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An Exploratory Investigation into Types of Adult Homesickness

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Key Words

Homesickness · Types

Abstract

Background: It is not clear yet whether or not homesickness is a singular syndrome. Some authors have proposed different subtypes or forms of homesickness. Since there may be great differences between various subtypes of homesickness regarding etiology, causes, manifestations and consequences, a distinction of subtypes may have far-reaching implications for research and therapy. This exploratory study was conducted to find out whether homesickness can be considered a homogeneous syndrome, or whether there are distinct subtypes that differ in etiology, severity of the condition and manifestations. **Method:** Thirty-one individuals, who have had severe homesickness experiences, were interviewed, and verbal scripts were typed out. Twenty-four interviews were suited for analyses. All text related to the topics most relevant to the purpose of the study was extracted. The text was first analyzed searching for meaning and categories and afterwards coded and used in a HOMALS analysis. **Results:** The HOMALS analysis yielded two dimensions. The first dimension can be described as a dimension of psychopathology differentiating 'recovered' and recurrent homesickness. The second dimension was strongly dominated by homesickness during holidays. **Conclusions:** It seems that there are reasons to presume the existence of at least two sub-

types of homesickness: (1) recurrent homesickness related to signs of psychopathology and recurrent homesickness experiences and (2) recovered homesickness, which can be considered as a normal adjustment problem which most people overcome. Very tentatively, a third type of homesickness might be distinguished: holiday homesickness, which is associated with difficulties in breaking with old routines. Consequences for research and therapy are discussed. Furthermore, the need of validation studies is underlined.

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Introduction

Leaving a familiar environment in order to resettle somewhere else implies numerous changes, losses and adjustments. Changes in roles, habits and routines, loss of friends, family, home and possessions, and adjustments to new living conditions and new rules. These all require adequate coping resources and energy from the individual. The multiplicity and diversity of these stressors can make geographical transitions a very stressful episode in one's life, which may increase mental and physical health problems. For example, geographical transitions have been found to be associated with the onset of depression [1–4], deficiencies in the immune system [3] and leukemia [5]. The more adverse the situation, like for refugees, the more likely it is that problems will occur. However, even upward social mobility has been found to result in

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distress, depressive mood and a sense of helplessness, e.g. Fried [6].

A typical reaction to the separation from home is missing home and yearning for home, the so-called grieving for home or homesickness. It has been estimated that 50–97% of the general population have had at least one homesickness experience [7, 8]. However, in spite of the commonality of this condition, the scientific literature on homesickness is rather slim and scattered; for an overview see Van Tilburg et al. [9]. It is generally acknowledged that homesickness is a complex syndrome associated with distress, intrusive home-related thoughts, dissatisfaction with the new situation, depressive feelings and somatic complaints. Homesickness is considered by many authors to be a reactive depression to leaving home, comparable with depression following grief [7, 10–14].

Until now, very little is known about this condition, its causes and consequences. In addition, there is no clear definition of the concept. Other states like nostalgia (a yearning for bygone days) or missing deceased persons are viewed by the general public as manifestations of homesickness [8, 15]. Even experts have difficulty in defining the concept, as may be clear from Fisher's [7, p. 28] statement that 'there are no clinical experts who could provide diagnostic criteria'. Problematic in this respect is that homesickness is not a category in DSM-IV (except as a manifestation of separation anxiety disorder). As a consequence, homesick persons might be classified as having adjustment disorder, separation anxiety, pathological grief or agoraphobia [15]. To complicate matters further, it is not clear yet whether or not homesickness is a uniform concept. Some authors have proposed different subtypes or forms of homesickness such as homesick for the familiar environment or area versus homesick for persons in the familiar environment [9]. Since there may be great differences between various subtypes of homesickness regarding etiology, causes, manifestations and consequences, a distinction of subtypes may have far-reaching implications for research and therapy.

