

DESCRIBING BOYS' COPING WITH HOMESICKNESS USING A TWO-PROCESS MODEL OF CONTROL

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Previous research on children's coping suggests two theoretically important trends: (1) Age-related increases in secondary control coping (i.e. adjusting oneself to fit objective conditions) but not in primary control coping (i.e. modifying objective conditions to fit oneself) and (2) More frequent use of secondary control with relatively uncontrollable stressors than with controllable stressors. This study examined *both* age and stressor controllability as predictors of how boys coped with two common stressors in a residential summer camp setting: Homesickness (in the context of a relatively uncontrollable separation) and competitive loss (in the context of a relatively controllable game or match). Older boys used more secondary control coping for the objectively uncontrollable stressor of homesickness, but not for the more controllable stressor of competitive loss. The finding suggests key age-related gains in the capacity to tailor coping responses to stressor characteristics.

Keywords homesickness coping perceived control

Homesickness is a common and phenomenon among children separated from home. Self-reported prevalence rates for children hover around 75%, depending on sample and environment characteristics (e.g. Fisher, 1989; Thurber, 1995). For some children, homesickness is associated with clinically significant sequelae, including physical ailments (Fisher, Frazer, & Murray, 1986), severe depressive and anxious symptoms (Thurber, 1995), internalizing and externalizing

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behavior problems (Thurber, 1995, 1996), and attention and memory problems (Burt, 1993, Fisher & Hood, 1987, but cf Fisher, Murray, & Frazer, 1985). Despite its frequency and impact, research on how children cope with homesickness is limited to one anecdotal description of boys' use of distraction to cope with homesickness at boarding school (Harris & Guz,* 1986). The present study sought to expand that descriptive research within a theoretical framework.

Children's coping with homesickness is complex because the stress of transition involves, by definition, separation from the familiar (home, attachment figures; native culture) as well as integration into a novel environment. The discomfort of separation and the demands of a novel environment can understandably leave some children perceiving a reduced sense of control (Cooper, 1990). In turn, children's low perceived control may result in negative affect (Weisz, Weiss, Wasserman, & Rintoul, 1987, Weisz et al., 1989) and vice versa (Skinner, 1995). Not surprisingly, low perceived control has been associated with maladjustment to transitions (Fisher & Cooper, 1990, Jerusalem, 1993), and specifically to childhood homesickness (Fisher et al., 1985; Fisher, Elder, & Peacock, 1990, Thurber, 1996, but cf Fisher et al., 1986). Low perceived control is also associated with homesickness in adults (Burt, 1993). Specifically, perceived control over the decision to leave home ('decision control') has been shown to predict adjustment in adults (Davidson & O'Connor, 1990, Fisher et al., 1985; Reinardy, 1992). Although the association between decision control and homesickness in children is uncertain (Fisher, Frazer & Murray, 1984, 1986; Fisher et al., 1990), perceived control in this and other domains seemed worthy of investigation. For these reasons, control beliefs theory (Weisz, 1990), and in particular the two-process model of control (Rothbaum, Weisz, & Snyder, 1982), offers a useful framework for studying the complexities of children's coping with homesickness.¹

The two-process model of control distinguishes between *primary control* — modifying objective conditions to fit oneself and *secondary control* — adjusting oneself to fit objective conditions. *Relinquished control* coping — giving up or simply emoting — is not a process of exerting

¹The control theory of coping has its roots in Piaget's (1929) constructs of assimilation and accommodation, as well as in motivational theory (White, 1959).

control, but is a third way to categorize coping. In operationalizing these concepts, it is helpful to distinguish between coping *methods* and coping *goals* (Weisz, McCabe, & Denning, 1994). Simply stated, methods are ways of acting or thinking, goals are the ends toward which coping methods are directed. On a macroscopic level, methods are codable either observable or unobservable behavior (cf. Compas, 1987). On a microscopic level, methods can be extremely diverse, even in children (Band & Weisz, 1988). However, the concepts of primary and secondary control apply *only* to coping goals because only goals have an object of control: either one's self (secondary control) or the objective conditions (primary control).

