

## The homesickness concept

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# 1 The Homesickness Concept: Questions and Doubts

Ad Vingerhoets

## Introduction

In today's world more and more appeals are being made to our adaptational capacities. The time of living and dying in the place we were born in, is long past. Current educational, professional, and - not least - recreational activities take us away from our home environment and bring us into contact with other places and other cultures for shorter or longer periods. International exchange programs, dispatchment movements, migration, and international tourism make us spend less time in our familiar environment than we ever did before. In addition, we must not forget special and vulnerable groups, such as refugees the world over, those who are forced to leave their home countries for whatever reason and people undergoing hospitalization and institutionalization. In short, modern man has to be prepared to break the bonds with the home environment and to adapt to new and, in many respects, demanding situations. Being separated from the familiar environment may induce a reaction complex with characteristic accompanying emotional, somatic, and behavioral elements and cognitions, that may be labelled as 'homesickness.'

When studying the scientific literature on homesickness, it is amazing to see that - especially in American literature - hardly any attention has been paid to this phenomenon. Is the American culture not familiar with homesickness, because there one does not have real roots, as an American colleague once suggested. Or, alternatively, is homesickness taboo and not socially accepted in the U.S.A.? How can it be possible that five years ago, a volume was published by Altman and Low (1992) (see also Giuliani and Feldman, 1993) entitled *Place Attachment*, in which the term homesickness was only mentioned on one single page? There are, also in American literature, sufficient indications that residential moves and migration may be associated with increased distress and risk of mental and physical disease.

For example, making a residential move is included in the Holmes Rahe (1967) Social Readjustment Rating Scale and other life events scales. Admittedly, though not top of the list: position 32 with 20 life change units, it is nevertheless listed. Moreover, there are impressive data to suggest that moving may bring about serious health problems, not only in children and the elderly, but also among adults. For example, Jacobs and Charles (1980) published a case-control study on life events and the occurrence of cancer in children. It was shown that as many as 72% in the cancer group (as compared to 24% in the control group) had experienced a residential move at some point during the two

year period preceding the onset of the disease. Adults also seemed to be at risk of developing mental (in particular depression) and physical diseases including diabetes mellitus and other such immune related disorders after a move (cf. Van Tilburg, Vingerhoets, & Van Heck, 1996). A residential move thus increases a person's vulnerability to physical and somatic disease. However, this observation does not in itself justify devoting attention to a concept like homesickness, although it may be of help when it comes to better defining the population at risk.

If we feel that it makes sense to enrich the scientific world with the concept homesickness, and if we really want to make any progress in this field, it will be important to establish a consensus on the construct in order to pave the way for the development of assessment tools with adequate psychometric characteristics.

### **The aim of this chapter**

What I want to do in this contribution is, to first of all give some good reasons for why one should investigate homesickness. Then, I will present the case study that made me become interested in this phenomenon. It is a case that raises some important questions concerning the specific nature of this phenomenon. I will further describe our first research efforts and my ongoing struggle with the construct. I shall expand on how my thinking has developed and how it was that I did get rather confused about this intriguing concept. I will offer some speculative models that may be relevant for theorizing about the development of homesickness, attachment to places, and I will indicate how these relate. Of course, closely allied to the issue of conceptualization is the issue of measurement. How can homesickness be accurately measured? I will also briefly address the issue of pathological versus non-pathological homesickness. I will finish with some more questions; questions that I feel need to be answered before we can make real progress in this area.

### **Why do we study homesickness?**

I think that there are several good reasons for making an in-depth study into homesickness and its related phenomena. Firstly, as just described, there is increasing migration all over the world. There is evidence that migrants often show higher medical use levels than comparable non-migrant populations. Although this is not to say that many other factors may not play a role in the explanation of this phenomenon, problems of integration and adjustment should be examined as potential facilitating factors of ill-health. In addition, a better understanding of the factors that promote or inhibit the onset of feelings of homesickness may provide clinicians with knowledge which would help in the

development of effective therapeutic approaches. This is all the more important in the light of evidence that homesickness not only interferes with adaptation to new situations, for instance with migrants and refugees, but it does more as well. It may also seriously hinder reintegration when back in the homeland, because of overidealization which makes the return often disappointing (cf. Begemann, 1988). Secondly, I feel that studying homesickness has the potential to contribute significantly to our understanding of stress processes and their role in the development of psychosomatic problems. It is especially the reversibility of sometimes dramatic psychiatric or somatic symptoms that offers unique opportunities for the study of psychobiological stress responses. After returning to the home situation, recovery can be speedy and impressive (cf. Rosen, 1975). It would be most interesting to obtain a better insight into the possible accompanying psychobiological changes.

