

PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Preventing and Treating Homesickness
Christopher A. Thurber and Edward Walton
Pediatrics 2007;119;192
DOI: 10.1542/peds.2006-2781

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://pediatrics.aappublications.org/content/119/1/192.full.html>

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2007 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™





CLINICAL REPORT

Preventing and Treating Homesickness

Guidance for the Clinician in Rendering
Pediatric Care

Christopher A. Thurber, PhD, Edward Walton, MD, and the Council on School Health

ABSTRACT

Homesickness is the distress and functional impairment caused by an actual or anticipated separation from home and attachment objects such as parents. It is characterized by acute longing and preoccupying thoughts of home. Almost all children, adolescents, and adults experience some degree of homesickness when they are apart from familiar people and environments. Pediatricians and other health care professionals are in a unique position to assist families in understanding the etiology, prevention, and treatment of homesickness. In the case of planned separations, such as summer camp, techniques are provided that may aid in prevention. In the case of unanticipated or traumatic separations, such as hospitalization, effective treatment strategies are available.

INTRODUCTION

Leaving home is a universal developmental milestone. The homesickness associated with this event is usually mild, but the distress and level of impairment among some homesick persons can become extreme. It is an ancient phenomenon, mentioned in both the Old Testament book of Exodus and Homer's *Odyssey*. The Greek physician Hippocrates (circa 460–377 bc) believed that homesickness was caused by a surfeit of black bile in the blood.¹ Seventeenth-century Swiss physician Johannes Hofer (1688) held that homesickness resulted from exposure to foreign environments. This exposure caused “vital spirits [to] constantly surge back and forth through the nerve fibers in which the impressions of the native land are stored.”²

Today, there is a clearer sense of what causes homesickness and how it can be prevented and treated. Comprehensive historical^{1,3,4} and contemporary^{5,6} reviews of the literature are available.

DEFINITIONS, EPIDEMIOLOGY, AND DIAGNOSIS

Homesickness is defined as distress and functional impairment caused by an actual or anticipated separation from home and attachment objects such as parents. According to the taxonomy of the American Psychiatric Association, severe homesickness may be best classified as adjustment disorder with mixed anxiety and depressed mood (diagnostic code 309.28).^{7,8} The defining feature of homesickness is recurrent cognitions that are focused on home (eg, house, loved ones, homeland, home cooking, returning home), and the precipitating stressor is always an anticipated or actual separation from home. Therefore, it is possible to distinguish homesickness from all other kinds of anxiety disorders, mood disorders, or adjustment disorders as well as from separation distress that young people may feel

www.pediatrics.org/cgi/doi/10.1542/peds.2006-2781

doi:10.1542/peds.2006-2781

All clinical reports from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

Key Words

children, adolescent, camping, school health services, anxiety, separation, homesickness

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275). Copyright © 2007 by the American Academy of Pediatrics

when caregivers leave home (eg, for work, military service, divorce, incarceration).^{9,10} Homesickness may also be comorbid with other behavioral, emotional, cognitive, and physical problems that warrant clinical attention.

As noted, homesickness occurs to some degree in nearly everyone leaving familiar surroundings and entering a new environment. Recent research has confirmed that homesickness is a significant source of distress and impairment for young people at summer camps, boarding-school students, and hospitalized children.^{6,11,12} Other populations frequently affected include immigrants, foreign students, foreign employees, displaced persons, refugees, and military personnel.^{13–20}

Prevalence estimates of homesickness vary widely depending on how homesickness is defined, the population under study, the circumstances of the separation, and the type of measurement. For example, prevalence of homesickness among adolescent boarding-school students is estimated to range from 16% to 91%.¹² Because nearly all homesickness researchers have relied on retrospective self-reports, these wide-ranging prevalence estimates also reflect variation in people's recollection of bouts of homesickness. In studies in which researchers measured homesickness at the time the individual was in the new environment, a prevalence of 83% to 95% has been reported.^{21,22} Prevalence rates measured while the subject was in the new environment were similar for children at summer camp⁵ and hospitalized children,¹¹ with younger children being at greater risk. There seem to be no gender differences in the prevalence or intensity of homesickness,^{9,22} nor are there cultural differences in the way individuals and researchers define the term "homesickness."^{21,23}

Another way to examine the severity of homesickness is to look at the percentage of children who rate the average intensity of their homesickness at or above the midpoint of the research rating scale used. This measurement technique consistently categorizes approximately 20% of boys and girls away from home as moderately to severely homesick.^{5,9,21,22} A much smaller percentage of children—between 6% and 9%—report intense homesickness that is associated with severe symptoms of depression and/or anxiety.^{9,11,21,22}

Longitudinal changes in intensity of homesickness in children and adolescents also have been studied.^{9,11,21,22} In summer camps as well as in hospitals, young people seem to fall into 1 of 2 groups. For the least homesick 80% of children, they begin their stay away from home with a low level of homesickness and maintain that low level throughout their time away. For the most homesick 20% of children, they begin their stay with an elevated level of homesickness, and the intensity increases over the course of several weeks, decreasing a bit just before reuniting with their caregivers. With preventive interventions, this trajectory can be altered signifi-

cantly.¹¹ The longitudinal course of homesickness intensity for young people in other environments, such as refugee camps and foster homes, is unknown.

