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Coping with homesickness

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COPING WITH HOMESICKNESS: THE CONSTRUCTION OF THE ADULT HOMESICKNESS COPING QUESTIONNAIRE

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Summary—This study examined coping with homesickness in a sample of homesick adult women. For this purpose, the Adult Homesickness Coping Questionnaire (AHCQ) was constructed. Analysis of the structure of the AHCQ revealed four factors: Social Support, Positive Thinking/Distraction, Turning to Religion, and Mental Escape. The psychometric properties of the AHCQ appeared adequate. Results indicated that ways of coping with homesickness are related to diverse aspects of the homesickness experience, like length of stay in the homesickness situation, causal attributions, and intensity levels of homesickness feelings. It is emphasized that future prospective studies should focus specifically on the (in)effectiveness of coping strategies in order to design adequate interventions for homesick individuals. © 1997 Elsevier Science Ltd

INTRODUCTION

Over the years homesickness has been a phenomenon that has gained remarkably little attention from behavioural scientists. At the present time, however, it is received increasing theoretical and empirical attention. Homesickness is generally described as a depression-like reaction to a move, accompanied by ruminative thoughts about home, the desire to return home, and somatic complaints (Baier & Welch, 1992; Eurelings-Bontekoe, Vingerhoets & Fontijn, 1994; Fisher, 1989). Recent studies have focused mainly on personality and situational factors associated with homesickness (for an overview see Van Tilburg, Vingerhoets & Van Heck, 1996).

Very little is known about the specific ways people deal with their feelings of homesickness. Knowledge about coping strategies of the homesick, however, is important because information on effective and ineffective coping efforts may have important implications for the development of interventions. Some authors have proposed strategies that are supposed to be effective ways of dealing with homesickness, such as expression of feelings of homesickness (Fisher, 1989; Hamdi, 1974; Taylor, 1986), contact with family members (Ellis, 1957; Hamdi, 1974; Taylor, 1986), writing about experienced homesickness (Pennebaker, Colder & Sharp, 1990), and participating in active tasks instead of passive and mental tasks (Fisher, 1989). Unfortunately most of these strategies have not been tested empirically.

One of the reasons for the lack of systematic research on coping with homesickness is the absence of a specific questionnaire for coping with homesickness. Only Thurber (in press) has developed a Ways of Coping with Homesickness Questionnaire. However, this measure assesses coping strategies in children only. For this target group Thurber identified the following five coping strategies as the most frequently employed: (i) doing something fun in order to forget about being homesick; (ii) thinking positively; (iii) changing feelings; (iv) re-framing time; and (v) renewing connection with home. The least effective coping mechanisms were emoting and ruminating. The most effective strategies were doing something in order to forget about homesickness and seeking social support. So, in Thurber's sample of children, both inhibition and approach were effective. However, inhibition appeared to be the more favourite coping strategy.

We feel that for homesickness, the distinction between avoidant and confrontative coping might be of special importance. Homesick individuals tend to ruminate a lot. Furthermore, available evidence suggests that suppression of unwanted thoughts and feelings fuel the emotions one tries to avoid (Gold & Wegner, 1995). Thus, avoiding feelings of homesickness and purposefully trying to deny them might lead eventually to more severe homesickness complaints.

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This article describes a study that was designed to investigate the coping efforts of adult women who are in permanent or transitional homesickness situations. The primary aim was to construct a homesickness coping questionnaire for adults. In addition, it was examined (i) whether different coping strategies were used in short- and long-term homesickness situations; (ii) whether attribution of homesickness to either separation from the old environment or difficulties to adapt to the new environment influenced preferences for particular coping strategies; and (iii) whether specific coping strategies were mediated by homesickness intensity.

METHOD

Subjects

*S*s were recruited through women's magazines and newspaper announcements in which volunteers were asked to participate in a study on homesickness. A total of 314 *S*s completed the questionnaire, of which 231 were suitable for further analysis. Due to one of the following reasons, the other 83 questionnaires were left out: (i) *S*s were not above 18 years of age; (ii) they described other phenomena than homesickness; or (iii) they had suffered from homesickness in the past but had recovered a long time ago. Moreover, because the final sample included only eight men, males were left out of the analyses.

Thus, a total of 223 females participated. Age varied from 18 to 79 years ($M = 41.1$, $SD = 13.3$). Eighty per cent of the respondents were married or had a stable relationship. Approximately 75% of the sample had the minimum of a high-school education, the remaining 25% had followed only basic education.