For example, a child may say that he copes with homesickness by playing baseball. This is an observable behavior. Therefore, the method of coping is observable. The method could also receive a detailed content code, such as "playing sports." But what is this child's goal? Is he seeking to modify the objective condition of separation from friends and family by making new friends (primary control)? Or is he seeking to adjust himself to fit objective conditions by distracting his mind from thoughts of separation (secondary control)? Without asking the child the goal of playing baseball is unclear. And without specifying the goal of a coping method, one cannot code and conceptualize coping in the theoretical framework of control processes. Accordingly, assessments of coping that do not always distinguish methods from goals, such as the Ways of Coping Checklist (WCC, Folkman & Lazarus, 1988) have merit, but do not lend themselves to an analysis of coping within the theoretical framework of perceived control. For the purposes of this study, the control model of coping was used because, as reviewed above, the perception of control may be an important factor in transitions, homesickness, and associated negative affect.

Previous research on child coping has suggested two theoretically important trends related to perceived control: (1) more frequent use of secondary control coping with relatively uncontrollable stressors than with relatively controllable stressors (Compas, Malcarne, & Fondacaro, 1988; Radovanovic, 1993; Weisz et al., 1994), and (2) age-related increases in secondary control coping (Band & Weisz, 1988; Compas et al., 1988; Curry & Russ, 1985; Harris & Guz, 1986).

The use of secondary control coping with relatively uncontrollable stressors is logical, but perhaps not obvious to all children, or generalizable to all domains. Even circumscribed stressors have controllable *and* uncontrollable elements. Therefore, "mixed" primary-secondary coping, applied simultaneously, and customized to fit the variegated elements of a single stressor, may be most adaptive (Weisz et al., 1994). A related form of adaptive customization may be "layered" coping, where one sort of coping is replaced by another if the first proves ineffective. Children may develop this generative aspect of coping and refine the logical application of secondary control coping as they mature in age and experience.

Specifically, the developmental trend in the use of secondary control coping has been attributed both to the increasingly sophisticated metacognitive abilities of older children (Band & Weisz, 1988, Harris, 1989), and to the increasingly accurate and conservative assessments of contingency and competence of older children (Weisz, 1983). Cultural differences in the preference for secondary control and the availability of primary control coping mechanisms have also been noted (Segner, Trommsdorff & Essau, 1993). There is also some evidence that the developmental increase in secondary control coping is stressor-specific (Compas, 1987; Weisz et al., 1994).

The present study explored the possibility that age and experience converge with stressor type to predict coping goals, conceptualized as control processes. This convergence was explored by analyzing how a group of 8–16-year-old boys at a residential summer camp² coped with homesickness and competitive loss (losing a game or a match). Residential summer camp was chosen as a setting because children's physical separation from their homes and families was objectively uncontrollable. Boys were not allowed to return home except for severe medical, conduct, or emotional problems, all of which were rare. In addition, parents did not make unscheduled visits to camp. Letters were the only contact with home. Competitive loss was

²In the United States, residential (i.e., overnight) summer camps began in the latter part of the nineteenth century partly in response to increasing urbanization. Today there are over 1,500 residential summer camps accredited by the American Camping Association. Children typically spend 2–8 weeks living in tents or cabins in rural areas with university students who act as counselors supervising games, crafts, sports, field trips, and intercamp athletic competitions.

chosen as a comparison stressor because it was objectively more controllable

In addition to (1) describing the convergence of age, experience, and stressor type on coping, this study also sought (2) to replicate the relationship between low perceived control and negative affect; (3) to explore possible relationships among coping goals and subsequent adjustment; and (4) to discover whether boys' coping practices were congruent with their advice to other boys faced with the same stressors

METHOD

Participants

Participants were all campers at a boys' residential sports camp. Parent and child consent were obtained by mail several months prior to the start of camp. Of 463 campers registered for the 1993 summer, 329 (71%) participated in a larger study on adjustment. A subsample of 60 boys of various ages were randomly selected by lot for individual interviews. Two did not give their verbal assent to be interviewed, one showed convincing evidence of haphazard responding on questionnaires that were part of the study, and one left camp due to illness. Thus, the final N was 56, of whom 4 (7%) were ethnic minorities.

Living quarters for the 265 boys who attended this camp during a given session are divided into five equal-sized age divisions, each in its own location on the 177-acre wooded site. Divisions are comprised of six cabins, each with room for eight or nine children and one or two cabin leaders. Boys attended this camp for two or four weeks. Four-week campers visited with their caregivers for a full day at the end of the first two weeks.

