

Is Homesickness a Mini-Grief? Development of a Dual Process Model

Margaret Stroebe^{1,2}, Henk Schut¹, and Maaike H. Nauta²

¹Department of Clinical & Health Psychology, Utrecht University and ²Department of Clinical Psychology & Experimental Psychopathology, University of Groningen

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Abstract

Homesickness (HS) is associated with mental and physical health problems and is thus of clinical concern. In some highly influential theoretical models and widely used questionnaires, HS spans home-related losses and new-locality adjustments. A differentiated approach is needed: Evidence suggests that distinct manifestations are associated with these two domains. Collapsing home- and new-place-related phenomena has impeded understanding of separation-from-home-specific aspects. Thus, we propose a dual process model of coping with HS (DPM-HS). According to this framework, HS is fundamentally a separation phenomenon, a “mini-grief,” involving different (though possibly mutually exacerbating) stressors from new place ones. It follows that HS should be narrowly defined; separate examination of home–new place stressors, correlates, and consequences is mandatory; regulatory cognitive-emotional processes and incremental effects due to new place stressors need charting. Following DPM-HS principles, HS prevention and treatment should not only focus on distraction and adjustment, but also pay attention to missing home aspects and emotion-regulation strategies.

Keywords

homesickness; grief; health; dual process model; separation; relocation; emotion regulation; coping

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Although mild feelings of homesickness (HS) are a normal response to leaving loved ones and home, HS is deeply harrowing for those who experience it intensely. It seems to be a universal phenomenon, familiar to persons across very different cultures and societies when they leave home temporarily or permanently. Both children and adults appear prone to it, and it has been associated with inability to function well in daily life as well as a variety of mental and physical health consequences (see, e.g., Stroebe, Schut, & Nauta, in press; Thurber & Walton, 2012; van Tilburg, Vingerhoets, & van Heck, 1996). For example, HS is associated with anxiety, loneliness, social isolation, and depression; it can exacerbate preexisting mood and anxiety disorders or precipitate new problems, ranging from insomnia, memory problems, and appetite changes to gastrointestinal difficulties, immune deficiencies, or even diabetes (Thurber & Walton, 2012). It has also been distinguished (conceptually) from related conditions, namely, separation anxiety,

school phobia, translocation syndrome, and relocation effects (Baier & Welch, 1992). In extreme cases, sufferers may be unable to sustain sojourns away, returning home prematurely if possible; some decide to avoid future separations from home altogether (cf. van Vliet, 2001).

Yet HS has rarely been regarded as a topic of clinical interest. For example, despite the severity of reactions and consequences for some adults and children, HS has not been defined as a formal diagnostic term; it is not included as a category of mental disorder in either the fourth or fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association [APA], 1994, 2013). In our view, the nature and (clinical) significance of HS need further investigation and conceptual

Corresponding Author:

Margaret Stroebe, Department of Clinical & Health Psychology,
 Utrecht University, Box 80140, 3508 TC Utrecht, Netherlands
 E-mail: M.S.Stroebe@UU.NL

clarification. Notably, although associated with a range of problems, there is still lack of clarity in the scientific literature as to the definition of HS and theoretical frameworks, making it difficult to evaluate the appropriateness of diagnostic categorization or to develop theory-based prevention and treatment programs. For instance, it has remained unclear whether the health problems outlined earlier are due to separation difficulties or to troubles adjusting to a new environment. For example, though diabetes has been associated with HS (Thurber & Walton, 2012), it would seem likely that unfavorable changes in diet in the new environment (cf. Cornelis et al., 2014) rather than missing family and yearning for home cooking would be responsible for increases in the occurrence of this disease. Thus, the purpose of this article is to provide a scientific framework to streamline and guide HS research.

We propose that HS is a grief-like phenomenon, similar in terms of underlying processes, manifestations, and consequences to those associated with the death of a loved person (cf. Archer, Ireland, Amos, Board, & Currid, 1998; Fisher & Hood, 1988; Stroebe, van Vliet, Hewstone, & Willis, 2002). There are several important parallels. Like grief following bereavement, HS occurs in connection with separation from loved ones (although, in the former, the loss is irrevocable, whereas in the latter case it is not). Feelings of yearning and longing for these persons are paramount both in bereavement (cf. O'Connor & Sussman, 2014; Stroebe, Schut, & Stroebe, 2007) and in HS (e.g., Archer et al., 1998; van Tilburg & Vingerhoets, 2005). Just as bereaved persons may long for lost aspects of their previous lives, so too, within the HS domain, longing may extend to the home environment, with some missing people, others missing various aspects of home more (cf. Vingerhoets, 2005). Attachment features prominently in scientific explanations in both areas, with Bowlby's (1980) attachment theory frequently used as a scientific framework (e.g., in the bereavement field: Mikulincer & Shaver, 2008; Wijngaards-de Meij et al., 2007; in the HS field: Brewin, Furnham, & Howes, 1989; Fisher, 1989; van Vliet, 2001). A consequence of both types of separation is also the necessity for adaptation to the changed situation: in the case of bereavement, to the world without the loved person; in the case of locating away from home, to the new environment and its various demands. Difficulties associated with the latter, new place stressors—although related—are different from separation phenomena per se. It is important that they may be associated with different psychological problems. The two domains thus require distinct scientific treatment, but systematic examination of these components separately has been lacking in the available scientific literature.

To enhance understanding of the difficulties and coping processes associated with the HS life stressor, this

article offers a novel approach, a dual process model of coping with homesickness (labeled the DPM-HS). The main premise underlying this model is that HS is fundamentally a “mini-grief,” a *separation*, not new place adjustment, experience. It is important that we argue for a differential rather than integrative perspective, one that identifies specific patterns of reactions, sequelae and outcomes consequent to leaving home (the “home” factor). Thus, we seek to unravel the manifestations and phenomena of HS as a mini-grief, and distinguish these from new place ones (the “new place” factor). Following the reasoning outlined earlier, the theoretical model must take the latter into account too, because the transition from home necessarily involves not only giving up the old but also adjusting to the new, and difficulties in the one domain may exacerbate those in the other. If we are to understand coping processes—that is, how people go about dealing with transitions from home—we need to adopt such a dual perspective and examine phenomena in each domain distinctly. Furthermore, having postulated such dual stressors, integration of a dynamic, emotion regulation coping process within the model becomes a necessity. It is neither possible for a person to attend to the different types of stressors at the same time, nor is it adaptive to focus exclusively on the one or the other. This process needs to be captured in the theoretical model. To this end, the current article first reviews contemporary definitions and theoretical approaches, then further explains the development of the novel DPM-HS, describing its main parameters as well as its implications for intervention. Finally, examples are given as to how this differential approach can guide future empirical research.

