors and skills in a new country. However, when returnees come home, they have changed their internal values, identities and behaviors to some

extent. The above situation leads to the third phenomena returning individuals encounter in their reentry; as they live in the host country longer and longer, their native cultural schema is expanded to incorporate the new cultural values. Returnees might not be aware of their internal changes as well as the external changes in the home country until they return home and realize that these changed cultural values, behaviors and identities do not fit in with the changing home country when they are overseas.

Reentry Research About International Students

Student population is the second most researched returnee group compared to the business repatriates, the biggest reentry group (Szkudlarek, 2009). I will discuss research findings and methodology issues, and make suggestions that are specific to international students' reentry research based on 23 published articles retrieved on-line from 1986 to 2011 (Table 1).

Research Findings on International Students. Empirical findings about reentry experiences of international students are still inconsistent. Some research findings demonstrate reentry culture shock and adjustment problems among international students. For example, Sahin (1990) reported that 785 Turkish high school returnees had significant clinical levels of depression and anxiety compared to non-returnee students. The reentry culture shock could even last after one year upon their return home (Gaw, 2000). Returning American college students experienced psychological changes by scoring significantly higher on the Reentry Shock Scale, reporting more skeptical views of American culture, and being more likely to consume alcohol than those who did not study abroad (Wielkiewicz & Turkowski, 2010).). Those who reported a high level of reverse culture shock also were more likely to report personal adjustment problems and feelings of loneliness, isolation, inferiority, depression, and general anxiety (Gaw, 2000).

Even after a short-term missionary trip, American college students could experience negative views and criticism of American culture, and had negative emotions such as feeling angry, frustrated and guilt toward the home culture during reentry (Walling et al., 2002).

Reverse culture shock among international students was also discovered in other countries. Chamove and Soeterik (2006) discovered that 61% of 207 high school students in New Zealand experienced lower psychological well-being on the initial 3-6 month reentry after one year overseas. Those participants who found returning home problematic also showed grief at levels comparable to those who recently experienced loss from death. Thompson and Christofi (2006) conducted phenomenological interviews with 8 Cyprus participants who had finished at least their Bachelor degree in America, England, Australia, Zimbabwe and Greece, and found that participants felt shock and an unexpected adjustment period when returning home. It led them to have adjustment difficulties such as feeling restricted freedom and frustration in women's roles, professionalism, and societal expectations.

On the other hand, some research findings argued that international students do not suffer significantly from emotional reentry trauma but only encounter cultural value conflicts that further make them feel constrained in home countries. Brabant, Palmer & Gramling (1990) conducted a survey of 96 international students from near East, Asian, Center and South America, and Nigeria and concluded that reentry culture shock was not as universal as generally assumed in the reentry literature, and reentry shock was alleviated by visits home. In their study, female participants experienced more difficulties than males in readjusting to a more conservative family value and life style in their home countries after having been exposed to a more liberal life in the United States. Pritchard (2011) interviewed 12 graduates from Taiwan and 15 graduates from Sri Lanka about their reentry experiences after studying in the West and

did not find the evidence of emotional reentry trauma as hypothesized in the W- curve theory. However, participants did struggle with conflicted cultural values between modernism and traditionalism or between individualism and collectivism in adjusting to the expectations of their employers and to the cultural nature in their home countries. Many of them chose not to conform to the stereotypes within their original cultures anymore. Huang (2008) interviewed 10 Taiwanese graduates from England who also disclosed psychological changes and reentry adjustments due to conflicted cultural values in job and social settings, but all participants interpreted it as a developmental process to maturity and growth.

From the findings mentioned above, it is concluded that international student returnees indeed encounter reentry challenges due to the different cultural environments and conflicted cultural values. However, the degree of reentry cultural shock that international students experience also depends on the family life cycle and personal developmental stage when they depart and come back, and how they interpret the reentry cultural shock. It appears that younger international students at senior high school or college level report more reentry shock than older graduated international students. This finding corresponds to the studies of the age factor on returnees' reentry experiences (Cox, 2004; Gullahorn & Gullahorn, 1963; Huang, 2008; Yoshida et al., 2002). Graduate international students tend to perceive the reentry shock more as a conflict of cultural values and consider it as a necessary developmental process to maturity even though they also feel discomforts throughout this process.

According to human development theory (Schroeder, 1992) and family life cycle theory (Anderson & Sabatelle, 2007), these two groups of international students are in different developmental stages and have different life tasks to accomplish during intercultural contacts. Younger students during the early adult transition between age seventeen and twenty-two are

still undergoing self-identity formation and have not achieved a solid self-sense yet. Intercultural contacts overseas might accelerate their cognitive development (Martin, 1986) because younger international students often quickly respond to those life problems and new information that is different from what they wish to be true of reality (Schroeder, 1992). They absorb cultural information rapidly in a foreign country but might encounter more reentry distress due to identity confusion when coming home (Cox, 2004). In contrast, graduate international students entering the adult world are relatively more developed and mature psychologically, cognitively, and emotionally. They have obtained an initial definition of themselves as an adult and use more dialectical thinking to understand life complexities and solve problems (Schroeder, 1992). This makes older international students to be able to integrate new cultural information into their original culture identity, to be aware of cultural differences within different sociocultural contexts, and to interpret intercultural challenges with more flexible thinking.

Methodology Issues. Among the 23 articles retrieved, 14 studies used quantitative methods. The number of studies using qualitative methods increased from only one article during 1986 and 2000 to 8 articles during 2001 and 2011. Most quantitative studies are cross-sectional studies and there are no longitudinal ones. There is only one qualitative study with three-year longitudinal data collection. Lack of longitudinal studies on reentry experiences makes it hard to examine the nature of change process during reentry and cannot provide evidence to support the W-curve theory (Gullahorn & Gullahorn, 1963) or Kim's (2001) stress-adaption-growth dynamic model. It is still unknown about the nature of long-term reentry phenomena through different time points since individuals return to the native country. In addition, the majority of studies used either surveys or interviews. Most of the studies relied on self-report data. There is no study that triangulates different methods (e.g. returnees' diary) or

participants (e.g. returnees' important others) of collecting data and gets depth understanding of the reentry phenomena.

The outcome variables of reentry research on international students are also limited to explore individuals' psychological well-being, relationships with family members or important others, behavioral changes, and sociocultural identity confusion. Less is known about international student returnees' job searching experiences and professional developments when pursuing competitive advantages in a local job market is one of important reasons for them to receive education overseas. There are only four studies that discuss cross-cultural challenges encountered by international graduate students in searching a job or performing professional duties in the native countries (Chur-Hansen, 2004; Gill, 2010; Huang, 2008; Pritchard, 2011). Most reentry research on job experiences is within a business context because job performance is such a big component of reentry adjustment for business repatriates (Black et al., 1992; Forster, 1994; McDonald & Arthur, 2003, Stroh, Gregersen, & Black, 1998). Business companies expect their returning employees can use their overseas experiences, knowledge and social networks to continue accessing and transferring host-unit knowledge and performing high quality of work in the home countries (Hocking, Brown, & Harzing, 2007; Reiche, 2012). Lack of research on job performances of international student participants does not give insights about the quality of education international student receive while studying abroad and how it influences their job searching experiences and professional developments in the native countries.

In addition, most studies use only one theoretical framework or, at most, two frameworks to define research questions and make conclusions regarding partially studied phenomena about international student returnees' reentry experiences. There are no studies that integrate three theoretical aspects (e.g. psychological, behavioral and cognitive perspectives) to wholly and

systemically examine international students' reentry experiences. The isolation of different theoretical frameworks does not provide a grounded and solid theory for reentry researchers to design their research questions and to capture diverse phenomena of reentry. It might cause difficulties to reach conclusive findings about complex reentry experiences.

Even though researchers use the same theoretical framework to define research questions, they use different assessments to measure the same concept. For example, researchers who are interested in studying psychological and emotional well-being of returnees use different assessments to measure the concept of reentry culture shock (e.g. reverse culture shock, Beck depression inventory, Grief scale, or the Homecomer Culture Shock Scale). This might cause reliability issues when there is no standard and consistent assessment to be used repeatedly with the same participants. It might also create content validity issues when one measurement might include only one scale (e.g. Reverse culture shock scale) to capture the concept of the reverse culture shock while another assessment includes more subscales (e.g. Homecomer Culture Shock Scale) to measure the same construct.

Research gaps. According to research literature mentioned above, there were a few research gaps in reentry literature. First, there was lack of longitudinal studies that examined both short-term and long-term change process of reentry of international student returnees. Research with longitudinal design can provide more empirical evidences for exploring or supporting the W-curve theory or Kim's (2001) stress-adaption-growth dynamic model with international student population. The longitudinal studies on reentry also help to examine the cohort effects of international students' reentry experiences across different historical times. Returning home ten years ago would be very different from recent returnees' experiences because sociocultural environments certainly change in the modern native countries. The

findings can be helpful for reentry training programs to conduct appropriate interventions for international student returnees prior their reentry by providing useful information about the nature of reentry process and preparing returning students to cope with possible psychological reactions and reentry challenges.

Second, there was lack of consistent findings to describe complex reentry phenomena due to the isolation of different methodology and theoretical issues. Scholars used different assessments even when they studied the same reentry phenomena such as returnees' affective responses. Researchers should repeat a standard and consistent assessment when they want to measure the same construct (e.g. reverse culture shock). This can rule out reliability or validity issues. In addition, there was no a holistic and complete theory (e.g. Kim's (2001) stress-adaption-growth model) to systemically examine different aspects of individuals' reentry experiences (e.g. psychological, behavioral and cognitive perspectives). Human beings react to intercultural challenges holistically. Individual changes in one aspect can lead to another aspect during reentry. Lack of a holistic theory to study reentry phenomena explained that researchers often emphasized studying one aspect of reentry than the other and could not provide a full picture of the reentry phenomena.

Third, most reentry research on international students focused on studying younger participants (high school and college aged students, ages 16-21) but not older international graduate students (ages 25-35). Older participants are in the different developmental stage and might get married or bring their family while studying abroad. As a result, going back to their native countries involves both personal and family adjustments. As Chang (2009) proposes that reentry is not an individualized process of psychological and behavioral adjustment but co-constructed through interactions between returning individuals and their important others. It

might create different reentry experiences while helping the partner or the families settle down as well as handling one's own personal and professional transitions. According to family life cycle theory (Anderson & Sabatelle, 2007), older international student participants are in a developmental stage of searching a job, increasing financial independence, and establishing professional identity after they return home. It would be valuable to explore international graduates' job experiences and how it intersects with returning individuals' reentry experiences. It could further give educational programs ideas about designing specific courses that prepare international graduates finding jobs or modifying their learned skills during reentry. It could also reflect the quality of education returning individuals receive overseas and how much they are prepared by graduate work for returning home.

Fourth, reentry research findings were mainly based on returnees' self-report data. There was only few research that included returnees' important others such as peers (Yoshida, Matsumoto, Akiyama, Moriyoshi, Furuiye, & Ishii, 2003), and mothers (Chang, 2009). Researchers should triangulate different types of data resource, such as studying both international student and their important others' (ex. spouse, parents, siblings, friends, clients etc.) perception of reentry adjustment, and treat dyad or triad as unit of analysis. This would give more systemic understandings about multiple perspectives of reentry experiences and examine complex relational dynamics changes during reentry.

Conclusion

This chapter first describes the unique family therapy developments and challenges encountered by local mental health professionals in Taiwan. It further demonstrates Kim's (2001) stress-adaption-growth integrated model highlighting that reentry adjustment is linked to cross-cultural adjustment in a foreign country and it involves psychological, behavioral and

cognitive experiences interacting with the external environment. Empirical findings from three main reentry research trends (e.g. affective, cognitive and behavioral aspects of reentry) are presented to explain multidimensional phenomenon of reentry in native countries. Reentry is a life-long process and can be better understood within returnees' whole intercultural contexts. Contextual factors such as personal background variables, host cultural variables and home cultural variables are identified to indicate intersecting influences among the variables on reentry experiences. In particular, differences between cross-cultural adjustment in a foreign country and reentry experiences in the native country are also acknowledged. Finally, reentry literature on international students is emphasized and research gaps regarding to its methodology and theoretical issues are highlighted. This chapter underscores the need for a contextual understanding of the reentry experiences of senior international graduates and their job experiences and professional developments during reentry, especially in the Marriage and Family Therapy (MFT) field in Taiwan. This present dissertation represents an effort to provide a voice to a population not yet heard in the MFT field in the United States.

Table 1: *Literature on Reentry Experiences of International Students*

Author/ Year of Publication	Theory	Quantitative Qualitative	Assessment	Participants	Findings
Uehara (1986)	Cognitive	Quantitative	1. Reentry culture shock	Comparison between 58 American college students and domestic students	Value structure changes were related to reentry culture shock.
Martin (1986)	Behavior	Quantitative	Self-created questionnaires regarding students' perception of changes in reentry relationships with friends, family.	173 17-21 year-old American students	1. Parent and sibling relationships changed more positively than negatively. 2. Friendships changed both positively and negatively.
Sahin (1990)	Affective	Quantitative	1. Beck Depression inventory 2. Spielberger State-Trait Inventory (Anxiety)	785 Turkish high school returnees	Significant clinical levels of depression and anxiety compared to non-returnee students.
Brabant, Palmer & Gramling (1991)	Affective Behavior	Quantitative	Self-created items (17 items to assess problems with Family, friends and in daily life)	96 international students	Females experienced more family and daily problems in life.
Rohrlich & Martin (1991).	Cognitive Behavior	Quantitative	Communication inventory (adaption and coping skills)	248 American college students returning from Western Europe	1. 70% of participants rated their return life as positive. 2. Women felt more satisfied with the return. 3. More frequent interactions with the host country were associated with less satisfaction with the reentry.
Kidder (1992)	Behavior Affective	Qualitative	Narrative Interviews; Focus group interview	45 Japanese college students	Themes: Physically marked; behavioral and interpersonal changes.
Wilson (1993)	Behavior Affective	Quantitative	Self-created questionnaires: Demographic info, feelings about returning home, sharing the experience, dealing with stereotypes, being a bridge between cultures, and the role of YFU alumni	272 students from Australia, Ecuador, Norway, Sweden	1. Reentry was not easy, but most participants agreed to be prepared to come back. 2. Most participants talked about their intercultural experiences with family members. Communication with friends was difficult.

					3. Participants dealt with stereotypes and were willing to share/explain their intercultural experiences with local people and became a bridge between cultures.
Rogers & Ward (1993)	Cognitive Affective	Quantitative	1. Expectation and experienced difficulty questionnaire 2. The Beck depression inventory 3. Spielberger's State Anxiety Inventory	20 secondary high school students in New Zealand	1. Actual social difficulty was related to depression/anxiety. 2. Experiences more difficult than expectations, larger discrepancies were associated with psychological distress.
Gaw (2000)	Affective	Quantitative	1. Reentry culture shock scale 2. Personal problems inventory	66 American college students ($M=20$, $SD=1.62$)	Higher reverse culture shock was associated with more personal adjustment problems and shyness concerns.
Kanno (2000)	Cognitive	Qualitative	Three years data collection, including interviews, and shared journal writings.	4 Japanese students from their Senior High year to College	1. Adjustment difficulties. 2. Misfit identities. 3. Ambivalent cultural and ethnic allegiances. 4. The host/home country fault them more than perceived them as bicultural. 5. Returnees themselves refused to identify with the society they lived, adding to their own isolation. .
Takeuchi, Imahori & Matsumoto (2001)	Behavior	Quantitative	1. Interpersonal criticism questionnaire 2. Nomura & Barnlund's (1983) Dissatisfaction Scale	70 Japanese returnees ($M=20$); 109 Japanese ($M=21$), and 111 American ($M=25$)	Japanese returnees preferred indirect criticism style when interacting with Japanese, and a direct approach with Americans.
Yoshida, Matsumoto, Akiyama, Moriyoshi, Furuiye, Ishii, & Franklin, (2002)	Affective Behavior	Quantitative	1. 35 item predictors (characteristics of sojourning experience, communication with parents/friends, types of schools entered upon return to Japan) 2. 39 items measured social and	512 Japanese returnees ($M=20.15$, 12-71). High school/college student returnee and returnees with non-student status	Communication with parents, recency of return and studying in schools with special provisions were keys to capturing positive reentry outcomes.