Demographic information for the 60 interview participants and the 61 children who did not participate in any part of the research is summarized in Table I. There were no significant demographic differences between interview participants and study non-participants, including on a unidimensional measure of socioeconomic status based on parents' occupations (Hollingshead, 1975). There were also no significant differences between the participant and the

TABLE 1 Demographic and Camp Related Variables for Interview Participants and Study Nonparticipants

Variable	Group						Statistical Test		
	Participants (<i>n</i> = 56)			Nonparticipants (<i>n</i> = 1)			<i>W</i> ^a	<i>t</i> ^b	<i>p</i> ^c
	<i>M</i>	<i>SD</i>	<i>range</i>	<i>M</i>	<i>SD</i>	<i>range</i>			
Age (in years)	12.3	1.9	8-16	12.2	1.7	9-16		.28	.77
Distance to camp from home (in miles)	151	227	6-1507	148	353	16-2688		.07	.95
Parents' occupational status (Hollingshead)	68	16	25-90	65	14	30-90		-1.11	.27
Numbers of previous summers spent at any camp	3.6	3.0	0-12	2.9	2.0	1-11	3455		.40
Number of summers spent at this camp	2.5	1.7	1-7	2.2	1.3	1-7	3411		.66

^aWilcoxon rank sum *W* test for samples with non normal distributions

^b*t* test of independent samples with equal variance (*df* = 116)

^cAll *P* values are for two tailed tests

non-participant groups in camp-related variables, such as number of previous stays at summer camp. These variables are also summarized in Table I. According to these indicators, the participant group was representative of the population of campers attending this camp.

Assessing Coping

The interview protocol and split method-goal coding scheme used for this study were based on Weisz et al. (1994) and on the concept of primary-secondary control (Rothbaum et al., 1982).³ The principal investigator (PI) conducted each interview in a quiet, private location during afternoon rest hour of the second week of each boy's stay. Interviews were recorded on audio cassettes. Boys first were asked, "Has there been a time at camp when you (felt homesick)/(felt bad after losing a game or a match)?" Importantly *all* boys said that they had experienced both stressors at some point during this or a prior stay at summer camp.

Next, boys were asked about their coping *methods*. "Tell me all the things you thought or did to try to make things better when you (felt homesick)/(felt bad after losing a game or a match)." They were prompted until they disclosed all the methods they could remember. Next, they were asked about the *goals* of each method. "What did you hope might happen if you _____?" To assess *efficacy*, boys asked to identify those method-goal combinations which "made things better." Finally, the boys were asked, "What advice would you give another camper your age who (felt bad after losing a game or a match)/(felt homesick)." Each boy was asked about competitive loss before homesickness because competitive loss was judged to be a less upsetting topic through which to establish rapport.

Each interview was transcribed and verified for accuracy. Then, each individual coping method was written verbatim on an index card, likewise for each coping goal. In total, the 56 boys generated 129 methods and 129 corresponding goals for coping with homesickness and 117 methods and 117 corresponding goals for coping with competitive loss. These 508 items, each on its own index card, were

³The complete interview protocol and coding manual are available in Thurber and Weisz (1993).

shuffled and independently coded by two trained raters. The raters were naive to subjects' age, ethnicity, and mood state.

Each of the 508 items was coded in two stages. First, each item — method or goal — was assigned one of 11 content codes, based on Band and Weisz (1988). These content codes were: (1) direct problem solving; (2) aggression; (3) behavioral avoidance; (4) environmental social/spiritual support; (5) other physical activity; (6) cognitive adjustment; (7) cognitive avoidance; (8) mental social/spiritual support; (9) emotional adjustment; (10) relinquished control; and (11) emotional reaction.

At the second stage of the coding, *methods* were classified as either observable (e.g., swimming) or unobservable (e.g., thinking), and goals were classified as either primary control (e.g., getting closer to home), secondary control (e.g., forgetting about homesickness), or relinquished control (e.g., giving up). Interrater agreement based on the two-stage rating of all 508 items, was almost perfect ($\kappa = .94$, $z = 50.6$, $p < .01$).

Assessing Control

The perception of control was measured by the Perceived Control Scale (PCS, Weisz, Proffitt, & Sweeney, 1991) and by two addenda to the scale. The original PCS is a 24-item self-report measure of prospective perceived control over the domains of academic achievement, social skills, and conduct. Children are asked to rate the veracity, on a 4-point scale, of prospective perceived control statements in these domains (e.g., "I can get good grades if I really try"). As in previous studies, each subscale of the original PCS proved to be internally consistent. For the sample of 56 boys, $\alpha = .79$ for the academic subscale, $\alpha = .61$ for the social subscale, $\alpha = .75$ for the conduct subscale.

