Homesickness and Behavioral Problems among Boarding Schools Children

QUAID-I-AZAM UNIVERSITY
ISLAMABAD

By

Safa Abbasi

Dr. Muhammad Ajmal

National Institute of Psychology

Centre of Excellence

Quaid-i-Azam University

Islamabad Pakistan

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Safa Abbasi

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Dr. Muhammad Ajmal

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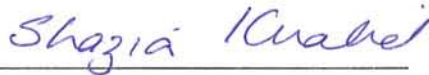# Homesickness and Behavioral Problems among Boarding Schools Children

By

Safa Wajid Abbasi

Approved by

_____

(Dr. Irum Naqvi)
Supervisor

_____

(Dr. Shazia Khalid)
External Examiner

_____

(Prof. Dr. Anila Kamal)
Director, NIP

CERTIFICATE

It is certified that M.Sc. Research report **"Homesickness and Behavioral Problems among Boarding Schools Children"** prepared by **Ms.Safa Wajid** under supervision of **Dr. Irum Naqvi** has been approved for submission to Quaid-i-Azam University, Islamabad.

Dr. Irum Naqvi

(Supervisor)

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ABSTRACT

The present study aimed at exploring the relationship between homesickness and behavioral problems among boarding school children. The study comprises students from different boarding schools of Rawalpindi and Islamabad with the age range of 12 to 18 years (M =15.71;SD =1.47). Homesickness Scale (Archer et al., 1998) and Child Problem Checklist (Tariq &Hanif, 2007) were used in this research to assess the variables of study. Results show that homesickness is positively related with behavioral problems. Results show that girls experience more homesickness as compared to boys. Moreover, the boys experience more externalizing problems and girls experience more internalizing behavioral problems among boarding school children. The result also shows that young adolescents experience more homesickness than middle adolescents but no age differences are found on externalizing and internalizing behavioral problems. The results on grade level revealed that middle grade students experience more homesickness as compared to secondary and higher secondary students. However, the students of secondary grade level were found high on externalizing problems than students of middle and higher secondary level. The results of demographic variables were also discussed and explained in the light of literature. This study will facilitate parents and teachers of educational institutes like boarding in order to know how students view homesickness and what measures are the risk and protective factors. This study will guide staff of boarding schools to better meet the needs of students which will decrease homesickness and behavioral issues and promote healthy and significant ways of living in boarding.

INTRODUCTION

INTRODUCTION

Boarding schools are residential schools with round the clock habituation. Parents from different socioeconomic classes preferred to send their children into boarding so they tend to have a degree and could have more better occupational and lifestyles. The girls and boys, both have choices to attend the boarding schools. Boarding may be a great challenge for children as they are no more in parents protection and affection. Boarding has positive as well as negative aspects it also depends on child type of personality and environment provided. The positive aspect include discipline, good habits of waking up early, do exercise and play games on daily basis which are developed automatically later in life. The children learn to be more responsible, groomed and become independent. Children in boarding schools are under pressure and have to follow strict routine and rules of disciplines. However, the negative aspects involve bullying that could affect the well-being of child (Kulkarni & Patki, 2016). The psychological impact of these experiences is even massive. In adult life, it may build up risks for strong relationships. If child could not meet the current demands of boarding it may lead to use illegal substances and increased aggressive behavior. It has been illustrated that a relationship occurs between severe homesickness and a number of social problems, lack of coping strategies, cognitive failures, feeling of helpless, depression and anxiety among children and adolescents (Thurber & Walton, 2007).

The students encounter many new challenges in the new surroundings primarily if they are living away from home for the first time. Being away from their family means they will have to survive without the support system that they had in their own environment, which can create potential danger in the form of emotional and behavioral issues. They will also experience new pressure especially with the high hopes of performing and achieving well in their academics from family and sponsors in the new education system (Rajab, Rahman, Panatik, & Mansor, 2014). Internal stress may cause by moving away from the hometown to a new environment because of missing the family and friends. Even though adapting and adjusting to the new environments required great deal of time. The success for these students comes in the forms when they adjust well to the institution and gain the ability to adapt and

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minimize psychological stress. Thus the aim of the students when move to a new place is to become familiar with the new environments, people and to become used to with the situations and social life in the new place (Sandhu & Asrabadi, 1994).

Students mostly face comprehensive challenges such as independently managing their lives, forming new friendships and incorporate to the academic criteria and novel routines (Johnson, Sandhu, & Daya, 2007; Thurber & Walton, 2012). Every person of all ages at some point of life could be homesick especially when away from home and under pressure without support and needed help from significant others (Azizi, 2013). With regard to this research child who could not adjust in boarding or having difficulty in adopting the new environment exhibit homesickness and behavioral issues. There are negative consequences for the physical and psychological well-being of an individual who is homesick. Fisher and Hood (1987) found elevated symptoms of depression and anxiety among homesick students compared with those who were not. Similarly, Thurber (1995) found in a longitudinal sample of adolescent boys that homesickness was experienced as a combination of depression and anxiety with a minority of homesick boys experiencing severe depressive and anxious symptoms.

Homesickness in mild and severe forms can be triggered by an actual separation from home or by an anticipated separation and is typically defined by recurring thoughts or longing for home (Thurber & Sigman, 1998). Other symptoms of homesickness include severe physical ailments, internalizing and externalizing behaviors, anxiety, depression, and attention and memory problems (Thurber, Sigman, Weisz, & Schmidt, 1999). Based on subjective accounts from members of the camping community, homesick campers exhibit a wide range of specific behaviors including crying, bullying, ruminating thought patterns, trouble sleeping, loss of appetite, and defiant behaviors. The change can be more challenging for the students those who move away from home (Chow & Healey, 2008; Fisher, Murray, & Frazer, 1985). A sense of displacement is experienced by them due to the sudden move from their prior known environments. The psychological symptoms experienced due to separation have recurrently been recognized as homesickness that has been potentially adverse societal and intellectual consequences (Scopelliti & Tiberio, 2010; Thurber & Walton, 2012).