Two groups were distinguished: (i) a subsample of 81 persons who were at the time of the study in a long-lasting, 'chronic homesickness' situation, for instance, due to a permanent move; and (ii) a subsample of 142 persons who all felt comfortable in their present living situation, but had previously suffered from homesickness experiences. Members of the latter group expected to develop 'acute homesickness' when they have to leave their house due to a holiday or a move. In the chronic homesick group, 85% of the respondents reported that their homesickness-eliciting life circumstances continued for an indeterminate period of time. In contrast, the majority of the acute homesick reported a duration of a few days to a few weeks (72.2%).

Measures

The Adult Homesickness Coping Questionnaire (AHCQ) was developed, based on the COPE (Carver, Scheier & Weintraub, 1989) and the Ways of Coping Checklist (Folkman & Lazarus, 1980, 1985): two questionnaires that assess cognitive and behavioral strategies for dealing with stressful encounters. Items were selected based on their expected applicability in homesickness situations. In addition, a few items were added that were based on the psychological literature and the author's personal contacts with homesickness individuals (e.g. "You fantasized about being in your old environment"). The final list consisted of 71 items. *S*s rated items on a scale of 1 ("Not at all") to 4 ("A lot"), and indicating to what extent particular ways of coping had been applied in the last homesickness situation they encountered.

In addition, *S*s answered nine questions on attributions of homesickness (see Table 1), and indicated their homesickness intensity on a 10-point scale (subjective homesickness rating), ranging from 1 ("Not at all homesick") to 10 ("Very homesick").

RESULTS

Structure of the AHCQ

The 71 items were factor analysed using a principal-components analysis with oblique simple structure rotation.* This analysis yielded a four-factor solution based on the scree plot of eigenvalues (Cattell, 1966; Cattell & Vogelman, 1977). These factors could be labelled as follows: (i) Social

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*The intercorrelation matrix and the final version of the AHCQ are available to readers from Miranda A. L. Van Tilburg.

Table 1. Attributions of feelings of homesickness (%)

	Chronic homesickness		Acute homesickness		Chi^2 sign
	not at all or a little bit	fairly or extremely	not at all or a little bit	fairly or extremely	
Missing the environment	18.5	81.4	25.8	74.2	NS
Missing persons	17.3	82.7	29.2	70.8	NS
Giving up old habits	66.6	33.3	65.9	34.1	NS
Changing the way of living one's life	37.1	62.9	37.0	63.0	NS
Dislike of current (work) activities	81.3	18.8	76.4	23.6	NS
Dislike of the new environment	51.3	48.8	53.9	46.1	NS
Insufficient amount of friends in new environment	58.0	42.0	59.0	41.0	NS
Having no grip on the environment	56.8	43.2	34.1	65.8	*
Missing the atmosphere of the old environment	12.3	87.7	14.2	85.8	NS

*$P \leq 0.05$.

Support; (ii) Positive Thinking/Distraction; (iii) Turning to Religion; and (iv) Mental Escape. The variance accounted for by the four factors was 36.9%. After removal of (i) items with factor loadings greater than 0.35 on more than one factor; and (ii) items that loaded less than 0.35 on all factors,* it was found that 17 items could be included in the Social Support scale, 19 in the Positive Thinking/ Distraction scale, 4 in the Turning to Religion scale, and 12 in the Mental Escape scale. Table 2 presents the loadings, after oblique rotation, for this four-factor solution. As can be seen from Table 2, the four rotated factors are clearly defined.

Although the size of the successive eigenvalues suggested four dimensions, we also extracted and rotated three factors. The reason for extracting a more parsimonious number of factors was a suggestion by Zwick and Velicer (1986) to examine routinely one or two components below the estimate given by the scree test in order to check for a possible slight tendency toward overestimation. In addition to factors reflecting Social Support and Positive Thinking/Distraction, the three-factor solution merged the Turning to Religion items with the Mental Escape items, into a rather difficult to label third factor. The adequacy of the four-factor solution was clearly suggested by its interpretability, which was judged superior to the interpretability of the three-factor solution. Consequently, we refrained from further attempts to determine the correct number of components, for instance, by conducting parallel analysis (Zwick & Velicer, 1986), a procedure which is somewhat superior to the more traditional criteria (see, e.g. Digman & Shmelyov, 1996).