			psychological outcomes (effort to conform, relationships with peers, readjustment difficulties, feeling accepted, returnee advantage, satisfaction/dissatisfaction/ impact of returnee experience)		
Chur-Hansen (2004)	Behavior Cognitive	Qualitative	Semi-structures interviews	8 Malaysian international students studying medicine in Australia	1. Differences between theoretical or practice oriented medical approach in two countries. 2. Difficulties with language. 3. Hierarchical in Malaysia. 4. Heavy work loaded in Malaysia. 5. Feeling less prepared to go home.
Chamove & Soeterik (2006)	Affective-grief	Quantitative	1. Feelings about returning home 2. Profile of Mood-States Short Form 3. Grief experience inventory	207 New Zealand high school students	Participants who found returning problematic also showed grief.
Thompson & Christofi (2006)	Affective	Qualitative	Phenomenological interviews	8 Cyprus post-Bach participants	Themes: Cultural comparison Shock/adjustment Freedom/restriction Change/static
Walling et al, (2006)	Cognitive Identity	Qualitative	Focus group interviews	20 college students in short-term missionaries	Themes: Negative reaction to Home culture; Personal growth/learning; Cultural awareness/diversity; Positive/neutral reaction to Home culture; Adjustment
Sasagawa, Toyoda & Sakano (2006)	Behavior	Quantitative	1. A questionnaire of measuring I-C (Individualism-Collectivistic views) 2. LOC scale (internal/external)	141 Japanese returnees (M=16.38) vs. 149 domestic students (M=18.05)	1. C/E group students were more individualistic than I/E and non-returnee group. 2. Students attending local schools in the I/E group were more collectivistic than others. 3. I/E and C/E groups

					had a more internal LOC than non-returnee group. 4. No demographic differences.
Christofi & Thompson (2007)	Affective Cognitive	Qualitative	Phenomenological interviews	8Participants (4 Cyprus, 2 Russian, 1 Libeia, 1 Germany)	Themes: Cultural comparison Conflict/peace Reality/idealization Freedom/restriction Changing/static Comfort/discomfort
Huang (2008)	Affective/ Coping	Qualitative	Interviews	10 Taiwanese returning from England (aged 26-35)	Themes: Transitions; Reverse culture shock; Coping styles.
Tohyama (2008)	Affective	Quantitative	Homecomer Culture Shock Scales (HCSS) questionnaire with four subscales: Cultural Distance (CD); interpersonal Distance (ID); Grief (G); and Moral Distance (MD). Some open-ended questions about participants' readjustment experiences	85 American college and graduate students	1. Participants who experienced break up reported higher reverse culture shock levels than those who did not break up with their romantic intimate partners. 2. Gender alone does not have an impact on reverse culture shock levels (total HCSS and all HCSS subscale scores). However, women who experience break up have an especially difficult time with the interpersonal aspects of readjustment. 3. Study abroad duration does matter for reverse culture shock levels, but it matters only when comparing reverse culture shock levels of returnees who were abroad for short-term experiences and those abroad for long-term experiences.
Wielkiewicz & Turkowski (2010)	Affective	Quantitative	1. Reentry shock scale 2. Significant others scale 3. Emotional intelligence (15 attitude statements)	669 American college students	Psychological changes in skeptical views of American culture, more alcohol consumption; No significant depression and emotional distress.
Gill (2010)	Cognitive (identity)	Qualitative	Narrative interviews	8 Chinese postgraduates	Themes: 1. Common pattern in reentry to China

					(motivating factors, life style and values adjustment, adjustment in the workplace); 2. The effect of studying aboard on the reentry lives and work; 3. Intercultural identity.
Pritchard (2011)	Affective	Qualitative	Interviews	27 TESOL graduates in England (12 from Taiwan and 15 from Sri Lanka)	Themes: No reentry trauma, but socio-political issues associated with tension between modernism/ traditionalism, or individualism/ collectivism

Chapter 3

Methods

Introduction

The method of inquiry in this study is primarily driven by the main research questions: “What are international MFT graduates’ personal and professional adjustments in Taiwan?” and “How do personal intercultural experiences and learning outcomes influence MFT returning graduates’ personal and professional adjustment and growth during reentry?” I am attempting to understand and describe MFT international graduates’ personal and professional cross-cultural challenges in Taiwan as well as how they interpret what they had learned in the United States and integrate and Eastern philosophy while working with local clients.

Based on the literature review in the chapter two, there appears to be no research on reentry experiences of marriage and family therapy (MFT) graduates in native countries. There is also no study on international students’ job experiences and its intersection with reentry experiences. Most reentry research on international students focuses on studying younger population. Lack of research on senior international students’ job experiences and professional developments during reentry does not provide further information to evaluate the quality of MFT education in the United States. To explore these questions and how returning MFT graduates create meanings for their reentry experiences and clinical work in the native countries, qualitative research methods are particularly suited to uncovering the meanings people assign to their intercultural experiences in Taiwan. Creswell (2007) outlines rationales to use qualitative research, such as (a) exploration of a problem or issue, (b) a need to get a complex and detailed understanding of the issue, (c) acknowledge of the contexts or settings where participants

address a problem, and (d) developments of a theory when there are inadequate theories for certain population and that do not capture the complexity of the problem researchers examine.

My main reasons for choosing a qualitative methodology, especially the grounded theory, is that the topic is in its exploratory phase with this unique senior international population and there is no single theory that can capture their complex reentry experiences and professional developments during reentry. As Charmaz (2009b) proposes that the goal of doing ground theory is to produce knowledge of the experiences of participants and a theory inductive of the data in specific time, situations and social structures. My hope in this study is to examine MFT returning students' professional and personal experiences in their reentry adjustments to Taiwan. In particular, I will examine: (a) personal experiences adjusting to Taiwan; (b) professional experiences adjusting to Taiwan; (c) changes in their clinical practice in the application of MFT theories adapting to cultural elements of Taiwan; (d) changes in their sensitivity to cross-cultural issues in Taiwan; (e) how well they were prepared by their graduate work for returning home; (f) social support they receive in Taiwan; and (g) coping resources and strategies they develop in dealing with personal and professional challenges during reentry.

Research Design.

Epistemology. Social constructionism is the epistemology, “a way of understanding and explaining how we know what we know” (Crotty, 2007, p.3), that informs designing my study. Social constructionism claims that meaningful realities “are constructed by human beings as they engage with the world they are interpreting” (Crotty, 2007, p.43). Meaning and understanding is the central feature of human activities (Lock & Strong, 2010). Human beings make meanings of their lived experiences while interacting with others and the external world, in which it simultaneously shaped their understanding of themselves, others, and the world. In addition,

human beings are born to enter a social context, where a “system of significant symbols” (Crotty, 2007, P.54) are already shared and continuously generated through human interactions. In other words, meanings and understanding “have their beginnings in social construction, in shared agreements as to what these symbolic forms to be taken to be” (Lock & Strong, 2010, p.7). Symbolic symbols that human beings agree to use in communication are situated in on-going sociocultural and historical process. It is continuously shared, constructed, interpreted and reconstructed through human interactions across different generations. Third, ways of meaning-making are specific to particular times and places (Lock & Strong, 2010). The meanings of one event and people’s ways of understanding them vary over different times, situations and contexts. For example, flying lanterns in Pingxi, a remote hillside town in the northern Taiwan was a symbol that told family members that were safe in former times when people went to the mountains for farming. Nowadays, Taiwanese people in Pingxi do not rely on farming for a living and flying lanterns becomes a symbol of peace and good fortune for recreational and commercial activities to attract travels.

Theoretical framework. Within the framework of social constructionism, I use symbolic interactionism as my theoretical framework. Along with social constructionism’s tenets, symbolic interactionism views meaning as social products, “arriving in the process of interaction between people” (Blumer, 1969, p.4). It involves people’s interpretation in meaning-making process via social actions. Human beings interact with each other based on “making indications to others of what to do and interpreting the indications made by others (Blumer, 1969, p.20). According to Blumer (1969), these indication- making and interpreting process are embedded within and derived from a social and cultural group, where people identify shared meanings, act on those meanings and modify meanings in responding to situations they

encounter. Charmaz (2009a) interpreted symbolic interactionism in describing human interaction as dynamic and interpretive, and states that it highlights how people think about their actions, then create and enact actions, and change their meanings of those actions.

With that guidance from social constructionism and symbolic interactionism, I want to understand how MFT returnees make meanings of their reentry experiences and clinical work in Taiwan through both their own interpreting and interacting process with their important others in life and with clients/supervisors in professional clinical settings. I am especially interested in exploring how MFT returnees apply Western MFT theories (MFT symbols) they have learned in America, modify these theories while encountering reentry challenges personally and professionally in Taiwan, and create new interpretations and clinical actions of MFT theories that fit better with local cultures.

Methodology. Social constructionism and symbolic interactionism, both emphasizing human interaction and interpretation processes, inform me to choose grounded theory as a methodology that prescribes a plan of action for gathering, interpreting, analyzing, and reflecting data throughout the research process. Grounded theory was originally developed by Glaser and Strauss (1967), but evolved and shifted based on researchers' taking different epistemological standpoints, interpretations, and applications in grounded theory (Morse, Stern, Corbin, Bowers, Charmaz, & Clarke, 2009). In this study, I use constructivist grounded theory (Charmaz, 2009a, 2009b) as the main methodology. Consistent with social constructionism and symbolic interactionism, constructivist grounded theory notes that knowledge is socially produced and constructed via human communication. Unlike Glaser and Strauss earlier work on grounded theory (1967) viewing theory discovered from data, Charmaz (2009a) considers that "we are part of the world we study and the data we collect. We construct our grounded theories through our

past and present involvements and interactions with people, perspectives, and research practices” (p.10). The researcher does not objectively discover, collect, interpret, and analyze the data and create a theory, but takes a self-reflexive stance to acknowledge that the researcher is part of the phenomena he/she studies and the data she/he collects and interprets (Charmaz, 2009b). Research participants’ interpretation and perceptions of their lived experiences as well as researchers’ actions and grounded theories created throughout the research process are all “constructions of reality” (Charmaz, 2009a, p.10). According to Charmaz (2009a, 2009b), the constructivist grounded theory researcher views generalization of research findings as conditional and situated in a specific time, place, culture, situations and interactions. The aims of analysis and interpretation are to create a theory that has credibility, resonance and usefulness to describe the empirical phenomena in a historical moment and certain contexts.

As a constructivist grounded theory researcher, I am aware that exploration of my research questions and conclusion about returning MFT graduates’ reentry experiences in Taiwan must be understood within three human interactional contexts: participants’ own personal and professional sociocultural contexts in Taiwan, my own personal and professional sociocultural contexts both in Taiwan and in the United States, and the interactional contexts where I and my participants co-create in Taiwan. I do not only perceive my own self-reflexivity as simply another possible data resource, but also uses it actively in guiding data collection, interpretation, and co-constructing the analysis and theories.

Methods. To explore and answer the research questions I proposed earlier, I have chosen interviews as the main data collection method. The method of interviewing corresponds well with the broader epistemology, theoretical perspective, and the methodology I have chosen because “the research interview is an inter-view where knowledge is constructed in the inter-

action between the interviewer and the interviewee” (Kvale, 2009, p.1). Doing interviews is one basic kind of human interaction where I and research participants co-construct understandings of MFT graduates’ reentry experiences and constantly reflect and create our own past and present meanings of intercultural experiences.

Samples selection and collection. The research questions in this study necessitate that the sample for the study consisted of: (a) international MFT students finished a graduate degree (Masters or Ph.D) in the U.S. and (b) returned back to Taiwan, and had resided in Taiwan and maintained clinical practice for at least three months. Non-random, purpose and snow-ball sampling, where one participant referred other potential participants, was used to identify the sample population. I also used my own personal networks (e.g. my Master colleagues at the University of Oregon and through IFTA or AAMFT conferences) to recruit potential participants. Some of them referred other participants to me. In addition, I searched a few mental health institutions in Taiwan on line and reviewed therapists’ portfolio. Once I found those whose training background fit with the sampling criteria, I sent out an invitation email and the research informed consent to those potential participants. Once participants agreed to be interviewed, an appropriate time and place for interviews will be set up. Usually, I met participants in the places and office they preferred and felt comfortable to meet. I contacted 18 potential participants and ended up interviewing with 13 participants.

Data collection. Methods of collecting data included in-depth 1-2 interviews with 13 Taiwanese participants. Each interview was conducted for between 1.5 to 2.5 hours. Follow-up emails were conducted when they were needed to clarify previous interview information. I interviewed Taiwanese participants in Chinese, an official language in Taiwan. The interview process was audio and video taped. After each interview and leaving the interview situation, I

immediately audio taped my reflection about the interview process. All interview data was transcribed verbatim in Chinese by two Taiwanese people I employed.

Data Analysis. The data was coded through constant comparative methods (Charmaz, 2009a), meaning to compare interview statements and incidents within the same interview (participant) and across different interviews (participants). Interviews collected earlier were constantly compared to follow-up interviews or clarifying information. Interview statements and incidents were also compared by different contexts (e.g. time of returning back to the native countries, clinical institutions where they work, MFT theoretical frameworks they practice) across different participants. The line-by-line analysis was used to code the data as Charmaz (2009a) suggests that line-by-line analysis “works particularly well with detailed data about fundamental empirical problems or processes” (p.50) and helps researchers to “identify implicit concerns as well as explicit statements.” (p.50)

In the initial coding process, I first listened to each participant’s interview while reading through and checking the transcriptions. I then wrote down my general memo and impression. In the second- time reading the transcriptions, I started to identify a meaningful segment within the line-by-line text that describes participants’ explicit actions, implicit actions and meaning-making process, the significance of points and gap in the data (Charmaz, 2009a). I circled those meaningful segments and gave them my interpretation, the initial code, by taking a critical and analytical perspective of the data. Charmaz (2009a) suggests researcher to ask themselves questions about the data in the initial coding process. Those questions include “(a) what process is at issue here? How can I define it? (b) How does this process develop? (c) How does the research participant act while involved in this process? (d) What does the research participant profess to think and feel while involved in this process? What might his or her observed behavior

indicate? (e) When, why, and how does the process change? (f) What are the consequences of the process? ” (Charmaz, 2009a, p.51) These questions helped me to interpretation participants’ meaningful statements and name the initial code.

In the second step of analyzing the data, I did “focused coding to synthesize and explain larger segments of data” (Charmaz, 2009 a, p.57). I looked for the most significant and most frequent initial codes that explained larger amounts of the data. The focused coding defines which initial codes make the most sense of the data completely and might leave the rest of other initial codes (Charmaz, 2009a). In this process, I moved back and forth among different initial codes within one participant and across different participants to compare their lived experiences, actions and interpretations. I linked those initial codes that are relevant to the others and developed a category that describes the many experiences of participants.

After conducting focused coding, axial coding was used to relate categories and subcategories and reassemble those categories that have similar properties and dimensions (Charmaz, 2009a). I examined those categories emerged from the focused coding and organized them into the main categories and subcategories that had similar dimensions and demonstrated a coherency of meaningful statements.

Finally, I did theoretical coding that helped me to highlight relationships between categories and to demonstrate a theoretical orientation that describes the studied phenomenon (Charmaz, 2009a). Theoretical coding includes “Six Cs: Causes, Contexts, Contingencies, Consequences, Covariances, and Conditions” (Glaser, 1978, p.74). Charmaz (2009a) interprets the six Cs that clarify the general context and specific conditions in which the studied phenomenon exists and outline changes in those conditions and what consequences associated

with the changes. The six Cs can also discover participants' strategies coping with the changes in that specific time and context.

According to the six Cs outlines, the theoretical coding would help me to answer what general contexts and specific conditions that situate international MFT graduates' reentry experiences in Taiwan and what personal and professional changes they encounter during the reentry. I also want to know what coping strategies they develop to handle the reentry challenges and changes and the consequences that are associated with these strategies implemented. A theoretical dimension started emerging after I conducted focused coding for 9 participants. At first, the theoretical map was tentative. The relationship between main categories in the theoretical map (to answer the six Cs questions) was continuously shifted as I continued the analysis. Toward the end of the analysis, the theoretical map was applied to see if it was applicable to describe the participant thirteen's transcription.

Subjectivity Statement.

I, as a researcher, am currently a doctoral student in the Human Development and Family Science Department at the University of Georgia, specializing Marriage and Family Therapy. I am also working as a faculty in a COAMFTE accredited masters program at the University of Saint Joseph, West Hartford, Connecticut. My research interests include studying cross-cultural adjustments of international students in the United States, as well as in their native countries, and dyadic analyses of relational factors (e.g., stressful life events, demand-withdraw communication pattern) on relationship satisfaction.

After I received my Masters degree in the Marriage and Family Therapy program at the University of Oregon in 2004, I went back to my native country to work as a school counselor in one junior high school in Kaohsiung, Taiwan. During these three years, I encountered reentry

experiences and dealt with reentry culture shock in my personal life and in clinical work. My family and friends seemed not to recognize my personal and professional struggle through these times. They assumed my going back as normal as who I had been before I left. My colleagues and students' parents in the school valued my profession and training background in the United States but it sometimes could create blur boundaries between my professional and personal life. For example, I was a counseling coordinator who reported a sexual assault incident to the local department of family and child services. In that incident, I was expected by the principal and the counseling director to perform multiple tasks, such as an investigator, a counselor, a home visitor and administrator. I felt overwhelmed and did not have a professional support from an approved counseling or marriage and family therapy supervisor. The whole process also made me wonder the roles I had been assumed to take and reflected how effective I have learned in Oregon would apply or not apply to handle the incident in that specific time and institutional context. It was certainly not a pleasant experience for me at those days. After one year, I decided to leave the job and came back to Georgia to pursue the doctoral degree.