Until now, there has been very little theorizing in the homesickness literature. Fisher [7] described five theories which might explain the distress after leaving home: loss, interruption of lifestyle, reduced personal control, role change and conflict. These five models are not mutually exclusive. All factors may, to a different extent, contribute to the development of homesickness. How much influence each factor has depends on characteristics of the individual and the specific situation. Unfortunately, there is no all-embracing theory integrating all these aspects. Fisher [7] has summarized a number of her key findings

into a multicausal model of homesickness. In this model, a two-part challenge is reflected: (1) the separation from the familiar environment and (2) the entrance into the new setting. Separation from home can be accompanied by loss, interruptions of plans and withdrawal, which leads to psychological disruption and compulsive ruminative thoughts about home. At the same time, the experience with the new environment can give rise either to strain and dissatisfaction or to commitment. Feelings of strain and dissatisfaction may lead to compulsive ruminations about home, whereas commitment to the new environment will rather enhance the possibility that the person feels challenged by it and looks out for more information and new experiences. This model is still very unspecific. For example, it does not specify which aspects in the old environment promote or diminish the feelings of homesickness, and why a transition to a new environment triggers homesickness in one person and is experienced as a challenge to adapt by another. The main question is in fact whether homesickness can be considered a homogeneous condition.

We conducted this exploratory study to find out whether homesickness can be considered a homogeneous syndrome, or whether there are distinct subtypes which differ in etiology, severity of the condition and manifestations. We feel this knowledge is essential to stimulate further theorizing. Given the lack of empirical data, we started with in-depth interviews. The most important issues addressed in the interviews were the homesickness experiences, i.e. what did you feel when homesick, how did you cope, or how did others react to your homesickness. The second part of the interviews was directed at (1) the occurrence of related symptoms of psychopathology like agoraphobia, claustrophobia, separation difficulties and depression, (2) relationships with important persons and (3) childhood experiences of separations from parents (>7 days).

Method

Subjects

Forty-eight participants were randomly selected from a group of 314 persons (of which 94% were females) who participated in a survey study on homesickness, see Van Tilburg et al. [16]. These subjects had been recruited through magazines and newspaper announcements asking for volunteers for a study on homesickness. A total of 31 subjects participated in the interviews (2 males, 29 females). Age ranged from 22 to 74 years ($M = 42.7$, $SD = 11.6$).

A necessary condition for participating in the interviews was that one had to be homesick at the time of the investigation or have had homesick experiences as an adult when being away from home. How-

ever, during the interviews, it appeared that 5 women were only homesick as a child or adolescent, but no longer as an adult. Furthermore, 1 woman rather expressed grief for her dead mother, whom she had lost at a young age when living in another country, than homesickness. These subjects were left out of any further analyses. Of the remaining subjects, 1 became extremely upset during the interview. She was so distressed that it turned out to be impossible to continue the interview. Thus, a total of 24 interviews were suited for analysis.

Procedure

Each participant was interviewed by the first author for about 1½–2 hours. At the beginning of the interviews, the interviewer took time to get acquainted and to explain the purpose of the interviews. Then, participants were asked to tell about their homesickness experiences in chronological order, starting with the first homesickness experience they ever had. All interviews were tape recorded, and the verbal scripts were typed out. The authors then decided which topics were most important to pursue for further analyses, given the purpose of this study of differentiating subjects. These were: (1) time periods and situations in which one became homesick, (2) feelings and cognitions when homesick, (3) childhood homesickness, (4) current separation difficulties, (5) agoraphobia, separation anxiety, claustrophobia and depression, (6) relationship with parents and (7) first thing done after returning home when having been homesick. Other topics did not yield much variability among the participants. Some examples are the following. No participant felt there was any change in the homesickness experience over time (except for lower intensities) or across homesickness situations. As for coping styles, participants generally were unable to diminish the homesickness significantly. The reaction of intimate others was one of understanding, but intimates generally avoided to talk about the homesickness.

Statistical Analysis

All text related to the above-mentioned topics was extracted from the written transcripts for each subject. The text was first analyzed searching for meaning and categories and afterwards coded and used in a HOMALS analysis. HOMALS is a statistical procedure that searches for homogeneity among categories of variables. Categories which are related are plotted closely together [17].