For each of the four AHCQ subscales, Cronbach alpha's were computed. All internal consistency coefficients were above 0.79. Subsequently, in the case of the Social Support subscale, two items, and for the Mental Escape subscale, one item, were deleted in order to increase the internal consistency. Finally, scales were scanned for items that were both highly correlated and almost identical in terms of content. In these cases, the item with the lowest factor loading was deleted. This resulted in a homesickness coping questionnaire consisting of four subscales: (i) Social Support (14 items; $\alpha = 0.89$); (ii) Positive Thinking/Distraction (16 items; $\alpha = 0.86$); (iii) Mental Escape (10 items; $\alpha = 0.79$), and (iv) Turning to Religion (four items; $\alpha = 0.95$) (see Table 2). In order to assess the degree of scale independence, the total scores for each subscale were intercorrelated. As can been seen from Table 3, correlations were low, indicating reasonable independence of the scales.

Further analyses

In order to test whether different coping strategies were used in long- versus short-term homesickness situations, t-tests were performed comparing the 'acute homesick' with the 'chronic homesick'. Mean scores of the chronic homesick group were 33.7 for Social support, 42.5 for Positive Thinking/Distraction, 7.6 for Turning to Religion, and 22.9 for Mental Escape. For the acute homesick group these scores were 32.6, 37.9, 6.9, and 23.0, respectively. The two groups differed only

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*Using 0.35 as a cutting point is, of course, somewhat arbitrary, but is used quite regularly (see, e.g. Almagor, Tellegen & Waller, 1995).

Table 2. Pattern matrix for oblique rotated factors of the ACHQ

Item	Factors			
	SS	PT/D	TR	ME
You talk to someone about how you feel	0.77	0.15	0.10	0.04
You let your feelings out	0.70	−0.01	0.08	−0.04
You talk to someone who could do something concrete about the problem	0.69	0.10	0.12	0.04
You clearly show that you think something has to be done about the situation	0.66	−0.04	−0.15	0.25
You talk to someone to find out more about the situation	0.65	0.28	0.09	−0.08
You try to get emotional support from friends or relatives	0.60	0.26	0.09	0.06
You go on as if nothing has happened	−0.64	0.10	−0.06	0.22
You are upset and let your emotions out	0.63*	−0.07	0.12	0.01
You keep others from knowing how bad things are	−0.61	0.07	0.04	0.17
You try to get advice from someone about what to do	0.60	0.13	0.08	0.02
You feel a lot of emotional distress and you find yourself expressing those feelings a lot	0.59	−0.32	0.10	0.10
You get sympathy and understanding from someone	0.50	0.22	0.16	0.12
You think hard about what steps to take	0.49	0.18	−0.08	0.24
You accept that this has happened and that it can't be changed	−0.48†	0.28	0.28	−0.08
You ask people who have had similar experiences what they did	0.45	0.25	0.15	0.08
You go along with fate	−0.39†	−0.03	0.22	0.32
You get upset and you are really aware of it	0.37	−0.28	0.05	0.34
You look for something good in what is happening	−0.08	0.70	0.13	−0.19
You try to feel better somehow or other	0.10	0.68	−0.05	0.14
You learn something from the experience	0.11	0.65	0.07	−0.13
You make light of the situation; You refuse to get too serious about it	−0.10	0.64	−0.07	−0.04
You look at the silver lining, so to speak; try to look on the bright side of things	−0.09	0.64*	0.17	−0.16
You seek cheerful company	0.08	0.60	0.11	0.19
You try to relax	−0.01	0.60	0.06	−0.12
You try to take your mind off things	0.09	0.60	−0.13	0.08
You joke about it	−0.01	0.59*	−0.11	−0.01
You get away from it for a while; trying to rest or take a vacation	0.11	0.55	−0.15	0.18
You think about how you might best handle the problem	0.23	0.54	0.07	0.01
You turn to work or a substitute activity to take your mind off things	−0.12	0.52	−0.01	0.07
You feel unable to do something	0.02	-0.50	0.16	0.26
You learn to live with it	−0.31	0.50	0.26	−0.15
You seek diversion in sports and games	0.11	0.46	0.04	0.14
You avoid being with people in general	−0.08	−0.46	0.08	0.15
You go over the problem again and again in your mind	0.21	0.42	0.20	0.05
You tell yourself things that help you feel better	−0.05	0.40	0.14	0.28
You learn something from the situation	0.08	0.38*	0.01	−0.20
You put your trust in God	0.05	0.04	0.87	−0.14
You try to find comfort in your religion	0.05	0.02	0.87	−0.10
You seek God's help	0.06	0.02	0.87	−0.14
You pray more than usual	0.12	−0.05	0.76	0.01
You daydream about or imagine better times	−0.21	−0.07	−0.04	0.71
You fantasize about being back in your old environment	−0.11	−0.23	−0.10	0.64
You think about how great things are in the place you long for	0.00	−0.06	0.05	0.60
You think about fantastic or unreal things that make you feel better	−0.13	0.16	−0.02	0.54
You have fantasies or wishes about how things might turn out	0.09	0.16	0.00	0.55
You think about things that are left behind	0.01	−0.01	0.23	0.51
You become recalcitrant and stubborn	0.02	−0.16	−0.15	0.45
You get mad at the people that caused the problem	0.02	−0.16	−0.06	0.43
You become rebellious	0.16	−0.28	−0.00	0.43*
You make a promise to yourself that things will be different next time	0.12	−0.21	0.15	0.42
You refuse to adapt to your new environment	0.19	−0.33	−0.06	0.40
You try to make yourself feel better by drinking or smoking	−0.14	0.12	−0.12	0.36†