Contemporary Views on Homesickness: Home and New Place Domains

Definitions of HS

A lack of consensus among researchers about coverage of home and new place domains is reflected in the range of HS definitions in the scientific literature (see Table 1). Although experts claim “reasonable concordance” across definitions (Fisher, Elder, & Peacock, 1990, p. 16), inspection of these shows a striking discrepancy: Some regard HS as covering (a) attachment to home (persons or place) and (b) strain in trying to cope with a novel environment (e.g., Archer et al., 1998; Fisher et al., 1990). Others have focused exclusively on the attachment to home aspect (e.g., Thurber, 2005; Thurber & Walton, 2012; Vingerhoets, 2005).

Otherwise, conceptual agreement on features of HS is apparent. Descriptions typically center around missing home and family, longing to be at home and to see family members and familiar places and circumstances,

Table 1. Definitions of Homesickness (HS)

| Author/s | Definition | Features |
|---|--|---|
| Archer et al. (1998) | “. . . covers reactions to a number of circumstances which involve separation from familiar and loved people and places” (p. 205). | Home and new place—Understood as an attachment/separation reaction but also including response to absence of habitual places and activities in the new location. |
| Baier and Welch (1992) | It involves a pervasive feeling of sadness and thoughts about the place left, and longing for home or family may be accompanied by somatic complaints (see their Table 1, p. 56). | They provide criteria for HS using content analysis technique, distinguishing it from other concepts, including <i>relocation effects</i> . |
| Eurelings-Bontekoe et al. (2000; cf. Eurelings-Bontekoe et al., 1994) | “. . . a depression-like reaction to leaving a familiar environment, characterized by ruminative thoughts about home and the desire to go back to the familiar environment” (p. 444). | Likened to depression. |
| Fisher et al. (1990) | “. . . a term used to describe the total distress reaction created by leaving home” (p. 15); “. . . a complex cognitive-emotional-motivational state characterized by preoccupation with home and accompanied by grief-like symptoms” (p. 16). | They talk about “reasonable concordance” (p. 16) in use of the HS term (across dictionaries, researchers and [non]sufferers). But some focus on the home, others include adaptation to present environment, as reflected in operationalizations. |
| McCann (1941) | Its central core is “the frustration of a strong, emotionally charged desire to return home” (p. 179). | He uses HS and nostalgia interchangeably. Likens HS/nostalgia to lovesickness and to grief over the death of loved one. |
| Nijhof and Engels (2007) | “. . . a negative emotional state characterized by recurrent thoughts of home, missing friends, the desire to go back to the familiar environment and often co-occurring physical complaints” (p. 710). | Focus on the home and make clear that physical complaints are a correlate. |
| Porritt and Taylor (1981) | “. . . a form of grief or separation reaction and . . . includes strong components of seeking to re-establish and maintain valued attachments” (p. 58). | Attachment focus. |
| Stroebe et al. (2002) | Suggest HS is a “mini-grief” phenomenon, incorporating depression as result of absence from home and longing for home and family while in new place. | Noted inclusion of disliking new environment in some definitions, and inclusion of this in their empirical investigation. |
| Thurber (2005); Thurber and Walton (2012) | “The distress or impairment caused by an actual or anticipated separation from home” (2012, p. 1). It is characterized by preoccupying thoughts of home and attachment objects (2005, p. 555). “. . . unique hallmark of preoccupying thoughts of home and attachment objects” (2012, p. 1). | Noteworthy for separating out the home factor from the current environment one, focusing on the “unique hallmark” of home variables’ impact. Anticipatory HS included. |
| van Tilburg et al. (1996) | “. . . refers to the commonly experienced state of distress among those who have left their house and home and find themselves in a new and unfamiliar environment. It is generally represented as an intense longing for home accompanied by a depressive mood and a variety of somatic complaints” (p. 899). | Link to depressive mood. |
| van Vliet (2001) | “. . . a state of distress characterized by adjustment difficulties and intense longing for home and ruminations about home after having left home” (pp. 14–15). “. . . a state (missing family and friends, loneliness) triggered by the event ‘relocation’ bringing about an imbalance between the demands of the new situation (adjustment difficulties) and the available resources (personal and social)” (p. 115). | See also p. 114: considers concept and mediating processes. Dual processes: home and new environment related. NB He reasons that severe HS (leading, e.g., to depression and anxiety) would “fit the DSM-IV definition of an adjustment disorder” (p. 115). |
| Vingerhoets (2005) | “HS reflects problems with separation from the home environment” (p. 14). | A strict definition in line with single dimension approach. |
| Watt and Badger (2009) | Differentiate HS “arising in separation from the old location as well as HS arising in entry to the new location” (p. 526). | Emphasize the loss of the interpersonal <i>relationships</i> . A dual process approach, acknowledging new location problems but focusing for clarity on lost relationships from the home environment. |

and preoccupation with home-related thoughts. These feelings of longing are often said to be accompanied by anxiety and depression, ranging from mild to severe. And even though some leave (mal)adjustment to the new environment out of the HS definition itself, most investigators acknowledge that HS is sometimes associated with (or leads to) stress and maladaptation to the new environment. For example, after defining HS in terms of problems of separation from home, Vingerhoets (2005) went on to state that HS “interferes with adjustment to the new situation” (p. 13). Nevertheless, he goes on to state explicitly, “By contrast, distress caused by adjustment problems in new environments should not be labelled HS” (p. 13).

As reflected in the definitions in Table 1, researchers generally make efforts to distinguish HS from its outcomes, such as depression, anxiety, physical symptoms, or illnesses, not least to avoid conceptual overlap (although it is clear that depression and anxiety about leaving home are closely linked with HS). To illustrate, somatic symptoms may be considered either as an eliciting factor of HS, or a result of it, but should not be a defining characteristic. In the case of boarding school children, Fisher, Frazer, and Murray (1986) explained, “It may be the case that minor illnesses create homesickness because love and attention of family members is sought by a pupil who feels ill” (p. 45). On the other hand, physical symptoms may also be a sign of distress.

