

Culture Shock and Travelers

Louise Stewart and Peter A. Leggat

As travel has become easier and more affordable, the number of people traveling has risen sharply. People travel for many and varied reasons, from the business person on an overseas assignment to backpackers seeking new and exotic destinations. Others may take up residence in different regions, states or countries for family, business or political reasons. Other people are fleeing religious or political persecution. Wherever they go and for whatever reason they go, people take their culture with them. Culture, like language, is acquired innately in early childhood and is then reinforced through formal and complex informal social education into adulthood. Culture provides a framework for interpersonal and social interactions. Therefore, the contact with a new culture is often not the exciting or pleasurable experience anticipated. When immersed in a different culture, people no longer know how to act when faced with disparate value systems. Contact with the unfamiliar culture can lead to anxiety, stress, mental illness and, in extreme cases, physical illness and suicide.^{1,2}

"Culture shock" is a term coined by the anthropologist Oberg.³ It is the shock of the new. It implies that the experience of the new culture is an unpleasant surprise or shock, partly because it is unexpected and partly because it can lead to a negative evaluation of one's own culture. It is also known as cross-cultural adjustment, being that period of anxiety and confusion experienced when entering a new culture. It affects people intellectually, emotionally, behaviorally and physically and is characterized by symptoms of psychological distress.⁴ Culture shock affects both adults and children.

In travelers or workers who have prolonged sojourns in foreign countries, culture shock may occur not only as they enter the new culture, but also may occur on their return to their original culture.⁵ Children may also

experience readjustment problems after returning from leading sheltered lives in expatriate compounds.⁶ This readjustment back to their own culture after a period of time abroad has been termed "reverse culture shock,"⁷ a condition which has been studied in both corporate managers⁸ and Peace Corps volunteers.⁵

With culture shock and many other processes of psychological adjustment, people tend to suffer alone, thinking that they are the only ones not coping well with their new circumstance. The objective of this paper was to bring the phenomenon of culture shock to the awareness of travel health advisors, who can in turn advise travelers, especially longer term travelers, about having realistic expectations of their travel and life in new cultures.

Assumptions about Travel

Travelers embark on their journeys with some or all of the following assumptions,⁹ believing the experience of a second culture to be beneficial to them because it will (1) broaden their perspective, (2) promote personality growth, (3) provide insights into their own culture through contrast with the other culture's value systems and world view, (4) provide an escape from the tedium of everyday life, (5) provide experience of a second culture which is both educational and entertaining, and (6) promote culture contact leading to greater mutual understanding between peoples of the world therefore promoting world peace.

Contact with an unfamiliar culture may, however, be stressful and hence potentially harmful and, instead of creating mutual understanding, may lead to culture shock, hostility and poor interpersonal relations between people of different nationalities.⁹

Symptoms of Culture Shock

Oberg described six key aspects of culture shock:³ (1) strain due to the effort required to make the necessary adaptations to the unfamiliar situation; (2) a sense of loss and feelings of deprivation about friends, status, profession and possessions; (3) rejection by and/or rejecting members of the new culture; (4) confusion in role, role expectations, values, feelings and self-identity; (5) surprise, anxiety, and even disgust and indignation after becoming aware of cultural differences; and (6) feelings of impotence due to not being able to cope in the alien situation.

Louise Stewart, *DipAnthrop, MSc*: Victorian Institute of Animal Science, Melbourne, Australia, formerly School of Public Health and Tropical Medicine, James Cook University, Townsville, Australia; Peter A. Leggat, *FAFPHM, FACTM*: School of Public Health and Tropical Medicine, James Cook University, Townsville, Australia.

Reprint requests: Dr Peter A. Leggat, School of Public Health and Tropical Medicine, James Cook University, Townsville, Queensland, Australia 4811.

J Travel Med 1998; 5:84-88.