Children with homesickness usually present as being tearful and withdrawn. Other children might present atypically with externalizing behaviors such as fighting, swearing, or destroying property.^{9,21,22} Therefore, the best diagnostic tool at anyone's disposal is the simple question, "How homesick have you been feeling?" Contrary to some conventional wisdom, research has shown that asking this question as part of a broader assessment of positive and negative moods, even on a daily basis, does not worsen symptoms of homesickness.⁹ Quite the opposite: it puts adult caregivers in a better, more educated position to help. Also contrary to conventional wisdom, severe homesickness does not remit spontaneously after a few days. Although this may be true for mild cases of homesickness, severe homesickness typically worsens over time if left undiagnosed and untreated.^{9,21,22}

Although some homesick children have somatic complaints, it is more likely for them to have withdrawn or depressed behaviors.^{9,21,24} Of the children who somaticize their distress, only a small percentage are evaluated by a health care professional. In a study of 1412 consecutive visits to a summer camp health center by boys and girls 6 to 15 years of age, only 1.6% of visits were classified as "psychiatric."²⁵ Although somatization is possible in homesick children, the careful clinician will work to diagnose any contemporaneous but distinct physical ailments such as menstrual pain, viral illness, or otitis media. It should be noted that genuine physical injuries or illnesses that occur during a separation may exacerbate or even induce a bout of homesickness. The converse may also be true, at least in adults; poor self-reported physical health has been linked to homesickness.²⁶

Severe homesickness in children is associated with social problems, behavior problems, significant symptoms of depression and anxiety, coping deficits, and feelings of helplessness.^{9,22,27–29} In academic settings, homesickness among adolescents and young adults can be associated with nontraumatic ailments,^{30–32} academic difficulties,^{33–35} absentmindedness,^{30,31,33,34} low self-esteem,^{34,36} and/or obsessive thoughts and behaviors.^{30,31}

Unfortunately, data do not exist on the incidence and severity of homesickness in children with cognitive or developmental delay. However, it can be inferred that these children would respond to these situations in a manner consistent with their developmental age, separation attitudes, attachment style, and previous experiences away from home.

Some data do exist for hospitalized children that suggest homesickness is more severe and less predictable than in comparable samples of children in less stressful environments. Across a variety of presenting problems,

approximately 50% of hospitalized children 8 to 18 years of age reported moderate-to-severe levels of homesickness.¹¹ The best predictors of homesickness were negative hospitalization attitudes and previous separations from home, such as foster placements. Contrary to the experience of children in other settings, homesickness for hospitalized children was not predicted by insecure attachment or low perceived control.¹¹

RISK FACTORS

The risk factors for homesickness fall into 4 categories: experience, personality, family, and attitude. More is known about some of these factors in adults—especially personality factors—because more homesickness research has been performed with older populations.²³ However, a growing body of research is elucidating the etiology of homesickness in younger populations.

Experience Factors

In studies of children at summer camps and boarding schools, the experience factors most predictive of homesickness are little previous experience away from home, little or no previous experience at the camp or school, and young age.^{5,37} Age, of course, is often a proxy for experience, which is the more powerful predictor. For example, an 8-year-old with lots of experience away from home has less chance of becoming homesick at summer camp than a 12-year-old with very little experience away from home. Experience is probably most valuable when it refines coping strategies.

Not surprisingly, previous experience away from home did not function as a protective factor in a study of hospitalized children.²¹ This finding suggests that the types of previous separation experiences shape expectations of future separations.³⁸ If early separations are negative experiences, as may be the case with foster placements and traumatic hospitalizations, then expectations of future separations may be negative. This, in turn, causes homesickness, as discussed in the next paragraph.

Attitude Factors

The belief that homesickness will be strong, coupled with negative first impressions and low expectations for a new environment, is a powerful predictor of homesickness.⁵ In some ways, expectations of intense homesickness and negative experiences become self-fulfilling prophecies. In a study of college freshmen, perceived absence of social support was a strong predictor of homesickness.³⁹ As noted above, a child's history of time spent away from home largely shapes his or her attitudes. In a study of boys 8 to 16 years of age spending 2 weeks at camp, a combination of little previous experience away from home, low perceived control, negative attitudes about the separation, and high expectations of homesickness accounted for nearly 70% of the variance in the actual intensity of the boys' homesickness.⁵

Personality Factors

An insecure attachment relationship with primary caregivers is the most common risk factor associated with homesickness.⁵ In particular, children and adolescents with an "anxious-ambivalent" attachment style are likely to experience significant distress on separation from home. These young people are unsure about how reliably or positively primary caregivers will respond to their displays of distress and may have mixed feelings about how worthy they are of other people's love and attention. This uncertainty can engender great distress in new social settings with surrogate caregivers. Secure attachment, on the other hand, is associated with independence, a proclivity to explore, and solid social skills, all of which help young people adjust to a novel environment.

Two other personality factors that increase the risk of homesickness are low perceived control (over life in general or the separation itself) and anxious or depressed feelings in the months before a separation.⁵ In adults, low self-directedness, high harm avoidance, rigidity, and a wishful-thinking coping style all predict homesickness,^{20,23} although it is unclear whether these traits can be extrapolated downward to children and adolescents.

Family Factors

The family factor most predictive of homesickness is low "decision control."⁵ In other words, when parents force a young person to spend time away, that child or adolescent feels very little decision control. Consequently, he or she is more likely to feel homesick on separation. Other family factors that are weaker predictors of homesickness include caregivers who express anxiety or ambivalence about the separation (eg, "Have a great time at camp. I don't know what I'll do without you.") and the presence of an unresolved negative life event.⁵ Although conventional wisdom once held that a recent move, divorce, or similarly disruptive event might predispose a child to homesickness, research has not supported that assumption.²¹ It is plausible that if children have had a chance to process the thoughts and emotions associated with a recent negative life event, they are not at increased risk of homesickness.

