

A systematic review towards the establishment of an operational definition of Homesickness

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Leaving home is a normal part of our lives, and many people feel homesick at least once in their lifetime. Most people are able to overcome feeling homesick, but a small yet significant number of people suffer from prolonged or severe homesickness. Despite increased interest in homesickness, a clinical definition does not yet exist. This review attempted to study existing definitions in order to establish an operational definition which could be used for clinical purposes. Articles searched from the Psycinfo and Scopus databases using the keyword “Homesickness” were reviewed to explore definitions used by researchers. Variables used for measurement instruments and empirical studies were compared to obtain more data. The authors proposed a definition of homesickness based on the articles reviewed, as well as a dual axis model of homesickness.

Key words: Homesickness, definition, place attachment, sense of belonging, dual axis model

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Leaving home to relocate is a normal part of our lives. We relocate for school, for work, to travel, or to be with a loved one. As a result, many of us miss what we have left behind, and wish that we could still have what we used to have. We often refer to that feeling as being homesick, and most people experience this feeling at least once in their lifetime (Thurber & Walton, 2012). However, while many of us soon recover from those feelings and go on with our lives, some are not able to do so, and their daily lives suffer from being homesick (Stroebe et al., 2015). Research has shown homesickness to be associated with problems with memory and concentration (Van Vliet, 2001), depressive symptoms (Hafen Jr., Reisbig, White, & Rush, 2008), sleep (Park et al., 2020), general mental health (Patil, Gagarani, Zanwar, Wani, & Yeole, 2014), and various somatic complaints such as abdominal pain or headaches (Van Tilburg, Vingerhoets, & Van Heck, 1996), as well as secondary problems such as reduced academic performance (Sun, Hagedorn, & Zhang, 2016), test anxiety (Azizi, 2016) and employee retention (Basuki & Riani, 2018).

Yet, despite ongoing research of homesickness, there is no clinical definition of what homesickness is, and it is not a diagnosable disorder recognized in the DSM-5 nor the ICD-10 (Longo & Kim-Spoon, 2013). The Merriam-Webster online dictionary describes it as “longing for home and family while absent from them” (“Homesickness”, n.d.), but

this only serves as a broad description of feeling homesick, and there is no separate term for being “too homesick” or “so homesick that it leads to disruptions in daily functioning at a clinically significant severity”. As the American Psychiatric Association (2013) noted, “[r]eliable diagnoses are essential for guiding treatment recommendations”, and without reliable diagnostic criteria of homesickness, it would be difficult to consider any research of or development of treatments for homesickness as reliable or valid from a clinical perspective. According to Van Tilburg and Vingerhoets (2005), most adults who are considered as being homesick receive a diagnosis of depression since homesickness is not a viable diagnosis, and while studies have shown that treatments for depression do show some efficacy (Saravanan, Alias, & Mohamad, 2017), the multi-faceted nature of homesickness (Fisher, 1989) would imply that treatment plans specifically designed to treat one aspect of homesickness, such as depressive symptoms, may not be the best treatment that could be provided.

Still, the existing body of research suggests that a psychological condition does exist in which a strong yearning to be home is strongly correlated with but cannot be completely accounted for by currently existing diagnoses such as Separation Anxiety Disorder (Vingerhoets, 2005; Van Tilburg, 2005). Therefore, it cannot be denied that there is value in continuing to study the phenomenon currently labeled as

homesickness. In fact, various studies have found that a significant portion of the population, whether college students (Strobe, Schut, & Nauta, 2015), migrant physicians (Hojat & Herman, 1985), or military personnel (Eurelings-Bontekoe, Vingerhoets, & Fontijn, 1994), experience homesickness at least once in their lifetime. These results imply that taking a clinical approach to treating and preventing homesickness could lead to improved mental health for anyone who relocates to an area outside their hometown.

To take a clinical approach, we must form an operational definition of homesickness, as well as clarify the etiology and eventually establish diagnostic standards. Numerous researchers (e.g., Tilburg, Vingerhoets, & van Heck, 1996; Stroebe, Schut, & Nauta, 2015) have conducted literature reviews towards this endeavor. Discussions (e.g., Stroebe et al., 2016; Thurber & Walton, 2007; Van Tilburg et al., 1996) regarding the relationship between homesickness and the diagnosis of adjustment disorder as defined in the DSM are currently ongoing, which will be further discussed below. In this literature review, the authors will seek to build further on previous efforts by other researchers to establish a clear definition of homesickness by expanding the search criteria to articles which do not necessarily focus mainly on homesickness, and looking at the definitions of homesickness provided or cited and the instruments and variables they used to measure homesickness. The authors will also seek to build on existing models of homesickness to develop a comprehensive model which reflects recent advances in research.