Homesickness

Homesickness occurs in people when they move away from home to reside at new place and miss their family and friends. Fisher, Murray, and Frazer (1985), McCann (1941) defined homesickness as occurring when a person grieves or yearns for the old environment and feel depressed because of their absence from it. Therefore, it can be regarded as a separation reaction which is similar to grief (Archer, et al., 1998). A variety of circumstances can lead to homesickness for example attending to boarding school (Fisher, Frazer, & Murray, 1986), going away for a residential summer camp (Thurber, 1995), attending a college or university (Brewin, Furnham, & Howes, 1989; Fisher & Hood, 1988; Fisher et al., 1985; McCann, 1941), and entering the armed forces (Vormbrock, 1993).

Different meanings are present for homesickness in different cultures. Merriam-Webster Dictionary (2012) defined it as craving experienced by all populations when not present in home and distant from family. In psychology intense homesickness is also known as an adjustment disorder with symptoms of depressed mood and physical complaints. Van Tilburg, Vingerhoets and Van Heck (1996) define homesickness as the commonly experienced state of disturbance among those who have left their house and home and place themselves in a new and unfamiliar environment. The authors argue that homesickness is a great stressor which may cause illness in the affected individual for example depression, deficiencies in the immune system and diabetes.

Homesickness is the distress or impairment which is caused by real or anticipated departure from home. It is characterized by overlapping thoughts of home and attachment objects (Thurber, 1995). The occurrence of disconnection and its following psychological problems has been recognized as homesickness with potentially harmful mental and social consequences (Scopelliti & Tiberio, 2010; Thurber & Walton, 2012). Sufferers typically report a combination of dpressive and anxious symptoms, behavior of withdrawn and difficulty focusing on topics unlinked to home (Thurber & Fisher,1989).

Moving away from home has been treated by educational discourse as a universal developmental milestone (Thurber & Walton, 2007). Individuals of all ages

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at some point in their lives experience homesickness (Thurber & Walton, 2012). Already done researches has identified the homesickness prevalence among diverse populations. About 60% to 70% of the British boarding school students reported homesickness in a series of studies by Fisher et al., (1984, 1985,1986), nurses and students of university. Another research in Great Britain identified that 39% of students from university reported specific feelings of homesickness, 20% were uncertain and 41% reported no homesickness (Brewin, Furnham, & Howes, 1989). Different percentages reported by studies in different countries. Stroebe, Vliet, Hewstone, & Willis (2002) found that about 50% of Dutch students feel homesick after arriving at the university at least once, while at a British university more than 80% of the students reported homesickness after school started.

In the United States and Turkey, Carden and Feicht (1991) conducted comparison study and found that 19% of American and 77% of Turkish students were identified as homesick. The broad discrepancy of estimates can be endorsed to the multiple definitions of homesickness different types of measurement scales used in different circumstances. Extra adjustment challenges have been found in studies for students studying abroad when they entered into the new state because of the language difficulties, cultural shock, environmental differences, possible discrimination and less peer support (Constantine, Kindaichi, Okazaki, Gainor, & Baden, 2005; Thurber & Walton, 2012). All these factors may aggravate homesickness experience of students and result in more severe problems like cognitive and behavior. A considerable influence on individuals psychological well-being and their working performance due to homesickness a great deal has been written on the determinants of homesickness in college students, such as individuals' demographic background (Brewin, Furnham, & Howes, 1989; Kazantzis & Flett, 1998; Poyrazli & Lopez, 2007) psychological predispositions (Smith, 2007; Chow & Healey, 2008; Thurber & Walton, 2007) and their environmental characteristics Fisher, Murray, & Frazer, 1985; Stroebe, Vliet, Hewstone, & Willis, 2002; Watt & Badger, 2009).

Moreover, most of the earlier researches (Brewin, et al., 1989; Archer, et al., 1998; Poyrazli & Lopez, 2007; Stroebe et al., 2002; Watt & Badger, 2009) used statistical methods like correlation analysis and regression analysis to find the

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influence of certain factors on homesickness. However, in higher education there is practically no research which provide an integrative model to describe students active adaptation to college, particularly how homesickness influence various aspects interact with each other for students adjustment. Geographical relocations results in both a disruption of daily life and encounter with a new environment. For a person who leaves home to reside in a new place for educational and vocational purpose both aspects may be influential. University and college students or boarding children who leave home and experience the distancing from the normal support given by family and friends, the loss of known routine pattern of life and introduction to an implosion of the new environment and psychosocial factors (Fisher, Frazer & Murrey, 1986).

Theoretical Perspectives

Stroebe Vliet, Hewstone, and Willis (1999), introduced subsequently the Dual process model as the theoretical basis to study the homesickness in school and college students which provide an overall outlook of factors that may be antecedents and consequences of homesickness in boarding school as well. Tinto model focused on student departure process has also been productively used in studying outcomes of student growth (Pascarella & Terenzini, 2005).

Belonging theory

Belonging theory was first proposed by Baumeister and Leary (1995), from the key perspective of personality and social psychology argued that for interpersonal relationships the fundamental human motivation is the need to belong. Later on, Watt and Badger (2009) used belonging theory to study the influence of social belonging on homesickness by illustrating how need to belong is conceded out by homesickness. They propose that homesickness was produced in part from misery at the suspension of previous social attachment. Belonging theory is described in this study to understand the relationships between the students with homesickness and their social belonging with boarding school.