In short, investigating homesickness may be important for developing the necessary intervention strategies, that are badly needed for improving the quality of life of migrant populations and refugees (De Vries & Van Heck, 1994; Hertz, 1988). It may also further our understanding of the more fundamental processes relevant to general research and theorizing on stress and emotions, in particular the vulnerability aspect.

### **A case study**

A is a 16-year-old boy, who suffers from homesickness. Although he is able to deal with it rather well, it still negatively affects his ability to enjoy holidays. His entire life is characterized by a strong attachment to his home environment. Already as a baby of less than a year, he had crying spells when put in strange beds or cots. As a 3-year-old, he strongly protested when his mother left him with his grandparents or aunts, to visit his little sister who was hospitalized. His mother can remember him bursting into tears on waking each day and asking desperately where he was going to be taken today. Even sitting in a supermarket trolley and having his mother or father out of his sight for a few moments, was enough to make him cry. The playschool and early school years also yielded serious problems. When touring or making a trip joking on being lost and unable to find the way back home was enough to make him despair. Going camping with his soccer team at the age of eight did not last for long. The next morning, he was brought back home, severely distressed and in tears; he had not slept and had developed fever. Once home again, the recovery was remarkable and rapid. It also appeared that the boy felt very distressed when the father was absent for a few days. At the age of sixteen he still suffers from feelings of homesickness when away from home. It makes no difference whether he is accompanied by his parents or his friends. Every morning, when being away from home, starts with these feelings and the accompanying desire to go back home. He now is aware that these feelings will wane and disappear during the course of the day, especially when he is engaged in activities. This 'coping' strategy allows him to

go on holiday, although there are limits. More than two weeks away from home seems to be an insurmountable problem for him. He further knows that he must not withdraw but must engage in social activities. The intensity of the feelings is not affected by whether he likes or does not like the new place and the company. Most of the time he really enjoys holiday activities and being together with his friends. So, there is no latent desire or seeking to escape from adverse conditions. On the contrary, he is torn between the joys of a vacation and his inner urge to go back home.

This case brings up a couple of interesting and important questions. For example, what is the relationship between homesickness and separation anxiety? At what age can children develop homesickness, i.e., when are they aware not only of the presence of the mother but also of their home environment. Is there a causal relationship between early childhood experiences and homesickness in later life? How does one become so strongly attached to the home environment? Is homesickness a unitary phenomenon or can different forms be distinguished. Finally, what are the therapeutic possibilities? Should homesickness be conceived of as a chronic condition, with which one has to live, or can it really be cured? What are the possibilities for designing adequate interventions?

I will not address all of these questions, but I mention them in the hope that, in the near future, colleagues will devote attention to these developmental aspects. It was lack of knowledge and empirical data that stimulated me to start working on this issue from the point of view of my own background, i.e. stress research. As often happens, however, the more I became familiar with the topic, the more I also became aware of the pitfalls and methodological problems inherently associated with the study of homesickness.

### **First research attempts**

Together with my colleague Guus Van Heck and three psychology students, I started my first investigations in this area. One student, Aafke Voolstra, focussed on homesickness and personality. These results are reported in the contribution by Van Heck and colleagues included in this volume. The second student, Irma Gruijters was interested in certain of the objective situation characteristics that may be relevant to the development of homesickness. She provided subjects with situation descriptions, which varied in the following three respects: (1) Distance: far away from home *vs.* rather close; (2) Duration: just a few days *vs.* a longer period; and (3) Company: alone *vs.* with intimates *vs.* with acquaintances. As was to be expected, least homesickness was reported in the situations that could be described as nearby, of short duration and with company. What was more surprising was that distance proved to be the least important factor. The absence of close people and duration appear to be far more relevant. The problem with this study is, of course, that the situations remain

hypothetical. Nothing is known about the validity of these self-reports. To what degree do these self-reports reflect implicit and personal, but not necessarily valid, theories rather than the actual behavior that will be displayed when being in such situations? Can one adequately predict how one will feel and behave in new and unfamiliar situations?