Theoretical approaches

Although much empirical research in the HS area has been problem- rather than theory-driven, some researchers have adopted a variety of theoretical perspectives to guide their investigations of HS (for reviews, see, e.g., Fisher, 1989; Thurber & Sigman, 1998; van Vliet, 2001; Vingerhoets, 2005). Currently applied theoretical approaches are summarized in Table 2 (for an earlier, more detailed overview, see Thurber & Sigman, 1998). For present purposes, these have been categorized according to their main focus on HS (a) as a separation reaction (home factor; what is missed from the old environment) or (b) as relating to the demands that are made on the person in the new environment (new place factor; including stressors such as students' studies).

Paralleling the diversity in definitions, as also shown in Table 2, some researchers consider HS to be a phenomenon within the first “home” dimension, either explicitly (van Vliet, 2001) or implicitly (e.g., Thurber & Sigman, 1998) in line with attachment theory (e.g., Bowlby, 1973). However, many include (or even focus predominantly on) the second new place dimension. Of importance in the current context, an initial formulation by Stroebe et al. (2002) drew attention to the mini-grief-like quality of HS,

likening it to bereavement experience.¹ Stroebe et al. (2002) also noted the need for new-environment adaptation (adjustment to ongoing-life without the loved one in the case of bereavement), in line with the dual process model of coping with bereavement (DPM; see Table 2). But perhaps the most influential approach in shaping subsequent scientific investigation has been that of Fisher, variously labeled and with some adaptations across time (see Table 2). Although Fisher conceived of HS as predominantly a leaving home phenomenon caused by losing the proximity with family and friends, over the years she developed her perspective to include adjustment to the new environment as a major dimension in her theorizing about HS. An early statement also illustrates her multi-causal approach: “Environmental relocations are a necessary but not a sufficient condition for HS; features of the new place combine with personality factors to precipitate the experience” (Fisher, Murray, & Frazer, 1985, p. 181). Some others have also included predisposing traits in their explanations of HS (e.g., Eurelings-Bontekoe, 1997; van Tilburg, de Waal, Vingerhoets, & van Heck, 1999).

As indicated earlier, there are two main concerns regarding existing perspectives. To elaborate, the first has to do with the coverage of home–new place domains. Exclusive focus on the home factor precludes examination of the complex adaptation process that is inherent to the new place experience; there are good reasons to argue that new place factors should be taken into account—they may exacerbate home-related difficulties. However, combining new environment adjustment with separation phenomena prevents identification of the specific underlying mechanisms, precise causes of difficulties, and direct consequences of leaving home (the same applies to understanding maladjustment to the new environment). In other words, integrating separation and new place phenomena may obscure identification of separate constructs which, for reasons set out later, are valuable to study apart. In short, we advocate a *differential approach*. Rather than investigating new place and home adjustment in an integrative manner, HS should be defined as a separation phenomenon, investigated distinctly and independently, but with parallel examination of new place stressors and difficulties.

Our second concern has to do with the frequent lack of attention to coping processes. Table 2 indicates whether or not the models include dynamic regulatory processes as a central component in their taxonomies. It can be seen that in hardly any of the models is there consideration of such processes; there is no explicit integration of these coping mechanisms or identification of (mal)adaptive processes. Yet these seem to be essential components for any type of HS model, particularly in view of the stressful nature of attending to home—or dealing with dual home and new place stressors—and of doing unrelated, “time-out” things:

Table 2. Theoretical Approaches Applied to Homesickness (HS)

| Theoretical approach and selected HS references | Explanation | Home–new place focus | Regulatory coping processes (cognitive, behavioral, emotional) |
|--|--|--|--|
| Attachment theory Bowlby (1973, 1980); van Vliet (2001); Thurber and Sigman (1998), Thurber and Walton (2012) | Anxiety and distress on separation from loved ones and home (especially among insecurely attached) | Home | Not central |
| Attentional/competing demand/ resources model Fisher et al. (1986); Fisher (1988, 1990); Porritt and Taylor (1981); also see Burt (1993) | (see also “multicausal model/ job strain model”) Competing demands; new environment fails to provide distraction to overcome distressing thoughts of home | Home and new place combined | Distraction processes |
| Belongingness theory Watt and Badger (2009) | Humans have innate drive for minimum number of lasting interpersonal relationships; relocation threatens belongingness needs (loss of old relationships), which is one cause of HS (acknowledges others) | Home | Not central |
| Cognitive stress theory van Vliet (2001) | Severe adjustment difficulties to new environment cause HS (combined with missing family and friends) | New place focus (and home, combining with attachment theory) | Not central |
| Dual process model (DPM) Stroebe and Schut (1999; 2010; for HS: Stroebe et al., 2002) | HS likened to bereavement: attachment (see “attachment theory”), separation, and loss, designated as “mini-grief” | Home focus (and new place) | Oscillation process for bereavement, not elaborated specifically for HS |
| Joint theoretical approach Brewin et al. (1989) | 4 bodies of knowledge postulated to account for specific HS phenomena: expectancy, attachment, social support, social affiliation | Home and new place combined | Not central |
| Multicausal model/job strain model Fisher (1989) | Thoughts of home occupy attention, precluding investment in new environment; intensity of HS will decrease attentional ability; there is a finite amount of attentional resources, precluding investment in new environment, resulting in HS | Home and new place combined | Not central |
| Personality Beck et al. (2003); Eurelings-Bontekoe et al. (1994); van Tilburg, de Wall, et al. (1999) | Personality (traits) are (largely) responsible for HS | Emphasis on predispositional factors rather than home or new environment | Not central |
| Two-process model of control and coping Thurber and Weisz (1997a, 1997b) | Focuses on the impact of perceived control and coping style for understanding childhood HS, as related to developmental changes | Intervention-oriented, so despite home focus, focus on new place features too | Control—regulatory cognitive/emotional/ behavioral processes |
| Two-stage risk model (based on job- strain model; Fisher, 1989) Fisher et al. (1985); Fisher et al. (1986); van Tilburg et al. (1996); Eurelings-Bontekoe (1997) | Covers/integrates different models, including relocation and personality factors | New place combined with other (e.g., personality factors) | Not central |

Homesick persons need to regulate their cognitions, emotions, and behavior to adjust. This may also be a crucial component for interventions (we return to this later). Many

of the fundamental principles included in different, existing models can be integrated and built on to address these concerns.