The first addendum to the PCS was a fourth, identically constructed 8-item scale covering the domain of athletic achievement. A typical item was, "I can win in the sports I like if I really work at it." The second addendum was a 4-item scale asking about retrospective perceived decision control, i.e., control over the decision to leave home and come to summer camp. Subjects rated each item on an 11-point Likert scale, from 0 ("not at all") to 10 ("a whole lot"). A

typical item was, "How much did you get to help make the decision to spend time away from home for part of your summer?" Both addenda subsequently proved to be internally consistent. For the sample of 56 boys $\alpha = .84$ for the athletic addendum. $\alpha = .74$ for the separation addendum. Boys' did not report on prospective perceived control over the stressful circumstance of separation from home. Doing so would have entailed asking them how much control they perceived over leaving camp early, running away, faking illness, etc. These questions were judged too provocative for a circumstance where it was known that boys had minimal objective control.

Assessing Adjustment

Five types of questionnaires were used to assess boys' adjustment. Four were standardized clinical research questionnaires: (a) the Children's Depression Inventory (CDI; Kovacs, 1980), (b) the Revised Children's Manifest Anxiety Scale (RCMAS, Reynolds & Richmond, 1978), (c) the Social Anxiety Scale for Children (SASC; La Greca, Dandes, Wick, Shaw, & Stone, 1988), and (d) the Child Behavior Checklist (CBCL, Achenbach & Edelbrock, 1991). All four measures have acceptable reliability and validity.

The fifth questionnaire was a mood checklist called Rate Your Day (RYD, Thurber, 1995). On the RYD, subjects endorse each of 22 adjectives (including "homesick") on an 11-point Likert scale. Four reliable scales have emerged from a factor analysis of the RYD: *happiness*, *depression*, *calmness*, and *anxiety*. The adjective "homesick" loads on the depression factor. Endorsements of the adjective "homesick" can also be treated independently of the other RYD items (see below). The RYD has demonstrated reliability and validity (Thurber, 1995).

Procedure

During the staff training week, the thirty cabin leaders, all of whom were male, voluntarily participated in six hours of training on the various measures used. The leaders were quite experienced, ranging in age from 17 to 25 years ($M = 19$ years), and having worked with children for between three and nine summers at this camp ($M = 4.25$ summers). The cabin leaders were told that the purpose of the study

was to understand children's adjustment to summer camp. They were naïve to specific hypotheses.

Incoming campers were given an explanation of the procedures of the study during their orientation to camp on the evening of the day they arrived. The PI explained that each evening before bedtime campers would fill out one or more questionnaires in the privacy of their own bunks. At the time of questionnaire distribution, non-participants would receive blank paper and a pencil, with which they could do whatever they wanted during the five to ten minutes when participants were answering questionnaires. Therefore, if they wished, non-participants could remain indistinguishable from participants. Completed questionnaires would be collected each night by the PI. A sealed envelope with blank questionnaires for the next evening would be left behind in the cabin leader's possession. It was explained that no answers would ever be shared with camp staff or parents unless there was a reason to be concerned about a child's safety. It was also explained that some children would be asked to participate in interviews about their camp stay. Finally, children were informed that they could stop participating in the questionnaires or the interviews at any time.

The RYD was administered each day to every participant in the larger study on adjustment, including those 56 boys who were ultimately interviewed. Final scores for the four RYD scales were computed by averaging endorsements over 14 days. During the first two weeks, the CDI, RCMAS, and SASC were administered on the evening of the fourth day to session A and session C campers ($n = 180$). During the second two weeks, the CDI, RCMAS, and SASC were administered on the evening of the fifth day to session B campers only ($n = 149$). In order to get a valid screen, administration of these measures was timed to correspond to the experimenter's best guess at when children might be maximally homesick. The PCS was administered on the second evening of each participant's stay. At the end of campers' stays, cabin leaders filled out a CBCL for each participant in their cabin, and campers were asked to write down what they had missed most and least while away at camp. No logistical problems were encountered in questionnaire completion. Nightly monitoring of random cabins suggested that procedures were carefully followed.

RESULTS

This section is divided into four parts, corresponding to the study's goals, outlined above

(1) The Convergence of Age and Stressor Type on Coping Goals

Consistent with previous research with boys (e.g., Compas et al., 1988), there was a developmental trend in the percent of secondary control coping goals that boys of different ages reported using. Consistent with Band and Weisz (1988), this increase in secondary coping appeared to happen at about age 10. More important, this trend was evident only for the objectively uncontrollable stressor of separation from home, not for the more controllable stressor of competitive loss.