The third student, Hannie Thijs, asked for voluntary descriptions of homesickness experiences in an adult sample and studied these descriptions and responses to structured questions concerning the antecedents and behavioral, cognitive, and somatic reactions. These answers were also compared with the responses to the same questions concerning what, in a pilot study, were found to be closely related feelings, i.e. sadness, anxiety, and desire. To my surprise, some subjects in this investigation gave descriptions of longing for their youth or times past (what I would like to term nostalgia rather than homesickness). Most subjects, however, indeed reported memories of moves, boarding schools, and holidays abroad, as constituting situations in which they developed homesickness. However, in many cases it was explicitly emphasized that feelings of homesickness first emerged, after some kinds of problems had been experienced, such as conflicts with fellow travellers, accidents, etc. (see also the chapter by Van Tilburg).

This last observation again puzzled me. Was that 'real' homesickness or was it merely the desire to escape from adverse conditions? Organisms generally try to avoid or escape from adverse conditions, but is that an essential component of homesickness? On the contrary, as illustrated in the case study, the desire to go back home manifests itself also in pleasantly appraised contexts. We thus found out that the term homesickness, at least in the Dutch language, appears to be applied to a wide variety of psychological states including separation anxiety, nostalgia and a desire to avoid conflicts and other less pleasant situations.

### **Is homesickness an unequivocal concept?**

My confusion increased further when I spoke with a clinical psychologist (Bremer, personal communication) who pointed out that he distinguishes between two types of homesickness: the cat-type and the dog-type. The cat-type involves a strong attachment to places and to the physical environment, whereas the dog-type emphasizes bonds with persons. This terminology was chosen, because cats are generally believed to develop strong attachments to their physical environments. After a move a cat may run away and attempt to return to the former home. Dogs by contrast reportedly generally show more signs of distress when separated from their owner and they seem to appreciate being reunited with their owners.

Rümke (1940) adds pseudo-homesickness which is described as a pattern of homesickness-like reactions resulting from personality disorders, and a fourth form in which the unbearableness of the new situation is the predominant aspect. Bergsma (1963) makes a distinction between normal and pathological homesickness. He saw homesickness as a normal phenomenon, which can become pathological when it cannot be conquered. According to this author, pathological homesickness can be divided into no less than eight subtypes: (1) primitive homesickness, found among primitive and mentally retarded persons who have excessively strong bonds with their environment; (2) infantile or symbiotic homesickness, prevalent among young children primarily connected to the mother figure; (3) neurotic homesickness, reflecting an ambivalent and discordant relationship with the parents; (4) hysterical homesickness, which is based upon a neurotic and discordant relationship with a hysterical mother, with whom the homesick person wants to identify him/herself; (5) mental deficiency homesickness, resulting from some sort of mental deficiency; (6) liberty homesickness, characterized by a predominant yearning for freedom; (7) 'zeewee,' a Dutch term standing for a yearning for the sea common among seamen living ashore; and (8) 'hinausweh,' a German term meaning return-sickness, a form of homesickness that occurs when one returns home from another place. However, since nothing is known about the empirical and/or theoretical basis of this classification, one may question the validity of this classification.

Meanwhile we continued and extended our research efforts. The first results emerging from Miranda van Tilburg's project definitely convinced me that there are individuals who seem to be really home-bound. During vacations, they prefer to stay at home alone, while the rest of the family is on holiday. These individuals cannot miss their house, their bed, their own toilet. Are they the real cat-types? Or do they suffer from a more general kind of agoraphobia? A basic difference between homesickness and agoraphobia is that depressive symptoms usually accompany homesickness, whereas phobias in general are characterized by increased anxiety and panic.

Other subjects taking part in this study had recently moved to another place. Often they were women whose husbands had a new (and, in objective terms, more attractive and better paid) job. However, in spite of the new and often more comfortable house, they failed to settle and keep longing for their previous environment. Was this the 'real' homesickness I was looking for, or was this something that reflects a variant of adjustment disorder?