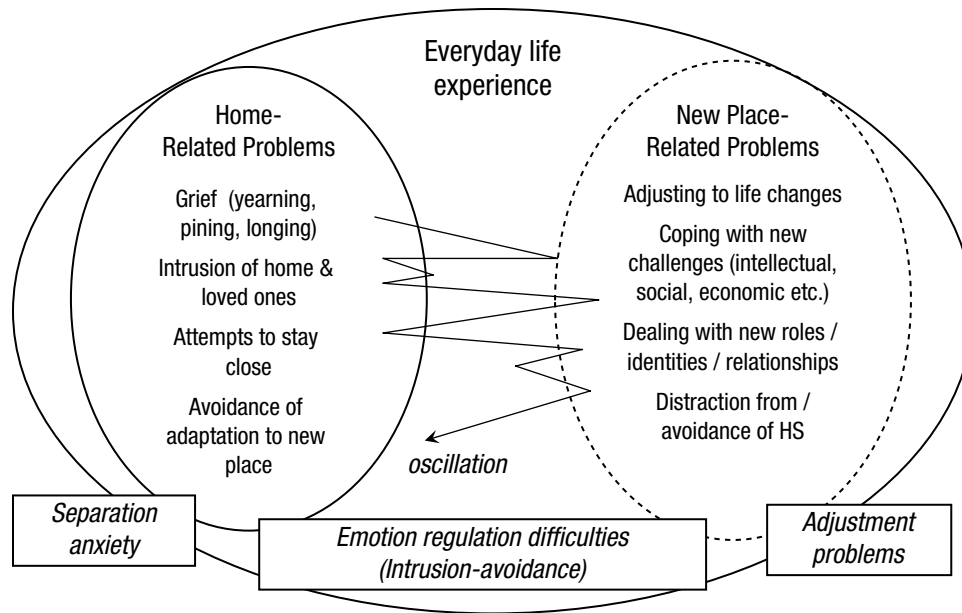


Fig. 1. A dual process model of coping with homesickness (HS).

The Dual Process Model of Coping With Homesickness

Rationale and development of the model

In line with our argument that HS is best understood as primarily a separation, “mini-grief” phenomenon, our model of adaptive coping with HS is based on the bereavement-specific DPM (Stroebe & Schut, 1999, 2010), labeled the DPM-HS (see Fig. 1). The DPM-HS provides a framework for separate consideration of home-related phenomena from new place ones, the former being central to—the essence of—HS. As well as these different types of stressors (and their associated complications), the model postulates a regulatory coping process. The four features of the DPM-HS taxonomy that most clearly distinguish it from other HS models are (a) the distinction *and* separate consideration of the two types of stressor, only one of which is fundamentally considered to be “homesickness” (HS is a mini-grief); (b) the postulation of a regulatory, adaptive coping process; (c) identification of separate complications associated with leaving home and HS versus adapting to the new environment; and (d) potential spiraling of HS difficulties due to home and new place stressors “triggering” each other, causing incremental difficulties.

Outline of the DPM-HS parameters

1. The home- and new-place-related stressors described for HS parallel the two types of stressors

experienced in bereavement, the so-called loss-oriented versus restoration-oriented ones postulated by Stroebe and Schut (1999). In the DPM-HS, home-related factors cover the concentration on and coping with the separation experience itself (see Fig. 1). This separation is the essence of HS, just as the essence of grieving is the death of the loved person. Away-related stressors are those to do with the new locality (e.g., among students, new social and academic roles and identities are to be formed). These involve efforts to adjust to the concurrent, changed, and demanding situation. Thus, they are not directly the result of separation per se (e.g., students living at home but starting college could experience them), but rather have to do with adjusting to new challenges. However, because the latter may exacerbate missing home (e.g., difficulty with studies or coping with finances may cause yearning for home where these troubles did not exist), inclusion of this class of stressors in the DPM-HS is considered necessary.

2. The dynamic regulatory coping mechanism, labeled oscillation, also depicted in Figure 1, is distinctive too for the DPM-HS, differentiating it from earlier HS-specific models. The rationale behind this feature is that one cannot attend to home-related and new-place-related stressors at the same time. Healthy adaptation requires shifting from one to the other domain, as well as taking time off addressing either type of concern,

when coping does not take place, which is also recuperative.

As elaborated next, if there is unremitting, ruminative, home-directed thought/coping, it will be maladaptive.

3. The DPM-HS enables classification of specific separation-related complications/pathologies, distinguishing these from new-place ones. There are reasons to argue that home-related complications incorporate different debilities from new-place-related ones (we review the evidence later). Furthermore, complications can arise due to disturbance of the oscillation process. To illustrate, for a minority of persons with extreme HS, home preoccupation can take up a large portion of everyday life experience, leaving little time or energy for attention to other activities, and avoidance of coping with the challenges in the new place. When intense HS feelings pertain, home orientation becomes counterproductive. There is lack of the “oscillation” identified earlier, there is little or none of the healthy cognitive-emotional regulation in which attention is paid to adjusting to the new environment as well as separating from home—and taking time off from coping with either type of stressor (e.g., continued involvement with one’s hobbies, which provide “time out” and serve adaptive functions).
4. Finally, the conceptual analysis of HS as a fundamentally grief-like but nevertheless “dual process” experience also allows for the possibility of understanding spiraling difficulties.² This principle is also fundamental to the DPM-HS, based as it is on the previous three features. Given the two types of stressor (home and new place), with different patterns of correlates and complications, incremental difficulties may occur, especially if emotion regulation across the two domains does not take place. For example, for a severely homesick person, problems in the new place may escalate through lack of attention to them (e.g., neglecting academic subjects may affect performance, which in turn may raise anxiety about succeeding at college, and make one miss home even more). Furthermore, maladjustment to the new place may, for example, lead to comorbid symptomatology (e.g., general anxiety, depression) and exacerbate HS (just as longing for the familiar home environment may intensify maladjustment to the new one). In this context, it is important to note that maladjustment difficulties are not always features of HS; they can occur in its absence too, and HS can be experienced without the occurrence of difficulties in adjusting to the new environment.