Student Development Perspective

With regarding to the development perspective of students, the study used Tinto (1993) theory of student departure. The model is then elaborated by including

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further perspectives from different fields to form a basic understanding of homesickness for boarding children. Although Tinto main focus was on withdrawal process of student but the model has also been productively used in relation to study other outcomes like student growth (Pascarella & Terenzini, 2005). In his theory, students with some background characteristics such as family background, prior schooling, skills and attributes enter a university. These attributes shape student initial goals and institutional commitments which are subsequently reformulated through the interactions with the academic and social systems of the institution. Gathering of the positive integrations in these systems results in an increasing commitment to the institution which directly steps up student development (Pascarella & Terenzini, 2005; Tinto, 1993).

Change and Transition Model

This model explains that individuals as being morally bond to accept to fulfill new roles that are thought to facilitate them to live in agreement with the host environment. The conversion between giving up previous roles and habits to adopt the novel ones is predominantly stressful. This has been observed in male and female migrant behavior. For instance, in research by the various migrant assisting organizations, some male migrants have been reluctant to perform kitchen and childcare duties in the United Kingdom because in their original cultures such duties are essential feminine Similarly, some female migrants have been reluctant to contemplate work with male colleagues as this might clash with their own culture and religion (Hack-Polay, 2008).

The Dual Process Model (DPM) of Homesickness

Dual process model was introduced by Stroebe and Schutt (1999), to study the homesickness which provides a broad idea of elements which may be homesickness experience and consequences. The DPM has identical results as with Fisher's model. According to this model, homesickness is basically a phenomenon of separation like a mini-grief involving different reactions of stress from new place. It required that homesickness should be closely defined separate inspection of home and new place stressors correlates dogmatic cognitive-emotional processes and incremental effects due to new place stressors need charting. Following Dual

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process model principles, homesickness prevention and treatment should not only focus on distraction and adjustment but also pay attention to missing home aspects and emotion regulation strategies (Stroebe & Schut, 1999).

Dual process model identifies stressors into two types which are loss oriented and restoration oriented. When confronting with the reality of loss the types of loss are relevant to the prophecy of outcome. The concentration on the loss experience itself is referred as loss orientation. The determinants of loss are also referred as missing family and friends at home. Homesickness is regarded as a form of coping with deprivation. In accordance with the theory of attachment, attachment style such as protected or anxious ambivalent can be a strong indicator of homesickness. While the restoration orientation process referred to the prolonged effort of accepting the new environment. Developing a new identity and role is known as restoration-orientation after removal occurs. After parting home the adjustment into the new environment becomes needed in the case of homesickness. In the new situation, individuals tend to have more difficulties coping with the burden that experience a severe displacement and lack the social support and thus more prone to be a homesick. Both tasks one is to come to the loss and another is to adjust to the new environment in coping with homesickness needed by individuals suggested by the model.

The four parameters of Dual process model of homesickness are following. First, the home and new place related stressors described for homesickness parallel the two types of stressors experienced in separation i.e., loss oriented versus restoration oriented postulated by Stroebe and Schut (1999). In the DPM, home related factors cover the concentration on and coping with the separation experience itself. This separation is the essence of homesickness just as the essence of grieving is the death of the loved person. Away related stressors are those to do with the new locality e.g., among students, new social and academic roles and identities are to be formed. These involve efforts to adjust to the concurrent, changed, and demanding situation. Thus, they are not directly the result of separation e.g., students living at home but starting college could experience them, but rather have to do with adjusting to new challenges. However, because the latter may exacerbate missing home e.g., difficulty with studies or coping with finances may cause yearning for

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home where these troubles did not exist, inclusion of this class of stressors in the DPM of homesickness is considered necessary.

Secondly, the dynamic regulatory coping mechanism, labeled oscillation is distinctive too for the DPM. The rationale behind this feature is that one cannot attend to home related and new place related stressors at the same time. Healthy adaptation requires shifting from one to the other domain, as well as taking time off addressing either type of concern. When coping does not take place which is also recuperative and if there is unrelenting, ruminative, home directed thought of coping, it will be maladaptive.

Thirdly, the DPM enables classification of specific separation related complications or pathologies, distinguishing these from new place ones. There are reasons to argue that home related complications incorporate different debilities from new place related ones. Furthermore, complications can arise due to disturbance of the oscillation process. To illustrate, for a minority of persons with extreme homesickness, home preoccupation can take up a large portion of everyday life experience like leaving little time or energy for attention to other activities and avoidance of coping with the challenges in the new place. When intense homesickness feelings pertain home orientation becomes counterproductive. There is lack of the oscillation identified earlier there is little or none of the healthy cognitive emotional regulation in which attention is paid to adjusting to the new environment as well as separating from home and taking time off from coping with either type of stressor e.g., continued involvement with one's hobbies, which provide time out and serve adaptive functions.

Finally, the conceptual analysis of homesickness as a fundamentally grief-like but nevertheless dual process experience also allows for the possibility of understanding spiraling difficulties. This principle is also fundamental to the DPM based as it is on the previous three features. Given the two types of stressor i.e., home and new place with different patterns of correlates and complications, incremental difficulties may occur especially if emotion regulation across the two domains does not take place. For example, for a severely homesick person, problems in the new place may rise through lack of attention to them e.g., neglecting academic subjects may affect performance, which in turn may raise

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anxiety about succeeding at college, and make one miss home even more. Furthermore, maladjustment to the new place may for example lead to co morbid symptomatology general anxiety and depression and aggravate homesickness just as longing for the familiar home environment may intensify maladjustment to the new one. In this context, it is important to note that maladjustment difficulties are not always features of homesickness they can occur in its absence too and homesickness can be experienced without the occurrence of difficulties in adjusting to the new environment. Although they may occur in tandem, this also speaks for considering them separately. The home and new place domains are interlinked but not least for the sake of scientific clarity independent consideration are needed.