Fisher (1989) emphasized the importance of how the new environment is experienced. Important aspects are to what extent the individuals lack knowledge about routines and procedures resulting in loss of control and how the demands made by new roles are appraised. Some of our preliminary findings support this view. We found four independent factors on a questionnaire completed by 'homesick' (according to their own criteria) subjects: (1) missing the physical environment; (2) missing people; (3) difficulty adapting to the new environment; and (4) difficulty with new routines and the new lifestyle. Should these findings be regarded as evidence in support of a classification in four subtypes of homesickness?

In addition, the just referred to distinction between 'normal' homesickness and 'pathological' homesickness is an issue that deserves further attention. Is it indeed reasonable to assume that homesickness is a normal and 'healthy' reaction to leaving the safe home environment, in much the same way that grief is a normal reaction to losing intimates or feeling depressed is the logical and normal reaction when one is diagnosed as having a serious disease (cf. Averill & Nunley, 1993; Middletown, Raphael, Martinek, & Nisso, 1993)? Horowitz, Bonanno and Holen (1993) presented a sophisticated model for the identification of pathological grief, which may be of help when developing a corresponding decision model for homesickness. However, before a similar model can be developed for homesickness, more information should be available on the normal course of reactions to moves and separation. Are there, after relocation, also response phases, each of which might have a pathological variant? As far as is known, there is nothing in the relevant literature to indicate that such phases indeed exist. Therefore, it seems more appropriate to apply the decision rules used in determining clinical depression, in particular in the post-partal period. This kind of depression is also clearly linked to a specific and concrete event and, much similar like after a move, after childbirth the majority of the women show no signs of depression whatsoever. The differentiation between the normal and the pathological reaction may, for the time being, be based on the following aspects. A first criterium to be applied is the intensity of the reaction. One may assume that the pathologically homesick will show a sort of hypersensitivity to leaving the home-place. The reaction is much more intense and dramatic than is the norm and it strongly interferes with normal functioning and role fulfilment in the new situation. A second criterium may be that there is undue prolongation and no reduction in the experiencing of symptoms and disturbances. Not only psychological and behavioral reactions should be considered but, given the



sometimes intense somatic reactions, like loss of appetite, sleepiness, headaches and fever, these should also be taken into account.

Finally, I want to draw attention to the relationship between homesickness and adjustment, because the way investigators perceive this relationship may be extremely helpful when it comes to obtaining a better and more unequivocal definition of homesickness. Theoretically, each of the following three positions can be held: (1) homesickness results from a failure to adjust to the new situation; (2) homesickness is a psychological state that prevents or interferes with good adjustment, and (3) homesickness is more or less synonymous with failure to adjust.

To summarize, whereas I was initially of the opinion that homesickness was a real and easily to identify phenomenon, I later on had serious doubts. Is homesickness just a label people use when they are feeling distressed about living in any other place than the home-environment? My next impression was that there were two or even more different types of homesickness. Would these different types all have a different etiology and/or ontology? When should homesickness be regarded as pathological? What is the relationship between homesickness and more or less related constructs like separation anxiety, agoraphobia, and adjustment disorder? Some of these issues will be dealt with in more detail in Van Tilburg's chapter.

### **Some putative basic models**

In this volume ample attention is given to Fisher's homesickness model, which is based on modern stress literature. There is no doubt that such an approach has its merits and will stimulate further research. However, this model does not offer any insight and understanding into *why* people may become strongly attached to their environment and/or why individuals may have serious problems when confronted with the necessity to learn new routines, nor into *how* more stable personality features may influence these processes. Therefore, I would like here to present some explanations, based on ideas and data put forth by Debuschere (1984) on romantic love. Homesickness and love(sickness) have much in common: (1) strong affective reactions arise when the individual is separated from the home or person; (2) the home or person is not replaceable or exchangeable; and (3) the cognitive and somatic sensations show remarkable similarity: obsessive thoughts, rumination, idealization, stomach troubles, lack of appetite, and sleeplessness.