So although they may occur in tandem, this also speaks for considering them separately: These home and new place domains are interlinked, but—not least for the sake of scientific clarity— independent consideration is needed.

New definition of HS according to the DPM-HS

The previously mentioned features typify the DPM-HS, differentiate it from existing models of HS and lead us to a new definition, one that takes these parameters into account. *Consequently, we define HS as a “mini-grief,” a negative emotional state primarily due to separation from home and attachment persons, characterized by longing for and preoccupation with home, and often with difficulties adjusting to the new place.*

The DPM-HS: Evidence

Before examining the evidence for the four postulated DPM-HS parameters, given the parallels between the bereavement-DPM and the DPM-HS, one could look to research in the former to inform the latter domain. A number of teams have conducted research using the DPM framework, including the evaluation of DPM-derived interventions, but the body of evidence for the bereavement model is limited (although the trend is favorable, compared with empirical validation of other models of loss, such as the stage, phase or task models). Some significant contributions were collected in a special issue on the DPM in *Omega: Journal of Death and Dying* (Richardson, 2010). In commenting on the set of articles, Carr (2010) pointed out that there is much research still to be done. On the other hand, she remarked that some promising support for the model is emerging; it has also been widely cited and used in clinical guidelines and settings (e.g., Malkinson, 2007; Wilson, 2014). So far, studies have examined specific parameters of the model and evidence is often indicative rather than conclusive. For example, Shear and colleagues (Shear, 2010; Shear, Frank, Houck, & Reynolds, 2005) used a randomized control trial to evaluate an intervention for complicated grief using DPM principles. DPM treatment (based on regulation of loss- and restoration-focused training) was more beneficial to bereaved clients than standard CBT treatment. In the absence of process analysis (and a nonintervention control group), although consistent with the DPM, these findings do not provide strong support for it. The DPM loss and restoration parameters received preliminary investigation by Wijngaards et al. (2008) in a study of bereaved parent couples whose child had died. Differences in dealing with loss versus restoration stressors were linked with patterns of adjustment over time;

results suggested the importance of differentiating these two types of stressor. Moving on to the DPM-HS, is there evidence for the model in terms of the four specific parameters?

1. Differentiation of home and new place stressors. Two sorts of results support this feature of the DPM-HS. First, quite simply, items representing the two types of stressor typically emerge as distinct clusters in factor analyses (e.g., Archer et al., 1998; Stroebe et al., 2002; van Vliet, 2001). It is clear that this alone does not provide convincing ground for separate treatment (many questionnaires incorporate different factors). Second, and perhaps more pertinent, examination of the few studies providing separate information on correlates associated with the two types of stressors reveals some differential patterns: The home factor indeed seems to be associated with different correlates from the new place factor. Specific, stronger correlates with the home factor include intrusions (Archer et al., 1998), and worries related to home problems (Fisher, Fraser, & Murray, 1984). Some correlates have been related to both the home and new place factor, including depression, but with different strengths. Relatively, the new place factor (adjustment difficulties) has been shown to be more strongly related to depression than the home factor (Longo & Kim-Spoon, 2013; Stroebe et al., 2002). Also, lack of perceived control and state anxiety were more strongly related to the new place factor than to the home factor (Flett, Endler, & Besser, 2009); in addition, the new place factor was associated with worries regarding school work. Autonomous individuals experiencing adjustment difficulties may be especially at risk for developing depressive symptoms (Beck, Taylor, & Robbins, 2003). Loneliness in students was more strongly related to adjustment difficulties than to missing family and friends (van Vliet, 2001) and was, in turn, related to negative health consequences including depression and anxiety. In the same study, protective factors such as extraversion or having a best friend in the same city proved more influential with regard to adjustment difficulties for students than to missing home. Also, in expats, adjustment difficulties (and not missing home) had the strongest relationship with loneliness and health complaints, of all the included variables (van Vliet, 2001). Finally, perhaps also indicative of separate concerns, although not surprising, missing friends and family was endorsed foremost by relocated students, both relocated and home-living college students equally reported adjustment difficulties (Stroebe et al., 2002).

Taken together, the limited empirical evidence reviewed earlier seems to indicate that the home factor is associated with specific, HS-related concepts such as intrusions and worries relating to home, and less strongly with broader problem areas, whereas the new place factor has stronger relations with health problems, including depression and anxiety. It remains to be seen whether the former is more closely associated with separation anxiety symptoms than the latter factor, as would be predicted following the DPM-HS.

2. The postulation of a regulatory, adaptive HS coping process. Although coping scales have been developed by Thurber (e.g., Thurber & Weisz, 1997a, 1997b) for children and van Tilburg (van Tilburg, Vingerhoets, & van Heck, 1997) for adults, relatively little research on HS coping processes has so far been conducted, leaving questions about the efficacy of such regulatory strategies in dealing with HS open. On a descriptive level, children at summer camp report a mixture of coping strategies (Thurber & Weisz, 1997b). Among the five most frequent coping strategies that youth thought were most effective, three referred to regulatory strategies, like “thinking positively to feel better” and “simply changing feelings to feel better” and “reframing time.” The other most frequent and best appreciated items were on adjusting to the new place (“playing fun activities”) and coping with missing home (“renewing a connection with home, e.g., by writing a letter”). Even though the children reported that these strategies worked best for them, it remains to be investigated whether interventions based on these strategies would be effective in reducing HS. We will return to that later. Some further leads on the regulatory processes come from looking at dysfunction, at disturbance of oscillation, where there is “fixation” on home, characterized by persistent, repetitive thought or rumination. Ruminative activity has been identified as a distinguishing aspect of HS (Bell & Bromnick, 1998); rumination about home has been found to be integral to HS (Fisher, 1989). Although this is hardly evidence for the importance of oscillation, it suggests a direction for research, discussed later: to examine processes underlying ruminative ways of coping with HS.
3. Identification of separate home and new place complications. Complications of home-related stressors may include separation anxiety disorder (SAD), whereas complications related to new place stressors may be maladjustment disorders, as is highlighted in Figure 1. Support for the HS–separation anxiety (SA) link has come from

conceptual, diagnostic and empirical sources. SA and HS share central features (while incorporating distinct ones too), with HS mentioned as a possible manifestation of SAD in *DSM-5* (APA, 2013, p. 192). Missing people and home has been postulated as central in SAD (cf. Baier & Welch, 1992). An essential feature of SAD listed in *DSM-5* is “excessive fear or anxiety concerning separation from home or attachment figures.” Some of the diagnostic criteria are related to or overlapping with HS, such as “reluctant or refuse to attend camp, to sleep at friends’ homes, or to go on errands.”³ In *DSM-5*, SAD is also described with a possible manifestation of becoming homesick and feeling uncomfortable “to the point of misery when away from home” (APA, 2013, p. 192).⁴