To reflect on my own reentry and intercultural experiences, I was interviewed by a Taiwanese friend, who has a counseling psychology Masters degree and conducted a qualitative thesis on twins' experiences. It helped me to raise awareness of my own subjective assumptions and learned ideas about my own reentry experiences. She told me *“Pei-Fen, you have been Americanized, (Pei-Fen: yes, after six more years in Georgia and went through multiple learning transitions and transformations). I originally thought that you would complain about your challenging cross-cultural adjustments in the United States and in Taiwan. However, you seemed going through those transitions and had a different light on those difficult situations.”*

Her feedback made me further reflect my current position in Georgia (psychologically) and

Connecticut (physically and psychologically) different from my past selves in Oregon and in Taiwan. Those past tears and emotional sufferings had transformed me to a person who was equipped more skills to respond to the external environmental needs. This understanding did not guarantee me no more tears or challenges in the future but made me to constantly take a self-reflexive on multiple positions I stand while interacting with different people in various contexts.

As an insider who has lived the studied experience, I acknowledge that my own reentry and intercultural experiences have shaped my research interests in doing this dissertation project and my further desire in exploring coping strategies that returning MFT graduates use to handle their reentry and clinical challenges. At the same time, I am also a constructivist grounded theory researcher who takes a self-reflexive stance to analyze and interpret the data and hopes to develop a theory that systemically describes reentry phenomena of MFT graduates in a specific cultural and historical moment.

Research Ethics

To maintain confidentiality of all data, I created a master list that contains code numbers and their representative participants. After all data was collected and analyzed, and the report had been written, all identifiers were removed and the code numbers and master lists were destroyed. All data collected (including audio and video recordings, interviews, and the researcher's memos and audio reflections) was stored in a locked suitcase and carried while I was traveling in Taiwan for interviews. The data and the researcher's memos were located in the researcher's hard drive with password protected word-document files of transcribed data until the study was completed and published.

Validation Strategies

There were a few strategies used to ensure the validity of this quality research work. According to Creswell (2007), “validation in qualitative research work is an attempt to assess the ‘accuracy’ of the findings, as best described by the researcher and the participants” (p. 207). Creswell (2007) suggests any qualitative researcher should adopt at least two validation strategies regardless of type of qualitative approach. In this research project, I first triangulated different theoretical perspectives (such as social constructionism, symbolic interactionism, constructivist grounded theory, and stress-adaption-growth theory) to support comparable theoretical standpoints that provided a coherency in designing the project and collecting and analyzing the data. I also triangulated different data resources (such as interview data, video data, memos, audio reflection) to provide evidence for theoretical themes identified. Second, I invited a peer professional to interview me about my personal and professional reentry experiences to avoid my own subjective bias on interpreting participants’ perspectives. I audio taped my self-reflections after each interview and wrote down memos while analyzing and interpreting the data. My major professor, Dr. Jerry Gale, also served as a consultant with whom I could reflect on my thoughts and feelings and discussed my questions throughout the research process. Third, I did member-checking to increase the credibility of the findings and interpretations by sending participants the transcribed interviews and my preliminary analysis findings. They were invited to reflect on the accuracy of the transcribed interviews and give me their perspectives of these written analyses as well as what is missing. Fourth, I provided thick descriptions about participants’ sociocultural contexts, my own personal and professional contexts, and interview contexts while writing up analyses. In this way, readers could be given

enough information to determine whether the findings can be transferred (transferability) to another context and setting.

Semi Structured Interview Guide

The interview questions are designed based on the purpose of the study and Kim's (2001) stress-adaption-growth theory to discover MFT graduates' reentry experiences, clinical experiences, and coping resources in Taiwan. Interview questions also explore participants' study-abroad experiences to capture participants' overall intercultural experiences in life and to provide contextual information that informs participants' interpretation of their reentry experiences. The interview guide (see Appendix C) can be adjusted or probed further depending on research participants' responses.

Chapter 4

Results

Introduction

The purpose of this chapter is to describe what personal and professional reentry experiences the MFT international graduates had in Taiwan and how they interpreted those experiences. A number of categories and sub-categories emerged from the data analysis. Each category code includes several initial codes that have similar dimensions. There are close relationships between category codes that portray the six Cs: “Causes, Contexts, Contingencies, Consequences, Covariances and Conditions” (Glaser, 1978, p.74) to describe participants’ personal and professional reentry phenomena. I will begin by providing each participant’s demographic information and my impression about the interview process. I will then present the theoretical map to address the studied phenomena through direct quotes from interviews.

The Participants

Thirteen MFT international graduates volunteered to participate in this study. I knew four of the participants personally and recruited the others from searching their professional portfolio in their working clinical institutions or professional couple and family therapy organizations online. There were eleven female and two male participants in this study. Five participants were in their early thirties and six were between mid-thirties and late thirties. One participant was in her late twenties, and the other was in his early forties. In terms of relationship status, four participants explicitly disclosed their marital status and how it was related to their interpretations of reentry experiences. Seven participants were single and two were in a dating relationship. During the periods of the interviews, there were four participants

who already accomplished their doctoral degree in the United States and one was a PhD candidate writing up her dissertation. One participant accomplished his master's MFT degree in the United States and his MFT doctoral degree in Hong Kong. The other six participants held MFT master's degree in the United States. The average of years coming back to Taiwan was 4.5 years.

Below are a brief profile of each participant and my impression of the interview process in the study. I include these summaries to provide the reader with a context, although the information is limited to protect their confidentiality. Fictitious names were given to protect the participants' identities.

Tina. When being interviewed, Tina was in her early thirties and was about to deliver her first child in one month. She spent two years to accomplish her master's degree from a COAMFTE-accredited MFT program in the United States. After graduation, she continued working as a couples and family therapist for two years in the U.S. She had been back to Taiwan for three years and worked as a part-time therapist. She was a licensed counselor in Taiwan. She appreciated the rigorous training she had received from the MFT program but was also transparent about cross-cultural challenges she encountered both in the United States and back to Taiwan. She was able to demonstrate her sharp clinical conceptualization and intervention skills in providing thorough examples to answer my questions. She was also very reflexive about multiple positions she held in different social and cultural contexts. Throughout her storytelling, I noticed that she reached out personal and professional interpersonal relationship and it facilitated her connections with her local profession. Her story reminded me of one Chinese saying: “yu kang shi chu shi yu kang shi, mei kang shi hi shi yu kang shi”, meaning that interpersonal relationships play an important role in helping people in transitions.

Kevin. Kevin was in his early forties when being interviewed. He accomplished his master's degree in the U.S. and came back to Taiwan working as a part-time therapist for a few years. He wanted to be a family therapy supervisor and decided to pursue advanced training in Hong Kong because Wei-Young Lee, one mentee of the structural family therapy founder, Minuchin Salvador, started providing structural family therapy training in Hong Kong. After receiving his doctorate degree, he came back to Taiwan and worked as an assistant professor in one public university in Taipei. He was a licensed counselor in Taiwan. He perceived studying abroad as challenging but it also opened his eyes and enriched who he was. During the interview, he seemed very thoughtful but quick to respond my questions. Sometimes, his words were short but contained many meanings and it required me to probe his statements with more questions. He disclosed his feeling of being competed against and defeated by those local mental health professionals. I sensed his loneliness and reflected back to him: *“There seems to be a connection. The feeling of loneliness still exists no matter if it was when you were studying abroad or even when you already came back to Taiwan.”* He responded:

Right! You made a good statement! When you were abroad, what you had been thinking was to contribute your learning in your country. However, when you came back, people might not accept what you offered... your thoughts were different from people here. So you would never come back, you could not find home when you were back!

Lisa. Lisa spent two years to accomplish her master's degree from a COAMFTE-accredited MFT program in the United States. After graduation, she continued working as a child therapist for two years in the U.S. When being interviewed, she was in her early thirties and had just transitioned to a new job as a human resource staff in a business in Taipei. She had tried hard to survive as a therapist in Taiwan but she could not make enough of a living by doing

so. She decided to pursue a different career path and hoped it could stabilize her financial resources. She valued her clinical internship experiences in the U.S. and considered her clinical skills to be applicable in her new job. My impression about her story-telling is “uncertainty”. She was hopeful about the job transition but also felt uncertain about the nature of the job and how it led her to redefine her professional identity. She kept a very open and learning attitude while handling unexpected professional challenges in the family therapy field in Taiwan.

Chin. Chin was in her early thirties when being interviewed. She earned her master’s MFT degree from a COAMFTE-accredited program in the United States and continued working as a couples and family therapist in the local community for one year after graduation. She was a licensed counselor in Taiwan and worked in one public university counseling center in Ki-Long, Taiwan. She appreciated the rigorous and multicultural training she received in her master’s MFT program. Throughout the interview, I felt her strong compassion for working with clients; she cried a couple of times while describing some cases’ scenarios. She seemed concerned about my reaction toward her crying and clarified: *“I easily cry, yes. I can feel their clients’ suffering. ... I could understand why my client could not show up for a session because they needed to work for a living. However, some other professionals might not agree with me.”* She also cried when she mentioned how her Taiwanese supervisor had supported her professional developments during the reentry transition. She was very reflexive in examining her own taken-for-granted assumptions in different positions while disclosing her reentry stories.

Lulu. Lulu was in her early thirties when being interviewed. She first studied MFT in one COAMFTE-accredited PhD program in the United States and then transferred to another MFT program when her major professor went to that program for a tenure promotion. She did not pursue a doctoral degree but earned her master’s MFT degree in that school. After

graduation, she decided to come back to Taiwan because of her transition to marriage. She was a licensed counselor in Taiwan and worked as a part-time therapist. She clearly identified her preferred clinical lenses, Emotional Focused Therapy, while working with couple clients. In addition to her part-time therapy job, she was also an English teacher in one public senior high school in Tao-Yung, Taiwan. She chose to be a part-time counselor because she needed to have a full-time teaching job to support her family financially. She had a baby girl and her husband worked in a high-tech CPU company.

Chan. Chan was in her late thirties when she was interviewed. Before she studied abroad, she was a social worker in the hospital. Working with patients and their families in an emergency setting made her want to pursue more training in the family therapy field. She earned her master's MFT degree from one COAMFTE-accredited program in the United States. Because of language barriers she experienced in the U.S., she chose to come back to Taiwan to fulfill the internship requirement. She appreciated her MFT faculty's approval and flexibility for her coming back earlier to secure her academic and financial concerns. She was a licensed counselor in Taiwan and worked as a part-time therapist. She disclosed cultural shocks both in the U.S. and back to Taiwan. However, she was the only participant who vividly expressed the phenomenal moment when she felt "landed" (adjusted back to Taiwan).

Shanna. Shanna (in her early thirties) was a guidance teacher in one junior high school in Tai-Chung. She earned her master's MFT degree from one COAMFTE-accredited program in the United States. She chose to come back to Taiwan and did not pursue a doctoral degree because of financial concerns. Her husband was studying in a doctorate chemistry program in the U.S. then and she wanted to have stable finances to support the family. When being interviewed, she was still in a transition to being a new parent for a nine-month old baby girl. As

a guidance teacher in the junior high school, she needed to lecture and assist with some administration work in addition to counseling students. She appreciated inspiring dialogues in her master's training program, where she was encouraged to do critical thinking and to challenge her taken-for-granted assumptions. Throughout the interview, she was very aware of the limits and strengths of every choice she had made and felt acceptance of what she had.

Huang. Huang was in her mid-thirties and worked as an assistant professor in one private university in Tainan, Taiwan. She was also a licensed counselor in Taiwan. She earned her MFT master's degree from one COAMFTE-accredited program in the United States. Because of her health condition, she went back to Taiwan for a break and started working as a counselor in one university counseling center. After three years, she came back to the U.S. and pursued a doctoral degree in clinical psychology. She appreciated the rigorous training she had received in the U.S. and it helped her to become a clinically competent clinician. Even though it was a challenging time for her to go through, she was able to gradually develop the required personal and professional skills to cope with the external requirements in both countries. Throughout the interview, she considered the possibility of pursuing a clinical license in the U.S. in the future whenever she described her disappointments about unethical clinical practices she observed in her current working environment. She kept contact with her friends and attended some professional workshops annually in the U.S. as a way of doing self-care. She was aware of limits and strengths each culture provided for her personal adjustments and professional developments in different countries. She perceived that she was lucky enough to have different perspectives and more options compared to her colleagues who never studied abroad and explored other life possibilities.

Anna. Anna was in her late thirties when she was interviewed. She studied social work for her master's degree in Taiwan and earned her MFT doctoral degree in one COAMFTE-accredited program in the United States. She was a licensed social worker in Taiwan. She appreciated the MFT faculty's patience and belief in her ability as an international student to succeed in the program. However, she also critiqued that the multicultural training in the program still focused on the dominant ethnic groups in American culture and did not include other international students. During the early reentry period, she was working toward her internship requirements in one counseling center in Kaohsiung, Taiwan. While describing her unexpected clinical challenges at the center during the interview, she also examined her taken-for-granted assumptions about "what clinical practice should look like in the U.S." and realized that it might not fit with the local institutional needs.

Lee. Lee (in his late thirties) was an assistant professor in one public university in Tainan, Taiwan. He earned both MFT master's and doctoral degrees from one public university in the United States. He was a licensed counselor in the U.S. and in Taiwan. He perceived his studying and training experiences abroad to be very positive and nurturing. He was the only participant who still kept in contact with his MFT faculty and initiated calling them for continuous consultation. While sharing his clinical experiences in Taiwan, he demonstrated cultural sensitivity to transform Western MFT theories to match with Chinese cultural elements. He considered the multicultural training in his program to have facilitated his self-awareness, reflection, and integration of his own personal and professional beliefs through constant cultural comparisons.

Fenny. Fenny (in her late thirties) was an assistant professor in one public university in Tai-Tong, Taiwan. She was a nurse in Taiwan before she studied abroad. She obtained her

master's degree in psychiatric nursing and MFT doctoral degree in one public university in the United States. While studying abroad, she was also a social activist to promote Taiwan in the public. Being in a foreign country gave her chances to reflect on how little she had understood Taiwan and it made her decide to devote herself to raising awareness for Taiwanese political issues and participating in social activities. She explained how narrative therapy lenses matched her passion for promoting social justice and equality and she felt supported by MFT faculty in her social involvements. After coming back to Taiwan for years, she took a different healing approach, Sharman, in helping people. She considered that she had transformed her inner male and conflictive self as a social activist to a female, soft, and embracing self who "accepted the situation as if it is".

Linda. Linda (in late thirties) obtained her MFT master's degree and pursued doctoral studies in the same COAMFTE-accredited program in the United States. She came back to Taiwan to accomplish her clinical internship and collect data for writing up her dissertation. She highly valued the self-of-the-therapist training in the program that increased her self-awareness and self-reflexivity to examine her multiple socio-cultural positions. During the interview, she was able to demonstrate her critical thinking and multicultural awareness of the dominant discourse and power and how it related to her shifting power as a therapist and as an international student in different cultures.

Sunny. Sunny was in her late twenties and provided therapy in a private clinic sponsored by a church. She earned her MFT master's degree in the United States and was a licensed MFT therapist in California. Her family already immigrated in the United States. She just came back to Taiwan for a few months because of her current dating relationship. She also wanted to serve Chinese people in Taiwan even though her family preferred her to stay in the U.S. The clients

she currently served were mostly missionary foreigners and their families. Throughout the interview, Sunny was very straightforward in answering my research questions but also clarified that she had no absolute answers when she was still exploring how her clinical lenses would fit working with local people.

Findings

In this section, I will present the theoretical map (see Figure 2) that describes two major macro contexts in Taiwan that situated MFT international graduates' reentry phenomena, including personal and professional experiences. I will also demonstrate coping strategies they developed to handle the reentry challenges and the specific conditions that facilitated these strategies that were implemented. *Italicized sentences reflect direct statements made by participants during the interviews.* All names used are pseudonyms.

Macro Contexts. Two types of macro contexts emerged from the data, which ultimately led to reentry phenomena of MFT international graduates in Taiwan. Reentry stories were situated in a broader social, cultural, and historical context in Taiwan: collectivistic cultural values and family therapy developments. The challenges the participants encountered during reentry reflected their transitional adjustments to the differences between the American individualistic culture where they studied abroad and the Taiwanese collectivistic culture where they relocated during reentry. The different cultural expectations of human interaction and communication shaped both the participants' personal and professional reentry experiences. The participants' professional reentry experiences also resonated with the family therapy developments in Taiwan. Macro contexts served as a background describing MFT international graduates' specific reentry phenomena in Taiwan.

Collectivistic Cultural Values in Taiwan. Collectivistic cultural values in Taiwan include (a) emphasizing interpersonal relationships and (b) a closer interpersonal boundary. Unlike the American culture that values people's individual needs, Taiwanese culture values interpersonal relationships more than individual needs. Most individuals in a collectivistic culture develop a deep sense of family loyalty, mutual obligation, and reciprocal interdependence to promote the welfare, harmony, and reputations of the others, the family, and the group in daily life (Chan & Lee, 2004). Throughout this process, people perceive themselves as a part of relational and group structure such as families, neighborhoods, communities and organizations.

Emphasizing the interpersonal relationship. The different degree of valuing the interpersonal relationship in two cultures caused certain challenges for the participants in their clinical work and personal communication during reentry. Eight participants perceived that it was not easy to practice family therapy in which both individual and family needs should be equally advocated because individuals in Taiwan could not easily speak up with their voices.

Linda stated:

I think when we talk about family relationships in Taiwan, the value of family relationships or the value of relationships themselves is still more than the values of individuals. ... I often hear that speaking up for your own voices, in handling the situation, is not easy. Because I think that this culture emphasizes families more than anything, a big value out there, I see the challenges for individuals to speak up with their own voices.