The logical next question is whether theories on love can help us to explain homesickness. Debuschere (1984) discusses the following three theoretical views: (1) the emotion attribution theory; (2) learning theory; and (3) the opponent-process theory. In the following paragraphs I will briefly address these three models, add two more, and try to show that it may make sense to apply

these models to homesickness as well. In addition, it must be emphasized that some specific testable hypotheses could be derived from these models.

The emotion attribution theory states that general feelings of arousal will be interpreted and labelled according to cognitions guided by the concrete situation. An important assumption mainly based on the classic, but at present controversial work of Schachter and Singer (1962), is that specific emotions do not have specific biological patterns, but rather are accompanied by undifferentiated physical arousal. In their view, physical arousal and 'being away from home' may be interpreted as 'homesickness,' whereas the same physical arousal and 'seeing a nice person' may be experienced as 'being in love.' A serious problem, however, concerns the source of the necessary physiological arousal? Where does the bodily arousal come from? Or, alternatively, is there no extra arousal and is it just a matter of perceived arousal?

Perhaps it makes sense to extend this theory by adding the basic findings of the work of Pennebaker (1982) on symptom perception. This author points out that the threshold for perceiving bodily processes may be lowered, when there is no stimulation via other modalities. The assumptions of this theory can be summarized as follows: (1) individuals are limited in their information processing capacities and, as a result, select information; (2) proprioceptive (i.e., from within the body) and external information will thus compete and, as a consequence, attention will oscillate between both modalities; (3) perception is to some extent dependent on stimulus characteristics; the more intense the stimulation, the more likely it is that the stimulus will be perceived; (4) however, to some extent, perception is also dependent on cognition (which in turn can be influenced by personality traits, early (traumatic) experiences and mood). It may thus be hypothesized that individuals having suffered from a specific childhood experience (e.g., separation anxiety) in combination with certain personality characteristics are more sensitive to bodily symptoms, which subsequently come to be labelled as homesickness in particular situations (when away from home). This model thus also explains why homesickness develops especially at quiet moments, like during meals, when going to sleep, or when waking up, when there is a lack of external stimulation.

The second approach is based on learning theory. It is tempting to speculate that there might be a generalization of negative feelings induced during early childhood when the child is removed from the mother which is carried over to situations in later life, characterised by separation from the home situation. This model may offer an explanation of how homesickness can develop in individuals who, as children, have experienced traumatic separation, more or less similar to the famous little boy Albert who became conditioned to fear furry objects because of the previous association of the appearance of a rabbit with a loud noise which initially called for crying and other fear-induced behavior (Watson & Rayner, 1920).

Whereas in the models just described the emphasis is on negative childhood experiences, one may alternatively emphasize the positive feelings associated with being at home. An exemplary model in this tradition is the one formulated by Zajonc (1968, 1971) in his '*mere exposure hypothesis*.' Central to this hypothesis is the notion that reinforcement is not a necessary condition for the occurrence of attachment. Zajonc argues that "the mere repeated exposure of an individual to a given stimulus object is a sufficient condition for the enhancement of his/her attraction toward it" be the stimulus object from the same species, a member of a different species, or an inanimate object. The author illustrates his discussion with several examples of imprinting and related phenomena in animals. However, he also presents evidence to show that similar processes influence humans just as much and that these effects are not limited to a particular age group. It would be tempting to elaborate this model for homesickness and to formulate testable hypotheses on the process of attachment to the home situation.

If one goes a small step further, one may apply the term addiction. A homesick individual may be considered to be addicted to the home situation. This hypothesis is based on the opponent-process theory of acquired motivation as put forth by Solomon (1980). Briefly summarized, this theory states that repeated or continued exposure to affect-arousing stimuli, such as attachment objects, results in (1) diminished affective response to the presence of those stimuli (the 'A-state') and (2) a stronger response to their withdrawal (the 'B-state'). Because the B-process effectively opposes the A-state, a growth in strength of the former will by definition lead to a weakening of the latter. Solomon further states that repeated exposure has a strong effect on the opponent-process system. Whereas the primary A-process is unaffected, the B-process is strengthened by use and weakened by disuse. The model has been applied to drug addiction, social attachment, love, craving for sensory experiences, and multiple separation in monkeys. Homesickness may be a valuable addition to this list of applications. Aldwin and Stokols (1988) have critically discussed this theory within the context of environmental changes.

