Abstract. The transition to college or university can be an exciting new experience for many young adults. For some, intense homesickness can make this move difficult, even unsustainable. Homesickness—defined as the distress or impairment caused by an actual or anticipated separation from home—carries the unique hallmark of preoccupying thoughts of home and attachment objects. Sufferers typically report depression and anxiety, withdrawn behavior, and difficulty focusing on topics unrelated to home. For domestic and international university students, intense homesickness is particularly problematic. It can exacerbate preexisting mood and anxiety disorders, precipitate new mental and physical health problems, and sometimes lead to withdrawal from school. New research, consolidated here for the first time, points to promising prevention and treatment strategies for homesick students, the result of which can be a healthy, gratifying, and productive educational experience.

Keywords: acculturation, adjustment, homesickness, prevention, students, treatment

Homesickness is the distress or impairment caused by an actual or anticipated separation from home. Its cognitive hallmark is preoccupying thoughts of home and attachment objects. Sufferers typically report a combination of depressive and anxious symptoms, withdrawn behavior, and difficulty focusing on topics unrelated to home. In its mild form, homesickness prompts the development of coping skills and motivates healthy attachment behaviors, such as renewing contact with loved ones. Indeed, nearly all people miss something about home when they are away, making homesickness a nearly universal experience. However, intense homesickness can be painful and debilitating.

A previous clinical report reviewed the existing literature on homesickness in children and adolescents and discussed prevention and treatment strategies for youth spending time at summer camps and hospitals. Such research on youth not yet in college or university is relevant because the risk and protective factors for homesickness are nearly identical for youth and adults. It stands to reason that developmentally appropriate prevention and treatment strategies are largely similar.

This report focuses on homesickness in young adults attending postsecondary schools. Data from the last census suggest that more than 15 million students are currently enrolled in colleges and universities in the United States alone. Because many university students are spending their first significant time away from home, they represent a high-risk cohort for homesickness. Not surprisingly, the bulk of research on homesickness worldwide has been conducted with this population.

The transition from living at home to living away from home represents a significant transition for first-year college or university students. For many students, the experience is a stimulating adventure, both socially and intellectually. For other students, the experience is overwhelming and distressing. Although some new students have previous experience with travel, summer camp, or other trips away from home without parents, all students must all face the challenges of independently managing their lives; establishing new friends; adjusting to new schedules; and succeeding in various academic, athletic, and artistic pursuits. These and other challenges often instill self-doubt and force an uncomfortable recalibration of young adults’ academic and social self-concepts. The changes to new students’ routines, diets, social milieu, geographical setting, and perceived demands can induce intense homesickness.

Adjustment challenges can be further complicated by cultural contrasts between home and school settings and a change in the type and frequency of contact with primary
caregivers. Moreover, first-year students may be introduced to unhealthy behaviors, some of which may be maladaptively adopted as coping mechanisms (e.g., binge drinking, drug use). The university environment also stirs nearly every student’s innate desire to belong, to feel socially accepted. When that need is not easily or immediately met, intense homesickness can result.

**CLINICAL SEQUELAE**

Since nearly all students miss something about home when away at school, dichotomous categorization of “homesick” and “nonhomesick” students can be difficult. However, one study with children and adolescents that used standardized clinical measures of anxiety and depression suggested that about 7% of persons spending time away from home experience intense symptoms of homesickness associated with significant symptoms of anxiety and depression. Home-sickness in any population is perhaps best conceptualized as a normative pathology whose intensity varies along a continuum. Like other psychological problems, intense homesickness could be considered problematic (vs “normative”) when it causes significant subjective distress, markedly affects functioning, and/or becomes chronic. To index homesickness severity, researchers have developed 2 psychometrically sound measures.

In accord with studies of children and adolescents, studies of university students living away from home suggest that homesickness is most commonly associated with anxiety, depression, and loneliness. Intense homesickness is particularly problematic when it exacerbates preexisting mood and anxiety disorders or precipitates new mental health or physical health problems, such as insomnia, appetite changes, gastrointestinal upset, and even immune deficiencies and diabetes. At its most intense, homesickness can lead to withdrawal from school. Indeed, homesick students are 3 times more likely to drop out of school than those who are not homesick. Other clinical sequelae include difficulty concentrating, memory lapses, neurotic behavior, and social isolation.

**RISK AND PROTECTIVE FACTORS**

The cognitive and emotional consequences of homesickness can be exacerbated by acculturulation stress, the stress caused by the changes in values, beliefs, and behaviors that result from sustained contact with a new culture. Indeed, international students face additional challenges to adjustment, including language differences, which hinder self-expression; cultural differences (e.g., food, humor, customs, religion); environmental differences (e.g., climate, urban vs rural setting); governance structure and political differences; shifts in responsibilities and reputation; reduction in size of familiar peer group; uncomfortable stereotypes of one’s native country; racism or discrimination; and unfulfilled expectations of the United States or American universities.