PREVENTION

Prevention programs for homesickness involve a combination of environmental information, psychoeducation, social support, explicit coping instruction, caregiver education, practice time away from home, and surrogate caregiver training. The result of these interventions is less severe homesickness, fewer feelings of depression and anxiety, and greater satisfaction with the new environment.^{11,40,41} In advance of planned separations, such as camp, boarding school, or college, parents should be advised to:

- Involve children (to the extent possible) in the decision to spend time away from home. This is easier for a stay at summer camp than it is for a hospitalization, but even the latter can include children in the planning stages. Taking part in even the smallest decisions will increase perceptions of control.^{28,42,43} By contrast, feeling forced to leave home without input into the decision often increases homesickness intensity.⁵
- Educate children. Young people should be told, “Almost everyone misses something about home when they are away. Homesickness is normal. It means there are lots of things about home you love. And the good news is that there are lots of things you can think and do to help make things better if homesickness bothers you.”
- Provide explicit coping instruction (see the next section for details). Using some of these strategies during a practice time away from home will boost a child’s confidence about the separation.
- Arrange for practice time away from home, such as a weekend at a friend’s or relative’s house. Ideally, these 2 or 3 days do not include telephone calls but do include opportunities for writing a letter or postcard home. After the practice time away, parents can discuss how things went and which coping strategies worked best.
- Practice basic correspondence. Ensuring that children know how to write letters increases the likelihood that they will maintain some contact with home. Better yet, parents can provide children with prestamped, preaddressed envelopes and notebook paper.
- Work together with children to learn about the new environment, be it a hospital, school, new neighborhood, or summer camp. Web sites, orientation booklets, and current students, alumni, or staff members are excellent resources. They increase familiarity and, thereby, reduce anxiety.⁴⁰
- Get to know people in the new environment. Having at least 1 familiar face—be it an adult or a peer—in a new place can diminish feelings of homesickness by augmenting social support and connections.³⁹
- Encourage children to make new friends and seek the support of trusted adults. Both kinds of connections ease the adjustment to a novel environment. Research suggests that college students who are socially anxious are less likely to seek social support and more likely to feel homesick.³⁹
- Refrain from expressing anxious or ambivalent feelings about time away from home. Well-intentioned parents have often exacerbated homesickness with comments such as, “I sure hope the food there is decent,” “I hope you’ll be okay,” or “Have a wonderful time. I hope I remember to feed your dog.” Giving

children something to worry about will increase the likelihood of their having preoccupying thoughts of home. Ideally, parents should express enthusiasm and optimism about the separation and the novel environment. They should be counseled to share their own separation anxiety with other parents, not with their children.

- Maintain predictability and perspective about the time away. Use a wall calendar to show children the time between today and the day of the separation. Highlight which days or weeks the child will be away, so he or she can see that it is a discrete period, not an eternity. During the separation, calendars are also useful tools for helping children keep a perspective on duration.

Surrogate caregivers (eg, camp counselors, nurses, teachers, child life specialists, resident advisors) should be educated about the symptoms of homesickness and the most effective treatments. Staff at an increasing number of camps, schools, and hospitals receive training on how to coach homesick children. If such training is not provided, parents or health care professionals who believe a child is at risk of severe homesickness should inform the caregivers in the new environment and provide them with the following list of treatment techniques.

TREATMENT

Treating homesickness involves normalizing homesickness, coaching young people on effective ways to cope, working on building new social connections, helping them keep some perspective on the duration of the separation, and involving them with the new environment in meaningful ways that enhance their commitment to it.^{11,40}

Research with boys and girls 8 to 16 years of age who spent 2 weeks at overnight summer camp suggested that the following strategies are the most effective for coping with homesickness.²⁷ Some are “doing” strategies (ie, observable, behavioral ways of coping); others are “thinking” strategies (ie, unobservable, cognitive ways of coping). It is worth noting that boys and girls report using these strategies with nearly equal frequency, except for social support, which girls report doing more often than boys.²⁷ Boys, on the other hand, engage in a bit more aggressive and delinquent behavior than girls, but the baseline frequency of this response to homesickness is quite low.^{27,28}

- Do something fun, such as play with friends, to forget about homesick feelings (distraction and social connection).
- Do something (write a letter, look at a family picture) to feel closer to home (contact with home).

- Go see someone who can talk with you to help you feel better (social support).
- Think about the good side of things (activities, friends) to feel better (optimism).
- Think that time away is actually pretty short to make time go by faster (perspective).
- Try not to think about home and loved ones to forget about homesickness (cognitive avoidance).
- Think about loved ones to figure out what they would say to help (vicarious social support).

Research also suggests that the following strategies do not help.^{27,28,44} Few children respond to the stressor of separation from home with these approaches, but some may try. They deserve mention so that caregivers can steer children away from these strategies and toward something helpful.

- Doing nothing because of a belief that nothing would help make things better (relinquished control).
- Wishful thinking, such as wishing that camp or school would end tomorrow (fantasy).
- Doing something angry or mean to get sent home (aggressive or delinquent behavior).
- Trying to get home (escape).

On the subject of telephone calls and e-mail, professional opinions are mixed and research is scant. Ultimately, the kind and frequency of child-caregiver contact should be dictated by the goals of the separation.