Methods

For this review, articles were searched on the Psycinfo and SCOPUS databases using the keyword "Homesickness", and search parameters were limited to "English" for Language and "Peer Reviewed Journal" for Publication Type. Search results were then retrieved from various sources including but not limited to DOAJ, EBSCO, Elsevier, Google Scholar, JSTOR, MEDLINE, Mendeley, ProQuest, PubMed, SAGE, ScienceDirect, and SpringerLink. While previous systematic reviews such as that by Stroebe and colleagues (2015) excluded articles which did not focus solely on homesickness, this review included all articles which measured homesickness in order to ascertain how homesickness was being measured and what instruments and variables were being used regardless of focus on homesickness. Definitions of homesickness given or cited by articles were aggregated. Data from articles which sought to create or improve measurement instruments intended to measure homesickness were collected separately to compare the variables used to measure homesickness. Data from studies which included

measurements of homesickness were collected separately to compare the variables used specifically to measure homesickness.

The Psycinfo and SCOPUS search using the parameters described above produced 364 unique search results. 14 articles were excluded from the review because they could not be obtained. Upon review of abstracts and content, 197 articles were found to contain no relevant information or data concerning the empirical study of homesickness and thus were not included in the following discussions. As a result, a total of 151 articles were reviewed and discussed for the purposes of this article.

Results

Definitions

Seventy-six articles either provided (31 articles, 14 first authors) or cited (45 articles) definitions of homesickness. The definitions of homesickness used by a significant number of studies appeared to be those provided by a small number of investigators, as can be seen in Table 1. Table 1 describes the sources and definitions provided or cited by the researchers of studies reviewed, as well as how many times they were cited by others. The count did not include the number of times the original sources cited themselves in later articles. Only the names of the principle investigators were given to describe the source of the definitions for the sake of brevity.

The most frequently discussed elements observed were (1) feelings of grief or sadness about the loss of or separation from places and people, (2) recurring thoughts of home, missing or returning home, and (3) difficulty adjusting to the new environment.

Instruments

Sixteen articles sought to develop or improve measurement instruments that measured homesickness. The variables used in some of these studies are described in Table 2. Instruments which were used in only one study or used only one homesickness variable were omitted for the sake of brevity. Five of the instruments only measured either the presence or severity of homesickness, especially those that were not specifically focused on homesickness alone. Some instruments (e.g., Homesickness Questionnaire) focused more directly on the "Home" and "New place" factors, whereas others focused more on symptoms (e.g., Homesickness Decision Tree), vulnerabilities (e.g., Homesickness Vulnerability Questionnaire), or coping (e.g., Adult Homesickness Coping Questionnaire).

Table 1
Sources and definitions of Homesickness, and number of times cited by others

Source	Cited by	Definition
Fisher	22	a complex cognitive-motivational-emotional state characterized by preoccupation with home and accompanied by grief-like symptoms
Thurber	7	distress and functional impairment caused by an actual or anticipated separation from home
Eurelings- Bontekoe	6	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
Archer	5	Reactions to a number of circumstances which involve separation from familiar and loved people and places.
Stroebe	4	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
Van Tilburg	3	a state of distress among those who have left their house and home and find themselves in a new and unfamiliar environment
Baier	2	a pervasive feeling of sadness and thoughts of the place left