Table 1 Some Possible Symptoms of Culture Shock*

<i>Symptoms</i>
Excessive washing of the hands
Excessive concern over drinking water and/or food
Excessive concern over the cleanliness of cooking and eating utensils
Anxiety about beds and bedding
Fear of physical contact with attendants or servants
An absent-minded, faraway stare (tropical stare)
Feelings of helplessness
Desire for dependence on long-term residents of one's own nationality
Fits of anger over delays and other minor frustrations
Delay and outright refusal to learn the language of the host country
Excessive fear of being cheated, robbed or injured
Great concern over minor pains and skin eruptions
Homesickness for familiar people and places

*Source: Furnham and Bochner.

Table 1 lists some of the potential symptoms of culture shock.

Factors that Influence the Severity of Culture Shock

Not all travelers experience culture shock. The severity of the reaction to the alien culture depends on many factors, including degree of control, intrapersonal factors, organismic-biological factors, interpersonal factors, spatial-temporal factors, and geopolitical factors.⁹

Degree of Control

As an example, wealthy tourists staying at five-star hotels have almost complete control. They can order food to their taste and dietary needs. Generally staff at these hotels are multilingual, so language is not a problem. In case of illness, they can afford the best local care or they can arrange repatriation to consult with their own medical practitioners. They can use credit cards to settle their accounts, thereby obviating the need to understand the local currency.

At the other end of the scale are refugees who are forced to flee their own country for political and/or economic reasons. They have little or no control over their experience of the other culture. They are often placed into refugee camps and are reliant on the host country for food, clothing and medical assistance.

Intrapersonal Factors

Intrapersonal factors include age, previous travel experience, language skills, resourcefulness, independence, tolerance and personal appearance.¹⁰ Knowledge of the geography and transport systems gives a feeling of

control compared with being lost and not knowing where your hotel is, or how to get back there.

Organismic-Biological Factors

The individual's physical condition, the need for special medical care or a special diet, and even the degree of tolerance to having normal biorhythms disrupted can all influence the severity of culture shock, as does the ability to cope with changes in altitude, climate and pathogens.

Interpersonal Factors

Examples of interpersonal factors include whether or not travelers have good social networks at home or in the country being visited, and whether they have access to immediate financial, medical and legal help in time of need.

Spatial-Temporal Factors

Spatial-temporal factors relate to the place visited and the length of stay. The more alien the culture and the greater the length of time there, the greater the likelihood of severe culture shock. This occurs especially in places where a familiar language is not spoken, and where dress, food and religious customs are all different. A stay of 1 or 2 days in such surroundings would be less stressful than having to cope for 1 or 2 months or more.

Geopolitical Factors

Travelers may get caught up by international, national, regional or local political tensions which can change very rapidly. They may also be unfortunate enough to be caught in some natural disaster. Being a witness to death and destruction, either man-made or due to natural events such as earthquakes, volcanoes erupting or severe meteorological events is very distressing. Being involved in any of these situations in a foreign country can have a severe emotional, physical and psychological impact.

Process of Culture Shock

The literature on culture shock agrees that four or five distinct stages of culture shock can be identified, the cultural adjustment process taking approximately a year. Oberg called the stages: incubation, crisis, recovery and full recovery.³ Other writers have described the same pattern; for example, Richardson¹¹ described elation, depression, recovery and acculturation, and Adler¹² described the five stages as contact, disintegration, reintegration, autonomy and independence.

Although people vary in the length of time they take to go through each of the stages of culture shock, the

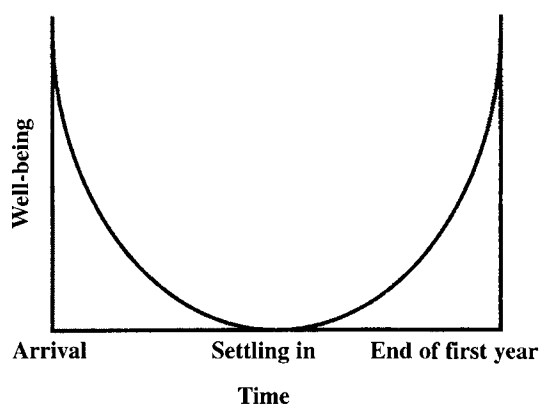


Figure 1 The U-curve pattern of adjustment to a new culture (Modified from Zapf¹³ after Lysgaard¹⁴).