There is some empirical support for the connection between HS in terms of missing home and people—not new place stressors—and SA, examined in most detail by Flett et al. (2009). In this study, SA and HS were both measured among students living away from home. Trait SA and HS were found to be associated (with state anxiety identified as a mediator between them). However, the correlation between SA and HS was quite modest ($r = .22$), suggesting considerable independence of these two phenomena. Nevertheless, items in a self-report scale developed for measuring SA (the Adult Separation Anxiety Questionnaire; Manicavasagar, Silove, Wagner, & Drobny, 2003) also demonstrate conceptual overlap with HS—missing home and people. Further consideration of the precise nature of the relationship between HS and SA, for example, in terms of such conceptual overlap/distinction, and relative severity, is called for (see also Flett et al., 2009).

Turning to potential complications associated with the new place, syndromes have been identified that would seem also (if not predominantly) to do with the new place. “Adjustment problems” are postulated in this domain in Figure 1. Adjustment disorders are described in the *DSM-5*: “the development of emotional or behavioral symptoms in response to an identifiable stressor” (APA, 2013, p. 286). In line with our suggestion to separate home and new place factors, studies on adjustment disorder stress the importance of differentiating between intrusions and avoidance of reminders of the stressor, and difficulty adapting to the new situation (e.g., Maercker et al., 2008).

Other syndromes have been linked conceptually with new place adaptation. School phobia, relocation, and translocation effects figure prominently—and explicitly—among these (cf. Baier &

Welch, 1992). School phobia has been described as an emotionally paralyzing, depression- rather than SA-related, resistance to attending school. Relocation effects can encompass HS but are a more pervasive emotional experience following a move from home, sometimes leading to isolation, anxiety, anger, and depression. Translocation effects relate to forced—sometimes involuntary—relocation, for example, of vulnerable patients. Responses include deterioration in psychological and physical functioning.

4. Potential “spiraling” of HS difficulties due to home and new place stressors. To our knowledge, evidence for an incremental relationship between home and new place complications does not yet exist. What has been well established is that HS is associated with other syndromes and disorders in complex ways. It can exacerbate preexisting mood and anxiety disorders, and precipitate new mental and physical health disorders (Thurber & Walton, 2012). In line with the previous point (3), the occurrence of different types of complications associated with home on one hand, and new place stressors on the other hand, also supports the proposition that there may be not only development but also escalation of comorbid symptomatology across the two domains.

Prevention and Treatment Implications

Taken together, the evidence presented earlier remains preliminary, even as it provides some rationale to continue following a DPM-HS approach. The lines of argument have implications for planning prevention and treatment, and such interventions could also be designed to test parameters of the model (we return to this later). The DPM-HS advocates balanced attention to both home and new place stressors. In the context of prevention of HS, both factors are implicit in some guidelines already developed by researchers. For instance, Thurber’s Multimodal Homesickness Prevention Package (see Thurber, 2005) was successful in decreasing HS in youth going to summer camp, by preparing them with various interventions aimed at both adjustment to the new place and missing home. The necessity for oscillation, for emotional and cognitive regulation, has been less explicit. In the context of treatment, investigators have emphasized new place factors. For example, Fisher (1989) focused on adjustment to the new and the development of skills and management strategies for coping with relocation (considering HS as rather symptomatic of maladjustment to the new environment). Nejad, Pak, and Zarghar (2013) developed a social skills training to decrease HS in female students, and reported beneficiary effects. Rather in line