Table 2
Instruments for measuring Homesickness and variables used

Authors	Instrument	Variables
Azizi, Saman (2016)	Student's Homesickness Questionnaire	Nostalgia for the family
		Desire to return home
		Adaptability, Loneliness
		Longing for people met and the known environment
Archer, John; Ireland, Jane; Amos, Su-Ling; Broad, Helen; Currid, Lisa (1998)	Homesickness Questionnaire	Dislike of current place Attachment to the home
Eurelings-Bontekoe, Elisabeth H. M.; Verschuur, Margot; Koudstaal, Agaath; van der Sar, Simone; Duijsens, Inge J. (1995)	Homesickness Decision Tree	An intense desire to go home Depressed mood and loss of interest Physical symptoms
Ireland, Carol; Archer, John (2000)	Homesickness Questionnaire – Prison	Dislike of current place Attachment to the home
Shin, Heajong; Abell, Neil (1990)	Homesickness and Contentment Scale	Homesickness Contentment
Stroebe, Margaret; van Vliet, Tony; Hewstone, Miles; Willis, Hazel (2002)	Utrecht Homesickness Scale	Missing family, Loneliness Missing friends Adjustment difficulties Ruminations about home

Empirical Studies

One-hundred-and-twenty-one articles conducted research studies which involved measuring homesickness. The variables used in some of these studies to measure homesickness are described in Table 3. Studies using only one homesickness variable were omitted for the sake of brevity. Forty-six of the studies did not use pre-existing instruments, and opted to use original survey questions to simply measure the presence and/or severity of homesickness. Some researchers,

such as Thurber, Eurelings-Bontekoe's team, or Stroebe's team almost exclusively used their own instruments for multiple studies, and their instruments were not likely to be used by other researchers. The instruments most frequently used by researchers other than the developers themselves were the Homesickness Questionnaire (Archer et al., 1998), Dundee Relocation Inventory (Fisher, 1989), Utrecht Homesickness Scale (Stroebe et al., 2002), and Homesickness and Contentment Scale (Shin & Abell, 1990).

Table 3
Variables used by empirical studies to measure Homesickness

Method of Measurement	# used	Variables
Homesickness Questionnaire (Archer, 1998)	18	Dislike of current place Attachment to the home
Dundee Relocation Inventory (Fisher, 1989)	14	General adaptation, Home Satisfaction, Social
Utrecht Homesickness Scale (Stroebe et al., 2002)	7	Missing family, Loneliness Missing friends, Adjustment difficulties Ruminations about home
Homesickness and Contentment Scale (Shin & Abell, 1999)	5	Homesickness Contentment
Homesickness Decision Tree (Eurelings-Bontekoe et al., 1995)	4	An intense desire to go home Depressed mood and loss of interest Physical symptoms
Adult Homesickness Coping Questionnaire (van Tilburg, Vingerhoets, & van Heck, 1997)	3	Social support Positive thinking/distraction Turning to religion, Mental escape
Homesickness Vulnerability Questionnaire (Verschuur, Eurelings-Bontekoe, & Spinhoven, 2001)	2	Homesickness, Assertiveness, Extraversion, Rigidity, Dominance, Distancing, Expression of emotions

Discussion

Summary of Findings

We found that a significant number of investigators used definitions of homesickness proposed by a small number of investigators and their teams, especially that of Fisher. While this is not surprising considering that Fisher is an influential pioneer of modern research of homesickness, this finding also illustrates that despite decades of research, a clear operational definition of homesickness has yet to be established.

Through looking at the contents of the various definitions of homesickness provided, we concluded that 3 topics were most commonly discussed; a sense of grief or sadness, recurring thoughts about home and returning home, and adjustment problems. Considering that rumination is commonly associated with grief (Milman et al., 2018), it can be said that there are then two major factors; Grief and Adjustment. This was confirmed in the instruments used to measure homesickness itself rather than vulnerabilities or coping, and accordingly the variables used by various studies to measure homesickness. This is in line with speculations and arguments made by other researchers (e.g., Vingerhoets, 2005; Stroebe et al., 2016) that while these two factors are highly correlated, they are distinct factors which should be studied separately.

Models of Homesickness

While earlier theoretical models of homesickness, such as those suggested by Fisher (1989), focused on various aspects in order to explore possibilities, theoretical development and research began focusing on the two factors mentioned above (e.g., Archer et al., 1998; Shin & Abell, 1999). It has recently been proposed that the core component of homesickness is the "Home" factor, involving feelings of grief over the perceived loss of close relationships, familiar places and routines, and that the "New Place" factor involving problems of adjustment to the new place or environment is an important yet secondary component which is not necessary for the manifestation of homesickness (Stroebe et al., 2015).