Emphasizing the interpersonal relationships also defines how people should act and react in caring for others. Huang commented how this collectivistic interpersonal tenet sometimes

made her feel constrained in handling issues with others and she needed to be much more careful of the way she approached people in Taiwan than in the United States. Huang said:

I can expect in America that the interpersonal relationship would not be influenced much even though two persons have different opinions. For example, my American classmates would feel okay with each other tomorrow or go out to eat after they argue on something. I think that their interactions are more to focus on discussions. The relationship would not be destroyed if people have conflicts or disagreed with each other. In Taiwan, this is not the case. There are more rigid rules to play in defining the interpersonal relationship. You would have more concern about the consequences of your disclosure on the nature of the relationship if you indeed speak up your opinions. Or even though you want to handle the issue, you would choose an indirect way to intervene or you would only expect to discuss the issue to some extent, but not to 100%. I think this is the most typical case in Taiwan.

A closer interpersonal boundary. Along with noticing the different degree of emphasizing the interpersonal relationship through communication, the participants also recognized that people defined the degree of closeness within an interpersonal boundary differently in two cultures. Valuing the interpersonal relationship more in Taiwanese culture caused a closer and even blurry psychological and physical sense of interpersonal boundary. This caused reentry challenges for the participants especially when they had already immersed themselves in the United States' culture for a while. The extended physical and psychological distance between people in the United States must be reduced and readjusted to a closer one in Taiwan. Shanna stated:

In America, I relied more on friends or my boyfriend. I was in X city, and he was in Y city, four hour away from each other. ... Then when I came back home, right, when I came home and see that 'ay'. It seemed that the noisy and energetic atmosphere, the way they [family members] liked to be with each other, came back again. There were definitely pros and cons of being in this kind of relationships. There were feelings of being enmeshed, too enmeshed and too much closeness. ... For example, I visited one of my family relatives and she wanted to give me a gift. Then I told her that I did not need it. She responded: "Ah, this is good." And then she threw the gift into my car. You know that Taiwanese people liked to throw the red envelope to the other. (Researcher: laugh.) ... You know, when you rejected a good offer from someone in the U.S., she/he would not push you anymore. Right, but if you rejected a good offer from someone in Taiwan, she/he would continue pushing you. ... I thought that I would be able to and could make a clear enough boundary after being trained in the U.S. It turned out that it was not the case. (Researcher: It is still difficult.) Yes. (Researcher: It was a challenge.) Yes.

A closer interpersonal boundary not only directly influenced people's communication such as family interactions but also created a unique Taiwanese job culture in which there was a blurred boundary between personal life and professional work. Employees were expected to sacrifice their individual time and needs to perform job tasks and to benefit the welfare of others and companies. The psychotherapy profession was then perceived as hospitality work. A full-time couples and family therapist could not make enough living without being paid well (this point will be elaborated upon in the section on professional reentry experiences). It also became a challenge to practice family therapy in Taiwan when people prioritized their job to make a

living more than enhancing the quality of family relationship. Lulu commented how this dominant discourse hindered therapeutic process:

In Taiwan, many business companies want you to extend your working hours. ... You arrive in the company at nine o'clock in the morning and work for 12 hours. ... Right, then I feel that, during your weekends, you need to bring your cell phone with you because your boss asks you to do so and the working factory is located in China. If there is any emergency in China, you need to call back. Yes, for example, in America, like my husband's company which also has business with America, people in America turn off their cell phone during the Christmas break, right, and do not check any email. However, this is not the case in Taiwan. Yeah, a totally different environment. Yeah, I feel so sorry for Taiwanese people. (Researcher: So what do you do in therapy?) (Sigh) I really do not know sometimes. A couple becomes a weekend couple. Yeah, you see they could not even meet each other because of their busy schedules. Yeah, you wonder how they could develop intimacy in the relationship. I do what I can offer as a therapist. There is something that I cannot control and they indeed need a job. Like this, it is a matter of social structure.

Family Therapy Developments in Taiwan. Another macro context that led to MFT international graduates' reentry experiences in their professional work was family therapy developments, including (a) no marriage and family therapy licensure system in Taiwan and (b) the Taiwanese people's perception of psychotherapy in Taiwan.

No MFT licensure exam. There were blooming family therapy practice and training opportunities in Taiwan (Chao & Huang, 2013), but there has not been a nationally accredited license established for family therapy practice. Mental health professionals who practice

psychotherapy in Taiwan need to pass the counseling psychology licensure exam, which was developed in 2001. The content of the counseling psychology licensure exam is certainly different from the systemic practice in the family therapy field. Seven participants commented on the challenges of taking the counseling psychology licensure exam with marriage and family therapy training backgrounds. Because there were different coursework and clinical training requirements between the counseling psychology field in Taiwan and the marriage and family therapy field in America, the participants needed to provide necessary documents to prove their qualifications for taking the exam. Sometimes they even needed to take more courses to fulfill the qualifications. Chin said:

I took the exam twice because the requirements were different from MFT. Luckily, I studied psychology in my undergraduate and knew some concepts. Then what I did was to memorize and review. ... There were still differences between required course work in Taiwan and America. I still needed to take one more credit. (Researcher: Like what credit?) Psychopharmacology. Yes, in terms of clinical hours, there was one year full-time practicum requirement in Taiwan. However, we needed to accomplish 500 clinical hours in the MFT no matter how long it would take you. It was called practicum in Taiwan, not the internship. It took me a while to negotiate with the licensure board and they finally allowed me to take the exam.

Even though there was no MFT licensure exam, developing an independent national licensure exam for the couples and family therapy practice did not seem to be a pressing issue in the couples and family therapy field. There are a few reasons that explain the phenomenon. First, it often took many efforts for mental health professionals to call the public and legislators' attention to the need of developing one type of professional licensure exam and it could possibly

take years to pass the law. Second, even though the couples and family therapy licensure system was established, therapists might not be able to earn enough relational hours to fulfill the licensure requirements. Lulu commented:

Do you know how long it would take and how much money you need to spend to pursue a specific license? ... Okay, let us say that I finally get my license and I can do family therapy. However, there are not many family cases that I can work with. I still have many individual cases that do not need family therapy. How can I survive financially while facing this dilemma? Many counselors are concerned about how this would influence their practices. It seems a good idea to develop a specific license for practicing family therapy. The problem is if you can survive and have enough cases throughout the training process before you finally receive your license.

As Lulu mentioned, mental health professionals in Taiwan are concerned that they would need to continuously pursue different specific licenses such as couples and family therapy, play therapy, palliative therapy, etc. once one specific licensure system is established. It could possibly cost mental health professionals lots of money to obtain training and to pass the exams before they could even work with clients and their families for a living. Therefore, the participants were forced to face challenges of passing the counseling psychology licensure exam to become a licensed counselor and to practice psychotherapy in Taiwan. The reality of lack of interest in developing the MFT licensure exam also did not encourage them to advocate for their unique MFT profession and identity.

Perceptions of seeking therapy in Taiwan. Psychotherapy has a long history in Western countries, but it is more like an “immigrant plant” in Taiwan. When encountering life issues, people use other resources such as talking with friends, future tellers, consulting with religions

(Chao & Huang, 2013), or hiring a private detective to investigate the infidelity before they go to see a therapist. People believe that only those who have “problems” go to therapy; they prefer not to disclose “family ugliness” in public. They question why they would spend so much money to talk in a session. Compared to when the participants provided therapy and noticed that psychotherapy was much more accepted in the United States and perceived as a healthy way to enhance personal and relational wellbeing, the participants also noticed that clients in Taiwan were reluctant to be transparent to others about their seeking help from mental health professionals, even when they were indeed in therapy. Psychotherapy was even perceived as a hospitality service more than as a helping profession; therapists were not given enough payment or were expected to provide free services for each session. This made the participants feel they were not receiving enough respect for their profession. These misperceptions of seeking help from mental health professionals impacted the degree of clients’ participation in psychotherapy. Clients’ important others felt hesitant to attend therapy, even though the participants, as therapists, invited them and considered the importance and benefits of others’ involvement in sessions. Shanna stated:

There was one challenge that I see to working with teenagers in Taiwan, not easily to intervene the family system. I only can use family genogram to work with kids, then analyze, and help them to be aware of their roles in the family. But if I contacted parents or invited them to therapy, they [the parents] were pretty nervous. They perceived being called by the school teacher as a terrible thing, only happening when their child made trouble in the school. Or there must be something serious that happened. So this sometimes makes our building rapport with each other harder. ... In fact, I see myself as a counselor in having conversations with clients, but they do not see me like that.

(Researcher: How they would see you? In their eyes?) They see me as a teacher, [they are] very nervous.

Reentry Phenomena. Macro contexts – collectivistic cultural values and family therapy developments in Taiwan – resulted in two core categories of subjective reentry phenomena reported by the participants: (a) professional reentry experiences and (b) personal reentry experiences.

Professional Reentry Experiences. All participants volunteered to go back to Taiwan and continue their clinical practice for multiple reasons, such as to fulfill the internship requirements, to enhance their clinical skills, to contribute their learned clinical skills for working with local people, and to make a living. However, practicing couples and family therapy was not as easy as they expected before their reentry. They noticed that the way of clinical practice was different from how they were trained to practice therapy in the United States. It required the participants to make cross-cultural transformation to fit in local cultures. In addition, the recent family developments in Taiwan resulted in more challenges to practice couples and family therapy compared to other mental health disciplines.

Cross-cultural differences. When six participants performed clinical work during reentry, there were unexpected clinical situations and unique issues in local cultures that the participants did not experience in the United States. The unexpected clinical situations included lack of confidentiality and too much administration work. The participants noticed that confidentiality was not handled as rigorously as they practiced in the United States. There were no informed consent forms for clients to sign before therapy and agreements to attend therapy or treatment goals could be simply contracted verbally. Tina stated:

I asked if the clinic has an informed consent for clients to sign. “No!” No signing paper documents, no confidentiality, no, nothing at all. I was not very used to that. And there was no treatment plan; there was no need for creating treatment goals. They did have session summaries, but not like the way we did in the United States. I did not know if I was required to do much different paperwork in my previous clinic in the U.S. However, I was not very familiar with it.

Especially in the school setting, clients’ information could be possibly shared among their important others, such as parents, administrators, or mentoring teachers depending on students’ developmental levels. In the elementary or junior high schools, parents or mentoring teachers often perceived that they had the right to know what happened in therapy with their child or students and requested the participants to report the client’s therapy progress. This sometimes caused multiple triangulations that hindered therapy process. The participants often chose to report general information about the session with the client’s permission. The participants were transparent with the client about why they did so and what the client preferred to disclose to others when they inquired. Sometimes, therapy or counseling dialogues could just occur with others’ presence when there was no private room for therapy or when counselors were not aware of the confidentiality issues. In university settings, confidentiality was generally taken more seriously. With a larger budget and more licensed counselors working in the counseling office, therapy was conducted in a private room and clients’ information would not be easily disclosed unless it was a suicidal case.

Another unexpected clinical situation was too much administration work involved in clinical work. Four participants complained that they needed to take care of some administration work in addition to seeing clients. In the United States, there was a clear professional boundary

between clinical and administration work and each task often had different staff to perform duties. Therapists in Taiwan were expected to perform both, sometimes more administration than clinical work. The counseling psychology licensure requirement in Taiwan also echoed this phenomena; interns' administration work could be included as part of their internship hours. Too much administration work prevented the participants from concentrating their clinical practice and it decreased the quality of therapy service they provided. Chin commented:

Like me working in a university setting, I need to write many grant proposals and conduct many events as I told you earlier, in addition to seeing clients. So, in the beginning, I was not used to this. ... There is one more, in regards to handling requests from the administrative superiors above me and it takes me lots of time and energy to do this. When I see my clients, I find that the quality of my service is not good.

One unique issue that two participants only encountered in Taiwan but not in the U.S. was the mother and daughter-in-law issue (Pao-Shi-Wen-Ti). Pao-Shi-Wen-Ti is a relational conflict that reflects blurred interpersonal boundaries across generations. In Taiwan where patriarchal culture is still embedded in Chinese culture, married females are considered to join their husband's family of origin rather than keep their own family identity. In addition, there is a social hierarchy that defines relational roles and behaviors to promote relational harmony and family benefits according to the Confucian doctrine of "five cardinal ethics" such as father and son, sovereign and subordinate, husband and wife, older and younger siblings, and friends (Chan & Lee, 2004). Therefore, parents and males often have more relational power than children and females, and individuals are expected to sacrifice their needs for group wellbeing. Lee also said:

Because in our culture, the wife enters the husband's family of origin, family system, therefore, it is somewhat difficult for a couple to build their own family. Why? The

husband still has connections with his parents. For example, the parents offered to pay the first mortgage when the couple wants to buy a house. Money is power. Then the parents feel right to get involved in the new family. When the couple wants to decorate the new house, will the parent not have their own opinions? ... If the husband wants to follow with the parents' ideas, the wife might feel invalidated and disappointed.

As Taiwanese couples are increasingly adopting egalitarian relationships and emphasizing romantic love due to economic development and westernization (Shen, 2005; Whyte, 2005), these Chinese cultural tenets might conflict with some Western cultural values that highlight individual rights and relational equality between genders. These cultural conflicts result in the unique phenomenon of Pao-Shi-Wen-Ti, especially in a small country where there is not much physical space between family members and it increases chances of relational conflicts. Lulu said:

In Taiwan, I often need to deal with "Pao-Shi-Wen-Ti", very often. It is quite serious because of the pressure to give a birth of a boy to pass down the family legacy. There is another reason associated with "Pao-Shi-Wen-Ti", depending if you live with your mother in law or not. In the United States, you do not even need to consider about this because you would not live with their father and mother-in-law. They almost live independently. ... The U.S. is such a big country. The parents in law might live far away.

Cross-cultural transformation. To address these cross-cultural differences in clinical practice, the participants needed to transform what they had learned in the U.S. to fit in with local cultures in Taiwan. The participants disclosed three main clinical transformations: (a) theory transformations, (b) language transformations, and (c) the power transformation as a

therapist. First, the participants realized some Western MFT theories might not be directly applied to Taiwanese culture and they needed to modify clinical interventions that were much more relevant to collectivistic cultural contexts. As it was discussed earlier how collectivistic cultural values could possibly prevent individuals from speaking up in therapy, four participants would initiate individual therapy to prepare the individuals to be more aware of their own needs before family therapy. Eight participants would advocate for clients' individual needs or consciously took one-down position as a therapist to enhance the clients' sense of power in therapy. In other words, the participants tried to use a "both-and" rather than an "either-or" approach to handle cross-cultural differences in therapy. For example, Lee first elaborated his understanding of "differentiation" in American culture and identified the specific Chinese cultural element, being filial, that conflicted with the concept of differentiation. He commented:

I would understand the American historical and cultural contexts where the idea of differentiation is from. Then we can explain the mother and daughter-in law issue in Taiwan. In our culture, it is indeed that our emotional transmission system is too strong because we do not have the boundary. The recent generation invades the next generation because there is a cultural component we need to consider: being filial. So the concept of the boundary in Taiwan is not a straight line but a dotted line, in which I can decide my family values, what can be in and what is not allowed to be in. ... We need to redefine the boundary based on our culture, not American culture.

Lee recognized challenges for a new couple to establish a clear boundary with the parents because being filial is such an important cultural value in Taiwan and constantly reinforced by the society. To facilitate change, he used the gender and social hierarchy that valued male's

power and his family, and further advocated for the needs of the couple of subsystem. Lee further stated:

I told the husband: “You are very important. Even though you act rebelliously, you are still your mother’s son. Your relationship would never be cut off by your parents. However, your wife could not do that because she has no blood connection with your mother. She does not have unconditional love from your mother as you have. So you need to protect her.” I would suggest the husband to draw a boundary between his new family and his family of origin. He and his wife need to define the boundary first and then deal with the mother’s anxiety together. For example, he holds the wife’s hand while acting to blame her the wife in front of the mother. By doing this, he comforts the mother’s anxiety (the mother would think that my son is still on my side. Her anxiety is relieved.) However, the couple needs to communicate first and agree to act this scene together. They only do this for the mother (to be filial) but the one the husband holds hand with is still his wife.

Second, six participants also needed to make language transformation, meaning to change intervention language that fit into therapeutic dialogues with Chinese or Taiwanese linguistics. This process often took three layers: transforming their understanding of MFT theories in English to Chinese, transforming Chinese (the official language in Taiwan) to Taiwanese, and transforming professional jargon to common language that was relevant to clients’ unique backgrounds. Kevin said:

When you spoke in English, you thought in English. When you came back to Taiwan, you found that the way you did therapy could not be applied to here directly. You kept thinking about how to apply that concept in Taiwan. Some could be applied; some could

not. Then you watched how people apply it. It took time to explore. I believed it was a process of internalization, meaning that you understood the theoretical concept, but you needed to find a comparable way to express in your own language, either a vocabulary or an idea. It took time to do so.