Results

Time Periods and Situations in which One Became Homesick

The situation and time period in which one becomes homesick can tell much about etiology. Therefore, it can be fruitful to divide subjects accordingly. In going through the interviews, the following groups emerged: (1) those who recurrently experience homesickness; they become homesick (almost) every time they have to leave their house for a more or less extended period of time (after each move, during each stay over and on each holiday; *recurrent homesickness*, $n = 11$), and (2) those who only became homesick after one or more moves, but never on holidays or stay overs and who recovered (*'recovered'*

homesickness, $n = 11$). In addition there were 2 persons who only became homesick on holidays or stay overs but not after a move (*holiday homesickness*).

Feelings and Cognitions when Homesick

Generally, subjects thought of home and missed home a lot. They reported feeling lonely, miserable and depressed. The only variable on which the subjects seem to differ to a high degree was on what they missed from home. Since this may be a good indicator of causes of homesickness, we focussed on what the person missed when being away from home. Five categories were constructed: (1) environment, (2) home, (3) persons, (4) mentality, (5) routines and (6) atmosphere. We coded whether subjects did or did not indicate missing one of these categories.

Indicators of Possible Psychopathology

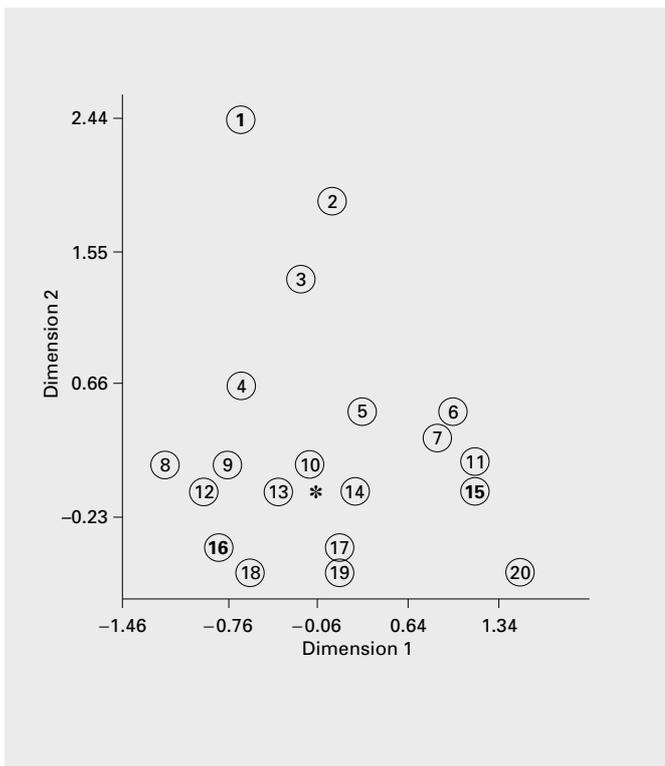
Homesickness in childhood, difficulties in separating from persons, occurrence of depression, claustrophobia, agoraphobia, separation anxiety in the subject and separation from parents for more than a week during early childhood may all be considered as indicators of possible psychopathology and as such are useful in distinguishing subjects. It was coded whether subjects did or did not experience one or more of the above-mentioned conditions.

Relationship with Parents

Relationship with the parents was included to study the association with attachment-disrupting experiences. Very strong or negative relationships with parents were often reported of as belonging to the etiology of homesickness. The quality of relationship with parents varied from very bad to very good. The experienced relationship with parents was coded as either good or bad.

First Thing They Do after Returning Home when Having Been Homesick

Some subjects reported an uncontrollable urge to check the whole house upon returning home after for instance a holiday. They *felt* as if their house would vanish as soon as they left, but they *knew* it would not. Still, they had to check if it was still there, as if they could not believe it was. They check every room because knowing one room is still there does not guarantee the other will also be. We considered this behavior as another possible indicator of psychopathology and – as such – important for the distinction between subtypes. Thus, answers were dichotomized into checking or not checking the house when returning home (*checking of house*).