At summer camps, for example, anecdotal evidence suggests that telephone calls, and to a lesser extent instant messaging, exacerbate homesickness during relatively short stays away from home (eg, 4 weeks or less). Such real-time correspondence also erodes the burgeoning independence that camps and trips are designed to nurture.⁴⁵ Therefore, parents should be strongly discouraged from insisting they talk with their homesick child during a short stay away. Chances are great that such contact will only increase the distress for both parties. Old-fashioned letters may be the best way to maintain contact with home. They lack the emotionally evocative quality of a telephone call, and they require narrative reflection, which promotes understanding of one's experience.⁴⁶ Such reflection may even serve a therapeutic function, as does keeping a journal.

During longer separations (eg, camp stays greater than 4 weeks, boarding school, college), scheduled telephone calls and 1-way e-mails (from parent to child) seem not to interfere with boys' and girls' enjoyment of the experience, although they still may be evocative.¹⁴ For college students, such contact is actually associated with less homesickness.⁴⁰ Although no studies have been conducted on the topic, it is reasonable to assume that

the same conclusion applies to adolescents in boarding school.

Research examining the association between contact with home and adjustment in hospitalized children is scarce. A review of these studies suggested that the quality, rather than the quantity, of child-caregiver contact is associated with adjustment.⁴⁷ Because the goal of hospitalization is good health, rather than increased self-reliance, a different approach to child-caregiver contact is warranted. Whereas minimal contact is encouraged during a stay at camp, maximal contact—both in person and electronic—is appropriate for medically hospitalized children. For psychiatric hospitalizations, health care professionals can advise parents on the appropriate quality and quantity of child-caregiver contact. Indeed, this contact may be an integral part of treatment.

NO DEAL

Under no circumstances of planned, recreational separations from home should parents ever make a "pick-up deal" with their son or daughter.⁴⁸ Promising that "if you don't like it, I'll come pick you up" reduces the child's likelihood of success for several reasons. First, the subtext of such deals is "I have so little confidence in your ability to cope with this normal response to separation that I believe the only solution is for me to rescue you." Such expressions of anxiety and doubt contradict the recommended expressions of optimism and confidence outlined above. Second, such deals plant the seeds of homesickness by giving young people the expectation that they will not like the new place. Negative separation attitudes are powerful predictors of homesickness.⁵ Third, such deals prevent the development of effective coping by pointing young people toward an escape route. Fourth, such deals paralyze surrogate caregivers who, after enthusiastic support and coaching, may be faced with a child who says, "My parents said that if I didn't like it here, they would come to get me." Parents are then faced with 2 equally unsatisfactory choices: (1) fulfill their promise, pick the child up, and deprive him or her of a wonderful opportunity to grow and develop; or (2) renege on their promise and suffer an erosion of trust in their relationship with the child.

If a conversation with a parent or child suggests great anxiety about a planned separation, invite the family to reconsider the timing of the separation. Postponing a trip, a session at camp, or a year at boarding school until parents and children are more comfortable with the separation may be indicated. Knowing when the time is right for a planned separation is the cornerstone of homesickness prevention.⁴⁹

THE PEDIATRICIAN'S ROLE

Pediatricians have a unique role to play in the prevention and treatment of homesickness. Whether the patient is coming to the office for a camp or boarding-

school physical, establishing care because of a recent move or refugee status, or being evaluated before a hospitalization, education about homesickness should be included as a part of the anticipatory guidance associated with these encounters.

For prospective boarding-school students or overnight campers, help families assess their child's readiness to spend time away from home. Ask about previous separations, encourage practice time away from home, and assess the child's coping skills. Strongly dissuade parents from making pick-up deals (see previous section). Encourage families to activate all of the homesickness-prevention strategies listed above. Help families select a school or camp that is well matched to their child's interests, abilities, and developmental needs.⁵⁰ Be sure they have a plan for keeping in touch and that they understand the school's or camp's policies regarding telephone calls, e-mails, and visits. For children with special mental, physical, or emotional needs, be sure the school or camp has the appropriate resources in place to support and care for the child. For all children, normalize feelings of missing home and frame the separation as a positive developmental experience.

Elective interruptions in long-term medication regimens for behavioral or psychiatric diagnoses ("drug holidays") should be avoided when there are plans for a child to enter a new environment.⁵⁰ If the medications are helpful in one setting, they are likely to be helpful at school or camp. Only after 1 month or more of positive adjustment in a novel environment should changes to helpful medications be considered.

For displaced families, take time to understand the circumstances of the recent move. Was the family, or part of the family, forced to relocate? How traumatic was that for the family members? Homesickness, as noted above, is idiosyncratic, so ask, "What do you miss most about where you used to live?" In addition to the treatment strategies listed above, homesickness in displaced families is also ameliorated by settling into and connecting with the new community.¹⁴ Parents and children alike benefit from social support, a sense of purpose (eg, work, school, or sports), and feelings of security.^{29,51} As knowledgeable, native authority figures, pediatricians can be instrumental in assisting newly displaced families connect with the social, educational, and vocational opportunities in the community. Connecting a newly displaced family with an established family of the same ethnicity or country of origin can be particularly helpful.

For hospitalized children, the pediatrician's approach will depend on timing. For unplanned hospitalizations, the best approach may be to educate parents about the normalcy of adjustment difficulties encountered during hospitalizations, including homesickness.⁴⁷ Then, coach the parents and hospital staff on some of the best ways to bolster children's coping skills. Frequent, predictable contact between children and their primary caregivers is

of paramount importance. For planned hospitalizations, the best anticipatory guidance will focus on creating positive attitudes about the hospitalization. Because negative separation attitudes are such strong predictors of homesickness,⁵ it is essential that parents and pediatricians partner to convey positive expectations about the helpful outcomes of the hospitalization. Anecdotal evidence also suggests that orienting children to the hospital unit, to various medical procedures, and to the staff members who will be caring for them reduces anxiety and minimizes homesickness.