Overall, the correlation between age and the percent of boys' method repertoires for homesickness that had secondary control goals was $.33$ ($p < .05$). Conversely, the correlation between age and the percent of boys' method repertoires for homesickness that had primary goals was $-.33$ ($p < .05$). There were no significant developmental trends for competitive loss. Figure 1 shows the relationship between percent of secondary control goals and age for both stressors. A paired-samples *t*-test confirmed that there was no significant difference in the percentages of boys' secondary control goals for the two stressors of homesickness and competitive loss ($t(50) = .73$, $p = .47$) (Degrees of freedom for this test equal 50 because four boys had neither primary nor secondary control goals for their relinquished control coping methods).

Because age is confounded with experience at summer camp, a partial correlation was computed, controlling for the number of years boys had spent at this particular camp. The association between boys' chronological age and the percent of secondary coping goals they reported using for homesickness was robust, $r = .37$, $p < .01$. Multiple linear regression revealed that age accounted for 9% of the variance in the percent of secondary control coping goals, regardless of whether experience at camp was first entered into the equation, $F(2, 51) = 4.36$, $p < .05$. The insignificant correlation between boys' experience at summer camp and percent of secondary control coping

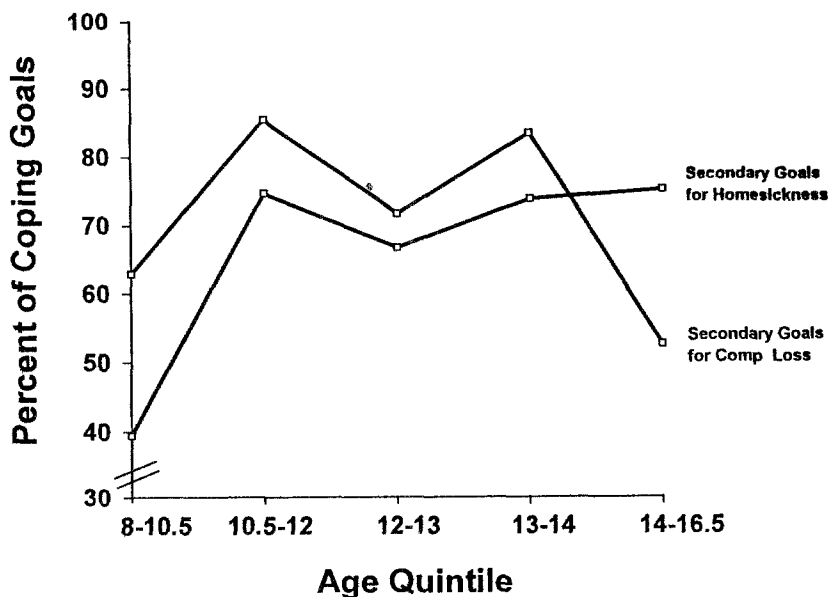


FIGURE 1 The percent of boys' coping goals for homesickness and competitive loss that were secondary control in nature is shown as a function of age quintile (Note: Quintile sizes, from youngest to oldest were 13 9 11 12 11)

goals ($r = -.09$, $p = .54$) suggests that other covariates of age, such as cognitive sophistication, play a larger role than experience in the development of boys' adaptive coping with relatively uncontrollable stressors.

The observable method of physical activity, coupled with the secondary control goal of cognitive avoidance, was the most popular method-goal combination that boys reported using to cope with homesickness. This finding is consistent with one of the earliest empirical accounts of adults' coping with homesickness, (McCann, 1943), as well as with early speculation about the best ways for children to cope with homesickness (Gibson, 1923). In the corpus of method-goal coping combinations for homesickness, the most frequent were (1) 19% physical activity — cognitive avoidance (e.g., 'I would play baseball in order to forget about homesickness'), (2) 16% direct problem solving — direct problem solving (e.g., 'I would write a letter in order to renew contact with home and receive a letter

back"). (3) 6% cognitive adjustment — cognitive adjustment (e.g. "I would think that two weeks is not a very long time in order to make the end of camp seem closer"); (4) 5% cognitive adjustment — cognitive avoidance (e.g. "I would think about how beautiful the lake is in order to forget about my homesickness"), and (5) 5% direct problem solving — cognitive adjustment (e.g., "I would look at a family picture in order to focus on positive thoughts of my family")