Behavioral Problems

Behavioral issues are identified as such reactions or patterns of a child which are not up to the parent expectation, member of the family or community. It is unusual or distorted behavior. It doesn't fit in with or conform to the accepted norms of behavior appropriate to the age, sex and cultural background of the child and also differ from culture to culture and society to society (Hinshaw, 1992). Behavioral problems are of a wide variety like emotional behavioral problems are anxiety, depression, withdrawn-depression, social problems, somatic complaints, attention-thought problems, rule breaking and aggressively behavior. According to a survey conducted by the National Educational Association in USA in (1975) the factors leading to emotional and behavioral problems were found to be irresponsible parents, poor home conditions, irrelevant curriculum, overcrowded class rooms, lack of service for exceptional children and lack of authority of teacher (Kapur, 1995)

The relations was observed from early to middle adolescence for the reason that it is during this period of multiple, interrelated physical, social, and cognitive changes and increasing levels of behavioral autonomy that young people become susceptible to the potential negative peer influence, typically demonstrate an increase in some externalizing behaviors, and may first experience internalizing problems (Maggs, Al- meida, & Galambos, 1995; Moffitt, 1993; Petersen et al., 1993). Adolescence is marked by vast chaos in emotional and behavioral spheres (Rutter, Graham, Chadwick, & Yule, 1976). Moreover, early adolescence is a sensitive period for parents because they must learn to facilitate appropriate levels of autonomy in

their children, relax some control, and remain supportive during a demanding transition (Galambos, & Ehrenberg, 1997).

The adolescent struggles to develop his individuality while still conforming to societal norms (Steinberg, 1987). Rapid urbanization and modernization in society have exposed them to variety of changes. The resultant breakdown in family structure excessive or minimal control confuses the adolescent and makes him or her especially vulnerable to maladaptive patterns of thinking and behavior (Sadock, & Sadock, 2000). Healthy adulthood depends upon successful resolution of these emotional and behavioral problems. All adolescents may not be so fortunate, to get the ideal societal support for this smooth transition. Some develop maladaptive patterns in emotional and behavioral spheres .This augers ill for the individual future resulting in depression, delinquency and suicides among other problems.

The variety of behavior problems caused by chronic exposure to community violence may trigger dysfunctional coping responses in children. Many studies, the majority clinical in nature, reveal that children who confront community violence exhibit a higher than average incidence of regression and depression fear and anxiety and aggressive acting out and poor impulse control (Garbarino et al., 1992; Richters & Martinez, 1993; Osofsky et al.,1993).Children's exposure to community violence has been associated with two broad categories of social emotional problems internalizing and externalizing problem behaviors. Developmental outcomes of broadband behavior problems i.e., externalizing and internalizing dimensions have been of considerable interest to clinical child researchers owing to the high internal consistency and relative stability of these behavior patterns (Achenbach & Edelbrock, 1989; Verhulst, Koot, & Van der Ende, 1994).

Research reveals that behavior problems in the school years frequently endure (Campbell, 1995; Campbell & Ewing, 1990) and that adolescents with serious emotional disorders often have a history of behavior problems that began in early childhood (Moffitt, 1990). Emotional and behavioral problems are among the most prevalent chronic health conditions of childhood and often have serious negative consequences for a child's academic achievement and social development. Parents are frequently the first adults to identify that a child has a serious emotional or behavioral

problem and they play a major role in arranging diagnostic and treatment services for children (Pastor, Reuben, and Duran, 2012).

Bower (1982) defined behavioral problems as a tendency to grow physical symptoms or fears associated with personal and school problems. Inappropriate behaviors and feelings under normal circumstances and a general pervasive mood of depression or unhappiness. Suitable interpersonal relationship with peer and teachers were not maintained. There is failure of learning not due to rational, sensory or health issues. Behavioral Problems are the problems occur when an individual is doing the something wrong at the right time or place or when an individual do something right at the wrong time or place. The label given to the persons when they are compared to the persons with same age and way is with the same amount of guidance and educational background (Martin,et.al.,1987).

According to Lansford et al., (2006) greater level of externalizing behavioral problems were linked to low social competence, having low socioeconomic status and low socioeconomic status of adolescents and adolescents experiencing strict discipline, low observation and low parental knowledge despite whether the child was abused eventually. Greater level of internalizing behavioral problems were result of low social competence, poor socio economic status of adolescents and poor constructive parenting. Research proves that children who are born in the unstable families are at greater risk of problematic behaviors.

Externalizing Behavior Problems

Externalizing problems are identified as problems of under control which include behaviors such as impulsivity, hostility, anger, disobedience, and tough interactions with peers and parents (Campbell, 1995). Nelson and Israel (2003) describe externalizing problems in children as the problems exhibited and targeted at others. These are usually expressed in term of aggression and disruptive behaviors like stealing, bullying etc. The disruptive behaviors are not only associated to school or potential academic settings but also relevant to social association (Hazler, Carney, & Granger, (2006).The externalizing problems are group of conditions i.e., violent behavior, threatening and criminal behavior and hyperactivity. Externalizing behavior problems are characterized by difficulties with attention, aggression, conduct, and

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under socialization. Externalizing behaviors (i.e., hostile, aggressive, conduct problems) in childhood have been implicated in the development of academic problems, other conduct problems, and delinquency concurrently and in adolescence, and criminality and other forms of antisocial pathology in adulthood (Hinshaw, 1992; Parker & Asher, 1987).

Literature indicate that child spontaneous temperament more strongly related to later on externalizing behavioral problems when parents used permissive controlling parenting strategies. Impulsive temperamental characteristics in early childhood also relate to externalizing behavioral problems in later childhood and adolescence (Deater–Deckard, Dodge, Bates, & Pettit, 1998). For example teachers and parent reports of externalizing behavioral problems assessed between ages 9 and 17 years was found to relate to lack of self-control in childhood. Research is started to reveal that family environment and temperamental characteristics interconnect to predict externalizing behavioral problems (Leve, Kim, & Pears, 2005).