process can be represented by a U-shaped curve¹³ (Fig. 1). This U-curve hypothesis was first postulated by Lysgaard¹⁴ to describe the curvilinear graph produced when well-being in a new culture is plotted against time spent in that new culture. As in other psychological processes, for example the grieving process, people can remain fixed in a stage and not move forward to the final stage of adaption or, as in grieving, acceptance.

While the process of learning and adjusting to new cultural cues, foods, religions, language, environment and climate is exciting at first and the traveler embraces all the new sensations with enthusiasm, frustration sets in as the person is unable to interact in a meaningful way in the new culture. Any or all of the symptoms listed above may appear. Gradually, acceptance of the new culture occurs and the person's sense of well-being returns. In those cases where it doesn't, sojourners will return to their original home or in extreme cases increased isolation may lead to psychiatric illness and suicide.¹

Reverse Culture Shock

A further phase, reverse culture shock, can occur when sojourners reenter their home cultures.⁷ In a study of 265 Peace Corps volunteers who had been evacuated under emergency circumstances from foreign countries, feelings of depression, disorientation, and other symptoms were more commonly reported in volunteers than in controls.⁵ In a study examining about 150 managers who had worked for their companies abroad, their intentions of staying with that company were found to be related to how the companies performed in terms of easing the difficulties of working abroad for the managers and their families.⁸

Children are often forgotten in the experience of culture adaption. Many organizations which send families on overseas assignments overlook the effects this can have on the children. A Dutch study compared the effect of culture shock on the psychosocial and academic achievement of 103 children who had lived abroad for 2 years with a group of 81 of their classmates.⁶ Although the children who had lived abroad had a better academic score than their peers, they were more likely to be lonely, unhappy and even depressive.⁶ The adolescents in particular presented more behavioral problems on returning "home," where people were not interested in their overseas experiences and they were not accepted by existing peer groups at school.⁶ Readjustment has also been described in a study of Japanese children.⁷ This is an area of stress on families which should be addressed by organizations sending families on assignments abroad.

Treatment of Culture Shock

The anthropological approach is to provide intercultural training to the traveler. Having an insight into one's own culture and information about the new culture provides the traveler with an intellectual basis for cultural awareness. This approach addresses the intellectual component of the problem but does not address the behavioral, emotional or physiological levels.

The psychological approach advocated by Befus is an eclectic approach based on both intercultural training and psychotherapeutic techniques.⁴

Treatment of Physiological Stress

To counter physiological stress, deep breathing, progressive relaxation and wellness promotion are advised. Deep breathing, using the base of the lungs and the diaphragm, helps relaxation and reduces anxiety. Relaxation, achieved by progressively relaxing successive muscle groups, allows a respite from the stressful arousal engendered by the new environment. Wellness promotion involves encouraging good nutrition, planning recreational activities, and engaging the travelers in sporting activities appropriate to their ability.

Management of the Emotional Impact

To counter the emotional impact of culture shock, Rational-Emotive techniques of thought stopping and thought substitution and group therapy are advised. The Rational-Emotive theory proposed by Ellis and Harper¹⁵ proposes that cognition causes emotion rather than emotion causing thoughts. Manipulation of thoughts can therefore alter emotional states. This is done by getting sojourners to identify negative feelings about their new situation and to trace these feelings to negative thoughts;

to examine these thoughts to see if they are really appropriate; and to try to think positively about the new situation.

For this process, sojourners are divided into small groups. Small groups make for better dissemination of information, and they also provide the opportunity for the members to develop emotional ties with each other.