Other risk factors for intense homesickness—common to both domestic and international students—include low chronological age; little previous experience away from home; low perceived control; high perceived distance from home; high reliance on family members; insecure attachment to parents or unsupportive parenting, and perceived discrimination. A dependent personality and strong place attachment are also associated with homesickness in university students. Finally, those students who are socially anxious and therefore have difficulty making and keeping friends are at risk for becoming dissatisfied with school and developing intense homesickness.

Conversely, those students who are chronologically older, have more experience away from home, feel efficacious, feel supported by their families, make host-country friends at school, and feel welcomed, connected, and “at home” in their new school culture and climate are less likely to experience intense homesickness. In addition, those students who report having made close friends in whom they can confide are less likely to become intensely homesick.

The newest research on protective factors suggests that self-compassion buffers students against feeling intensely homesick, even when they are struggling with grades, friends, and their decision to matriculate. As defined by Neff, self-compassion comprises 3 factors: self-kindness, common humanity, and mindfulness. Students who respond to the challenges inherent to the transition to college with the self-compassionate triad of acceptance, equanimity, and an understanding that the way they feel is normal are less likely to be homesick.

**INNOVATION**

Efforts to promote healthy adjustment to a residential post-secondary school flow from the research cited above on risk and protective factors. Unfortunately, innovative prevention programs coordinated through administrative offices such as the school’s Dean of Students or Director of Residential Life are rare. To date, research on homesickness has been primarily phenomenological, describing the subjective experience and characteristics (such as risk and protective factors) of homesick persons. One homesickness prevention and treatment program has been tested with youth; similar studies have yet to be completed among college and university students. It is hoped that the empirically supported prevention and intervention strategies summarized below will drive both the widespread creation of comprehensive anti-homesickness programs, the design of long-awaited effectiveness research on such programs, and, ultimately, the refinement of school orientation programs designed to promote adjustment.

**PREVENTION**

Prevention strategies—efforts made prior to arrival on campus—are especially important because they shape attitudes and refine coping skills. The more confident and optimistic students feel in the months leading up to matriculation, the less likely there are to develop intense homesickness. Although some effective homesickness prevention...
strategies—such as resolving family stressors—are notoriously difficult, others—such as forging social connections before opening day—are both easy and inexpensive to implement. Research on homesickness risk and protective factors suggests that the following prevention strategies are most effective:

- Establish and encourage decision-making control. The more that incoming students feel a sense of agency about their school experience (eg, choice of coursework, residence, schedule), the better their adjustment.
- Provide orienting information about the school, its environment, and its culture. The more that incoming students know about what to expect and where to find supports and resources when they arrive, the less anxious they will feel.
- Shape attitudes about the school through Web-based and in-person discussion of the positive aspects of the experience. Positively promoting the new environment is associated with greater optimism and less homesickness.
- Encourage practice time away from home in the months prior to matriculation. Spontaneous learning about effective coping strategies occurs when incoming students take trips unaccompanied by their parents.
- Address, and perhaps resolve, family stressors. Although it is impossible to mend all sources of family strife, incoming students do best when parents have thoughtful conversations with them about complex family dynamics, such as a recent divorce.
- Plan for how and when to maintain connections with home. Letters, e-mail, video chats, phone calls, and in-person visits can all be part of a healthy connection with friends and primary caregivers. Such connections promote positive adjustment and are important for parents and students to discuss prior to the start of school.
- Discourage parents from making “pick-up deals” or framing matriculation as a trial separation from home. When well intentioned, loving parents say, “If you feel homesick, I’ll come and get you,” the incoming student has a preoccupying emotional crutch on which to lean. Moreover, the parents are left with an untenable choice between rescheduling emotional dependencies or fulfilling their promise (and thereby eroding trust and inducing feelings of abandonment) or fulfilling their promise (and robbing their adult son or daughter of an important educational and social experience). Parents should be coached by school personnel to provide uniformly positive messages of confidence and optimism. They should plan how to stay in touch during the separation, not for returning home early.
- Initiate social contacts prior to the first day of school. Incoming students who feel socially connected upon arrival are less likely to feel homesick and more likely to feel supported when they experience normative pangs of missing home. Social networking Web sites can be healthy tools for connections between new and returning students or among groups of new students. Resident advisors can orchestrate these contacts.
- For international students, cultivate host-country friends as well as homeland friends. Both can be important social supports. Establishing a friendship group of predominantly homeland friends impedes acculturation and is usually associated with more intense feelings of missing home.
- Establish healthy lifestyle choices. Healthy coping and adjustment do not include substance abuse or sleep deprivation, although both are common among university students in the United States. Healthier coping options include exercise and sports, participation in student activities, and getting adequate sleep and nutrition.
- Educate new and returning students about the peer and professional supports that are available on and around campus. All students should know where to find resident advisors, dormitory associates, health center staff, and mental health professionals. Barriers to formal treatment, such as scheduling appointments and payment, can be skillfully minimized by thoughtful campus wellness policies and affordable student insurance plans.
- Normalize feelings of homesickness and encourage parents and students to openly discuss concerns about the time away from home as well as the healthy adjustment strategies outlined above. It is a myth that talking about homesickness induces homesickness. Candid discussion about adjustment challenges and solutions may initially stir up anxiety but enhances feelings of preparedness and confidence.
- Encourage self-compassion. Students should be informed that the transition to postsecondary school presents normative challenges to every young man and young woman. They should be coached to accept and embrace their personal academic, athletic, artistic, and social hurdles with the knowledge that it is part of the experience, that they should forgive themselves for feeling bad, and that sustained coping efforts are effective in gradually diminishing the intensity of homesickness.