Lulu had similar experiences as Kevin stated. She bought one Emotional Focused Therapy textbook to reform her intervention questions from English to Chinese. However, the translation still sounded odd to her. She practiced with speaking and asking questions in one Taiwanese local language, Min-lan hwa with her parents who were good at speaking in Taiwanese to build rapport with her clients. Lulu disclosed:

If I followed her writing [the translated Chinese EFT book] to talk with my clients, I feel strange, very redundant. Yes, then I was concerned that clients might not understand what I am talking about or might see me as strange because that is not how we talk. ... So I consulted with my parents first about the way I speak Min-Lan language by making those therapeutic questions/statements. Yes, because I know my clients' background, so speaking Min-Lan language can make us easily relate to each other. So this part involves some translation work, no matter if I need to translate it to Chinese or Min-Lan language. In English, one often composes... long sentences, like adding which, that, connecting with other subjective sentences. In Chinese, we cannot talk like that. It becomes a very long sentence and you need to cut it, cut it into a short one.

In addition to transforming English understanding to local languages, the participants also noticed that the use of professional jargon could hinder the therapeutic process and they needed to carefully choose words that were more relevant to clients' world perspectives and life experiences. Anna said:

I finally know that my client does not have money to see a movie in a movie theater. I asked her: "Do you watch soap drama on TV?" She said: "I do." ... Then I asked her: "If the TV program would use your story to play a drama, which part of the story you felt most touched?" Oh, of course, I could not even use the word "touched". For example, I would ask: "Which part of the story... makes you want to cry?"

Third, four participants noticed their power as a therapist also changed before and after the reentry. There were a few reasons that explained this power transformation as a therapist. First, as an international student who studied in the U.S. and conducted therapy in English, nine participants disclosed language barriers in their academic life and needed to make extra efforts to overcome the challenges. However, the discomforts of using a foreign language in therapy disappeared when the participants came back to Taiwan and could comfortably communicate in their native language. Second, the participants were aware of their being in a powerful position as a profession but they also felt powerless as a minority and did not fully acknowledge of the clients' cultural and historical backgrounds in the U.S. Coming back to Taiwan and becoming part of the majority in the society elevated the participants' sense of belonging. Third, receiving a higher education degree abroad helped people to be more competitive in employment, especially when there were growing needs of practicing couples and family therapy. In Taiwan, people respected and highly valued those who specialized in certain professions, such as lawyer, doctor, and teacher. Clients expected the participants, as their therapists, to tell them what to do in sessions. Therefore, the participants felt their power as a therapist was directly and automatically upgraded during the reentry. Linda shared:

When I just came back for an interview, the feelings of being appreciated made me realized that my MFT profession was highly valued. ... I realized having MFT training

backgrounds in Taiwan situated your role as a therapist in a much more powerful position. Then secondly, for example, ... when I saw students, I was not used to their calling me “Teacher”. They even needed to call me “Linda Teacher”. Waw! Call me Linda. (Researcher & Participant laughed.) I gradually felt okay to tell my clients that I was a teacher. Otherwise, I was not used to it and felt weird.

Challenges to be a couples and family therapist in Taiwan. The third main professional reentry experiences were challenges that the participants encountered while exploring opportunities of practicing couple and family therapy in Taiwan. Corresponding to recent family therapy developments in Taiwan that were discussed earlier in the macro context section, there were two challenges that emerged from the participants’ storytelling, namely no counseling license and no job, and interdisciplinary competition.

Because there was no marriage and family therapy license established in Taiwan, the participants who were in clinical practice needed to pursue counseling psychology license in order to legally provide mental health services. Without being licensed, the participants could not get a job easily and would not be able to survive financially. As it was discussed earlier, it took time and effort for the participants to collect the required paper documents and to prove their MFT training backgrounds as being qualified to take the counseling psychology license exam. In addition, the content of the licensure exam was quite different from MFT training materials in the U.S. Among all participants, seven participants were licensed and two of them took two attempts to pass the exam. One participant failed the exam, could not make enough of a living, and decided to change her career. One participant was already MFT-licensed in the U.S. and did not want to pursue one in Taiwan. Before the participants passed the exam, they could not easily get an official job and make enough of a living during the transition. Lisa said:

The counseling license system has been promoted for many years in Taiwan. Some people reject to take it; others perceive it as the only solution. I see that this caused a strange phenomenon. Because of the license system, mental health workers in Taiwan become much more protective about their own discipline. Many counseling jobs are for those who are licensed. Those who are not licensed yet are perceived as incompetent and disqualified. That piece of license paper becomes much more important than your real profession and ability ... When I am working with clients, it is not a challenge for me. The real challenge is when I receive a case referred from the local social welfare department and I cannot see the case as long as it is related to the government budget. I cannot do it. So I have no ways to receive some job opportunities.

When there were limited mental health resources available for clinical practice, each discipline became protective to retain their own resources and also competitive for available resources. MFT returnees experienced the interdisciplinary competition and felt helpless to face it. Oftentimes, the participants had good intentions to contribute their learning and profession and to serve local people. However, the participants did not feel their knowledge and profession was welcomed and appreciated by those local mental health professionals. Their training background was questioned and they were perceived as a competitor to share local mental health resources. Returnees were called as “Hai-Kau-Pei”, distinguished from those who studied their profession in local schools and had more connections with local networks and resources. Therefore, MFT returnees felt rejected not only by the restricted counseling licensure standards but also by those local professionals’ unfriendly perceptions of returnees. Tina stated:

I remembered when I had a job interview then, the interviewer [professor] asked me directly: “You didn’t want to do your internship in Taiwan, right?” ... So when I was

constantly questioned by the interviewer if I want to pursue a license or not, I did not feel good about it. The interviewer then told me: “Oh, from which year, maybe 2001, 2002, those who studied abroad and came back need to redo your internship in Taiwan no matter if you already accomplish the internship requirements abroad or not. And you need to do more to fulfill all requirements as a student.” I see that there are more and more questions and limitations for returning students. I felt so frustrated and called XX to complain. I felt that I went there not for a job interview, but for being questioned why my training background was different from others.

The interdisciplinary competition was extended to the academic field. “Wen-Zen-Hsiang-Ching” was a Chinese slang to describe competition between educated professionals who look down on each other. Even though returnees who received a diploma could have more advantageous benefits in employment, local professionals had often built up strong interpersonal connections and professional networks with each other. These interpersonal and professional networks intersected with the social order of Confucianism in Chinese culture, resulting in a unique professional hierarchy within their own affiliations and disciplines. Senior fellows passed down their knowledge and resources to the junior or new fellows. Younger fellows respected seniors’ knowledge and hardly questioned their power and professionalism. Affiliated fellows became resources for each other to connect with job opportunities and professional developments. Outsiders might not easily get a permission to enter their profession and local universities became very protective of their own alumni. Kevin said:

When you came back to Taiwan, people perceived you as a competitor, you know? ... Having being trained abroad is much more marketable. When you are finding a job, frankly speaking, you feel excluded. ... It is not that they intentionally exclude you.

However, there are only a few training programs in Taiwan, north, middle and south XX universities. There are strong alumni affiliations built up after people graduated from those programs, so I am not part of their alumni networks. The same situation applies to those professional organizations. At first, I wanted to join one professional organization, but they did not allow me to. They had many simple reasons to explain why. But those simple reasons seemed not the right reason, they questioned my training background. It is embarrassing to mention this. ... So people see you as a competitor.

Because of this interdisciplinary competitive phenomenon and different training backgrounds, MFT returnees also had their own criticisms of local mental health professionals. They perceived local mental health professionals' training emphasized administration work more than real clinical practice. Compared to at least five hundred direct client contact hours that the participants did for the master's-level MFT internship requirement, they felt much more prepared to be a clinician than local professionals who might not have that many direct client contact hours in their one-year-long internship. Even though local professionals were good at taking the counseling licensure exam and passing it, the participants perceived that the license paper document did not guarantee a high quality of services that local professionals provided.

In addition, returnees observed that local mental health professionals did not have enough diversity training in terms of family therapy theories and multicultural awareness. Local professionals were only trained with certain family therapy models (e.g., structural, Satir) and were not given much information about postmodern theories and practice. Lack of postmodern thinking that challenged the dominant discourse was not helpful for local professionals to develop multicultural awareness of valuing diversity and being open to different disciplines. Especially when local professionals had been the majority, had power as a profession in Taiwan,

and did not experience the social position change as the participants did in the U.S., they were less sensitive to diversity issues in clinical practice and in relation to other professionals. Chin stated:

You know X MFT program emphasizes social justice. Yes, I see that training influences me very much. In addition, social justice not only provokes people's awareness on oppression, but also, to me, includes gender, even the way I see sexual abuse and foreign bride phenomena in Taiwan. These topics and discussions are not covered in graduate schools in Taiwan. It is a pity that graduate students in Taiwan are not aware of these. ... For example, the domestic violence in a family where the wife is from Vietnam, there is a big reason that the husband and his family see the wife as "imported as goods", a deep discrimination. If I was not aware of this and I might treat it as like handling other DV cases, only emphasizing the power issues. However, there is another layer, such as the cultural discrimination intersecting with the power dynamics. There is no such training in Taiwan, very little. I am supervising graduate interns now as a supervisor and observe that they [Taiwanese graduates] do not have these awareness or concepts when I initiate the discussions.

Personal Reentry Experiences. While the participants disclosed their professional reentry experiences, they also shared their personal emotional responses to those challenges. Professional reentry experiences co-varied with personal emotional responses especially when most part of the participants' reentry journey involved exploration of MFT professional work in Taiwan. Another piece of personal reentry experiences included realization of differences between Taiwanese collectivistic values and American individualistic cultures and modifications of their behaviors to adjust back to Taiwanese cultures.

Emotional responses. Reentry was not an easy process for the participants with the many professional challenges that were mentioned earlier. Five participants mentioned feeling left alone and needed to rely on themselves to figure out what to do during the reentry. They were like “jumping pilots” in an unknown land, trying to survive. When seven participants had studied abroad for a few years, they felt disconnected with local professional networks and they often did not know how and where to start during reentry. Reconnecting with old friends, mentors and colleagues was one way to get oriented with what was happening in the mental health field in Taiwan. However, when they tried to make those professional connections, feeling different, excluded, and challenged emerged because of the interdisciplinary competition. They felt helpless and could not do anything with these competitive situations. Even though they could make complaints or consult with acquainted senior mentors, the participants’ unique challenges as MFT returnees were not fully understood by the friends or mentors with different training backgrounds. Collecting paper documents for the counseling license exam was time-consuming and could make them feel exhausted and sometimes frustrated. Even though they were qualified to take the exam, reading unfamiliar materials and worrying about passing the exam and its influence on their job search made them feel uncertain and questioning about their MFT profession and future in Taiwan.

Therefore, feeling alone and experiencing loneliness as an international student in the U.S. was then extended as an MFT returnee during reentry in Taiwan. It was hard for them to imagine what they had been through in the native country where they wanted to come home and expected to easily connect. However, it was not that easy to reconnect with their native countries; there was actually a sense of distance between the participants and the outside world.

The participants were physically in Taiwan, but their psychological existences were still left somewhere in the U.S.

During reentry, nine participants also noticed environmental differences between Taiwan and the U.S. It created different living phenomena and provoked different emotional responses to those environmental stimuli. Compared to the U.S., Taiwan is a much smaller country. In this small island, there was a high density of residence. People lived close to each other. Traffic was often busy on the roads and drivers were not polite to passengers. Life pace was much faster in Taiwan than those smaller and quieter college towns where most participants studied in the U.S. The participants noticed that they felt irritated easily, pressured about a busier lifestyle, and uneasy with the professional challenges. They missed that quiet and peaceful time in the U.S. and two of them wanted to go back to study or work again.

Unaware of interpersonal communication in a collectivistic culture. Another personal reentry experiences was to realize different communication rules in two cultures. While studying abroad for years, twelve participants immersed themselves in a culture where individuals' needs were valued and individuals were encouraged to speak up. When the participants came back to Taiwan where they grew up, they realized these behaviors and thoughts they learned in the U.S. might not fit with Taiwanese culture. In addition, the participants could not automatically change these learned behaviors during reentry. They had learned to communicate and express themselves more directly in the U.S. For example, when the participants disagreed with something, they would directly express their opinions or advocate for their rights, even though most Taiwanese people would choose to be silent. Chin reflected:

When my boss said that he would increase the staff salary but it still did not happen. For me now [she considered that she already fit in Taiwan] or my colleagues who grew up in

Taiwan, we might just suck it up when the boss did not keep his promise. However, I stood up and talked to my boss: “You initially promised us to increase our staff’s salary, but you did not do it. The way you did make me feel disrespected, blah blah.”

(Researcher: You talked to him directly.) Yes, I now think back, “Wow! How daring I was then!!”

This changed self, being direct, had become part of who they were. While interacting with local people who were much more polite and indirect, six participants would feel confused and did not know how to respond. The participants struggled with interpreting and understanding the deep or implied message behind what they were told and would have appreciated direct communication. Sunny also commented that:

In the U.S., people directly express what they want. People here communicate much more indirectly. They would not express their opinions clearly. I would not know what is really going on until something occurs to me. Luckily, nothing serious happens yet. However, I would not know what they’re really thinking about. I am used to relying on what I hear. In Taiwan, I cannot do that. Sometimes, what people say to you does not mean what they want to express. I have no idea what is the deep and implied message behind that communication.

As the participants stayed longer in Taiwan, they realized the way they communicated was different from other local people based on self-observations, interactions with others, or feedback received from others. They gradually comprehended the importance of valuing interpersonal relationships and group harmony in Taiwanese collectivistic culture. They navigated their communication in different situations between the behaviors learned in the U.S. and the expected behaviors in Taiwan. Sometimes the participants chose to speak up with their

opinions when their Taiwanese colleagues were silent. Sometimes they wanted to differentiate themselves from enmeshed family relationships, but found it difficult to do so. Sometimes, even though the participants recognized that the interpersonal relationship mattered in Taiwan, the participants also noticed that they ignored “Zen Ching Shu Gu”, being more considerate and polite for others or caring for the nature of the relationships while interacting with people. Lee stated:

For example, people in America focus on discussing things and are more direct with each other. In Taiwan, there is more “Zen Ching Shu Gu” to consider in handling interpersonal relationships. This made my hair drop many times and I still could not get it. ... Sometimes people here do not make their words explicitly known through communication and expect you to know. ... I made a joke by telling the school where I applied for a faculty position and first received the offer to wait for me one more week when I was still waiting for other schools’ interview notice. My Taiwanese mentor told me then: “You should not request them to wait for you. You should verbally tell the school you will accept the offer. You can reject the offer and do not sign the contract later.” I have no idea how to process this! The mentor’s wife even told me that: “Once you make a promise to accept the offer, you should go! The academic field is small. Don’t ruin your name!”

Anna even perceived why she encountered feelings of exclusion in the clinic where she did her clinical internship because she was not aware of “Zen Ching Shu Gu” and she needed to endure the bad consequences of not taking care of it. She said:

I did not know what else to do if I looked back and reexamined what had happened to me. I really did not know if I could? To buy a gift? ... (Researcher: Why do you want to buy a

gift?) One way of expressing my respect? In Taiwan, it is common to say: “Ah, to buy a gift to show your respect.” ... Truly speaking, there was one person who played an influential role and had more power to make a final decision in this process. I did not make any contact with her at all since I started my internship. ... I was not quite sure if my disconnection with her made her misinterpret me as disrespectful. So for this thing, I do not know how, truly speaking, I find that I was such a blunt person after I came back and encountered many challenges. (Researcher: How so?) What I mean about being blunt was that I thought what I did was good enough. It turned out that I did not pay attention to “Zen Ching Shu Gu”, right, being considerate, ... or you should do something, to take care of “Zen Ching Shu Gu”. I did not do it at all. Then I did not know why people saw me as an arrogant person.

Specific Conditions. The participants developed strategies to cope with professional and personal reentry challenges. These strategies were influenced by specific conditions that facilitated the coping process. They were (a) personal networks linked to professional networks, (b) supervision and (c) training in MFT.

Personal networks linked to professional networks. As was discussed in the macro context section, Taiwan is a collectivistic culture and the interpersonal relationship matters. There is a Chinese saying, “yu kang shi chu shi yu kang shi, mei kang shi hei shi yu kang shi”, which means that interpersonal relationships play an important role to help people become connected with resources and ease challenges in tough situations. When people have a relationship with someone who has resources and power, it eases the working process. If people have no connection with anyone with resources or power, it still matters because it will take them more time and effort to reach their goals.

While not knowing what to do and wanting to understand the mental health profession in Taiwan, seven participants mentioned their initiating connections with old friends, college classmates, colleagues, or senior mentoring professors. These personal networks in the similar mental health field became important agents who referred clients and introduced job opportunities to the participants. These interpersonal networks also provided guidance and moral support, suggested appropriate reading materials to help the participants prepare for the counseling license exam, and shared their knowledge about the mental health culture in Taiwan. Throughout this interaction process, the participants gradually found a gate through which to get connected with local professional networks.