Internalizing Behavioral Problems

Internalizing problems are withdrawal, anxiety, fearfulness, and depression. The broadband dimensions thus reflect a difference between fearful, inhibited, over controlled behavior and aggressive, antisocial, under controlled behavior. Internalizing problems are also described as problems of over control which includes symptoms of fearfulness, sadness, social withdrawal, anxiety, or somatic complaints (Campbell, 1995). Internalizing troubles of childhood are defined as problems exhibited seem directed more at the person himself or herself than at others. Children with internalizing behavioral problems often appear withdrawn, fearful and shy. Internalizing behavioral problems are managed within the child rather than being acted out externally in the environment e.g. depression and anxiety (Nelson & Israel, 2003).

Internalizing behavioral problems thus affect individual personally. It is evident from studies that in childhood internalizing behavioral problems like shyness and reserved attitudes in response to social dealings (Biedderman et al., 2001). Extensive researches have been illustrated the effects of leaving home for college. The period of transition from leaving home to entering college is found to be related to students vulnerability to stress (Compas, Slavin, Wagner, & Vannatta, 1986), and

many students leaving home suffer from homesickness, including symptoms such as unhappiness, depression, loneliness and anxiety (Fisher, 1989; Stroebe, van Vliet, Hewstone, & Willis, 2002). However, even though leaving home might hypothetically be an even more stressful experience for adolescents than for university students, far less research has been conducted on high school students. Both externalizing and internalizing problems are the factors for children with early leaving of the parental home into lodging. Internalizing behavioral issues emerge in the form withdrawal, depression, anxiety and fearfulness and are interpersonal in nature (Achenbach, 1992; Campbell, 1995).

The research found that leaving home made adolescents more vulnerable to stress and mental health problems. Creating a life on ones own makes demands on a person ability to cope and behave independently and to take responsibility in various situations. Adolescents moving into lodgings have been uprooted from the stability of home and friends. Moreover, problem solving and coping skills are probably best developed in a stable environment with support and acceptance (Puskar & Ladely, 1992). The challenges stemming from both a new school and a new living arrangement might overload some adolescents coping ability. It might be feasible that some adolescents, who already suffer from internalizing problems, possibly associated with conflicts within family or at school would prefer moving away from home. In a study, however, internalizing problems did not predict moving into lodgings, suggesting that internalizing problems arises after the relocation (Puskar & Ladely, 1992).

Theoretical Framework for Behavioral Problems

Behavioral problems theories highlight the multifaceted operation of precursor circumstances, adjustment level and vulnerability and also the risk and protective components as the cause of negative outcomes (Block & Gjerde, 1990; Cicchetti & Toth, 1998; Rutter, 1990). In the individual the developmental pathways varies that lead to the disorders with the variation in the outcome of particular risk factors (Cicchetti & Rogosch, 1996).

Social Cognitive Theory. Bandura(1977) proposed the social cognitive theory. It is used in psychology, education and communication. According to this

theory, person get knowledge by observing others through social interaction influences one's knowledge through media. In school and college the student incorporation and development experiences can also be tackled by dimension of social cognitive theory. The belief, personal, behavioral and environmental factors which influence each other in a bidirectional mutual manner are the fundamental aspect of social cognitive theory. The self-efficacy beliefs are the fundamental foundation of social cognitive theory which plays a basic role in human inspiration and presentation of behaviors (Bandura, 1991). This schema shows that the observed behavior that is developed by an individual is influenced by the interaction of three factors (a) Personal include the self-efficacy level to perform a behavior and task for example a person has a belief that he or she has the ability to achieve a target, (b) Behavioral factor explains that behavior development is the response that an individual get after performing any specific behavior if that behavior is positively reinforced than the chances to produce that behavior again increased, (c) Environmental in which an individual perform a behavior also influence the ability of individual to succeed. It is assumed that student hard work, hardiness, and accomplishment can be influenced by self-efficacy (Bandura, 1997). Social psychologist agreed that in the environment in which a person spends his life and progressed plays an important role in the development of individual behavior and for individual himself the cognition is also very crucial.

Biosocial Interaction Model

It was first proposed by Raine, Brennan and Farrington, (1997) acts as the framework for guiding studying childhood externalizing behavior. Original model had adult aggression as its outcome. Because of its significant consequence, childhood externalizing behavior requires considerable further study. One important aspect to which this model have explained as concerns the social risk factors for externalizing behavior interaction with biological risk factors, and underlying the causal factors of the problem. In this context, a broad biosocial model of externalizing behavior is presented which is a modification of the biosocial model of violence.

This relatively simple model indicates the relationship between predictors and outcome. Psychosocial and biological risk factors during the pre and perinatal period are viewed as predictors of the outcome of childhood externalizing behavior.

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Psychosocial factors by themselves and biological risk factors by themselves can give rise directly to externalizing behavior. Furthermore, there is a reciprocal relationship between biological risk factors and psychological risk factors, which suggests that some risk factors could be influenced by both biological risk factors and psychosocial risk factors. The model also includes mediating processes that account for the relationship between predictors and the outcome variable, and moderator processes that may disrupt or enhance the interaction relationship.

Psychodynamic Approach

All the theories in psychology include that see human operation based upon the drives interaction and forces within the person particularly unconscious and between the different structures of the personality are based on psychodynamic approach. The original psychodynamic theory was Freud's psychoanalysis. The psychodynamic approach as a whole includes all theories that were based on ideas of Freud. The words psychodynamic and psychoanalytic are often confused. Freud's theories were psychoanalytic, whereas the term psychodynamic refers to both his theories and those of his followers. Freud psychoanalysis is both a theory and therapy. According to Freud (1915), the unconscious mind is the primary source of human behavior. Like an iceberg, the most important part of the mind is the part you cannot see. Our feelings, motives and decisions are actually powerfully influenced by our past experiences and stored in the unconscious.