Stroebe et al. (2016) proposed a dual process model of homesickness, the DPM-HS, in which they expanded on their previous suggestion that homesickness may be a "mini-grief" (Stroebe et al., 2002), and argued that various factors previously thought to be strongly correlated with homesickness such as depression (Longo & Kim-Spoon, 2013), state anxiety (Flett, Endler, & Besser, 2009), and loneliness (van Vliet, 2001) had stronger correlations with the new place factor, and were not a direct result of the Home factor.

O'Conner & Sussman (2014) also saw homesickness as a loss, and during the process of creating the Yearning in

Situations of Loss Scale confirmed that questions designed to measure feelings of loss were effective in measuring feelings of homesickness.

Watt and Badger (2009) further expanded on the concept of homesickness as a "mini-grief", and introduced the concept of Belongingness of propose that homesickness was caused by the loss of social bonds with attachment persons due to relocation, which led to the lack of a sense of belonging.

Conversely, Scopelliti and Tiberio (2010) proposed that the separation event itself was not the cause of homesickness, and adopted Place Attachment theory to suggest that factors related to attachment to the hometown and attachment to the new Place were responsible for a relocated individual's commitment, or positive attitudes, towards the new environment.

Development of a Dual Axis Model of Homesickness

Based on the findings of this review, it appears reasonable to conclude that grief and adjustment have been shown to be important factors that should be central to establishing improved models of homesickness. In addition, as Stoebe et al. (2016) have demonstrated, models should also account for the fact that while there is undoubtedly some interaction, the two factors are fundamentally distinct and thus require different approaches to accurately assess. The Dual Process Model of Homesickness proposed by Stroebe et al. (2016) achieves this goal, but it should be noted that the DPM-HS is a coping model, rather than a model which explains homesickness itself.

To build on the DPM-HS and develop a model which explains the phenomenon of homesickness, the authors believe that two theories should be taken into consideration; the Belongingness Theory and Place Attachment. According to the Belonging Hypothesis, humans have a fundamental need to belong. (Baumeister & Leary, 1995). This includes not just interpersonal relationships but physical locations as well. As described above, Watt and Badger (2009) proposed that homesickness was essentially a response to stressors caused by relocation that threatened belongingness, and found that a majority of homesick college students attributed their homesickness to missing their previous relationships or environment, regardless of whether they had found groups to belong to at the new place.

According to Place Attachment theory, as proposed by Scopelliti and Tiberio (2010), home is the place we attach most meaning to, and serves as the "symbol of continuity and order, rootedness, self-identity, attachment, privacy, comfort, security and refuge" (Lewicka, 2011, p.211). In other words, "Place" refers to a physical location as well as

the environment and the relationships connected to it, and "Home" is the most important and meaningful "Place". Until the new Place becomes sufficiently meaningful, it seems reasonable that one would grieve the loss of their sense of belongingness to the old Place and the various components that contributed to that sense of belongingness. In turn, this would negatively affect their ability to focus on adjusting and attaching meaning to the new Place, which could potentially further exacerbate their feelings of grief.

Taking the above into consideration, we are now able to establish a dual axis model with Grief and Adjustment as the two axes, with the need for a sense of belonging playing a moderating role. Thus we assert that homesickness is "a state of mini-grief regarding the perceived partial or total loss of one's connection to people and places in their home

environment, which can be exacerbated by adjustment difficulties and the lack of a sense of belonging." Figure 1 illustrates the process in which homesickness perpetuates in individuals who are not able to engage in appropriate coping with their grief, exacerbated by difficulties in adjustment.

Future Directions

As mentioned in the introduction, feelings of homesickness tend to subside over time for most people and they are eventually able to adjust to their new environment. This suggests that most people are able to go through the grieving processes and start focusing more on adjusting to the new environment and establishing a sense of belonging to the new Place.