Management of Behavioral Aspects

To counter the behavioral aspects of culture shock, social learning theory techniques are used in the following ways. The sojourners list all the pleasurable activities they have enjoyed at home (pleasurable activities being positive reinforcers), then list those activities or hobbies which can be pursued in the new locality. Group discussions may be used to help plan how these activities can be translated to the new place, and to discuss and plan new and different activities which could not take place at home. These may include trying new foods, visiting different cultural events and going sight-seeing. Discussion of negative experiences should be encouraged and understood by using the following Rational-Emotive techniques for dealing with the emotional and intellectual aspects of culture shock. By discussing this in the context of positive experiences, it should lessen the impact of negative reinforcement.

Coping Intellectually

To help the person with culture shock cope intellectually, classroom methods of lectures, guided group discussions, short assignments and skits can be used to give people an understanding of their own cultural assumptions and to compare and contrast them with those of the new culture.

Coping in Expatriate or Ethnic Groups

To prevent culture shock and attendant mental health problems, sojourners in a new country often settle in ethnic groups, a process which allows them time to understand their new society while still in the social and economic shelter of a familiar culture. This is seen with expatriates working abroad just as much as with migrants or refugees coming to a new country.¹⁶

Health Workers and Culture Shock

Health professionals who move to new cultures may also experience culture shock. While dealing with their own psychological adjustment, they must also be sensitive to the different belief systems regarding illness, the sick role, medical practices and gender in the new culture. Different value and religious systems in the new culture may present extremes of differences which are

hard to reconcile. These differences may exist whether the health workers are traveling abroad or within their own country.

Health Workers Moving Abroad

In some places, the status of the health worker can be very different; for example, in Jordan, nursing is seen as menial work and nurses as akin to housemaids.¹⁷

Language differences make communication difficult. Even people traveling and working in different English-speaking countries feel confused, shut-out and inadequate because they don't understand the local vernacular. In the new working environment, different weights and measures systems may be used and drug and equipment names may not be familiar, all of which contributes to feelings of confusion, inadequacy and alienation.¹⁸

In a foreign country in which the health worker is not familiar with the language, even using translators does not guarantee accuracy in communication. Often the interpreter is not familiar with medical terminology and cannot frame the same questions the health worker has asked. The interpreter may also abridge, modify or amend the patient's answer.¹⁹

In some countries, women may not see a male doctor alone. Saudi Arabian women are accompanied by family members, generally male, when visiting the doctor. The males answer for her when a medical history is being taken, each one giving a different answer while the woman herself remains silent and enshrouded in fabric so that it is very difficult to see her face let alone any other parts of her anatomy.¹⁹

Other cultures have different concepts of time. Most Western societies are future-oriented, valuing youth, forward planning, and prolonging life, whereas traditional cultures look to the past, and present-oriented societies are anchored in the here and now. People in present-oriented cultures do not plan ahead, and instead deal with problems as they happen, one reason why Afro-Americans are overrepresented in emergency rooms and underrepresented in preventive medicine facilities such as immunization clinics.²⁰

Those that have lived in Southeast Asia will be well aware of the frustration caused by arriving at an appointed time, only to wait an hour or two for the other guests while the host smilingly explains that here they work on "rubber" or "elastic time." In some traditional societies, punctuality is seen as Western eccentricity. When this attitude is translated to a cross-cultural medical situation, it can lead to misunderstanding and conflict if patients do not turn up at an appointed time.

Other areas of potential conflict are caused by different societal goals which dictate how people relate to each other. In some societies, individualism is valued over group goals. Western countries tend to emphasize care

of the individual at the expense of the group as occurs when funds are allocated for transplants rather than to preventive health care programs. In some Southeast Asian societies, where financial resources are scarce, an individual may have to forego medical care for the financial survival of the remaining family. This is an attitude that is very difficult to accept for health workers trained in the Western tradition.