Supervision. Another useful condition that helped the participants to handle reentry challenges was supervision. Eight participants consulted a supervisor or joined group supervision when they conducted clinical practice in Taiwan. The supervision provided the participants with professional guidance, teaching, mentoring and support in handling difficult clinical situations, and enhanced the participants' clinical skills. In addition, the supervision served as a safety net that embraced and held some participants in a safe environment where they discussed their reentry challenges and processed their emotional responses. These dialogues further facilitated the participants' seeing their own inner strength and concluded their own learning in handling clinical cases. Chin shared:

I feel that she [my supervisor] is very – maybe she believes! That is, she always helps me to see my... strength. Or she helps me to see my efforts. I do not know how to describe it. When I talk about her, it makes me want to cry. ... I only can say that she is a person full of energy. She hardly suggests to me what to do. Many times, she just accompanies me

when I talk about cases and helps me to see where my strengths are, very narrative telling.

The supervision also helped the participants to acculturate back to Taiwanese society in which they were more aware of their social positions and the hierarchical systems in Taiwan. Especially where the supervisor or other supervisees also had cross-cultural experiences, two participants easily related to others' cross-cultural adjustments in the group and stood on others' perspectives to reflect themselves. Sunny stated:

I felt that I can disclose this [cross-cultural adjustment]. In addition, it is funny that they [the supervisor and other supervisees] can understand because they are... also from a foreign culture. Compared to me, their situation is much worse. They are from a totally foreign culture, without any language background, not knowing any local people here [in Taiwan]. So they can understand this immediate cultural shock. ... For example, I told them about one clinical situation, then they told me, "You know what, in your situation, if I wanted to understand the challenge you just described, it would take me ten more years to figure it out and understand your situation." ... I feel that maybe I am asking; I have been hard on myself. [Researcher: So you feel more relaxed and relieved a little bit.] Yes!

Of course, not every supervisor's supervision style would correspond to the participants' needs. Three participants identified as non-helpful supervision in which the supervisor tended to give more direction than understand the supervisee's agenda or facilitate their self-reflection. It was also non-helpful when the supervisor's training background was not marriage and family therapy and he or she could not provide systemic perspectives in conceptualizing cases.

Training in MFT. Twelve participants appreciated the MFT training in the U.S. One participant considered that the learning materials were not different from what she had learned as

an undergraduate in Taiwan, but the internship experiences in the U.S. were very helpful. Areas of MFT training that the participants valued included teachings of diverse family therapy models, multicultural awareness, social justice, the self-of-the-therapist, self-reflexivity through constant classroom dialogues, and diverse perspectives received from a reflection team or group supervision. These trainings and learned skills in MFT programs facilitated the participants to challenge their taken-for-granted assumptions, to integrate their personal identity and knowledge, and to develop clinical competency in handling reentry challenges. For example, Linda stated how the self-of-the-therapist training had been helpful for her in handling clinical situations during reentry:

For example, I feel stuck in my clinical work today. The first thing I do is to reflect myself, meaning why do I feel stuck? What makes me feel stuck? My emotions? What makes me feel uneasy? What makes me feel hard, but not with other cases? ... That says understanding who I am, my value and my contexts, I think, is the basic foundation of doing therapy. I feel that, I will not really feel stuck when my therapy work gets stuck. I think that, that is a good opportunity for me to understand myself. So I think it [the self-of-the-therapist training] is a very, very good foundation.

Nine participants also appreciated the MFT faculty's support, acceptance, patience, and respect for their limitations (e.g., language barrier) and uniqueness (different perspective and cultural backgrounds) as international students in the U.S. They felt the MFT faculty believed they could become better clinicians and they carried this belief of hope as a clinician to work with clients and facilitate their strength in therapy. One participant appreciated the MFT faculty's flexibility and willingness to let her come back to Taiwan early and accomplish the clinical requirements there.

Seven participants also made a few suggestions for MFT programs. First, four participants perceived the diversity training in MFT programs was still dominantly oriented to American culture and did not include other nationalities in class discussions. As international students, they still felt excluded and did not have enough American cultural knowledge to join the dialogues. They suggested diversity classes should include comparisons on differences between Western and Eastern cultures. Three participants questioned the MFT faculty's consistency of teaching diversity and treating diverse student population respectfully. The participants perceived that it was easier for the faculty to talk about diversity in theoretical sense but hard for them to treat minority students respectfully in the programs. Five participants did not make any suggestion because they considered that MFT faculty would never understand their cross-cultural adjustment as the majority in the U.S. and reentry challenges in Taiwan; only those who were in a similar position could relate to their experiences as international students.

Second, two participants suggested the MFT faculty could encourage international students to express their opinions in a round table discussion and speak up with their questions. In addition, another participant suggested the faculty could have monthly check-in conversations with international students, especially when the international students might not know how to express their cross-cultural adjustment in the earlier phase.

Third, three participants suggested the MFT faculty could explore the possibilities of doing the clinical internship in the participant's native country. Or international students could research the license regulations in their home countries in the ethics class rather than only focus on discussions about American cases. This would allow international students to do a reality check with current family therapy developments in their home countries and to prepare them for reentry if they chose to go back after graduation.

Coping strategies. In the presence of the specific conditions (e.g., interpersonal networks linking to professional networks, supervision, and training in MFT programs) described above, the participants developed four coping strategies to handle personal and professional reentry challenges. These coping strategies included (a) not wanting to fit in, (b) do what you were supposed to do (or could do), (c) process with others, and (d) therapists' multicultural awareness.

Not wanting to fit in. Six participants disclosed that they did not want to fit into Taiwanese culture when certain clinical and academic situations which were practiced differently in Taiwan conflicted with their professional values and ethical judgments. They noticed the different ways of clinical practice, but did not make an effort to change them, nor did they perceive that they could have changed them. They observed the difference as it was what it was and practiced different standards in their own clinical and academic work. Tina commented:

He [a psychiatrist] told me that "Your client is so stable, so you should let him come to therapy continuously." But he [the client] was so stable and I felt I should close the case. ... Some other psychiatrists even asked me, "Do you have confidence to let, due to our treatment plan is six weeks long, or there are ten to twelve sessions, do you have confidence to let your clients pay once for the whole treatment?" I often smiled and ignored his request. I would not even explain. I know there are many people who see psychotherapy differently from me. There are psychiatrists who knew some cases are not easy to handle, like suicidal clients, even told me to refer them out.

Do what you were supposed to do (or could do). Eleven participants reported they did what they were supposed to do or what they could do during reentry. Experiencing the mundane stuff in daily life facilitated the participants in getting oriented with the reality and connecting

with the external world, such as eating, grocery shopping, meeting friends and family members, seeing clients, or figuring out where to do leisure activities. These daily activities resulted in many opportunities for the participants to interact with local people, to notice cross-cultural differences, to learn sub-group pop culture, and to re-familiarize and comprehend appropriate communication rules through routine interactions.

To practice couples and family therapy in Taiwan, the participants realized the need to take the counseling license exam. Even though preparing for the exam took them lots of effort and they felt resistant to doing it, the participants realized the limits of not being licensed and chose to do what they were supposed to do. Taking the licensure exam was the only way they could survive as a clinician. This coping strategy was also applied to handling unexpected clinical situations, such as unethical situations. The participants did not want to fit into the dominant practice in local cultures, but did what they could do to protect clients' confidentiality or train students to make ethical decisions.

Process with others. As highlighted in the specific condition section, interpersonal networks matter in Taiwanese collectivistic culture and play an important role to facilitating people in difficult transitions. Eleven participants processed their reentry challenges with friends, colleagues, senior mentors, and supervisors. The dialogues and exchanged information between the participants and those important others were useful resources. Comparison to others' cross-cultural experiences also helped the participants to think "*If X could survive, why couldn't I?*" Observations and comparison-reflections instigated the participants' motivations to explore strategies for survival. Five participants continued keeping contact with either their friends or MFT mentors in the U.S. via emails or phone calls and shared their reentry challenges. Even though those people in a foreign country might not fully understand the participants'

reentry challenges and the associated unique cultural and social backgrounds, the participants could at least vent their emotions and felt validated.

Therapist's multicultural awareness. Eleven participants described how the multicultural awareness training they received in the MFT programs assisted them to integrate self-knowledge, be self-reflexive, and develop professional identity and competency during reentry. These professional skills and values further became important internal resources for the participants to examine reentry challenges. When encountering reentry difficulties, the participants reflected on their own experiences, thoughts and emotions; acknowledged what contexts and socio-cultural positions they held, as well as the positions held by others; compared cross-cultural differences; and realized the limitations and strengths associated with each culture and each position. This psychological positioning process put the participants into a self-reflexive position and meta-perspective, where the participants constantly examine their own stances as well as those of others. By doing so, the participants would not easily internalize reentry challenges as part of who they were and thus feel reactive. Instead, they were able to examine where the perspective was from and its context and consciously choose how to respond. Tina said:

I feel that my position is not rigidly defined. I feel that I always and constantly define my position. Because I see people wear their glass to see things and I will first examine which glass they wear. So I think that, in fact, it is related to multicultural awareness. ... The sensitivity of being curious about where the perspective is from helps me, not easily, in other words, I would not feel easily, how should I describe, feeling defeated during this reentry adjustment.

Consequences of coping strategies during reentry. The strategies that the participants used also created different consequences during reentry process, including to (a) gradually fit in, (b) accept the situation as if it was, (c) develop adaptability and maneuverability, and (d) never come back to their home country.

Gradually fit in. Four participants felt that they gradually fit into Taiwanese culture as time went by. They acknowledged that their initial reentry shock diminished and the environmental stimuli felt less different. They were more able to act the way they behaved before studying abroad. On one hand, this feeling of fitting in made them feel easy and connected with the homeland. Chan vividly described how she gradually fit in and felt relieved and reconnected with the land again like an airplane that had safely landed:

I felt very distant, very unreal. You knew what you were supposed to do, to make a phone call, to see clients. However, it was still very unreal. I felt like I lived in a dream. ... It's like you are still flying, very strange. ... You knew whatever you're doing, seeing clients, eating, sleeping. There was one time I remembered very vividly. I went out and found that my foot finally touched on the ground. That moment! I felt like. Wow! I was finally back to this land. I felt relieved.

On the other hand, the participants also noticed some costs of fitting, namely that their multicultural sensitivity became less sharpened and they became concerned about how it would influence their work as a clinician. Chin described conflicts between international students and local students in her university and how she intervened as a supervisor. She acknowledged the international students' complaints about not feeling respected when local students did not speak English around them, but also questioned why these international students could not learn to speak Chinese, just as she was asked to speak English in the United States. She said:

The point where I get stuck in this process is they are minorities, so should I care more for their situations? I get stuck with this point. However, there is another voice, “Why I need to do so much for you?” Like American people told me, why you do not learn English well enough and then speak to me?

Chan further examined her thinking process and perceived that she became less culturally sensitive when she questioned why foreign students in Taiwan did not learn to speak Chinese, but wanted others to speak English with them. When she became one of the majorities in Taiwan and had more power as a supervisor in her work setting, it made her easily ignore the vulnerabilities of being an international student in a foreign country.

Accept the situation as if it was. Four participants acknowledged cross-cultural differences and accepted the differences as if it was. Accepting it as if it was did not mean that the participants agreed with what they observed or what had happened to them during reentry. Rather than constantly feeling reactive and fighting for what it should be, the participants were acknowledging the fact as if it was and did not tend to change it. They acted as observers who were aware of the positions in which they chose to stand and used “both-and” concepts to recognize that differences existed. They did what they could in the reentry process. Fenny commented how her attitude had changed when she saw interdisciplinary competition in the academic field in Taiwan:

Now, I am not against attending X conference and feel okay to see those professionals. That is their choice. I accept it as if it is. Yeah, that is the best plan in their life. Their choice is the best for them. There is no high or low, good or bad, or right or wrong comparison. In the past, there was a distinct judgment between right or wrong. I would criticize it and feel it unacceptable. “How come they could do that?!”

Maneuverability. Ten participants developed maneuverability that corresponded to the external environment both in therapy and in their personal lives. As Kim's stress-adaption-growth model (2001, 2008) highlights, individuals are self-reflexive and responsive creatures who adapt behaviors to incorporate information from the environment and develop new coping strategies of handling problems. By doing so, it increases individuals' growth and complexities in their internal cognitive and psychological system. The participants mentioned they were equipped with multicultural sensitivities and behaviors throughout their unique cross-cultural experiences, including both studying abroad and reentry. Compared to their Taiwanese and American friends and colleagues, the participants perceived that they were more privileged and lucky to experience cross-cultural differences, to gain different perspectives and to grow different way of handling problems in life. They became more confident and grounded about the professional and personal positions they held after the cross-cultural comparisons, as well as developed flexibilities and maneuverability to respond to differences. Huang disclosed:

I felt that I can make a choice. If I choose one way, I feel okay with it. At least, I would not be given only one perspective and had no idea about another one. For me nowadays, I see many opportunities and I feel that I can choose what kinds of person I want to be. ... They [cross-cultural experiences] enrich my life. Throughout the process, you grow with many abilities, adaptabilities, and flexibilities, or even an ability of understanding different peoples. To some extent, I am much luckier than others.

Never came back. Two participants identified that part of themselves was left in the U.S. and would never come back. The participants perceived that they already immersed themselves in the United States through studying and working for a few years. Their changed self did not belong to Taiwanese culture. At the same time, they did not feel as the same as the majority in

the U.S. either. They did not belong to any culture and it sometimes created uncertainty in figuring out where they belonged during reentry. Recalling the moments of cultural familiarity in the United States could help them feel connected with the world, even not with their current environment. Kevin said:

My wife studied in Boston and also came back. Sometimes, we watch American movies together and had a sense of “missing home”. It is strange that it is not your native country, but when you see the familiar sense of humor, the way actors speak, or interactions. You realize there is no such a thing in Taiwan. ... You know the United States is part of your country, a small country, as well as Hong Kong, and Taiwan. ... You cannot just be a simple Taiwanese, no such simplicity, there is no such a simple way!

Conclusion

This chapter described the participants’ brief demographic information and the findings of a theoretical map that emerged from the data analysis. The theoretical map started with the demonstration of the macro contexts in Taiwan, such as collectivistic cultural values and family therapy developments. Collectivistic cultural values influenced Taiwanese people to emphasize the interpersonal relationships more than individual needs. It led to a closer psychological and physical distance of interpersonal boundaries compared to the participants’ experiences in the United States, where individual rights and wellbeing were advocated. In addition, there were unique family therapy developments in Taiwan, such as no MFT licensure exam and people’s misperceptions of seeking therapy. Both macro contextual factors led to unique reentry phenomena (e.g., professional reentry experiences and personal reentry experiences) that international MFT graduates encountered in Taiwan. For example, one of professional reentry experiences in Taiwan was the challenge to be a couples and family therapist in Taiwan due to

the lack of an MFT licensure exam. The MFT returnees needed to make extra efforts to take the counseling license exam in order to practice therapy in Taiwan. There was also a lack of relational cases with which to work because Taiwanese people still had stigma about seeking psychotherapy and it was not easy to involve families in sessions.

Throughout disclosing the reentry stories, the participants also demonstrated their coping strategies to handle these reentry challenges such as not wanting to fit in, doing what they were supposed to do or could do, processing with others, and therapists' multicultural awareness. These coping strategies were associated three specific conditions that facilitated the participants to develop the coping strategies of handling reentry challenges. They were personal networks linking to professional networks, supervision, and training in MFT. For example, the participants valued the multicultural training in the United States and perceived their multicultural awareness as important internal resources that assisted them to gain meta-perspectives in examining cross-cultural differences during reentry. Finally, the coping strategies resulted in different consequences during reentry. Four participants felt that they gradually fit back into Taiwanese culture. Four participants acknowledged cross-cultural difference existed and accepted it as if it was. Ten participants developed maneuverability through cross-cultural experiences. Two participants considered part of themselves to have been left in a foreign country, never to come back.

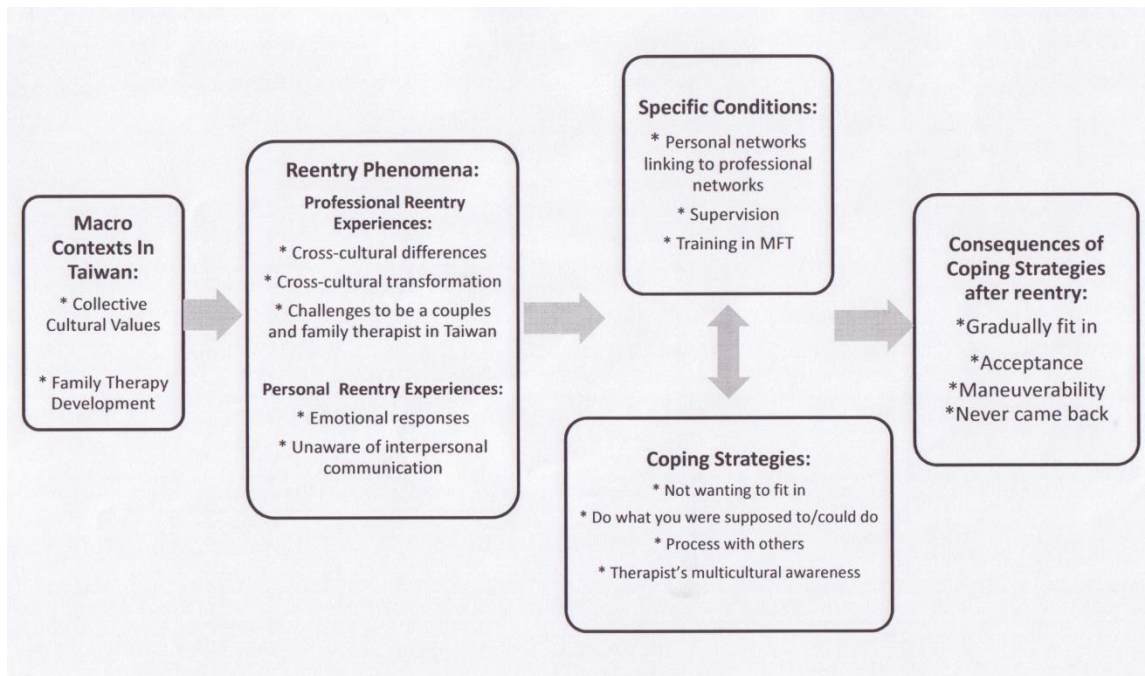


Figure 2: Theoretical Model for Reentry Experiences of International MFT Graduates in Taiwan

Chapter 5

Discussion and Summary

Introduction

The purpose of this study was to explore personal and professional experiences of MFT international graduates adjusting to Taiwan as well as their transformation of MFT theories to local cultures and developments of coping strategies during reentry. In the previous chapter, I presented the findings of the project. The goal of this chapter is to highlight these findings with past reentry research and situate the significant results within Kim's (2001) stress-adaption-growth model. The implications for MFT training in the United States, limitations of the study and suggestions for future research are also included in this chapter.