However, as research has shown, individuals with certain

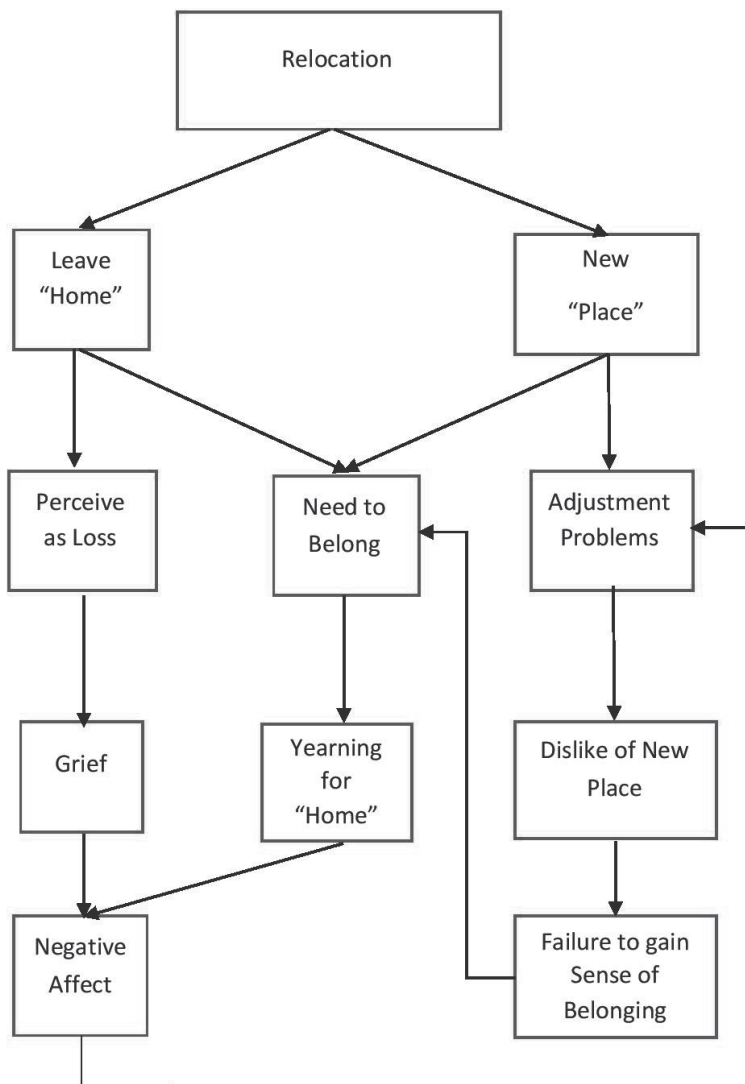


Figure 1 Dual Factor Model of Homesickness.

predispositions such as insecure attachment styles (Stroebe et al., 2002), lower degree of control over relocation (Fisher et al., 1985; Stokols et al., 1983), or not feeling accepted at the new Place (Watt & Badger, 2009) are more likely to become severely homesick, for longer periods of time. This suggests that a multi-faceted approach is necessary to effectively assess and treat clients presenting with sufficiently severe, or “clinical” homesickness. On one axis, the client’s level of grief would need to be measured, and on the other axis, we would need to assess specifically what difficulties the client was experiencing in adjusting to the new Place, as some difficulties may not be directly related to the first axis, and what could be done to help develop a sense of belonging in the new community. For example, Eurelings-Bontekoe et al. (1994) found that having less social skills were linked to an inability to get appropriate help, even when they reach out to others for social support. This implies that social skills training could help overcome adjustment issues. Future studies should focus on the development of instruments further capable of accurately differentiating the two factors, and assessing the various predispositions or vulnerabilities independent of the Home factor which could be addressed.

Regarding the diagnosis and treatment of homesickness, multiple researchers have suggested that Adjustment Disorder as described in the DSM may be an appropriate designation, as mentioned earlier. Indeed, the onset of homesickness as currently defined requires that two specific and identifiable stressors occur, namely leaving the home and moving to a new place. The diagnostic criteria for adjustment disorder (APA, 2013) appear to be largely applicable to homesickness, although the relationship should be investigated further. However, because homesickness is a unique and wide-spread phenomena caused by very specific factors, and requires a multi-faceted approach in both assessment and treatment, it is likely that establishing homesickness as its own subtype of adjustment disorder rather than keeping it under the umbrella of adjustment disorder will be most beneficial. Further studies will need to be conducted to investigate this possibility.

Limitations

While research of homesickness appears to be taking place around the world, this review focused on articles published in English, which naturally excludes all non-English research. Future reviews of Japanese studies of homesickness published in the Japanese language is currently being planned. A small number of articles which could not be obtained due to subscription issues were excluded, which could have contributed to a small bias in the sampling of articles.

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