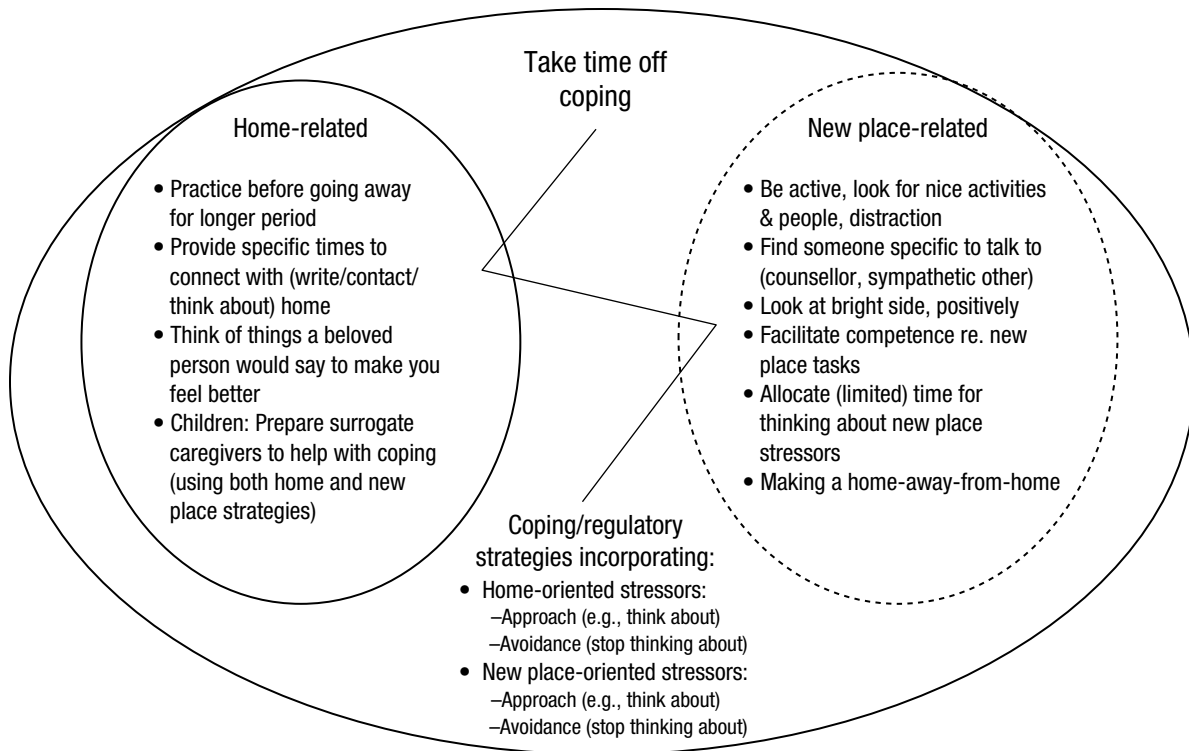


Fig. 2. Dual process model: potential intervention strategies.

with the latter approach, some have advocated a focus on distractive and physical activities, in accordance with the idea that HS is experienced more during passive mental tasks than active physical ones (e.g., Fisher, 1989). To date, many summer camps or (international) student exchange programs stress the importance of distraction and getting involved in the new situation as major strategies for coping with HS. Examination of summer camp and student exchange program websites, for example, shows that contact with home is often very restricted and may be viewed as a source of HS rather than an opportunity to cope with HS. Yet following the DPM-HS perspective, attention to home factors as well as to emotion regulation strategies would be integral to adjustment too.

The latter approach is represented in the following statement by van Tilburg (personal communication, 2012):

Distraction is much more preferred over contact with or thinking about home. A place for thoughts about home should be reserved for times when we feel good. In times when we feel bad, we need the safety of home the most and thus relinquish to our feelings, but it serves us best to become oriented on the new environment: “What is fun here?” “How can I beat loneliness, sadness, boredom in my new

environment?” This increases self-efficacy, social support (in the new environment), and adjustment.

It is evident that although thoughts of home are considered conducive to adaptation, excessive rumination would not be. It may also be important to stress the necessity of accepting feelings of HS at times. It may not be conducive to adaptation to focus only on the new place factors, which may hamper the emotion regulation process too.

Even if HS is regarded as fundamentally a missing home phenomenon, in designing prevention or treatment programs, it is consistent with the DPM-HS to address stressful features of the new place, for those persons and in situations where these are pertinent. These difficulties can interact and can be correlated with HS or consequences of it. Thurber's (2005) approach is compatible with our dual approach, in that attention to the two dimensions is clearly identifiable and integrated in his training program. Building in the oscillation principle would bring this approach even further in line with the DPM-HS.

Figure 2 illustrates components of intervention following the DPM-HS. This framework integrates the types of prevention training principles outlined by Thurber (2005). It incorporates not only home and new place stressor

guidance but also a regulatory process in which individuals learn skills to balance between approaching home-related feelings and temporarily avoiding the present context, as well as approaching the current context and avoiding the home-related feelings (it is clear that further specification of these ideas would be necessary for development of intervention protocols). Such an approach allows for the fact that one size does not fit all in helping the homesick; individual tailoring is called for. In our view, adoption of the perspective represented in Figure 2 would assist development of more explicit interventions, ensuring that people receive an appropriate combination of home- and new-place-directed strategies and guidance in regulation and control (i.e., both confronting and avoiding). For example, regulation guidance may start with psychoeducation about HS and associated feelings, thoughts, and behaviors, as well as introducing coping strategies to handle emotions, including acceptance of negative emotions.

New lines of research suggested by the DPM-HS

To explore possibilities for future research, we again structure according to the four main DPM-HS parameters.

1. HS as a mini-grief and distinct examination of new-place-related reactions. This feature of the DPM-HS requires a narrower directive for research, with HS restricted to separation from home phenomena. Of the empirical studies investigating HS to date, roughly half failed to distinguish between home and new place factors (i.e., adopting a broad concept of HS and, e.g., aggregating across the home and new place items in questionnaires), whereas others either described home and new place factors separately or operationalized HS as a home-only concept (Stroebe et al., in press). New place dimensions need to be taken into account, but with distinct investigation. Following this, narrower scope is also called for in measurement instruments. Many instruments extend to adjustment to the new (as well as missing the old) environment (e.g., Fisher & Hood's, 1987, Dundee Relocation Inventory or Archer et al.'s (1998) Homesickness Questionnaire).⁵ Although some investigators include subscale analyses, conclusions have typically been drawn on the basis of total scores. By contrast, the DPM-HS perspective would suggest the development of a "mini-grief" questionnaire, possibly derived from an existing measure (one with good psychometric qualities), selecting items loading on the missing home/people factors. New place adjustment could similarly—separately—be

assessed using an appropriate, non-HS scale. Then, the range of correlates and consequences as well as clinical conditions associated with (a) leaving home and (b) adjusting to the new place need to be plotted. Patterns of comorbidity (e.g., depression; anxiety disorders) associated with (a) and (b) need establishing.

2. Emotion regulation research. Research on coping can examine the functions of the emotion regulatory "oscillation" process in a finer-grained manner than has so far been done. Testing the necessity of a regulatory process for adaptation is difficult. Applying monitoring techniques over time would be one approach to understanding the dynamic nature of such coping processes. An alternative approach is to look at the impact of lack of oscillation, how and why it may be related to maladjustment. It could be argued that rumination about home, characteristic of HS, reflects a lack of oscillation. In the bereavement area, rumination has been interpreted as an experiential (cognitive or behavioral) *avoidance* process (Bonanno, Papa, Lalande, Zhang, & Noll, 2005; Eisma et al., 2013; Eisma et al., 2014; Shear, 2010; for a review, see Stroebe, Boelen, et al., 2007): Rumination has been found to increase and perpetuate symptomatology, because it is linked with specific avoidance—rather than confrontational—processes (Eisma et al., 2013; Eisma et al., 2014). Such avoidance strategies block integration of the death in one's autobiographical knowledge base or acceptance of the stark reality of loss. Generalizing to the HS situation, it seems plausible that rumination in HS reflects a lack of integration/acceptance that one must leave home and loved ones behind (and embrace the new place and persons). There is also the possibility of a different maladaptive avoidant process: Some homesick persons may try hard to block thoughts of home and avoid home-related triggers, which may not be adaptive either; home links should also be a part of being away (without getting trapped in rumination). So although avoidance can be an important, normal coping strategy with regard to separation and loss, when overused or used in a rigid manner, it can lead to the development of complications (cf. Shear, 2010), rigid avoidance of home-related thoughts and may lead to or maintain HS. However, it may still be difficult to predict the nature of the HS outcome. SA may be evident, but it could also lead to depression (or loneliness) or other anxiety disorders, including social phobia (avoidance of others). Again, such concerns call for further empirical investigation.

