A short history of homesickness

What appears to be homesickness (“Swiss disease”) first appears in 16th century Swiss literature. It was a disease of epidemic proportions among Swiss mercenaries in the pay of European Kings. In 1678 the Swiss physician Hosferus called it ‘Nostalgic disease’. As it appeared to be triggered at night by singing around campfires both singing and evening soup were banned but did little to stop it. By the early 18th century various theories had been proposed. It was realised that just as Swiss soldiers had to descend from high altitude to low, so whales came from the deep to beach themselves on dry land. This led to ‘pressure differential’ treatment - soldiers being confined to high towers, given doses of compressed air and rotated repeatedly in swivel chairs – but all to no avail. Bloodletting became the standard treatment.

By 1780 Fred Van Schiller had identified the problem as ‘homesickness’. In 1809 Napoleon’s physicians became most concerned at the devastation among French troops in Africa and Russia and hypnotic emulsions became all the rage. Even by 1863 the experience of homesickness among American Civil War troops was regarded as a mild form of insanity and the policy of attempting to create familiar surroundings began. Today, all armies regard ‘the mail’ as a priority for fighting troops second only to ammunition while the United States practice is to recreate all features of an American town wherever troops go in large numbers, rather than risk emotional upset through constant reminders of difference.
Introduction

This leaflet is written to provide information and help both to students suffering from homesickness and the parents who often struggle to support them.

Research shows some 50-70% of all new University students in the UK suffer some degree of homesickness in their first two or three weeks at University. Most settle down within a week or two. By the third week all but a few have found symptoms progressively decreasing. Research shows no sex differences in incidence. Most need no formal help in coping. However, each year the University Counselling Service provides counselling for a few dozen homesick students (sometimes with parents) and provides support for dozens of anxious parents on the telephone. A few students have such extreme difficulty that they eventually leave. Usually a small number experience repeated symptoms at the start of subsequent terms, and even subsequent years of study.

It is hoped this leaflet will provide some initial general understanding and management strategies. Individually tailored backup for students is readily available from the University Counselling Service who will liaise with Hall and Academic departments as necessary to ensure an overall support package as may be necessary for each individual. For example, a small number of students will apparently adjust with no problems at all for 4-6 weeks, and then get homesick when ‘reality’ sinks in, but we can only address general issues here.

Social Judgement

Unlike say bereavement, homesickness still has the misfortune to be judged (out of ignorance) by many as a form of failure, weakness, or ‘wimpishness’. This has the effect of people hiding it when early support and treatment can make a big impact.

Current theories about homesickness

Today we recognise homesickness as a ‘syndrome’, that is, a phenomenon that has its roots in factors, which combine in different ways and with different ‘weightings’ depending on an individual’s background. Homesickness could readily be said to be a form of post-traumatic stress disorder. The main factors appear to be:

The Stretching of Emotional Bonds

Loss and grief are common experiences of the bereaved. Emotional attachments to places and people (usually parents) are ‘stretched’ in a form of grief when people leave home for the first time. Why ‘stretched’? Because unlike an actual death we know ‘home’ continues on: we want to go back, we want to telephone, we want family members visit us.

In some ways therefore it may be easier to deal with death: we know we have to adjust to its finality.

In homesickness we choose (or feel forced) to deal with the experience and are always tempted to retreat from the challenge. This homesickness is characterised by ongoing inner conflict. But all the typical stages of bereavement can apply: numbing, yearning, panic,
anger, helplessness, self-disparagement, disorganisation, despair, reorganisation. The loss of some of our sense of identity (derived of years attached to home) makes us feel less adequate to deal with a new environment just when we could use some strength. The periodic welling up of waves of crying often at the least convenient moment hardly helps us to form new relationships.

**Anxiety**

When making the transition from one lifestyle to another – for example school to university - we are constantly having to cope with new tasks – taking responsibility for much that is uncertain and negotiating our way. Not only are we ‘isolated’ we are faced with ambiguity and unpredictability too. This can create high levels of anxiety. This in turn often disrupts sleep, makes us throw up, disrupts eating patterns, etc., and generally makes us feel awful.

**Depression**

Separation from physical, social, personal, and cultural familiarities can lead to a sense of loss of control. The attempt to regain it will often be met by failure and frustration. An attempt to gather strength to try again and again will eventually peter out. Constant ‘punishment’ rapidly undermines motivation. This may be followed by the typical sequence of an experience of helplessness, hopelessness, and depression. Evaluation of self becomes increasingly negative, as does evaluation of one’s resources and capacity to do something about it.