Reentry phenomena must be understood within a unique macro context

From the findings, MFT international graduates' reentry experiences in Taiwan were situated in two macro contexts where collectivistic cultural values were emphasized and unique family therapy developments existed. These macro contextual factors in Taiwan led to MFT returnees' specific professional reentry experiences (e.g., cross-cultural differences, cross-cultural transformation and challenges to be a couples and family therapist), as well as personal reentry experiences (e.g., emotional responses and being unaware of different interpersonal communication). The co-variation between the macro contextual factors and returnees' subjective professional and personal reentry phenomena highlighted that the reentry process must be viewed and understood in the larger context of the home country. The finding was in line with the general open-system theory that individuals' experiences do not occur in isolation but are related to other elements of a system that interact and influence with each other

(Bertalanffy, 1968; Becvar & Becvar, 2000). Along with the general open-system theory, Kim (2001) suggests that individuals' cross-cultural adaption processes cannot be fully understood without considering the situations of the environment. Different environmental conditions evoke different responses from returnees who observe the cultural and social forces and struggle to increase their changes for meeting personal and professional goals (Kim, 2001).

Martin (1984) defined that one of three critical variables which determined reentry process was the home cultural and environmental variables. Martin (1984) proposed that returning students might encounter more challenges when the home environment was different from what they originally left and they were not prepared to cope with the change, or when they already changed significantly abroad in contrast to lack of change in the reentry environment. The participants in this study faced both situations.

On one hand, the participants did not realize that the influences of the established counseling licensure system on the mental health fields in Taiwan while studying abroad. They also did not acknowledge that the fulfillments of taking the counseling license exam in Taiwan were quite different from their MFT training background in the United States. They did not examine the different course and clinical requirements in the two countries and did not prepare for taking extra credits to fulfill the gap before reentry. In addition, interdisciplinary competition in Taiwan was out of their expectation when the participants simply felt passionately connected with the home land and wanted to contribute their professional learning to serve people in local cultures. In reality, the participants' MFT professional backgrounds were challenged or questioned by local mental health professionals during job interviews. The differences between the participants' unexamined expectation before reentry and the reality check after reentry certainly provoked their strong emotional responses (e.g., feeling helpless, uncertainty, left

alone, irritated) and increased the sense of suffering difficulties. This finding also echoed with the expectation model of the reentry literature (Black, Gregersen, & Mendenhall, 1992; Rogers & Ward, 1993) that pre-reentry expectation impacts the follow-up reentry adjustment in the home country.

On the other hand, the participants immersed themselves in American culture for a few years while studying abroad and gradually got used to thinking and acting in accordance with American culture, where they relied on their independence and learned to advocate for their own voices. Coming back to Taiwan and living in a culture where the interpersonal relationship was valued more than individual needs, the participants definitely noticed cross-cultural differences in communication styles between the two countries and needed to make cross-cultural transformation in their interpersonal interactions and professional work. This finding was related to the cultural learning model (Furnham & Bochner, 1986) that describes returning individuals need to unlearn these host-culture-specific behaviors and regain familiarity with the home-culture-specific behaviors. It was also in line with other reentry literature in Asian countries that Japanese returnees needed to change acquired host cultural behaviors to fit into the Japanese collectivistic society that normally emphasizes group harmony (Sasagawa, Toyoda, & Sakano, 2006; Takeuchi, Imahori, & Matsumoto, 2001).

Coping strategies were developed and facilitated within specific conditions

According to Kim's (2001) stress-adaption-growth model, individuals are self-reflexive and responsive human beings whose psychological, cognitive, and behavioral schemas will continue grow while continuously interacting with the external environment. To respond to and handle personal and professional reentry difficulties that were situated in unique Taiwanese contexts, the participants in the study identified four core coping strategies, such as not wanting

to fit in, do what you were supposed to do or could do, process with others, and therapists' multicultural awareness. These strategies took both emotion-focused and problem-focused directions based on Lazarus (1993a, 1993b) coping theory. The emotion-focused coping is to "change only the way we attend to or interpret what is happening" (Lazarus, 1993b, p.8) and the problem-focused coping means that people take actions to change the troubled person-environment relationship in order to relieve their psychological distress (Lazarus, 1993a, 1993b). The coping strategies such as "not wanting to fit in", "do what you were supposed to do or could do" and "process with others" were considered as problem-solving function coping. The participants either rejected to participate in the unexpected clinical situations (e.g., lack of confidentiality or ethical practice) or initiated actions to handle difficulties by conducting mundane activities, by continuously seeing clients, by taking the counseling licensure exam, and by approaching friends, supervisors, and mentors to process their thoughts and emotions during reentry.

Therapists' multicultural awareness was considered as an emotion-focused type of coping because the participants took a meta-perspective to examine their own as well as others' positions in interpreting cross-cultural differences they encountered during reentry. The participants acknowledged that they could not change those cross-cultural differences but could change their perspectives to understand and embrace the differences. However, multicultural awareness could also possibly lead to action change when the participants were able to recognize and accept that each culture had its own strengths and limitations and adapted behaviors that corresponded to different cultural requirements and elements in their personal life and clinical work. The new learned behaviors were considered as problem-function coping that assisted the participants to have more options and maneuverability to act in life.

In addition, the participants did not develop these coping strategies independently and there were three specific conditions (e.g., personal networks linking to professional networks, supervision, and MFT training in the United States) that facilitated the participants' practice of the strategies. The personal networks linking to professional networks resonated with the collectivistic culture in Taiwan where the interpersonal relationship matter and become important resources in facilitating people in transitions. There is Chinese saying: "yu kang shi chu shi yu kang shi, mei kang shi hi shi yu kang shi", meaning that interpersonal relationships play an important role in helping people in transitions. Lazarus (1993a, 1993b) suggests that how an individual copes with a stressful situation also depends on the context in which the stressful life event occurs and how it informs people's meaning-making process. When the participants encountered challenges in Taiwan, the Taiwanese collectivistic culture values guided them to approach other acquainted interpersonal resources who were already mental health professionals in local areas. These interpersonal acquaintances were more willing to share their resources and knowledge with the participants and it led the participants to more job opportunities, updated information about the local mental health fields, and professional networks.

Supervision served the same function of interpersonal as well as professional connections. Unlike the first strategy, the supervision provided a structure and group setting where the participants processed their ideas about clinical cases and related cross-cultural transitions with a trained supervisor and other supervisees. The supervision group often met for a period of time and created more intimate and intensive relationships (Todd & Storm, 2002) between the participants, other supervisees, and the supervisor. Especially when the group members had similar cross-cultural experiences and could relate to the participants' struggle, the

participants felt their unique reentry challenges were validated and heard. It became a safety net that embraced the participants, provided emotional support, and exchanged information in assisting MFT returnees' reentry process. Both interpersonal and professional networks and supervision facilitated the participants' coping strategies, such as processing with others and gaining information about what they were supposed to do or could do as a mental health clinician in Taiwan.

The third specific condition that was associated with the participants' developing coping strategies was the MFT training in the United States. The participants identified useful training components, including teachings of diverse family therapy models, multicultural awareness, social justice, the self-of-the-therapist, self-reflexivity through constant classroom dialogues, the clinical internship experience, and diverse perspectives received from a reflection team or group supervision. These learning, knowledge, and clinical skills did not disappear when MFT graduates went back to Taiwan. Further, they became good foundations and internal resources for the participants to call upon whenever they encountered challenges during reentry. Rigorous clinical training and practice from the United States assisted the participants not to take the dominant clinical practice in Taiwan for granted, but consciously make ethical and professional judgments. They decided not to participate and fit in the culture that conflicted with their personal and professional values.

The participants perceived that they gradually developed one of their coping strategies, multicultural awareness, through MFT training and personal cross-cultural experiences. It helped the participants to constantly take a self-reflexive position and gain meta-perspective in comparing and examining their learned MFT theories in the United States as well as the

observed phenomena in local areas. It also prevented the participants from easily feeling trapped in the challenging situations during reentry.

Consequences of coping strategies were varied during reentry

There were four consequences associated with coping strategies that assisted the participants to use in handling reentry challenges. These were gradually fitting in, accepting the situation as if it was, maneuverability, and never coming back. It was hard to identify which coping strategies specifically led to which consequences because the participants used more than one strategy based on their story-telling. The adaption variation during reentry showed that coming back to Taiwan was a continuous process. There was no absolute fine line to determine whether the participants finally fit in the home culture or not. According to Kim (2001), it is proper to think the cross-cultural adaption process as falling at some point on a continuum ranging from minimal to maximum acculturation into the main cultural milieu (e.g., Taiwanese culture during reentry) and deculturation of the original cultural habits (e.g., immersion in American culture when studying abroad for a few years).

In the study, the participants stood at varied points on the adaption continuum during reentry. Four considered that they gradually fit back into Taiwanese culture, four participants accepted the situation as if it was and did not tend to change it, and two participants acknowledged that part of themselves never came back to Taiwan and was left in one place overseas. Different coping strategies and adaption consequences during reentry implied that the participants' reentry experiences were multi-storied. Fitting into Taiwanese culture might not be the final goal for the participants. Instead, the participants wanted to explore alternative ways and perspectives to live and to be truthful with their personal and professional values in Taiwan. In fact, ten participants developed maneuverability to communicate with local people and to

make thoughtful choices of actions in specific life and clinical situations. According to Kim's (2001) stress-growth-adaption model, the participants' maneuverability was considered as functional fitness, one facet of intercultural transformation. "Functionally fit individuals have developed a broadened, clear, more objective, and more differentiating perception of the host cultural and communication pattern" (Kim, 2001, p.186) and are able to integrate and respond to the demands of the external environment. In the study, the participants were aware of cross-cultural differences between two countries and further made cross-cultural transformation in their clinical work (e.g., theory transformation, language transformation, and notice of power transformation as a therapist). In other words, being a functionally fit individual might become more a realistic and pragmatic goal for the participants, striving for survival during reentry rather than simply fitting in one culture or another.

Multicultural awareness and multicultural maneuverability

The finding of the use of multicultural awareness as one of coping strategies and developments of multicultural maneuverability during reentry highlights the importance of psychotherapists and counselors in diverse societies being equipped with multicultural competency in working with people. These multicultural awareness include being aware of the therapists' own world perspectives and clients' world perspectives; having knowledge of different ethnic groups, their sociocultural backgrounds and cultural identity developments; capability of building relationships with diverse clients; and developing multicultural psychotherapy skills and efficiency (Gonstantine & Ladany, 2001; Roysircar, 2003). A multicultural competent therapist will enter the client's world, use the client's language (Johannes & Erwin, 2004), and understand the client's presenting problems within their unique sociocultural contexts (Pedrotti, Edwards, & Lopez 2008). As a result, the participants in the

study faced the necessity of transforming Western MFT theories and constantly modifying their clinical language and practice to fit local cultures. Transforming process involved three layers: theory transformation, language transformation and power transformation. Especially in the language transformation, it also involved three aspects of transformation such as transforming MFT professional language in English to Chinese, transforming Chinese (official language in Taiwan) to Taiwanese local language, and transforming professional jargon to common language that was much more relevant to clients' unique backgrounds.

First, the MFT programs provided a unique training and learning environment that facilitated the participants' acculturation to American culture and Western clinical culture in the United States. Unlike other professional fields, MFT training involves much more interpersonal interaction and communication with local people, American colleagues, faculty and other professionals in both clinical and academic settings. To provide psychotherapy in the United States, international students must gain knowledge about American culture through interacting with people. In addition, O'Byrne and Rosenberg (1998) proposed that supervision and counseling practice are part of acculturation process, in which "the supervisee is socialized in the language of therapeutic discourse, value orientation, and modes of thinking and problem- solving that are characteristic of the profession" (p.35). MFT theories developed in the United States have its distinctive training perspectives from other disciplines as well as mirrors the dominant cultural values that emphasize individualism and independence in the United States. Therefore, the participants experienced acculturation through MFT programs in the United States, including acculturation to American culture and acculturation to MFT professional language.

When the participants went back to Taiwan, they must first transform the Americanized ways of MFT practice to fit clinical situations in Taiwan because they noticed some of MFT

theories were not always applicable in local cultures. For example, the concept of differentiation in the Bowen family system model conflicted with the collectivistic cultural value of being filial to parents in Taiwan. In addition, MFT professional jargon was also not the common communication symbols that local people used in daily life. The participants must change their professional jargons to be comparable to clients' common language in therapeutic process.

Third, Chinese is still the dominant and official language in Taiwan and children must learn and speak Chinese in school no matter where their ethnic backgrounds are from. This phenomena cause that people from lower SES backgrounds or less education might not often use Chinese to communicate in daily life. The participants with higher education must adapt their clinical language to fit their clients' backgrounds and ways of understanding in communication in therapy. Especially for the participants who held postmodern as their clinical lenses also noticed that they were perceived as professionals and expected by clients to give directive suggestions to fix the clients' problems. They questioned this assumption that the therapist should tell clients what to do and used words carefully in communicating with clients. By doing so, they wanted to lower the hierarchy between themselves, as an educated therapist, and the clients.

Implication for MFT training

The participants of the study not only shared their reentry stories but also disclosed how the MFT training in the United States had facilitated their reentry process. All participants reported that their study in the U.S. had been mostly valuable and a growing experience. As discussed earlier, eleven participants demonstrated how multicultural awareness, self-reflexive skills, and the self-of-the-therapist training had assisted them in handling reentry challenges and developing multicultural maneuverability. It is suggested that MFT programs continue doing

whatever works to train international students, such as enhancing students' multicultural awareness, self-reflexive skills, and the self-of-the-therapist piece.

Lack of international diversity training. Even though most participants appreciated the MFT training they received in the United States, there was still a lack of diversity that included other nationalities or comparisons between Eastern and Western cultures in class discussions. In the participants' eyes, the diversity training in MFT programs still emphasized American-dominant cultures, mainly talking about minorities such as African American, Hispanic American, and Asian American cultures in the United States, not to mention the lack of understanding and the application of MFT theory and developments internationally. Five participants did not make any suggestion because they perceived the MFT faculty as being part of American dominant culture and unable to relate to or understand their cross-cultural transitions. Three participants perceived that it was easier for the MFT faculty to talk about diversity in theoretical sense but hard for them to treat minority students respectfully in the programs.

The participants' criticisms on the diversity training in MFT programs highlighted the gaps in regards to the lack of understanding of global diversity. International students were trained to assimilate to American culture and were not challenged to apply MFT theories outside of the Western cultural box. This meant that returning international students in Taiwan had to rely on themselves for developing cross-cultural transformation during reentry. This might also explain why some participants perceived nobody (including MFT faculty) could relate to their cross-cultural adaption and oftentimes felt alone in experiencing it. Reentry experiences of international students in their native countries have received much less attention than their

adjustment in a foreign country (Szkudlarek, 2009); the same situation was applied in the MFT fields in the United States.

Therefore, the participants suggested that MFT course materials should include international discussions such as researching ethics and licensure systems in different countries or exploring the possibility of doing clinical internships in the international students' native countries. This would also assist the international students to do a reality check with current family therapy developments in their native countries and prepare them for reentry, if they choose to go back after graduation. Other cross-cultural discussions in the training should include aspects such as different models of communication styles; interpersonal conflicts; different concepts of personal and family boundaries; mother and daughter-in-law issues; and the influences of gender dynamics intersecting with cultural values on the nature of marriage quality. This would help the international students to demonstrate special clinical issues in their native countries, to feel included in the program, to be given space to demonstrate their cultural uniqueness, and to exchange cross-cultural information with American colleagues.