In the corpus of method-goal coping combinations for competitive loss, the most frequent were (1) 13% cognitive adjustment — emotional adjustment (e.g. "I would think that it wasn't an important game in order to feel better"), (2) 12% physical activity — cognitive avoidance (e.g., "I would swim in the lake in order to forget about losing"). (3) 10% direct problem solving — direct problem solving (e.g. "I would practice skills of the game in order to win the next time"); (4) 9% cognitive adjustment — cognitive adjustment (e.g., "I would think about the good plays in the game so I would not think losing was a big deal") (5) 7% cognitive adjustment — direct problem solving (e.g., "I would think about the good plays and how to do them again in order to win the next game")

Regarding the generative aspect of boys' layered coping the modal number of method-goal combinations reported for homesickness was 2 ($M = 2.2$; $SD = 1.1$, range = 1 to 5) Only four of the 56 boys reported relinquishing control. The remaining 52 boys reported coping methods whose goals were some form of primary or secondary control. The modal number of pieces of advice was 1. For competitive loss, the modal number of coping method-goal combinations was also 2 ($M = 2.1$, $SD = 0.9$, range = 1 to 4) Only one of the 56 boys reported relinquishing control. Again, the modal number of pieces of advice was 1.

To assess the mixed nature of boys coping, boys were classified into four profiles: those having (a) primary control goals only, (b) mixed primary-secondary control goals, (c) secondary control goals only, (d) relinquished control goals (giving up or simple emoting). Mixed and secondary control coping were the most prevalent profiles. For homesickness, 16% of the boys were primary copers, 34% were mixed copers, 43% were secondary copers, and 7% relinquished control or responded only with displays of emotion. A chi-square

test confirmed that this distribution was not uniform ($X^2 = 17.9$, $p < 001$). For competitive loss, 14% of the boys were primary copers, 32% were mixed copers, 52% were secondary copers; and 2% relinquished control or responded only with displays of emotion. Again, these differences were statistically significant ($X^2 = 31.9$, $p < 0001$)

(2) Perceived Control and Affect

Unstandardized means for the five PCS scales appear in Table II. Note that the academic, social, conduct, and athletic scales assess prospective control, while the separation subscale assesses retrospective decision control. As previous studies have demonstrated, high perceived control was negatively correlated with measures of depression and anxiety and positively correlated with measures of happiness and calmness. However, not every domain of perceived control was predictive of affect. Table II illustrates that only perceived academic and athletic control were consistently correlated with self-reported affect. In addition, perceived control of social skills was negatively correlated with social anxiety, as measured by the SASC. Consistent with the child literature on transition, but inconsistent with the adult literature on transition, retrospective perceived decision control was unrelated to affect. As expected, there were significant intercorrelations among the subscales of perceived control and among the various measures of positive and negative affect. Thus, the RYD scales and the PCS addenda were cross-validated by other published measures.

Generally speaking, the 56 boys in this sample were not severely depressed, anxious, or homesick. Indeed, 13 of the boys consistently circled "0" for the adjective homesick on their RYD questionnaires. However, as stated above, all boys reported having coped with homesickness during this or a prior stay at camp. Boys averaged 5.5 on the CDI ($SD = 5.4$, range = 0-27). The CDI's severity cutoff score is 19 out of a possible 52. Boys averaged 8.0 on the RCMAS ($SD = 5.9$, range = 0-19). The RCMAS's severity cutoff score is 21 out of a possible 28. Finally, boys averaged 6.6 on the SASC ($SD = 4.0$, range = 0-16). The SASC has a maximum of 20, with no severity cutoff score. Finally, boys' endorsement on the RYD of how

TABLE II Study 1 Intercorrelations Between Measures of Perceived Control, Self-Reported Homesickness and Positive and Negative Affect