All variables, as described above, were entered into a HOMALS analysis. The HOMALS solution yielded two dimensions (table 1, fig. 1). The first dimension can be described as a psychopathology dimension including agoraphobia, compulsive checking, a bad relationship with the parents, current separation difficulties and separation anxiety and homesickness in childhood. Recovered homesickness loads negatively and recurrent homesickness loads positively on this dimension. The HOMALS solution shows that those who are relatively free from signs of psychopathology cluster on the left side of dimension 1. These are the subjects who once experienced homesickness after a move, but who recovered since then. They report to have a good relationship with the parents, they do not compulsively check the house, and they did not experience separation anxiety and homesickness as a child. They particularly missed the mentality and the atmosphere of the former environment. Those who show

Table 1. Discrimination measures per variable per dimension

Variable	Dimension	
	1	2
Holiday homesickness	-0.68	2.44
Recurrent homesickness	1.06	0.01
Recovered homesickness	-0.91	-0.32
Missing environment	0.10	-0.53
Not missing environment	-0.26	1.39
Missing mentality	-1.25	0.20
Not missing mentality	0.24	-0.02
Missing routines	0.01	1.82
Not missing routines	0.00	-0.44
Missing atmosphere	-0.45	-0.57
Not missing atmosphere	0.30	0.40
Childhood homesickness	0.43	-0.02
No childhood homesickness	-0.79	0.15
Compulsive checking	1.04	0.04
No compulsive checking	-0.76	0.00
Current separation difficulties	0.63	0.49
No current separation difficulties	-0.31	-0.13
Childhood separation anxiety	0.47	0.52
No childhood separation anxiety	-0.45	-0.12
Agoraphobia	1.36	-0.55
No agoraphobia	-0.19	0.09
Claustrophobia	0.52	-0.59
No claustrophobia	-0.71	0.72
Good relationship with parents	-0.57	-0.56
Bad relationship with parents	0.81	0.29

Point	Actual label or name
	holiday homesickness
2	missing routines
3	not missing environment
4	no claustrophobia
5	not missing atmosphere
5	difficulties separating from persons
6	childhood separation anxiety
7	bad relationship with parents
8	missing mentality
9	no homesickness in childhood
10	no agoraphobia
11	checking of house
12	no checking of house
12	no childhood separation anxiety
13	no difficulties separating from persons
14	homesickness in childhood
14	not missing mentality
15	recurrent homesickness
16	recovered homesickness
17	not missing routines
18	good relationship with parents
18	missing atmosphere
19	missing environment
19	claustrophobia
20	agoraphobia

Fig. 1. HOMALS solution.

Forms of homesickness mentioned in the text are in bold type. The asterisk is the origin, the point with a score of zero on both dimensions.

signs of psychopathology cluster on the right side of dimension 1. These are subjects recurrently experiencing homesickness. These subjects report to check the house upon returning home after a leave, suffer from agoraphobic complaints, had a bad relationship with their parents and suffered from separation anxiety as a child.

The second dimension is strongly dominated by the two subjects experiencing homesickness during holidays only. These subjects particularly miss their routines, but not their familiar environment.

Discussion

Because of the small sample size, the results of this study must be interpreted with great caution. Any interpretation or conclusion can only be tentative and has to be explored further in empirical studies with larger sample sizes.

It seems that there are reasons to presume the existence of at least two subtypes of homesickness: a distinction can be made between homesick subjects with and without signs of psychopathology, like compulsive checking of the house, agoraphobia, adverse attachment experiences, separation anxiety and homesickness experiences as a child. Those who developed homesickness after a move, but recovered since then, are relatively free from signs of psychopathology: this type of homesickness is not associated with adverse attachment experiences, compulsive checking, separation anxiety and homesickness experiences during childhood. This 'healthy' type of homesickness is related to missing the mentality and atmosphere of the familiar environment, implying that there is a type of homesickness that can be considered as a normal adjustment problem which most people will eventually overcome when they integrate into the new culture/environment.