With children in all these circumstances, pediatricians can debunk certain myths^{21,52} about homesickness:

- Homesickness is not just something that young children get. It is normal for all people to experience some degree of distress or impairment when they are away from home.
- Severe homesickness does not remit spontaneously but does get better with positive coping efforts. Therefore, encourage children to seek support from surrogate caregivers in the new environment.
- Talking about homesickness does not cause homesickness. Instead, it provides a way to educate and encourage a homesick person.
- Young people are not all homesick for their parents. Some children most miss home cooking or the family pet. Instead of assuming, always ask, "What do you (will you) miss most about home?"
- Homesickness does not always feel like sadness or nervousness. Sometimes, homesick persons feel angry, irritable, or disoriented. Therefore, homesick children are sometimes hard to identify.

APPENDIX 1: HOMESICKNESS-PREVENTION STRATEGIES FOR HOSPITAL STAFF MEMBERS WORKING WITH CHILDREN

1. Coach parents before admission to not deceive their child about the purpose and timing of hospitalization. Although the honest truth may be upsetting or startling to some children, coping with the reality of their situation now prevents uncomfortable surprises later. Children who feel "tricked" into hospitalization lose confidence in the reliability of their caregivers and therapists, and this both increases homesickness and lessens trust.
2. Orientation to the unit is one key to good adjustment. When children feel as if they have some control over the novel hospital environment, they may be less fearful and homesick. Depending on the child's condition, a tour of the unit, labeled photographs of staff members, big calendars, daily schedules, and introductions to the other kids on the unit can all help children feel comfortable and oriented in their new environment.

3. When possible, staff members should convey a consistent message about length of stay. Conflicting messages from adults in charge reduces children's global confidence in caregivers. Unpredictability leads to anxiety. If one staff member says "you'll be here about 2 weeks" and another says "you'll be here about 3 weeks," children are likely to feel distressed and homesick.
4. When hospitalization follows a traumatic event in which multiple family members were involved, family members may be in different parts of the hospital or even different hospitals. This can induce homesickness and separation anxiety. When possible, staff members should help children make contact, by telephone or in person, with dispersed family members.
5. A child's mental status during hospitalization can change dramatically, even in the course of a day. Often, these changes involve a distorted sense of time and a fluctuating awareness of the caregivers' presence. These factors can cause homesickness. Continue efforts to orient the child. Pictures of the family, large clocks and calendars, lights on in rooms during the day, and frequent reminders often help reorient homesick children.
6. Changes and uncertainties in caregiver visitations can cause homesickness. Caregivers should be apprised of the importance of frequent, reliable contact with their children. Staff members should encourage caregivers to call and give ample warning if they are unable to make a scheduled visit.
7. Sometimes hospitalized children feel left alone, and this can cause homesickness. Especially early in a hospital stay, before the child knows the staff and routine, even 5 minutes alone can be frightening. Try to keep children apprised of the day's schedule, and give ample warning if there are going to be times when the child is left alone, however briefly.
8. To ease parental separation anxiety, staff members should forewarn parents when their child will be moved to a different room. Parents are unsettled to come to visiting hours and enter their child's room, only to find it empty or occupied by a stranger. For the same reasons that children need to feel prepared for upcoming events, so do parents.
9. When possible, minimize discharge uncertainty. Children have an easier time coping with homesickness when they have a fixed-length hospital stay to manage. By the same token, avoid changing a child's discharge date if at all possible. Once staff members state an exact date out loud, children (and parents) have a tendency to fixate on that date. Changing the promised date can provoke homesickness. It may be best to tell children and families that discharge dates

are hard to predict and give them a range of plausible dates.

APPENDIX 2: HOMESICKNESS-PREVENTION STRATEGIES FOR PARENTS OF HOSPITALIZED CHILDREN

1. Homesickness is normal. Almost all children feel a bit sad and nervous when they are separated from home and loved ones. No matter how turbulent your child's life has been lately, he or she is likely to miss many things about home during this hospitalization. One way that parents can help children deal with this distress is to reassure them that missing home is normal.
2. Talk with your child honestly about when and why he or she is being hospitalized. Although the honest truth may be upsetting or surprising to some children, coping with the reality of their situation now prevents uncomfortable surprises later. Children who feel "tricked" into hospitalization lose confidence in the reliability of their caregivers and therapists, which increases homesickness.
3. To help your child feel "at home" in the hospital, the staff may give your child a tour of the unit. Staff members can explain the daily routine on the unit and answer any questions that you or your child might have. This orientation, along with photographs, calendars, schedules, and introductions to other children, will help your child feel more comfortable.
4. Although you may have some mixed feelings about your child's hospitalization, try not to convey those feelings to your child. If you talk about your mixed feelings, you may increase your child's own doubts about the value of hospitalization. Instead, give your child a consistent, positive message about why he or she is here. Help your child understand the value of this hospital stay.
5. Often, it is impossible for staff to predict your child's exact discharge date. This date depends on many factors, some of which are constantly changing. Although this uncertainty is hard for families, it is even harder when an exact date does not work out as planned. The disappointment of a postponed discharge date can make children quite homesick. Therefore, instead of focusing on a particular date, ask the staff to estimate a range of dates, and be honest with your child that no one knows the exact discharge date yet.
6. Sometimes, children in the hospital get confused about time. Your child might even forget when you visited the last time or when you said you would come back for a visit. This confusion can make homesickness worse. To help your child keep track of your