Psychodynamic theory states that events in our childhood have a great influence on our adult lives shaping our personality. Events that occur in childhood can remain in the unconscious and cause problems as adults. Personality is shaped as the drives are modified by different conflicts at different times in childhood (during psychosexual development. All behavior has cause usually unconscious even slips of the tongue. Therefore all behavior is determined. Psychodynamic theory is strongly determinist as it views our behavior as caused entirely by unconscious factors over which we have no control. Unconscious thoughts and feelings can transfer to the conscious mind in the form of parapraxes popularly known as Freudian slips or slips of the tongue. We reveal what is really on our mind by saying something we did not mean to. Freud believed that slips of the tongue provided an insight into the

unconscious mind and that there were no accidents, every behavior is significant i.e., all behavior is determined.

The Transactional Model

In this theoretical model, it is believed that any individual development is the result of dynamic interactions between a person and the environment, specifically the continuous, bidirectional, and interdependent effects of both entities (Sameroff, 2009). One particular area of emphasis for transactional model is that children and parents bring their own characteristics and behaviors to their relationship, but as each entity interacts with one another across time, each of these entities undergoes change (Sameroff, 2009). Regarding the present study, the transactional model makes it clear that family factors such as change are likely to interrelate with parenting practices and transition to new place (Martinez & Forgatch, 2002). In following the theory, it is important to consider both family structure and family change together in the conceptual model rather than separately because both variables together illustrate how the role of family is dynamic rather than static across time. In understanding the developmental transactions at any level i.e., family, parenting, and children, it is important to look at multiple entities in multiple contexts and how these relate with one another in a transactional manner (Sameroff, 2009).

Factors Contributed to Behavioral Problems

Risk and protective factors do not function independently but influence each other. Keogh and Weisner (1993) suggested that the effects of risk factors vary with changing ecological and cultural contexts. When problematic individual characteristics and risky circumstances lead to poor outcomes, protective factors tend to facilitate better outcomes from an interactive and transactional perspective. The early identification of risk and protective factors, potentially malleable determinants, and their interrelationships may help to develop effective prevention for negative outcomes.

Risk Factors. Risk factors are defined as negative conditions detrimental to child development and increase the likelihood of negative outcomes (Keogh & Weisner, 1993). Werner and Smith (1992) considered biological or psychosocial risks as risk factors increasing the likelihood of negative outcomes. Stressful life situations

may lead to a variety of possible negative developmental outcomes. Risk factors are likely confounded or associated with each other and influence developmental paths. The paths between antecedent risk factors and subsequent outcomes are likely not linear. The causal status of risk factors predicting outcomes may be unclear due to the influence of other unmeasured variables.

Coi and Dodge (1998) presented different factors that are responsible for development and persistence of problematic behavior. First, they pointed that some factors lies within the child her or himself, such as genetic characteristics, inborn factors such as hard personality, psychological and physical influences such as the sex hormones level neuropsychological deficits and autonomic nervous system activity and mental process i.e., intelligence, ethical development and process of social information. These factors seem to effect the development of antisocial behavior. Authors emphasized that these factors always function in interaction with the environment. Parenting style also worsens or inhibits the child tendencies for developing antisocial behavior.

Second, authors focused at environmental factors and social stressors like poverty large family size, family loss and illness and inadequate housing. Children grown up in the unhealthy environment are at high risk for developing problematic behaviors later in life. The authors also emphasize that the influence of these factors are progressive. Children those who had variety of family stressors were at high risk for problematic behaviors as compared to those who experience single stressor. Different factors operating at the same time also have interactive effects. Third, peer rejection and deviant friends matters in the behavior pattern of children. Unusual peer groups cause antisocial behaviors through the modeling and reinforcement.

Protective Factors. Protective factors are defined as conditions that reduce the likelihood of having negative outcomes. The protective factors are conditions facilitating child development positively. On the other hand, protective factors function as mediators and have buffering effects on risk exposure leading to a decreased likelihood or frequency of later problem behavior (Rutter, 1979). Protective factors are environmental contextual factors that arbitrate the expression of potentially damaging natural and psychosocial procedures with the period of time. There are varieties of protective factors like ecological and personal have been identified as

moderators in relationship to risk of outcomes of behaviors. Garmezy (1985) arranged protective variables into three classification, a) dispositional characteristics of individual difference for example high self-efficacy, b) family traits like supporting family and affection and c) community circumstances such as community support and interaction.

Relationship between Behavioral Problems and Homesickness

Both men and women, elders and youth are affected by homesickness. It is a well-known phenomenon that experienced by people of all cultures and all ages. Among homesick sufferers it has been estimated that 10% to 15% have difficulty carrying out daily activities because of reduced physical and psychological functioning (Fisher, 1989; Stroebe, Vliet, Hewstone, & Willis, 2002). Homesickness has an additional impact on students because they are in a period of development and are particularly subject to longitudinal impairment on cognitive, motivational emotional dimensions (Van Tilburg, Vingerhoets, & Van Heck, 1999). Extensive research has looked at the severity and intensity of homesickness among different student populations. Thurber and Walton (2007) indicated that among children and adolescents a relationship existed between severe homesickness and a number of social problems, coping deficits, cognitive failures, feeling of helpless, depression and anxiety. Other research has found similar problems among college students (Constantine, Kindaichi, Okazaki, Gainor, & Baden, 2005; Van Tilburg, Vingerhoets, & Van Heck, 1996). Fisher and Hood (1987) found that homesickness in college students can produce less adaptability to the new environment and higher scores on psychological disturbance and absent mindedness measures. Homesick students also scored lower on self-efficacy than students who were not homesick (Smith, 2007).