Especially where the development of homesickness in the elderly is concerned, the work of Rowles and his co-workers is also most relevant. Rowles (1983, 1984) and Rubinstein and Parmelee (1992) have studied ageing in rural environments. They described how old people in rural settings tend to imbue local space with personal memories and social meanings all of which may produce strong emotional attachments to the home environment. These authors hypothesize that old people cognitively divide the physical environment into zones of decreasing intensity of involvement away from their homes. Emotional attachment is closely linked to the concept of *insideness*, which distinguishes proximate spaces from the more peripheral zones, which in turn may be denoted as the *outside* zones. Rowles identifies the following three components with regard to the inside-outside continuum: (1) a sense of being almost

physiologically smelted into the environment, resulting from daily familiarity with the place's physical aspects and the routines and habits adhered to; (2) social insiderness, which has to do with a sense of being known well and knowing many others well. This may make individuals feel secure and confident of receiving social support if it is needed; and (3) places in the neighborhood may assume a special meaning on the basis of personal history, because they are associated with significant and emotional events in one's life. To summarize, having an attachment to a place includes having an emotional bond with the place (possibly mediated by social ties), memories and other cognitive interpretations which gives meaning to one's personal experience in that place. In addition, a sense of anxiety and distress may arise if one is removed from the place.

Brown and Perkins (1992) describe three stages we go through when we move away from a place to which we have become attached: (1) pre-disruption, (2) disruption, and (3) post-disruption. Voluntary moves are often planned, which thus allows the individuals to prepare themselves for the change. Within this process one may distinguish between, on the one hand, loosening one's attachment and obligations to the former home environment and, on the other hand, anticipating and connecting with the new life. What is most important during the disruption phase, is choosing and growing to like the new location. Involuntary perceived moves are generally viewed as more stressful. Remarkably, it is only in the post-disruption phase, that these authors explicitly mention homesickness, maintaining ties with the former home, and identifying with the new place. In their view homesickness thus differs from the distress caused in the disruption phase. Unfortunately, no further elaboration of their conception of homesickness and how it relates to other constructs of theirs has been presented.

The processes described here suggest that the etiology of homesickness may qualitatively differ and may result from any of the above described processes. The next question to ask is whether this also implies that manifestations of homesickness may be different, depending on their etiology. What also needs to be asked is: what consequences may this have for the conceptualization of homesickness and, in particular, for the possibilities for treatment?

### **Methodological issues**

How can homesickness best be studied? With case studies, uncontrolled studies and case-control studies the major problem of course is defining the cases. In the foregoing exposition I hope that I have succeeded in making clear that models and theories that facilitate the development of psychometrically valid and reliable measuring instruments, allowing the analysis of nomological networks, are badly needed.

Field studies have the potential to yield much interesting data. There are plenty of examples of situations in which people are more or less forced to move or to change their place of residence. In addition to recording superficial psychological variables, it would be interesting to apply depth-interviews and to collect psychobiological data, including hormone and immune measurement data.

Quasi-experimental studies in which homesick subjects and non-homesick controls are randomly assigned to a 'home' and 'no-home' condition probably provide the best feasible alternatives for the study of homesickness. As far as is known such studies have up until now hardly ever been conducted. In such a design, it is even more appropriate to apply psychobiological measures in a standardized way in addition to employing merely psychological measures.

Experimental approaches with humans are of course not possible. It would therefore be interesting to explore whether it would be feasible and make sense to develop animal models. The cat and dog reactions would suggest that these species might be interesting subjects for the study of homesickness. However, I am not aware of any reports on homesickness or of possibly equivalent behavior in the behavioral sciences more frequently used species like rats or primates. Observations by Scott (1987) of two dogs suggest that dogs may indeed be capable of becoming strongly attached to their familiar environment, although it is not entirely clear how important the caretaker's role was in these cases. Brodbeck (1954) has also found that puppies readily attach themselves to humans. In Scott's description, a sheepdog puppy, reared in his laboratory, was sold to a family at the age of six months. After five days the owners returned it because they were afraid that it was going to die as it had not eaten, slept, drunk, or moved the whole time it had been with them. Once back in the laboratory, it recovered within a few hours. There is also evidence suggesting that animal models (at least non human primates) lend themselves for the study of the psychobiological aspects of grief (cf. Laudenslager, Boccia, & Reite, 1993). It thus seems reasonable to examine the possible validity of animal models for homesickness.