Measure	1	2	3	4	5	6	7	8	9	10	11	12	13
1 PCS (academic scale) (<i>M</i> = 29.1, <i>SD</i> = 3.4)	—	.37***	.42***	-.01	.37**	-.28*	.38***	.29*	.21	-.30*	-.41***	-.33*	-.26
2 PCS (social skills scale) (<i>M</i> = 26.7, <i>SD</i> = 3.0)	—	—	.30*	.02	.47***	.04	.33*	-.10	.07	-.06	-.25	-.26	.42***
3 PCS (conduct scale) (<i>M</i> = 27.4, <i>SD</i> = 3.7)	—	—	—	-.06	.26	.16	.05	-.10	-.01	.02	-.15	-.22	.12
4 PCS addendum (separation) (<i>M</i> = 26.5, <i>SD</i> = 11.4)	—	—	—	—	.05	-.19	.18	-.19	.09	-.21	.07	.05	-.06
5 PCS addendum (athletics) (<i>M</i> = 28.5, <i>SD</i> = 3.6)	—	—	—	—	—	-.19	.46***	-.36**	-.37***	-.34*	-.38***	-.37**	-.33*
6 RYD Homesickness Factor (<i>M</i> = 1.6, <i>SD</i> = 2.5)	—	—	—	—	—	—	.66***	.51***	-.43***	.86***	.48***	.43***	.41***
7 RYD Happiness Factor (<i>M</i> = 7.1, <i>SD</i> = 1.7)	—	—	—	—	—	—	—	-.31*	.63***	.72***	.61***	-.28*	-.44***
8 RYD Anxiety Factor (<i>M</i> = 1.1, <i>SD</i> = 1.2)	—	—	—	—	—	—	—	—	-.29*	.63***	.28*	.43***	.22
9 RYD Calmness Factor (<i>M</i> = 7.2, <i>SD</i> = 2.3)	—	—	—	—	—	—	—	—	—	-.45***	.51***	-.33*	-.32*
10 RYD Depression Factor (<i>M</i> = 1.2, <i>SD</i> = 1.7)	—	—	—	—	—	—	—	—	—	—	.63***	.47***	.49***
11 CDI (Depression) (<i>M</i> = 5.5, <i>SD</i> = 5.4)	—	—	—	—	—	—	—	—	—	—	—	.60***	.61***
12 RCMAS (Anxiety) (<i>M</i> = 8.0, <i>SD</i> = 5.9)	—	—	—	—	—	—	—	—	—	—	—	—	.64***
13 SASC (Social Anxiety) (<i>M</i> = 6.6, <i>SD</i> = 4.0)	—	—	—	—	—	—	—	—	—	—	—	—	—

Note. *N* = 56, **p* < .05, ***p* < .01, ****p* < .0001

homesick they felt on a scale from 0 to 10 averaged 1.6 ($SD = 2.5$, range = 0–10) over the course of 14 days

No index of perceived control, except decision control, correlated with indices of experience, such as boys' ages or the number of years they had spent at camp. The PCS decision control addendum correlated with years at camp ($r = .29$, $p < .05$). Understandably, the boys who were returning to camp for a second or third summer perceived more control over this return than first-year campers. As reported in Thurber (1995), mean self-reported intensity of homesickness correlated with age ($r = -.31$, $p < .05$) and years at camp ($r = -.29$, $p < .05$).

(3) Coping Goals and Affect

As noted above, boys were classified into four profiles: those having (a) primary control goals only ($n = 9$), (b) mixed primary-secondary control goals ($n = 24$), (c) secondary control goals only ($n = 19$), (d) relinquished control goals ($n = 4$). To test whether a particular goal profile was associated with better adjustment, a series of Kruskal-Wallis analyses of variance were performed on the four coping profiles, using the CDI, RCMAS, SASC RYD subscales and CBCL as outcome measures. For the profiles based on boys' goals for coping with homesickness, there was only one significant difference among the groups for any measure of affect or behavior. Boys in the mixed group had higher T-scores on the externalizing scale of the CBCL than boys in the other three groups ($X^2 = 10.5$, $p < .05$, corrected for ties). This result was the only one that emerged even when the small relinquished control group was dropped from the analyses or when both the primary control only group and the relinquished control group were dropped. For the profiles based on boys' goals for coping with competitive loss, there were no significant differences among the groups for any measure of affect or behavior. These results suggest that no particular class of coping goal was consistently associated with positive adjustment. However, the limited variance in adjustment measures reduced the power to detect these effects. Finally, the number of coping method-goal combinations that boys generated was uncorrelated with any of the six outcome measures or their subscales.

(4) Practice and Advice

The distribution of advice given for both homesickness and competitive loss closely resembled the distributions of actual methods that boys used to cope with these two stressors. To test whether advice was congruent with practice, a conditional frequency was calculated of boys who gave advice that was among the methods they themselves reported using. For homesickness, 41 of the 56 boys (73%) gave advice that was among their reported responses. For competitive loss, 38 of the 56 boys (68%) gave advice that was among their reported responses. Four boys (7%) advised others to do something they themselves were not doing either for homesickness or for competitive loss. Post-hoc multivariate analyses of variance between boys whose advice was congruent with their practiced methods and boys whose advice was incongruent revealed no group differences for any outcome measure. So while most boys preached what they practiced, congruence of advice was independent of adjustment to stressors.