3. Complications. It has already become evident that empirical investigation on the precise relationships between adjustment disorders, home, and new place stressors is needed. This is suggested both by the lack of clarity in the *DSM* as well as absence of empirical evidence so far. Differential associations would support the usefulness of postulating the DPM-HS parameters. For example, conducting further research to confirm that SA is more closely related to home than to new place difficulties and to document the precise relationship between HS and SA phenomena would be a useful starting point.

New directions in research in general and the bereavement field in particular (cf. Fried et al., 2015) suggest additional, novel possibilities. To illustrate, depressive symptoms have been associated with homesickness and adjustment disorder (Beck et al., 2003; van Tilburg, 2005). Perhaps the depression of leaving home is different from the depression of adjusting to the new place. There may be unique symptom profiles reflecting different associations with depression. Novel network models offer an alternative perspective to the common cause (of depression) framework. In these approaches, depressive symptoms are understood not as passive and interchangeable indicators of a latent disease, but as distinct entities with autonomous causal power that influence each other (Borsboom & Cramer, 2013; Cramer, Waldorp, van der Maas, & Borsboom, 2010). In other words, symptoms do not cluster because of a common cause—they cluster because they influence each other across time. Depression would not be conceptualized as a latent variable, but is understood to be constituted by the causal associations among symptoms. Following the DPM-HS one would predict that different clusters of depressive symptoms would emerge in relationship to home versus new place difficulties, indicating that there are unique interactions of symptoms (e.g., loneliness may fuel HS, whereas feeling that people are unfriendly may fuel maladjustment to the new place).

4. Spiraling difficulties. Precise associations with HS in terms of comorbidity, the precipitation of new conditions, or exacerbation of old ones need to be further established. An important line for further investigation would be to identify comorbidity, precipitating, and exacerbating conditions in relationship to missing home *separately from* new place adaptation. To test the hypothesis that home and new place stressors lead to incremental complications, longitudinal research and exact plotting

of the onset (and etiology) of complications or disorders is called for. One way to study such temporal relations in a naturalistic way is by using a diary approach as in the experience sampling method (ESM; e.g., Walz, Nauta, & Aan Het Rot, 2014). ESM may be particularly suitable to study HS because HS fluctuates over time and is context-dependent. Daily reports on HS and supposed antecedent and consequent factors could be administered, and time series analyses could test the supposed temporal relations between the factors.

Along different lines but also from a research perspective, one could usefully develop a randomized controlled clinical trial to test the effectiveness of a (partly preventive) intervention for HS difficulties. For instance, this could be based on DPM-HS principles of dealing with home and new place factors, as well as the regulation process, and tested against regular practice for dealing with HS (or against an intervention working on either the home or new place factor), and a nonintervention condition. Such a study would need to incorporate outcome measures on the home and new place factors separately, as well as examining differential correlates in terms of psychopathology. Moreover, including mediators into the model, such as reports on the various coping strategies, could shed more light on the mechanisms of change. It is hoped that such a design would provide a differentiated view on the effectiveness of the intervention (and—at least indirectly—test parameters of the DPM-HS).

Summary

We have argued the case for viewing HS as fundamentally a separation from home and family phenomenon, as reflected in our definition of HS as a “mini-grief,” and as represented in the formulation of DPM-HS. Features of this model distinguish it from earlier theoretical approaches, which have implications for scientific research and potentially, clinical practice. In particular, the proposed model is unique in its emphasis on (a) the differentiation between, and separate investigation of, home and new place stressors, (b) the identification of different types of difficulties and psychopathological outcomes associated with each of these domains, and (c) the need for inclusion of regulatory processes in the model. Directions for empirical research based on these basic theoretical parameters were suggested earlier. Our objective has been to increase understanding of the phenomena and manifestations of HS, particularly in relation to its antecedents and consequences. It is clear that the next step is to empirically test components of the model, as suggested earlier. Pending the results of such research, it is hoped that the DPM-HS will, in due course, provide

theory-driven, empirically tested guidelines to improve prevention and treatment for those who suffer from HS. Practical implications can be derived from the model, ones that may be beneficial for professionals who encounter individuals with HS and their families, for instance in hospitals, at school camps, during exchange programs, during military missions, or in freshman years. Ultimately, this approach should be useful for clinicians working with children, adolescents and adults suffering intensely from HS.

Author Contributions

M. Stroebe and H. Schut developed the theoretical perspective. M. Stroebe, H. Schut, and M. Nauta reviewed the relevant theoretical and clinical literature. M. Stroebe drafted the initial version of the article, which was revised by all authors. All authors approved the final version of the article for submission.

Declaration of Conflicting Interests

The authors declared that they had no conflicts of interest with respect to their authorship or the publication of this article.

Notes

1. Archer et al. (1998) also drew on the grief literature to derive their HS scale (which included assessment of new-location strains too).
2. Our taxonomy focuses on the dynamic, adaptive coping process in dealing with the two types of stressors. It is clear that other factors such as personality or social support may affect HS too.
3. Many children also experience SA in the home environment, if the attachment figure is not present, whereas HS is relevant only outside the familiar environment, suggesting distinctive features between the two.
4. Although SAD is considered more serious than HS (Baier & Welch, 1992), HS is described as one of the possible symptoms of SAD, rather than as a qualification in terms of severity, which would speak against HS being simply SA at a subsyndromal level.
5. It is noteworthy that HS measures for children and adolescents generally focus on the home rather than new place stressors (e.g., Thurber & Weisz, 1997b).

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