Regarding the relationship of behavioral expression with homesickness it is generally manifest as withdrawn, depressed, internalizing behavior. The study by Corp (1971) showed that some homesick boys act in externalizing ways, specifically delinquency, others have nightmares. Perhaps some homesick boys use behaviors such as swearing and cheating to attract surrogate caregivers attention. As Reynolds (1992) has noted, internalizing problems in children frequently have an insidious, covert quality, and often persist unrecognized. While cabin leaders may not have recognized homesickness in some boys because of their atypical externalizing

behavior, other homesick boys may have felt social pressure to be reticent or apathetic. There are also differences in how children have learned or been taught to cope with negative effect. Such differences must affect both their expression of homesickness and their help seeking behavior. Boys and girls coping mechanisms for homesickness is one focus of ongoing research. Children with homesickness are likely to internalize, but also may externalize, as do children with depression (Asarnow, 1992).

Nevertheless intense homesickness can be suffering. There is evidence that homesick persons present with non traumatic physical ailments significantly more than their non-homesick peers. Homesick boys and girls complain about somatic problems and exhibit more internalizing and externalizing behaviors problems than their non homesick peers (Fisher, Frazer, & Murray,1986).Homesickness is a special complicated cognitive, motivational and emotional situation that is associated with many mental preoccupations about the previous environment and the tendency to return to it and usually can be experienced with depressed mood and different symptoms of psychosomatics (Van Tilburg, Vingerhots & van Heck, 1996).Moderately and severely homesick children and adolescents usually report depressed and anxious emotions and exhibit both internalizing and externalizing behavior problems (Brewin, Furnham, & Howes,.1989; Eurelings-Bontekoe, Vingerhoets, & Fontijn,1994; Fisher & Hood, 1987 ; Fisher, Murray, & Frazer, 1985; Hojat & Herman, 1985; Thurber, Sigman, Weisz, & Schm, 1998).

Azizi (2013) described that homesickness feeling is a kind of feeling of loneliness, isolation or confusion that occur because of the failure and separation from the environment people. This condition can occur for all people in all age groups but mostly common in children and adolescents when their previous environment is left. This condition is seen also in the early months of migration, especially among women more than men. Especially those children in puberty period who are in amid of emotional and romantic experiences and refused immigration or their ideas have not been considered in this case they are also more likely to get involved with this phenomenon. Freshmen College or university students especially when they are educating in another city or another country, usually pass this experience.

Among immigrants the problem may mix with being concerned with the consequences of immigration and how to overcome the problems faced but these two things are distinct. Those who are nostalgic are usually sad and depressed. The symptoms include switching away from the others, refusal of participation in activities or actions performed to draw attention. Other behavioral symptoms include crying, insomnia and physical discomfort such as stomach pain, sore throat, headache, nausea and cold symptoms that can be noted. Negative feelings of nostalgia, gradually is lost the through passing time and the person becomes accustomed to the new environment and feel at the home. For example, children who feel homesick in the night camp day or youth who are nostalgic after starting a course in another city probably after getting to know new friends did not notice at all the loss of their emotional states.

Grief and emotional distress may go along with this adjustment process. Moreover, the feeling of loss, the self-doubt and disappointment can emerge in students encountering with the unfamiliar environment at college, potentially triggering self-defeating habits (Elizabeth & Sigal, 2001) New college students experiencing homesickness tend to be lonely, express insecurity in their ability to make close, trustworthy friends, and feel short in social acceptance (Elizabeth & Sigal, 2001). Other studies have also found a significant positive relationship between homesickness and cognitive failures, poor concentration, decreased work quality, lower academic performance and higher scores on anxiety and depression measures (Brewin et al., 1989).

Homesickness has substantial symptoms which are physical, cognitive and behavioral. Sufferers complain of gastric and intestinal pains, lack of sleep, headache, feeling of tiredness and some eating disorders. Baier and Welch (1992), Fisher (1989) and many others noted much evidence to support this claim. Examining the cognitive symptoms of homesickness. Fisher (1989) reveals that there develop in the displaced person obsessive thoughts about home and sometimes simultaneously negative thoughts about the new place. Fisher also identifies a state of absent mindedness in the people affected. There is a tendency to idealize home rather than revisiting the problems one encountered there before. The behavioral symptoms include apathy, listlessness, lack of initiative and little interest in the new environment (Van Tilburg

et al., 1996). A number of expatriate and migrant studies acknowledged that there are numerous and complex relationships between socio-cultural and psychological adjustment (Fisher, 1989). The business consequences of such psychological, physiological and social anomalies are numerous and include lack of motivation, lack of team spirit and poor performance (Deresky, 2010).

The individual degree of psychological damage, as a result of displacement is high and has deeply affected spirits and perhaps personality then they are more likely to display much of the pathological signs explained by Fisher and other psychologists. In addition, the extent to which the new environment in which the international assignee or the migrant lands is supportive determines the degree to which the newcomer experiences difficulties and the extent to which he or she feels homesick. Although most studies of homesickness have been conducted on other groups of migrants, not necessarily expatriates, given the above arguments it may not be unreasonable to attempt to speculate possible generalizations of the conclusions to international assignees and to the social environments in which they arrive. The cognitive and behavioral symptoms of homesickness are likely to lead to emotional problems such as low mood, lack of security, loneliness, nervousness, lack of control and depression (Omi & Winnant 2003).