Note. For each item, Ss ($N = 223$) were asked to indicate, using four-point scales, to what extent that particular way of coping was used in the last homesickness situation they encountered. SS = Social Support; PT/D = Positive Thinking/Distraction; TR = Turning to Religion; ME = Mental Escape.

*Items that were left out of the AHCQ subscales in order to increase Cronbach alpha's.

†Items that were left out of the AHCQ subscales because of high intercorrelation with other items and their being almost identical in terms of content.

Table 3. Correlations among the AHCQ subscales

	SS	PT/D	TR	ME
Social Support (SS)				
Positive Thinking/Distraction (PT/D)	0.11			
Turning to Religion (TR)	0.11	0.12		
Mental Escape (ME)	0.28*	−0.22†	0.03	

*$P \leq 0.000$; †$P \leq 0.001$.

significantly ($P \leq 0.0001$) on Positive Thinking/Distraction, which was more frequently employed by chronic homesick persons who have to deal with a long-term homesickness situation.

To test whether some coping strategies were more effective in reducing homesickness than others, correlations between self-reported homesickness intensity and coping strategies, were computed. All AHCQ subscales were positively correlated with homesickness intensity except for Positive Thinking/Distraction, which was negatively related. Although significant, the correlations were quite low (range = -0.15 to 0.27). In addition, a stepwise regression analysis was undertaken with homesickness intensity as the dependent variable and coping strategies as independent variables. Positive Thinking/Distraction ($\beta = -0.20$; $P \leq 0.05$), Turning to Religion ($\beta = 0.15$; $P \leq 0.05$), and Social Support ($\beta = 0.28$; $P \leq 0.05$) entered the regression equation (total $R^2 = 0.13$).

To investigate whether preferences for coping styles are mediated by intensity of homesickness feelings, attributions of homesickness feelings, and time period (short- vs long-term homesickness situations), additional stepwise regression analyses were performed, with coping strategies as the dependent and self-reported intensity, attributions of homesickness, and type of homesickness (chronic vs acute) as independent variables. Social Support was predicted by homesickness intensity ($\beta = 0.25$; $P \leq 0.05$), giving up old habits, and missing the atmosphere of the old environment (respectively $\beta = -0.22$; $\beta = 0.21$; all P's ≤ 0.05; total $R^2 = 0.15$). Type of homesickness (more chronic than acute; $\beta = -0.30$; $P \leq 0.0001$), dislike of the new environment, dislike of current (work) activities, and missing the old environment (respectively $\beta = -0.20$, -0.17, 0.15; all P's ≤ 0.05; total $R^2 = 0.20$) predicted Positive Thinking/Distraction. Four self-attributed causes of homesickness entered the equation of Mental Escape ($R^2 = 0.34$), namely having no grip on the new environment ($\beta = 0.22$; $P \leq 0.05$), missing the atmosphere of the old environment ($\beta = 0.22$; $P \leq 0.05$), dislike of current (work) activities ($\beta = 0.18$; $P \leq 0.05$), and dislike of the new environment ($\beta = 0.17$; $P \leq 0.05$). Finally, self-reported intensity stepped into the regression equation of Turning to Religion ($\beta = 0.19$; $P \leq 0.05$; $R^2 = 0.19$).