Health Workers Moving to Rural Areas

Culture shock was a real problem when urban social workers were sent to remote areas of rural Canada to work in isolated communities.¹³ A year-long study of the social workers found that their experience of culture shock followed the U-shaped curve hypothesis (see Fig. 1) with reported lack of well-being worst at approximately 6 months.¹³ The profile of the individual most likely to show full recovery after a year was an open-minded male with a broad education, who enjoyed social diversity and had an understanding of culture shock. Females appeared to have encountered more resistance in moving into the communities and had more pressure in reconciling work and domestic roles. Major contributing factors to culture shock identified by the study were the lack of professional colleagues, ambiguous or conflicting job descriptions, and the inability to keep a professional distance between the social workers and their clients because of the small size of the communities.¹³ Moving people from one culture to another and the attendant problems of culture shock may be a contributing factor to the difficulties in recruiting health workers for rural areas in some countries.

Conclusions

Health advisors involved with travelers and immigrants should be familiar with the illnesses associated with culture shock or reverse culture shock. The prevention and management of culture shock is an important part of pretravel assessment and preparation, particularly for those going to work abroad in different cultures. Debriefing and posttravel counseling for those returning from working or traveling abroad, particularly those who have had significant negative experiences, may be useful.

References

1. Bracken PJ, Coll PG. Psychiatric illness in two Asian students. *Irish J Psychiatry* 1986; 7(2):18–21.
2. Stack S. The effects of interstate migration on suicide. *Int J Soc Psychiatry* 1980; 26(1):17–26.
3. Oberg K. Culture shock: adjustment to new cultural environments. *Practical Anthropol* 1960; 7:177–182.
4. Befus CP. A multilevel treatment approach for culture shock experienced by sojourners. *Int J Intercult Relations* 1988; 12(4):381–400.
5. Hirshon JM, Eng TR, Brunkow KA, et al. Psychological and readjustment problems associated with emergency evacuation of Peace Corps volunteers. *J Travel Med* 1997; 4:128–131.
6. Fenko GO, Simons M, Verhulst FC, et al. Children who cross cultures. *Soc Sc Med* 1991; 32(1):29–34.
7. Tamura T, Furnham A. Readjustment of Japanese returnee children from an overseas sojourn. *Soc Sc Med* 1993; 36:177–182.
8. Guzzo RA, Noonan KA, Elron E. Expatriate managers and the psychological contract. *J Appl Psychol* 1994; 79:617–626.
9. Furnham A, Bochner S. Culture shock: psychological reactions to unfamiliar environments. London: Methuen and Co., 1986.
10. Brink PJ, Saunders JM. Culture shock: theoretical and applied. In: Brink PJ, ed. *Transcultural nursing: a book of readings*. Toronto: Prentice-Hall: 126–138.
11. Richardson A. British immigrants and Australia: a psycho-social inquiry. Canberra: Australian National University Press, 1974.
12. Adler PS. The transitional experience: an alternative view of culture shock. *J Humanist Psychol* 1975; 15:13–23.
13. Zapf MK. Remote practice and culture shock: social workers moving to isolated northern regions. *Social Work* 1993; 38(6):694–704.
14. Lysgaard S. Adjustment in a foreign society: Norwegian Fullbright grantees visiting the United States. *Int Soc Sc Bull* 1955; 7:45–51.
15. Ellis A, Harper RA. A new guide to rational living. Englewood Cliffs, NJ: Prentice-Hall, 1975.
16. Gold SJ. Mental health and illness in Vietnamese refugees. *West J Med* 1992; 157(3):290–294.
17. Abu Gharbieh P. Culture shock: cultural norms influencing nursing in Jordan. *Nurs Health Care* 1993; 14:534–540.
18. Crumbie A. Culture shock. *Nurs Standard* 1994; 8(28), April 6.
19. Sullivan SN. The patient behind the veil: medical culture shock in Saudi Arabia. *Can Med Assoc J* 1993; 148(3):444–446.
20. Grypma S. Culture shock. *Can Nurse* 1993; 89(8):33–36.