In contrast, there seems to be a more pathological form of homesickness associated with agoraphobia, compulsive checking, adverse attachment experiences and separation anxiety in childhood. This type of homesickness is found among those who tend to experience homesickness recurrently. These persons always become homesick as soon as they leave their house. As recurrent homesickness seems to be associated with a bad relationship to the parents, it might be hypothesized that this type of homesickness can be considered a form of separation anxiety based on an insecure/anxious attachment style [18–20]. Although separation anxiety disorder is considered a youth phenomenon in DSM-IV, recent work of Manicavasagar et al. [21–23] shows that symptoms of anxiety disorder can also

occur in adulthood. Separation anxiety and anxious attachment may give rise to agoraphobic complaints [24] and, as is well known from clinical practice, frequently go together with intense, unintegrated feelings of anger [25]. Projection and externalizing of feelings of anger and anxiety onto the house [25] may explain the preoccupation with fantasies about damage to and vanishing of the house during times of absence that underly the compulsive checking of the house upon returning home. Thus, recurrent homesickness seems to be a more complex psychopathological phenomenon, associated with deep-seated anxieties and conflicts around anger.

Finally, very tentatively, typical of the 2 subjects with homesickness on holidays only was the absence of psychopathology, but the presence of difficulties in breaking with old routines. These people tend to become homesick when on holidays because being on holiday necessitates changes in familiar routines, schedules or way of living. The fact that these people do not become homesick after a residential move indicates that a residential move does not necessarily imply changes in personal habits and lifestyles. It remains possible to keep the same daily rhythms and routines one was used to before the move. For example, if you are used to having dinner at six, you might not be able to eat at six when on holiday (e.g. because of fixed dinner times at hotels), but this is still possible after a residential move. Rigidity and a lack of flexibility thus seems to be the major characteristics of these persons. As soon as daily routines are changed, they experience distress and anxiety which makes them long for the planned and predictable life they are used to.

From the above, it can be concluded that people react in different ways to a separation from home. In Fisher's multicausal model of homesickness [7], either strain in the new environment or difficulties with separating from the old environment leads to homesickness. The current results suggest that the recovered and recurrent subtypes of homesickness might each be related to one of these two challenges (entering into the new and separating from the old environment, respectively). Early separation and attachment experiences may (partly) explain which of these two factors will play a major role in homesickness. A comparison can be made with grief. Pathological mourning reflects the failure to establish securely a good inner object in infancy [26]. This failure may be due to bad experiences with early parenting figures. In some, who are not capable of normal mourning, loss and separation may result in severe depression, but also in a hypomanic state, accompanied by feelings of power and omnipotence, or in a compulsion of superficially relating to many others in

order to protect oneself from being hurt by subsequent losses.

As was said before, the distinction between these subtypes has to be tested in larger samples, and the existence of holiday homesickness as a separate entity in particular needs far more underpinning. Longitudinal studies are needed to establish the proposed etiological role of early attachment and separation experiences in pathological versus normal homesickness. Another important research issue concerns the role of variables that mediate between adverse attachment experiences and homesickness. Given the history of adverse attachment experiences, what variables protect against the development of homesickness? Temperamental (e.g. harm avoidance, reward dependence and novelty seeking; Cloninger et al. [27]) and psychobiological factors that may both influence the attachment process as well as the impact of attachment-disrupting experiences need further consideration. Future research should also focus upon personal or situational variables associated with the two dimensions reported in this study (e.g. length of stay away from home, reasons for leaving home).

If the distinction between these subtypes of homesickness turns out to be valid, this may have rather significant

consequences for theorizing, research and therapy. Researchers cannot treat the homesick as a homogeneous group. Situational and personal variables which are related to one type of homesickness might not be related to another type. The distinction might also be a valuable tool in therapy settings. The subtypes of homesickness seem to have different etiologies and thus may require different therapeutic approaches. First of all, it seems necessary to ask the homesick subject whether he/she has experienced homesickness previously and whether homesickness has been or is being experienced under a variety of circumstances. In addition, one should ask the subject whether he/she had adverse attachment experiences, suffers from agoraphobic complaints, and/or compulsive checking the house. If so, the homesickness can be considered as recurrent homesickness, and therapy would need to focus on separation/individuation issues, conflicts centering around anger, anxiety, self-esteem and autonomy. If this is not the case, those who get homesick after a move might best be helped by support and reassurance that they will overcome this condition and by teaching them skills, e.g. social skills [11], to be able to adapt more easily to the new environment.

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