- visits, draw or buy a simple calendar and write your plans down. Try your best to be on time for the visits and telephone calls that you plan.
7. Frequent visits and telephone calls help ease children's homesickness. Of course, you have other commitments, but try to visit as often as possible. Avoid canceling visits at the last moment, which is particularly upsetting to children. If you cannot visit, be sure to call and talk with your child on the telephone.
 8. Despite all of your efforts and all of the staff's efforts to make children feel comfortable, many of them still feel homesick in the hospital. Fortunately, many children can help themselves feel better by doing one of the things below. You and the hospital staff should share these techniques with your child:
 - a. Do a fun activity to forget about missing home. Play a game with a friend, watch television, listen to music, or read a book.
 - b. Do something to feel closer to home. Write a letter, talk on the telephone, or look at a family picture.
 - c. Think about the good side of being in the hospital. There are kids to play with and staff to help you. Being in the hospital will help you get better.
 - d. Keep a positive attitude. Staff members can answer your questions and teach you a lot about dealing with your problems.
 - e. Remind yourself that you will be home soon. Hospitalizations do not last forever.
 - f. Talk with someone who can make you feel better, such as your doctor or one of the other staff members.
- a. Do something fun, like play with friends, to forget about homesick feelings.
 - b. Do something (write a letter, look at a family picture) to feel closer to home.
 - c. Go see someone who can talk with you to help you feel better.
 - d. Think about the good side of things (activities, friends) to feel better.
 - e. Think that time away is actually pretty short to make time go by faster.
 - f. Try not to think about home and loved ones to forget about homesickness.
 - g. Think about loved ones to figure out what they would say to help.
4. Arrange for practice time away from home, such as a weekend at a friend's or relative's house. Ideally, these 2 or 3 days do not include telephone calls but do include opportunities for writing a letter or postcard home. After the practice time away, discuss with your child how things went and which coping strategies worked best.
 5. Practice correspondence. Ensuring that children know how to write traditional letters increases the likelihood that they will maintain some contact with home. Give children prestamped, preaddressed envelopes and notebook paper.
 6. Work together with your child to learn about their new environment, be it a hospital, school, new neighborhood, or summer camp. The more young people know about the new place to which they are going, the more at home they will feel when they arrive. Web sites, orientation booklets, and current participants, alumni, or staff members are excellent resources.
 7. Help your child get to know some of the people in the new environment. Having at least 1 familiar face—be it an adult or a peer—in a new place can diminish feelings of homesickness by increasing feelings of social support and connection.
 8. Encourage your child to make new friends and seek the support of trusted adults. Both kinds of connections ease the transition to a new environment.
 9. Avoid expressing anxious or ambivalent feelings about time away from home to your child. Instead, express enthusiasm and optimism about the fun your child is going to have in the new environment.
 10. Use a wall calendar to show your child the time between today and the day of the separation. Highlight which days or weeks they will be away so that

APPENDIX 3: HOMESICKNESS-PREVENTION STRATEGIES FOR PARENTS TO USE WITH CHILDREN AROUND PLANNED SEPARATIONS

1. Discuss the upcoming separation with your child. Young people should be told, "Almost everyone misses something about home when they are away. Homesickness is normal. And the good news is that there are lots of things you can think and do to help make things better if homesickness bothers you."
2. Involve your child in the decision to spend time away from home. Prepare and pack as a family. Taking part in even the smallest decisions will increase perceptions of control. By contrast, feeling forced to leave home often increases the severity of homesickness.
3. Discuss coping strategies with your child. Using some of these strategies during practice time away from home will boost your child's confidence about the separation.

he or she can see that it is a discrete period, not an eternity. During the separation, a calendar might be a way for your child to keep perspective on the separation.

11. Do not make a “pick-up deal” with your son or daughter. Promising that “if you don’t like it, I’ll come pick you up” decreases your child’s likelihood of success in the new environment; this will give the impression to your child that you have so little confidence in his or her ability to cope with the separation that the only solution is to be rescued. Also, such deals create difficulties for staff members, who after enthusiastic support and coaching may be faced with a child who says, “My parents said that if I didn’t like it here, they would come to get me.” It also puts you in the position of either (1) fulfilling your promise to pick up your child, robbing him or her of a wonderful opportunity to grow and develop, or (2) reneging on your promise, causing an erosion of trust in your relationship with your child. Respond to the query, “What if I feel homesick?” with a statement such as, “You probably will feel a little homesick, but your practice time away has taught you what to think or do in case any homesickness bothers you. Plus, staff members will be there to talk with you and help you make it through. You’ll have a great time.”

COUNCIL ON SCHOOL HEALTH, 2005–2006

Robert D. Murray, MD, Chairperson
Barbara L. Frankowski, MD, MPH
Rani S. Gereige, MD, MPH
Cynthia J. Mears, DO
Michele M. Roland, MD
Thomas L. Young, MD
Linda M. Grant, MD, MPH
Daniel Hyman, MD
Harold Magalnick, MD
George J. Monteverdi, MD
Evan G. Pattishall III, MD

LIAISONS

Nancy LaCursia, PhD
American School Health Association
Donna Mazyck, MS, RN
National Association of School Nurses
Mary Vernon-Smile, MD, MPH
Centers for Disease Control and Prevention
Robin Wallace, MD
Independent School Health Association