**Thinking Process when ‘ill’**

With little sleep, frequent waves of crying, disrupted eating etc., we feel awful and therefore typically fall back on well tried formulae in our attempts at adjustment rather than finding the new and creative thinking necessary. This is not by choice, it is the way our system works. We ‘fall back’ on dominant old plans in memory. These are stored routines or ‘recipe knowledge’ of how to do things. We therefore persist in re-triggering our feelings of separation and loss. For example, we try to pull ourselves together by taking a shower in the new study bedroom but this just reminds us of how much more pleasant it was lying in the familiar bath at home. Thus the ruminations persist, and attention is dominated by them.

**De-skilling**

Although we normally feel competent and confident at home, a move to a new environment can disclose to us how much we depended on others and how little we can actually do – perhaps not even boil an egg! Thus a transition can trigger a feeling of being de-skilled and incompetent just when we could do with a confidence boost.

**Homesickness**

*Typical physical symptoms*

- Episodic or constant crying
- Throwing up
- Difficulty sleeping
• Difficulty eating
• Disrupted menstrual cycle
• Absentmindedness
• Unpredictable waves of emotion
• Trembling
• Far too hot or far too cold
• Unable to concentrate or memorise
• Nausea
• Dizziness
• Severe headaches

Typical thinking

• I can’t wait to get away
• I long for home
• I can’t stop thinking of X
• I miss my friends so much
• I’m so lonely
• I feel unloved, unhappy, insecure
• I just don’t belong here
• It’s a prison, I wish I hadn’t come
• I constantly feel ill and uneasy
• I just hate it here
• I’ve got no one to talk to
• I’m alright when I’m busy, but the moment I’m alone I collapse in tears
• I’ve telephoned home so often they’re sick of me

Typical factors which increase homesickness

• A very emotionally close family at home
• Leaving a boyfriend or girlfriend at home
• Never been away before
• ‘Over protected’ and ‘immature’
• Being sent to University rather than choosing to go

Typical factors which ‘inoculate’ against homesickness

• Gradually increasing number of ‘away from home’ experiences: i.e. sleepovers, camping with scouts or guides, holidays away with friends, school trips abroad.
• Leading a semi-independent life from home
**The classic advice on how to manage homesickness**

**You should try to**

Make your new room your own. Decorate it with things from your room at home, fill it with your favourite music.

Create lots of activities, preferably doing them with others to whom you can talk. This activity will reduce any tendency for ruminative and negative thoughts to dominate. Such activities should contain an element of the familiar. If you play chess or rugby or go to church at home, plunge in and do it at University. This will (a) increase predictability (and reduce anxiety) as the rules are the same everywhere (b) allow you to invest emotionally (especially for example if you try out for a University team) in your new surroundings, in addition to disrupting and preventing ruminations.

Spend and invest time with a few potential friends rather than a large number of possible acquaintances. Maintain the budding friendships (emotional substitutes for home bonds) by doing things together. Sitting in a lecture together is better than nothing but real bonds come from sharing significant experiences. Try something like a day with the sailing club – you’ll either love or hate half a dozen fellow sailors at the end of the day! Similarly, sharing the task of getting the student newspaper to press, or praying will do. It needs to be significant to you, not everyone else.

**You should bear in mind**

When homesick most things will be evaluated more negatively than by the non-homesick. A room in a hall of residence will be felt unsatisfactory – a few weeks later it will be fine. Use this knowledge not to let things get you down.

Feeling homesick will tend to make you more passive than usual. Use this knowledge to counteract it and take initiatives – you will benefit from the feeling of control.

Visiting home in your imagination, however tempting, recreates the pain of coming back to ‘now’. Try to avoid such thinking by disrupting and pre-empting it. Try substituting visits in imagination to non-home based activities and focus on positive, fun, pleasant, satisfying aspects of them – especially your new environment.

**You should try not to**

- Frequently phone home
- Go home on your first week-end or two
- Get a family member to visit you for more than a brief period for your first few weeks
**When to contact the Counselling Service**

Sorting out your own problems without help will permit you in future to attribute your recovery to your own resources – an even greater sense of strength for you. But keep some perspective: even if you consult, you still have to implement the ideas yourself. It may be especially helpful to consult the University Counselling Service ‘Duty Counsellor’ or a University Medical Practice GP if:

- you are running out of willpower and energy
- you are ‘swamped’ by the experience rather than it being episodic
- short periods of inactivity allow home thoughts to disrupt you for long periods rather than just temporarily
- you are physically ill
- you have background physical problems (e.g. asthma, diabetes) which could be made much worse by anxiety
- you are unable to contemplate any emotional investment with making new friends or engaging in activities because you feel so awful
- you feel unable to go home for shame, or unable to continue at University for reasons of overwhelming distress and therefore feel the only way out is self-destructive
- if you are strongly self-blaming and notice that you are undermining what little self-esteem you have left
- if you know you are vulnerable because your previous experience of new environments tell you do not readily engage in assertive exploratory behaviour, nor generally take initiatives.