**TREATMENT**

In one homesickness prevention study, nearly 70% of the variance in self-reported homesickness was accounted for by factors that could be identified and addressed prior to the separation from home. This finding alone makes a compelling argument for emphasizing homesickness prevention. Nevertheless, professional educators and treatment providers should understand the most promising treatment strategies to aid a severely homesick student.

Collaboration among parents, resident advisors, faculty, and mental health professionals on and off campus enhances efforts to promote adjustment and diminish the intensity of homesick feelings in situ. Effective treatment strategies for a currently homesick student include:

- Providing a warm, fun, relaxed orientation where incoming students have a chance to connect socially and familiarize themselves with the school before classes begin.
- Normalizing feelings of missing home, so that students are reassured that everyone misses something.
about home. As noted above, normalizing feelings of homesickness—recognizing that the feeling itself is a part of students’ common humanity—is an important component of self-compassion.

- Helping students reframe their intense homesickness as a positive reflection of the loving attachment they have to the people, places, and things at home. Also, remind students that these people, places, and things are unlikely to disappear and may be enjoyed during the next time the student returns home (eg, during school vacation).

- Reducing acculturation stress, especially for international students, by providing relevant information (eg, schedule, geography, resources), promoting community connections (eg, social, spiritual, culinary), and opportunities to celebrate homeland traditions (eg, international fairs, transportation to cultural centers and places of worship).

- Educating students about exercising control over their mindset and circumstances. Specifically, teach students to cope effectively by talking with a trusted peer; doing something fun and physical; making new friends; thinking positively about school; keeping time in perspective; getting into university school life; and sustaining the coping effort.

- Facilitating social activity and involvement in various aspects of school culture (eg, academic, social, artistic, athletic, spiritual), especially for those students who are socially anxious. The more invested students feel in their new school—the more sense of agency they feel—the less homesick they are likely to feel.

- Encouraging a connection with home that does not eclipse the formation of new friendships at school. Electronic technology has made contact with home more frequent and inexpensive than ever, but its overuse can be a roadblock to forging new social connections and comfortable familiarity with the school setting.

- For foreign students: Adopting a bicultural strategy whereby aspects of the native culture and the host culture are embraced alternately or even simultaneously. Encourage friendships with host-country students as well as homeland students.

- For all students: Promoting general health and wellness on campus through intelligent policies, provision of wholesome activities, culturally sensitive and creative dining services, and enlightened, in-depth training of resident (peer) advisers.

- Reminding students that treatment for homesickness is a gradual process, not an immediate fix. A sustained effort to focus on the positive aspects of the new school environment, to nurture social connections, to establish one’s competencies, and to maintain a healthy connection with home will—among other treatment strategies noted on this list—slowly diminish the intensity of homesick feelings.

- Connecting students with lay and professional support resources on and off campus. Mainstream forms of psychotherapy can ameliorate both homesickness as well as related sources of emotional distress. Mental health professionals can also help school administrators distinguish between normative feelings of missing home and mental illness.

**CONCLUSION**

Graduation from a college or university is a developmental milestone, and marks the transition to the expectations of adulthood. Postsecondary education is now perceived as a prerequisite to being successful in an increasingly competitive workplace. Because many college and university students attend school away from home, healthy adjustment to separation is essential for maximizing the educational and social benefits of the experience.

As noted, recent studies have identified some of the risk and protective factors for intense homesickness among college students. A review of the extant literature suggests that most of these factors are identical to the risk and protective factors for childhood homesickness. Each point to a variety of prevention and treatment strategies, many of which the school itself can implement at little or no cost. A comprehensive school-based anti-homesickness program that customized each of the prevention and treatment recommendations above would likely see a dramatic reduction in the prevalence and intensity of homesickness on campus. Certainly, a challenge for future research is to systematically test such a program, in the same what that such a program has been tested with children at summer camp.

Homesickness research has come a long way since Homer’s opening description of Athena pleading with Zeus to bring a suffering Odysseus home. However, returning home is not always a practical or developmentally appropriate response to homesickness. Careful implementation of a culturally sensitive bundle of homesickness prevention and treatment strategies helps ensure that students’ emotional adjustment does not interfere with their postsecondary education. On the contrary, positive adjustment to separation from home can enhance the experience, nurture new and existing close relationships, promote resiliency, and prepare young adults for future success.

**NOTE**

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