CONTRIBUTORS

Christopher A. Thurber, PhD
Edward Walton, MD

STAFF

Su Li, MPA

REFERENCES

1. Zwingmann C. “Heimveh” or “Nostalgic Reaction”: A Conceptual Analysis and Interpretation of a Medico-Psychological Phenomenon [doctoral dissertation]. Stanford, CA: Stanford University; 1959
2. Rosen G. Nostalgia: a “forgotten” psychological disorder. *Psychol Med*. 1975;5:340–354
3. McCann WH. Nostalgia: a review of the literature. *Psychol Bull*. 1941;38:165–182
4. Wouff N. *Homesickness in College Freshmen* [doctoral dissertation]. Orono, ME: University of Maine; 1975
5. Thurber CA, Sigman MD. Preliminary models of risk and protective factors for childhood homesickness: review and empirical synthesis. *Child Dev*. 1998;69:903–934
6. Thurber CA. Children’s coping with homesickness: phenomenology and intervention. In: van Tilburg MAL, Vingerhoets AJJM, eds. *Psychological Aspects of Geographical Moves: Homesickness and Acculturation Stress*. Tilburg, Netherlands: Tilburg University Press; 1997:143–163
7. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 4th ed. Washington, DC: American Psychiatric Association; 1994
8. American Academy of Pediatrics. *The Classification of Child and Adolescent Mental Disorders in Primary Care: Diagnostic and Statistical Manual for Primary Care (DSM-PC) Child and Adolescent Version*. Elk Grove Village, IL: American Academy of Pediatrics; 1996
9. Thurber CA. The phenomenology of homesickness in boys. *J Abnorm Child Psychol*. 1999;27:125–139
10. van Tilburg MAL, De Waal K, Vingerhoets AJJM, van Heck GL. Homesickness and separation anxiety: are they different? *Psychol Stud*. 1999;44:95–99
11. Thurber CA. Multimodal homesickness prevention in boys spending two weeks at a residential summer camp. *J Consult Clin Psychol*. 2005;73:555–560
12. Fisher S. Leaving home: homesickness and the psychological effects of change and transition. In: Fisher S, Reason J, eds. *Handbook of Life Stress, Cognition, and Health*. New York, NY: John Wiley and Sons; 1988:41–59
13. Eisenbruch M. Cultural bereavement and homesickness. In: Fisher S, Cooper CL, eds. *On the Move: The Psychology of Change and Transition*. New York, NY: John Wiley and Sons; 1990: 191–205
14. Eurlings-Bontekoe EHM, Brouwers EPM, Verschuur MJ. Homesickness among foreign employees of a multinational high-tech company in the Netherlands. *Environ Behav*. 2000; 32:443–456
15. Griffin-Pierce T. “When I am lonely the mountains call me”: the impact of sacred geography on Navajo psychological well-being. *Am Indian Alsk Native Ment Health Res*. 1997;7(3):1–10
16. Sandai GM, Endresen IM, Vaernes R, Ursin H. Personality and coping strategies during submarine missions. *Mil Psychol*. 1999; 11:381–404
17. Schreier AR, Abramovitch H. American medical students in Israel: stress and coping. *Med Educ*. 1996;30:445–452
18. Stroebe M, van Vliet T, Hewstone M, Willis H. Homesickness among students in two cultures: antecedents and consequences. *Br J Psychol*. 2002;93:147–168
19. Tikoo M. The 1989–90 migration of Kashmiri Pandits: focus on children. *Psychol Rep*. 1994;75:259–263
20. Vernberg EM, Field T. Transitional stress in children and young adolescents moving to new environments. In: Fisher S, Cooper CL, eds. *On the Move: The Psychology of Change and Transition*. New York, NY: John Wiley and Sons; 1990:127–151