DISCUSSION

This study provided a preliminary look at how boys cope with homesickness and competitive loss. For both stressors, boys' coping was frequently layered (consisting of multiple methods) and occasionally mixed (consisting of both primary and secondary control goals). For both stressors, boys had a penchant toward physical activity with the goal of cognitive avoidance. Secondary control was the most prevalent sort of coping goal and showed stressor-specific development across age groups.

Some previous research had shown that secondary control increases with age, other research had shown that relatively uncontrollable stressors may be more often and more effectively dealt with using secondary rather than primary control. Results of this study suggest some convergence between age and stressor type on boys' use of control coping. The percent of boys' coping repertoires composed of secondary control coping goals reliably increased with age (but not experience) only for the stressor of homesickness, which was associated with a relatively uncontrollable separation from home.

As predicted, perceived control in a variety of domains was significantly correlated with anxiety and depression. No particular profile predicted adjustment, but low variability in outcome measures significantly reduced the power to detect these effects. Boys reported giving advice that was generally congruent with their own coping.

The method penchant toward physical activity in this sample may be characteristic of boys in general, in response to a variety of stressors (Frydenberg & Lewis, 1993). Alternatively, the sporting atmosphere of a summer camp may provide opportunity and social encouragement for children to cope with stressors by engaging in a physically distracting activity. The nature and origins of this and other possible gender differences deserve continued exploration in future studies. For example, seeking social support was relatively rare in this sample, but is often identified as a preferred way of coping for girls (Frydenberg & Lewis, 1991).

The fact that secondary control coping goals increased with age for the stressor of homesickness but not competitive loss raises several issues. Had age correlated with amount of secondary coping for both stressors, a reasonable conclusion could be that the metacognition required for secondary control emerges with formal operations, around puberty. However, Harris and Guz (1986) have suggested that homesick boys as young as eight have an understanding of their emotions and how they are regulated.

Perhaps, then, there is something uniquely complex about adjusting oneself to fit the objective condition of separation from home and primary caregivers. Yet familiarity with the stressful circumstance, measured as number of summers spent at camp, was unrelated to the increase in secondary control goals. A second possibility is that children develop an increasingly sophisticated sensitivity to the controllable and uncontrollable aspects of the stressors they encounter. Thus, older children cope with stressors associated with relatively uncontrollable circumstances using secondary control coping goals — goals aimed at adjusting themselves to fit objective conditions. Indeed, secondary control was part of boys' coping repertoire for homesickness 77% of the time.

It was somewhat surprising to find that boys preferred secondary and mixed control goals for the stressor of competitive loss. Losing a game or a match was originally chosen as a comparison stressor

because it seemed that boys were free to exert more control over athletic performance than their separation from home. However, the fact that boys had secondary control goals as part of their repertoire for competitive loss 84% of the time prompts reflection about how controllable losing a game or a match actually is. Here, one must consider the chronology of a stressor, not only the context. Whereas the circumstance of separation from home lasted two weeks, loss of a game or match was episodic. Once the loss had occurred, boys could not go back in time and change the outcome. In this way, primary control was impossible. Therefore, it is not surprising that so many children had secondary control coping goals for competitive loss. Moreover, their high ratings of controllability over athletic achievement do not seem incompatible with their disinclination to use primary coping. They may have perceived high control over the outcome of future games, but virtually no control over past games.

In sum, this study provided some of the first data on how boys cope with homesickness. Interview data analyzed in a theoretical framework of control coping, provided a descriptive picture with suggestions of how development of control coping may vary by stressor controllability. Larger samples, with more diverse gender and ethnic composition, will be necessary to enlarge this picture to see how coping and psychological adjustment are related. Larger samples, too, will be needed to test whether coping varies according to children's expectations of the length of their separation.

Homesickness is a complex phenomenon that demands flexible, variegated coping. Ultimately, the identification of adaptive and maladaptive responses to the stressful condition of homesickness will shape prevention and intervention programs for children who experience planned or unexpected separations from home. While such programs will be useful, experiencing homesickness may also be a critical prompt of individual coping, which in turn enhances a child's perception of control and actual competence, both of which elevate moods.

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