Preparation for reentry. Preparation for reentry did not necessarily guarantee a smooth reentry transition but research demonstrated the importance of managing reentry expectations to match changes in the home country; this would facilitate a smoother repatriation process (Kulkarni, Lengnick-Hall & Valk, 2012). MFT faculty can provide some psychoeducation for international students when the students decide to go back to their native countries after graduation. The reentry psychoeducation includes but is not limited to (a) discussions on the nature of the adaption process during reentry, such as possible changes in returnees' expectations, behavior, and emotional responses; (b) linking and comparing their living experiences and learned skills in the United States to the native countries and increasing

awareness of their own changes overseas as well as changes in the native countries; (c) exploration and making contact with local professional networks and organizations; (d) referrals to MFT international alumni who already went back and continued clinical practice in the native countries; (e) researching current family therapy developments in the native countries; (f) generating problem-solving solutions as well as emotional-focused coping strategies based on the international students' cross-cultural awareness; and (g) maintaining follow-up contacts with the returning students through emails or phone calls. By doing this, the MFT faculty and returning international students can together prepare for a closure of the students' learning and living experiences overseas and to gradually start a new page in their native countries. In addition, the returning international students will not feel alone to process reentry adjustments by themselves and will feel supported by the MFT faculty, at least mentally and psychologically, throughout their returning journey in the home countries.

The role of supervision. Another important training implication for MFT programs to notice was supervision. The participants identified the benefits of the supervision both in their training programs and during reentry. When the participants studied abroad, they perceived that supportive and multiple feedbacks from supervisors and American colleagues facilitated their developing clinical sense of case conceptualization and competency. During reentry, the supervision continued enhancing the participants' clinical skills and their transformation in handling cross-cultural differences; it also provided a safe space for the participants to process their adjustments and emotional responses during reentry. Supervision is an important element of clinical developments for both supervisees and supervisors to discuss clinical issues, reflect their professional growth, and be further efficient in therapy. The supervision context offers an environment in which supervisors and supervisees can explore diversity issues and enhance their

multicultural sensitivity in clinical work (Banks, 2001; Christiansen et al, 2011; Happer-Jaques & Limacher, 2009). The international students should consider continuously participating in the supervision to assist their clinical practice, no matter whether they decide to stay in the United States or go back to their native country after graduation.

Limitations of the study

Even though the study extended the reentry literature and improved the understanding of MFT international students' re-adaption in Taiwan, there were a few limitations in this study that readers should notice. First, the study only represented the views of 13 participants in Taiwan. Even though interviewing only participants from Taiwan helped to define the scope of research participants' national backgrounds, there were within-group variations that the study might not capture, such as gender (e.g., only two males recruited in the study), sexual orientation (e.g., only two participants disclosed and identified themselves as lesbian), ethnicity, language, and SES.

Second, there were some between-group variations that the study could not capture either. MFT international graduates' reentry experiences in Europe or Canada might be different from those who went back to Asian countries, such as Taiwan, China, Korea, Japan, Thailand, or Turkey because cross-cultural distances might be smaller for European international students than Asian students (Brabant et al., 1990; Huang, 2008; Kidder, 1992; Thompson & Christofi, 2006; Pritchard, 2011; Rohrlich & Martin, 1991).

Third, the non-random, convenient and snow-ball sampling might result in some bias of the findings. There were four participants whom I, as a researcher, already knew via interpersonal networks and it could either facilitate or hinder their comfort level of sharing. On one hand, the participants found it easy to disclose their reentry challenges with the researcher because the interview relationship was built from the acquainted friendships. On the other hand,

the participants could possibly feel hesitant to share because of worries about the influence of open and deep disclosure on the nature of relationship between the researcher and the participant.

Fourth, due to the researcher's limited traveling time and face-to-face interviews with the participants in Taiwan, the researcher wished to spend more time to build rapport with the participants and anticipated it would facilitate the participants' sharing more about their personal life. Compared to professional reentry adjustment, the participants disclosed relatively less about their personal reentry stories. Especially when being asked their perceptions of family members or important others' responses to their reentry, some participants provided less information or would state that there was no special response from the family. As Chang (2009) studied returnees' and their mothers' perceptions of reentry experiences, he found that reentry was not an individualized process of psychological and behavioral adjustment on the part of returnees only, but was also co-constructed with their significant others through communication. It was possible that the interview relationship between the researcher and the participant was not profound enough to facilitate the participants' sharing of more personal or maybe vulnerable information with the researcher. This study also did not interview the participants' important others (e.g., family members, friends, supervisors, or clients) to gain different perspectives or observations of the returnees' reentry experiences.

Fifth, my role as a researcher who studied the research topics, as well as an insider who had studied abroad and went back to Taiwan for a three-year clinical practice, was discussed earlier in the method section of the dissertation. My personal and professional cross-cultural experiences and knowledge definitely shaped the ways I conducted and wrote up the project. As Charmaz (2009a) suggested, research participants' interpretation and perceptions of their lived experiences as well as researchers' actions and grounded theories created throughout the research

process are all “constructions of reality” (p.10). Therefore, the findings included both the participants’ story-telling and the researcher’s analyses and interpretations of the data.

Throughout the project, I adopted a few validation strategies to monitor my own subjectivity statements, such as member checking, being interviewed by a professional colleague, and consultation with a senior qualitative researcher and my major professor, Dr. Jerry Gale.

Regardless of the limitations of my roles as a researcher and participant, I considered that my cross-cultural experiences and backgrounds actually assisted me to easily relate to my participants’ disclosure of their reentry challenges. In addition, my clinical skills as a marriage and family therapist facilitated my focus on dialogues on cross-cultural topics and ability to make appropriate reflections and summaries of the participants’ statements.

Suggestions for future study

According to the limitations of the study mentioned above, there are some suggestions that I would like to make for future reentry research. First, it is suggested to investigate reentry experiences of MFT international graduates in other countries and to examine the influences of cross-cultural distances between the host country, such as the United States, and the native countries on the graduates’ reentry adaptation processes. This would also help to examine within-group differences (e.g., Japan and Korea with the similar collectivistic cultural influences) and between-group differences (e.g., Canada or European countries with individualistic cultural influences), as well as to explore how different macro contexts (e.g., collectivistic or individualistic cultural values or family therapy development history) form unique reentry phenomena with MFT international students.

Second, a researcher should conduct longitudinal research with returnees to see how the length of reentry would impact their reentry experiences as well as developments of coping

strategies. Charmaz (2009a, 2009b) points out that the constructivist-grounded theory researcher views generalization of research findings as conditional and situated in a specific time, place, culture, situation, and series of interactions. Conducting multiple interviews across different times and situations with participants might capture more transitions and multi-stories that returnees go through during reentry. If time and economic resources are allowed, the researcher can stay in the field and build rapport with participants so the participants will feel more comfortable to share their more personal stories.

Third, it is also important to interview each returnee's important others, such as friends, family members, supervisors, or clients. This helps to gain different perspectives and others' observations of the returnees' reentry experiences. Triangulation of interview data from different sources can improve the validation of the findings as well as enrich the returnees' reentry stories. Fourth, to understand the application of MFT theories in other countries, it is also valuable to interview those local mental health professionals who have never studied abroad but learned family therapy techniques through workshops that were led by visiting foreign family therapists. Local mental health professionals who do not have cross-cultural experiences might provide different perspectives of the applications of MFT theories and models. They might also have different transformation process of MFT theories when noticing the theories might not always fit with local cultures. It is possible that they might have more direct responses to the Western MFT theories without the compounding influences of constantly comparing and examining cross-cultural experiences; they might also have wisdom to share about how they integrate local cultures and the Western MFT theories to serve local people.

Conclusion

When I developed this project, my initial intent was to understand how the Western MFT theories were applied in another country when MFT graduates went home and continued clinical practice after graduation. As I started literature review on reentry research, I found that reentry research received much less attention, especially in the MFT field. My research questions were expanded and included exploration of both personal and professional reentry experiences of international MFT graduates as well as their cross-cultural transformation in the native country. I ended up only interviewing participants in Taiwan, my home country, because there have been unique family therapy developments in that small island through decades and it was convenient for me to travel there when I visited my family and friends. Throughout this project, I have learned that international MFT graduates' subjective reentry experiences in Taiwan must be understood within a broader macro context. There are unique collectivistic cultural backgrounds and historical developments of family therapy in Taiwan that situate certain reentry challenges MFT graduates would encounter in their personal and professional life.

Reentry was indeed not easy for the participants but they were also resilient and strived to explore their MFT identity in a mental health field where the clinical practice was dominantly informed by counseling psychology, psychiatry, and social work in Taiwan. The MFT returnees noticed cross-cultural differences in clinical practice and personal life and gradually developed different coping strategies to handle reentry challenges. They called upon their learned knowledge and skills, such as multicultural awareness from MFT programs in the United States to examine their multiple socio-cultural positions in interpreting cross-cultural situations. The rigorous MFT training also assisted them to develop clinical competency and professional judgments in handling unexpected and unethical situations in clinical practice. They initiated

approaching and contacting personal networks that linked them to professional networks.

Through processing with friends, mentors, supervisors and other local mental health professionals, they received important information and acknowledged what steps they needed to take in order to practice legally in Taiwan. Throughout this reentry process, fitting in was not the only goal they wanted to achieve. Acknowledging their past cross-cultural experiences that had shaped their multiple-selves and enriched their lives, the participants wanted to be truthful with who they had been and who they were, and made deliberate decisions about what they wanted to be in the future.

I am interested in continuing the dialogues with the participants as they continue their reentry journey in Taiwan. As time goes by, people and life situations change. After interviews, two participants had their first child and became new parents. One participant quit her clinical practice and was hired as a faculty in a university. Transitioning to being a faculty member does give her more power to influence the field by educating new mental health folks in Taiwan, participating in several public speeches, and leading training workshops. One participant is currently thinking about doing a visiting scholarship in the United States and exploring the opportunities now. I would also like to approach those local mental health professionals who never studied abroad but made every effort to receive training and attend different family therapy workshop led by visiting foreign family therapists in Taiwan. I am curious how they process and interpret the family therapy models and integrate their learning into their clinical practice. Finally, I would also like to meet MFT graduates from other countries and see how they transform MFT theories in their local cultures and share my findings with them. I hope these dialogues will continue enrich my understanding of MFT theories and clinical practice as a

clinician and as an instructor who is sensitive to global issues in teaching MFT theories and models.

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APPENDICES

Appendix A Recruitment Email

Dear Training Directors,

I am a doctoral student at University of Georgia working on my dissertation under the direction of Jerry Gale, Ph.D., Marriage and Family Therapy Program, University of Georgia. I am studying re-acculturation of marriage and family therapy international graduates in their home countries. The significance of this study is to better understand issues that international students face when they returning to their native country, how well their education prepared them, adaptations made by these new professionals in their home country, and recommendations for US universities in working with international students. I would like to request your assistance by forwarding the attached “invitation to participate” to all of the post-graduate international students in your program. Students can be either doctoral or master level, and must be currently in clinical practice for at least three months in their native countries. If you have any questions, you can contact me, Pei-Fen Li, or my advisor Dr. Jerry Gale.
Thank you for your assistance.

Sincerely,

Pei-Fen Li, M.E.D.
Doctoral Student
University of Georgia
ffg2008@hotmail.com

Jerry Gale, Ph.D.
Associate Professor and Clinical Director of Training
University of Georgia
jgale@fcs.uga.edu

Invitation to Participate

Dear Participant:

We appreciate your considering participating in this project. This study is designed to help international students studying in the U.S. in being better prepared for returning to their home countries. In this study, we want to learn personal and professional experiences with adjustments of those MFT international graduates who had returned home, have resided in their home countries and maintain clinical practice for at least three months. In particular, we will explore your (1) personal experiences adjusting to your native culture; (2) professional experiences adjusting to your native culture; (3) changes in their clinical practice or MFT theories to adjust to cultural elements of your home country; (4) changes in your sensitivity to cross-cultural issues in your native country; (5) how well you were prepared in the graduate work for returning home; and (6) support you receive from your home institution.

If you are willing to participate in this study, you will be interviewed by me for 1-2 times. Each interview might take 1 to 2 hours. Possible follow-up on-line interviews or email contacts might be conducted to clarify your information from previous interviews.

If you have interests in participation or any questions, please feel free to contact me, Pei-Fen Li, at ffg2008@hotmail.com or my advisor Dr. Jerry Gale, at jgale@fcs.uga.edu.

Thanks again for your consideration.

Sincerely,

Pei-Fen Li, M.E.D.
Doctoral Student
University of Georgia
ffg2008@hotmail.com

Appendix B

Participant Consent Form

Dear Participant:

You are invited to participate in my dissertation project titled, “Re-acculturation of marriage and family therapy international graduates in their native countries.” Through this project, I am learning about your personal and professional experiences in your adjustments after you have returned to your home country. Your participation will contribute new understandings of re-acculturation of international MFT graduates in other countries and examine how cultural factor shaped these new professionals in their clinical practice. It also helps the MFT field in the U.S. understand how MFT theories have been applied in another culture.

In addition, this study will provide important information for MFT programs to better prepare international students in their return to their native country and address potential reverse cultural shocks and professional adjustments for working in another culture. Even though you might not benefit directly from the study immediately, I hope that you might benefit from increasing your cross-cultural awareness by self-reflecting on your personal adjustments/clinical practice in different countries. This cross-cultural awareness will further strengthen your cultural competency in your personal life and professional work.

If you decide to be part of this, you will participate in 1-2 interviews. Each interview will be 1 to 2 hours. Each interview will be audio and video taped for increasing accuracy in transcription. Possible follow-up emails or interviews might be conducted to clarify your information from previous interviews. While participating in the interviews, you might feel some emotionally discomfort. Sharing your personal and professional experiences might make you feel emotionally vulnerable. Mental health referrals will be provided if you need it. The risk of harm or discomfort associated with this study is not expected to be more than in daily life or from routine psychological examinations or tests.

Only the researchers will have access to the recordings and all transcribed data. All research data (ex. recording, transcriptions, the researcher’s observation and self-reflection notes) will be kept in a locked suitcase while the researcher is traveling. All research data will be finally located in a file cabinet with a lock in the researcher’s office. Following the project’s conclusion all recordings will be destroyed. The entire process of this study will be 1 year.

Any individually identifiable information provided through the research will be kept confidential. All files (audio tapes, video tapes and transcripts) will be assigned a code number without any recognition of personal information. Those files will be deleted after the researcher finishes taping, transcribing and analyzing the data. When the researcher writes up the research findings for her dissertation and a paper published, a pseudonym will be used for each participant. The master list to link codes and assigned pseudonyms will be destroyed when the paper is published.

I hope to learn something about your personal and professional experiences adjusting to your native culture. If you have any questions or concern, you can always ask me, Pei-Fen Li, at

the following phone number: (706) 207-3904 and at my email: ffg2008@hotmail.com. Or you may contact the principal investigator of this study, Dr. Jerry Gale in the Department of Child and Family Development at the University of Georgia at (706) 542-8435 and at jgale@fcs.uga.edu any time. Your participation is voluntary and you can refuse to participate or stop taking part at any time without giving any reason, and without penalty or loss of benefits to which you are otherwise entitled.

Sincerely,

Pei-Fen Li
Marriage and Family Therapy Program
Child and Family Development Department
University of Georgia

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study by signing my name below.

Participant
Name _____ Date

RESEARCHER
Name _____ Date

Additional questions or problems regarding your rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 612 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address IRB@uga.edu

Appendix C

Interview Guide

1. Please describe your study abroad experiences in the United States.
 - a. What made you choose to study MFT in the United States?
 - b. What was your experience studying in the MFT program?
 - c. What was your clinical experience in the U.S.?
 - d. What made you decide to come back to your native country?
2. What experiences do International MFT graduates have returning to their native country in regards to family, friends and their own personal sense of being?
 - a. What has been your personal experience since returning to your native country?
 - b. Have there been challenges in terms of reentry? Please provide examples.
 - c. Have there been successes in terms of reentry? Please provide examples.
 - d. How has your family adjusted to your return?
 - e. How have friends adjusted to your return?
 - f. How has your sense of personal identity changed or remained the same since returning home?
3. What experiences do MFT international graduates have returning to their native country in regards to clinical and supervision experience in clinical settings?
 - a. In what type of clinical setting do you work? What types of clients you see? Describe a typical day.
 - b. How was your supervision experience in the U.S.?
 - c. How are clinical experiences different or similar to your experience in the U.S.? Give examples of clinical issues. Give examples of how you practice similarly or differently

- than when you were in the US. Explain.
- d. What challenges/benefits have you encountered in the clinic there? How have you overcome (or not) those challenges?
 - e. What support do you receive from their clinical institution/supervision?
4. What clinical or theoretical changes do MFT international graduates adjust to cultural elements of their native country?
- a. What was your clinical model while working with clients from the U.S. there?
 - b. What is your clinical model while working with clients in your native culture now?
 - c. What cross-cultural changes in practice do you adjust while applying MFT theories in your native culture?
 - d. How do you assess the quality/effectiveness of mental health service you provide to fit with the needs of local people?
5. How well MFT were international graduates prepared by their graduate work for returning home?
- a. What experiences (courses, readings, people, etc.) do you consider most valuable from your MFT program in the U.S. in preparing you to work effectively in your native country?
 - b. What additional knowledge from your U.S. program would have helped you?
 - c. What suggestions would you make to the MFT program on how to assist future international students who plan to return home after graduation?
 - d. What possible benefits would you imagine coming about if the MFT program could adopt your suggestions in their training further international students?