21. Thurber CA. The experience and expression of homesickness in preadolescent and adolescent boys. *Child Dev.* 1995;66:1162–1178
22. Thurber CA, Sigman MD, Weisz JR, Schmidt CK. Homesickness in preadolescent and adolescent girls: risk factors, behavioral correlates, and sequelae. *J Clin Child Psychol.* 1999;28:185–196
23. Verschuur MJ, Eurelings-Bontekoe EHM, Spinhoven P, Duijssens IJ. Homesickness, temperament and character. *Pers Individ Dif.* 2003;35:757–770
24. Hamessley ML. *Handbook for Camp Nurses and Other Camp Health Workers.* New York, NY: Tiresias Press; 1987
25. Asnes RS, Feldman B, Gersony WM, Morrison S, Weiss M. The medical care of children at summer camps: an evaluation of 1,412 infirmary visits. *Am J Dis Child.* 1974;128:64–66
26. van Tilburg MAL, Vingerhoets AJJM, van Heck GL. Homesickness, mood and self-reported health. *Stress Med.* 1999;15:189–196
27. Thurber CA, Weisz JR. “You can try or you can just give up”: the impact of perceived control and coping style on childhood homesickness. *Dev Psychol.* 1997;33:508–517
28. Thurber CA, Weisz JR. Describing boys’ coping with homesickness using a two-process model of control. *Anxiety Stress Coping.* 1997;10:181–202
29. Vernberg EM, Randall CJ. Homesickness after relocation during early adolescence. In: van Tilburg MAL, Vingerhoets AJJM, eds. *Psychological Aspects of Geographical Moves: Homesickness and Acculturation Stress.* Tilburg, Netherlands: Tilburg University Press; 1997:165–180
30. Fisher S, Hood B. The stress of the transition to university: a longitudinal study of psychological disturbance, absent-mindedness and vulnerability to homesickness. *Br J Psychol.* 1987;78:425–441
31. Fisher S, Hood B. Vulnerability factors in the transition to university: self-reported mobility history and sex differences as factors of psychological disturbance. *Br J Psychol.* 1988;79:309–320
32. Fisher S, Frazer N, Murray K. Homesickness and health in boarding school children. *J Environ Psychol.* 1986;6:35–47
33. Burt CDB. Concentration and academic ability following the transition to university: an investigation of the effects of homesickness. *J Environ Psychol.* 1993;13:333–342
34. Fisher S, Murray K, Frazer NA. Homesickness, health, and efficiency in first year students. *J Environ Psychol.* 1985;5:181–195
35. Furnham A, Bochner S. *Culture Shock: Psychological Reactions to Unfamiliar Environments.* London, England: Methuen; 1986
36. Hojat M, Herman MW. Adjustment and psychosocial problems of Iranian and Filipino physicians in the U.S. *J Clin Psychol.* 1985;41:130–136
37. Kazantzis N, Flett R. Family cohesion and age as determinants of homesickness in university students. *Soc Behav Pers.* 1998;26:195–202
38. Alapack MCL, Alapack RJ. The hinge of the door to authentic adulthood: a Kierkegaardian inspired synthesis of the meaning of leaving home. *J Phenomen Psychol.* 1984;15:45–69
39. Urani MA, Miller SA, Johnson JE, Petzel TP. Homesickness in socially anxious first year college students. *Coll Stud J.* 2003;37:392–399
40. Tognoli J. Leaving home: homesickness, place attachment, and transition among residential college students. *J Coll Stud Psychother.* 2003;18:35–48
41. Bell J, Bromnick R. Young people in transition: the relationship between homesickness and self-disclosure. *J Adolesc.* 1998;21:745–748
42. Rothbaum F, Weisz JR. *Child Psychopathology and the Quest for Control.* Newbury Park, CA: Sage; 1989
43. Skinner EA. *Perceived Control, Motivation, and Coping.* Thousand Oaks, CA: Sage; 1995
44. van Tilburg MAL, Vingerhoets AJJM, van Heck GL. Determinants of homesickness chronicity: coping and personality. *Pers Individ Dif.* 1999;27:531–539
45. Thurber CA. The digital umbilical. *Camping Magazine.* 2006;79:44–51
46. Britton BK, Pellegrini AD, eds. *Narrative Thought and Narrative Language.* Hillsdale, NJ: Lawrence Erlbaum Associates; 1990
47. Thurber CA, Patterson DR, Mount K. Children’s adjustment to hospitalization: is homesickness a factor? *Child Health Care.* 2007; In press
48. Thurber CA. Avoiding pick up deals. Paper presented at: American Camp Association National Conference; Chicago, IL; February 8, 2006
49. Thurber CA, Malinowski JC. *The Summer Camp Handbook: Everything You Need to Know to Find, Choose, and Get Ready for Overnight Camp—and Skip the Homesickness.* Los Angeles, CA: Perspective Publishing; 2000
50. American Academy of Pediatrics, Committee on School Health, Section on School Health. Health appraisal guidelines for day camps and resident camps. *Pediatrics.* 2005;115:1770–1773
51. Berno T, Ward C. Innocence abroad: a pocket guide to psychological research on tourism. *Am Psychol.* 2005;60:593–600
52. Pravda M. Homesickness: dispelling the myths. *Camping Magazine.* 1995;67:18–20

RESOURCES FOR FAMILIES

- American Camp Association Web site. Available at: www.acacamps.org
- CampParents.org: an American Camp Association online resource for families. Available at: www.campparents.org
- Find A Camp: the American Camp Association’s camp locator with data from more than 2400 accredited camps. Available at: www.campparents.org
- Pravda M, Weiland J. *Off to Camp.* Cincinnati, OH: JSP Publishing; 1990
- Thorn C. *Second Home: Life in a Boarding School.* Gilsum, NH: Avocus Publishing; 2003
- Thurber CA. *The Secret Ingredients of Summer Camp Success: How to Have the Most Fun With the Least Homesickness [DVD/CD].* Martinsville, IN: American Camp Association; 2006
- Thurber CA, Malinowski JC. *The Summer Camp Handbook: Everything You Need to Know to Find, Choose, and Get Ready for Overnight Camp—and Skip the Homesickness.* Los Angeles, CA: Perspective Publishing; 2000

Preventing and Treating Homesickness
Christopher A. Thurber and Edward Walton
Pediatrics 2007;119;192
DOI: 10.1542/peds.2006-2781

Updated Information & Services	including high resolution figures, can be found at: http://pediatrics.aappublications.org/content/119/1/192.full.html
References	This article cites 35 articles, 2 of which can be accessed free at: http://pediatrics.aappublications.org/content/119/1/192.full.html#ref-list-1
Citations	This article has been cited by 3 HighWire-hosted articles: http://pediatrics.aappublications.org/content/119/1/192.full.html#related-urls
Subspecialty Collections	This article, along with others on similar topics, appears in the following collection(s): School Health http://pediatrics.aappublications.org/cgi/collection/school_health_sub Council on School Health http://pediatrics.aappublications.org/cgi/collection/council_on_school_health Development/Behavioral Issues http://pediatrics.aappublications.org/cgi/collection/development:behavioral_issues_sub Psychosocial Issues http://pediatrics.aappublications.org/cgi/collection/psychosocial_issues_sub
Permissions & Licensing	Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: http://pediatrics.aappublications.org/site/misc/Permissions.xhtml
Reprints	Information about ordering reprints can be found online: http://pediatrics.aappublications.org/site/misc/reprints.xhtml

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2007 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