In ethology, it is well known that many species show territorial behavior and, for a wide variety of species, specific behaviors are interpreted as indications of site attachment. According to Ardrey (1966) establishing territorial boundaries serves three needs: (1) the need for security - in the heart of the territory; (2) the need for stimulation - at the periphery of the territory; and (3) the need for identity, i.e., identification with something larger and more permanent than the organism itself. With some animal species, behavior has been studied as a function of the distance from own territory. Any significant differences in behavior might therefore be an indication of site attachment. It would be worthwhile to explore to what extent the insights obtained from such studies have relevance for the investigation of human homesickness. Working on the development of an animal model for homesickness in a multidisciplinary context appears to me to be a most interesting challenge.

### **Assessment issues**

Assessing homesickness has some specific problems. As has been outlined above, there is a lack of clear definition. How can one identify cases? Since the population in general appears to use the term homesickness in a very broad sense with different meanings, I have serious doubts as to whether it is a good idea to select items from the definitions provided by a sample of subjects who label themselves as homesick, such as done by Fisher for the development of her Dundee Relocation Inventory. The recently designed Homesickness Decision Tree (Eurelings-Bontekoe, Vingerhoets, & Fontijn, 1994) is based on expert opinions. But this measuring device also has its limitations. If someone admits to suffering from homesickness when away from home on his/her own, but not when his/her family is with him/her, is that qualitatively or quantitatively different from someone who, also when his/her family is present, suffers from homesickness? Is it perhaps possible for the homesick to draw up a hierarchy of homesickness evoking situations in a similar vein to what is done with phobic patients (compare the method applied by Gruiters, described previously and see also the chapter by Van Heck et al.)? Another aspect concerns the time dimension, how and how fast does homesickness develop? Preliminary data from our own group (Van Tilburg, Vingerhoets, Van Heck, & Kirschbaum, 1996) suggests that some subjects even suffer from a kind of 'preparatory homesickness' that in some cases may wane when the individual is away from home for a few days. Should this condition alternatively be regarded as 'fear-of-depression,' more or less equivalent to the 'fear-of-fear' phenomenon in phobics? By contrast, others seem more like slow starters; they first develop their symptoms a few days after having left their home environment and the homesickness feelings show increased intensity as the period that they are away from home increases. The whole assessment issue thus concentrates on the possible need of measuring (specific kinds of) homesickness as a psychological state and determining the proneness to developing homesickness in certain situations. In any case, it is clear that the development of new assessment tools should be theory based in order to facilitate progress in this rather new field.

### **Conclusion**

It may be that the readers' expectations were rather high when they started reading this chapter. By now, they will have realized that I have only put forth questions and that I fail to have supplied any answers. However, it has to be concluded that the study of homesickness is still in its infancy and there is little theory driven research. This is not surprising, since there is also a lack of

theories. Apart from Fisher's seminal work, little systematic research has been done. I feel therefore that it is important to start with questions; very elementary and basic questions concerning the precise nature of the phenomenon, in order to establish a generally accepted definition on which the development of assessment tools can be based. I am not certain whether all these questions make real sense and are the most relevant, but perhaps they will help us to find the right questions and answers. I would hope that this contribution will initiate a discussion on the basic issues and the most appropriate methodology in the study of homesickness. Stress research has taught us that neglecting theory may cause much confusion and it appears also to be a rather inefficient way of making progress in science. Better mutually tuned research efforts and the application of uniform measures may help us to further fathom this most interesting phenomenon.

Given the present situation I would propose defining homesickness in a very strict way. For me, homesickness reflects problems with separation from the home environment. It interferes with adjustment to the new situation. By contrast, distress caused by adjustment problems in new environments should not be labelled homesickness. In order to avoid unnecessary ambiguity and confusion (recall the serious problems with the stress concept!), I would like to conclude by calling for attention to problems of definition. I look forward to fruitful discussion and the development of new and promising research plans.

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