DISCUSSION

The current lack of an instrument to assess coping with homesickness led us to the development of the Adult Homesickness Coping Questionnaire (AHCQ), which contains four subscales: Social Support, Positive Thinking/Distraction, Mental Escape, and Turning to Religion. The internal consistency and face validity of the subscales appear to be good. As most of the items were derived from two existing general coping scales with good psychometric properties, the scales should cover the coping domain adequately. However, it might be possible that some coping strategies are specific to homesickness situations. Therefore, the questionnaire might not be completely exhaustive. Consequently, more research is needed on the range of coping behaviours in homesickness situations. In future research, use could be made of focus groups as a tool to unravel missing facets (Morgan, 1988).

The coping strategies that are used by the homesick are mainly emotion-focused coping strategies. As the homesickness situation generally is uncontrollable, because there is no opportunity to return home timely (Van Tilburg, Vingerhoets & Van Heck, submitted), problem-focused coping is probably less functional than emotion-focused coping (Auerbach, 1989).

The results of this study indicate some moderate to low relationships between coping strategies and perceived causes, felt intensity of homesickness, and duration of separation from home. Social support was predominantly sought when feelings of homesickness were attributed to missing the old environment. Scores on Turning to Religion and Social Support were positively related to high intensities of homesickness feelings. This result is contrary to the negative association generally found between social support and distress (for an overview, see Barrera, 1986). Our findings thus lend support for the hypothesis that feelings of homesickness are difficult to avoid, resulting in increased attempts to seek support in order to solve the problematic situation. On the other hand, it can be speculated that this relation is rather spurious, due to substantial links of both homesickness intensity and seeking social support to stress. Finally, it might be that low levels of social support increase the likelihood that events will be perceived as highly stressful, as there is evidence for a combination of a lack of social skills and a strong need for social support in the homesick (Eurelings-Bontekoe et al., 1994).

Positive thinking/Distraction was more frequently applied by persons in long-lasting or chronic homesickness situations compared with persons in short-term or more acute situations. Thus, when the situation is perceived as rather unchangeable, individuals try to cope by forgetting the old environment or thinking about positive aspects of the new environment, resulting in lower intensities of homesickness feelings.

Mental escape, on the other hand, was more often found in short-term homesickness situations. People in these situations return home soon. So, there is a solution for their problems in the near future and consequently confrontative coping is not necessary. In addition, as home is very salient, attention will be focused on the old environment resulting in ruminations about home, a dislike for the new environment, and intense feelings of missing the old environment. In fact, when homesickness feelings were attributed to missing the old environment and disliking the new environment, mental escape was significantly employed more often. However, contrary to the observation of Gold and Wegner (1995) that rumination leads to fuel the emotions, mental escape was not related to the reported intensity of homesickness feelings.

In summary, homesickness experiences may be dominated by diverse personal and situational aspects, which contribute significantly to the way *S*s cope with homesickness. Length of stay was related to the kind of coping efforts; mental escape was more often found in short-term periods, and positive thinking and distraction more frequently in long-term periods, but only if the homesickness was not attributed to the unpleasantness of the new situation. Furthermore, if attributions of the cause of homesickness were made to the old environment, seeking social support was more frequently employed. If, on the other hand, feelings of homesickness were attributed to perceived unpleasantness of the new situation, then, this resulted in more mental escape and rumination. Finally, seeking support and turning to religion were positively, and positive thinking/distraction negatively related to, intensity of feelings of homesickness. However, the variance accounted for by these variables was moderate to low. Therefore, future studies need to focus on another set of variables that might explain more effectively the application of the four coping strategies.

A major drawback of this study is its exclusive focus on coping with homesickness in women. Therefore, the results cannot be generalized to a more general population. Thus, research among homesick men, for example military conscripts, is needed.

Unfortunately, in this study no data were collected which could test the hypothesis that certain coping strategies are more beneficial than others. This information, however, is of utmost importance for designing effective interventions for homesick persons. Therefore, future studies should specifically focus on the quality of the different coping efforts.

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