Leaving home is a universal developmental milestone. The homesickness associated with this event is usually mild, but the subjective distress and level of impairment among homesick persons can become extreme. It is an ancient phenomenon, mentioned in both the Old Testament book of Exodus and Homer’s Odyssey. Today, there is a clear sense of what causes homesickness and how it can be prevented and treated. Comprehensive historical (McCann, 1941; Zwingman, 1959), and contemporary reviews (Thurber & Sigman, 1998) of the literature are available.

Homesickness is defined as the distress and functional impairment caused by an actual or anticipated separation from home and attachment objects, such as parents. The defining feature of homesickness is recurrent thoughts focused on home (e.g., house, loved ones, homeland, home cooking, returning home) and the precipitating stressor is always an anticipated or actual separation from home. It is therefore possible to distinguish homesickness from all other kinds of anxiety disorders, mood disorders, or adjustment disorders, as well as from separation distress young people may feel when caregivers leave home (e.g., for work, military service, divorce, incarceration) (Thurber, 1999).

Homesickness occurs to some degree in nearly everyone leaving familiar surroundings and entering a new environment. Recent research has confirmed that homesickness is a significant source of distress and impairment for young people at summer camps, boarding school students, and hospitalized children. Other populations frequently affected include immigrants, foreign students, foreign employees, displaced persons, refugees, and military personnel.

Research Says
- Homesickness prevalence and intensity vary, depending on the population and environment under study, as well as the method used to measure homesickness. Although upwards of 90% of young people spending time away from home report some feelings of missing home (Thurber & Walton, 2007), only 20% of boys and girls report moderate-to-severe symptoms, and just about 7% report intense homesickness that is associated with severe symptoms of depression and/or anxiety (Thurber, Sigman, Weisz, & Schmidt, 1999; Thurber, 1999).
- Young people who experience moderate-to-severe levels of homesickness usually present as being tearful and withdrawn. Other children might present atypically with externalizing behaviors, such as fighting, swearing, or destroying property. Some present with non-specific somatic complaints, such as a headache or stomach ache (Anes, Feldman, Gersony, Morrison, & Weiss; Thurber, 1995). Some struggle to make and keep friends; others find it difficult to concentrate (Fisher, Frazer, & Murray, 1986).
- Homesickness can be predicted (Thurber & Sigman, 1999). Risk factors for the development of intense homesickness in young people include: little previous experience away from home, prior negative experiences away from home, negative first impressions and low expectations of the new environment, feeling forced to leave home, insecure attachment to primary caregivers, prior history of depression or anxiety, and ambivalent messages from primary caregivers, such as, “Have a great time away. I don’t know what I’ll do without you.”
- Homesickness can be also be treated. Although the best way to reduce intense homesickness is through an empirically supported prevention program, surrogate caregivers (e.g., camp counselors, teachers, health staff) can be also trained—via printed materials and online education—to recognize and treat the symptoms of distress that accompany homesickness.

Camp Research and Homesickness
- Homesickness has been researched in boys’ and girls’ camps, as well as in boarding schools, universities, and hospitals (Thurber & Walton, 2006). Interestingly, people of different genders, ages, ethnicities, and cultures all define and experience homesickness similarly, regardless of the environment they are in.
- Homesick campers are less likely to return to camp the following summer, more likely to withdraw socially, less likely to participate in activities, and more likely to monopolize staff time than their less homesick peers (Thurber, 1999).
- Boys and girls at camp report that the most effective ways of coping with homesickness include: staying busy, talking with someone they trust, writing home, making new friends,
reframing time, and keeping a positive attitude (Thurber & Weisz, 1997a; 1997b).

• Homesickness can be prevented. Prevention programs for homesickness involve a combination of environmental information (orientation to the new place), psycho-education (normalizing homesickness), social support (both at home and in the new place), explicit coping instruction (outlining the most effective strategies), caregiver education (to be positive and non-ambivalent), practice time away from home (such as short stays at a friend’s house), and surrogate caregiver training (in ways to coach healthy coping).

• One empirically supported homesickness prevention program exists for summer camps: the American Camp Association’s DVD-CD set entitled The Secret Ingredients of Summer Camp Success.

• Camp-based research suggests that homesickness prevention programs can lower the intensity of first-year campers’ homesickness by an average of 50% (Thurber, 2005), as well as increase the likelihood that campers will return to camp the following summer (Thurber, 1999).

• Prevention programs result not only in less severe homesickness, but also fewer feelings of depression and anxiety and greater satisfaction with the new environment (van Tilburg et al., 1999; Thurber, 2005; Tognoli, 2003).

• Many camps, boarding schools, and colleges also use theoretically-based homesickness prevention programs of their own. These programs combine orientation programs for parents and participants with sound advice on the best ways to cope with homesickness (Stover, 2007).

Bottom Line

Homesickness is a normative response to separation from a familiar environment. About 20% of young people spending time away from home experience moderate-to-severe homesickness; about 7% experience debilitating levels of homesickness. Fortunately, homesickness can be largely prevented and effectively treated with proper and inexpensive education and training. Experiencing some degree of homesickness also motivates young people to learn lifelong coping skills that serve them well during future adventures away from home.

References