Role of Demographic Variables in Relationship between Homesickness and Behavioral Problems

Gender. Regarding the rate and intensity of homesickness, gender plays an ambiguous role. Some researchers (Brewin et al., 1989; Fisher et al.,1985; Scopelliti & Tiberio, 2010; Thurber et al., 1999) reported no statistically difference between males and females while Archer et al. (1998) and Stroebe et al. (2002) found female students to have a higher level of homesickness. However, research does support that gender differences exist in the mechanisms of coping with homesickness (Archer et al.,1998; Brewin et al. 1989; Stroebe et al, 2002). Brewin et al., (1989) and Stroebe et al.. (2002) found female students reported more adjustment difficulties and were more inclined to seek social support than males. Similarly, Archer et al. (1998) found that female students had a higher level of intrusive thinking about homesickness, to talk about their feelings with others, to look for those who had similar experience and to elicit supportive interpersonal relationships.

Girls are more likely than boys to report stressful events involving others whereas boys and girls are equally likely to report problematic events that directly affect themselves (Wagner & Compas, 1990). Girls may experience more stress related to simultaneously occurring developmental transitions e.g., puberty and the transition to middle school. Since on average, they mature earlier than boys (Petersen, Sarigiani, & Kennedy, 1991). Adolescent problem behaviors have been frequently dichotomized into two empirically established syndromes reflecting internalizing disturbances including depression, anxiety, withdrawal, and eating disorders and externalizing disturbances including aggression, oppositional disorders, delinquency, and school problems (Achenbach, 1991).Internalizing symptoms were reported more frequently by girls than boys. Significant interactions of gender and time showed that girls reports of depressive symptoms and somatic complaints increased, whereas all internalizing problems declined for boys. More externalizing symptoms delinquency and aggression were reported by boys than girls although delinquency increased for both (Leadbeater, Kuperminc, Blatt,& Hertzog, 1999).

Age.   Age has been emphasized by Thurber and Walton (2007) as a significant factor on homesickness because they regard age as a substitute for experience. Generally, individuals with more experiences away from home are less likely to become homesick than those with little experiences. However, it may not be true when the previous separation is associated with negative experiences. In that case the future separation may trigger negative reminiscence and thus result in expectations to become homesick. From this point of view, age may not have linear relationship with homesickness (Thurber & Walton, 2007). The empirical evidence of age on homesickness is complex. Younger people are predicted to be more homesick than older people (Kazantzis & Flett, 1998; Poyrazli & Lopez, 2007). Eurelings-Bontekoe, Brouwers, & Verschuur, (2000) reported that age did not emerge as a significant predictor of homesickness. The insignificant effect can be ascribed to the narrow range of the ages in the sample, but it also may be due to that the relationship between age and homesickness may be non-linear (Poyrazli & Lopez, 2007).

Achenbach and colleagues (1987) found that younger age groups have higher behavioral problems when compared with adolescents. Children displaying

externalizing behavioral problems at a young age are at a greater risk of developing antisocial behavior, juvenile delinquency and other behavioral disorders in the future (Campbell, 1995). Young children displaying problematic behaviors also tend to have deficits in social and emotional skills (Bierman & Welsh, 1997).

Time Span. Regarding the length of residence in the new location, contradictory results have been reported. Stroebe et al. (2004) found longer durations of stay in the new environment resulted in less homesickness, suggesting the accommodation process was taking place. However, other researchers (Poyrazli & Lopez, 2007; Watt & Badger; 2009; Scopelliti & Tiberio, 2010) did not obtain a statistically significant effect of the residence length in the new location on predicting indiv
iduals experience of homesickness. One possible reason may be due to differences between the two samples. Scopelliti and Tiberio (2010) found in some samples, the range of the durations in the new place may not have been wide enough to show the effect. Also it is quite possible that the length of residence mat not have a linear relationship with homesickness.

Grade. Problem behaviors are of particular concern in middle school, where a contagious youth culture of academic negativism and misconduct can thwart learning and disrupt the school routine. Many early adolescents, engaged in an intense period of development known as the adolescent transition, are poorly prepared for secondary school and highly susceptible to antisocial influences (Points, 1989). The changes in the way middle grade schooling is conducted can promote academic achievement, improve school conduct and mediate the initiation of problem behavior (Kumpfer & Turner, 1991).The transitions to middle school and then to high school are particularly difficult for students who are academically or socially deficient (Seidman et al., 1994)

Rationale of the Present Research

The present research is aimed to find out the relationship between homesickness and behavioral problems among boarding school children. Both of these constructs are very important in the personal, psychological and educational

context. There is need to study how they are related and how they affect the child personal and social functioning in boarding. Homesickness cause behavioral problems or homesickness cause externalizing or internalizing behavioral problems among boarding school children. Literature on homesickness is available for attending boarding school (Fisher, Frazer, & Murray, 1986), attending residential summer camps (Thurber, 1995), attending a college or university (Brewin, Furnham, & Howes, 1989), and armed personals (Vormbrock, 1993).These studies illustrated the phenomenon of homesickness and have drawn a immense attention and interest in the field of psychology for the researchers. Some researches explore how homesickness interacts with other dimensions of students learning experiences in higher education institutions, such as academic behaviors and skills, commitment to a post-secondary degree, emotional intelligence, campus involvement, health, perceived support, bullying and psychological wellbeing (Kulkarni & Patki, 2016) and behavioral problems (Thurber & Sigman, 1998) and role of personality traits and resilience (Khademi & Aghdam, 2012).

With regard to Pakistan, there is scarcity of literature that has explored the relationship between homesickness and behavioral problems among boarding school children. This study however is aimed to fill this gap of literature and study simultaneous relationship of these two variables. The purpose of study is to explore whether homesickness is positively or negatively related to behavioral problems. This study will also examine the demographics variables like gender, age, grade and time span in relation to homesickness. Studies of literature reveals that 90% of boarding school students acknowledge that living in a total institute like boarding has significant impact and changed their perception and interaction with social relationships (Cooksen, Peter, Shweder, & Richard, 2009). In this research boarding school children will be taken as sample because research has documented that severe homesickness in children is associated with social problems, behavior problems and severe symptoms of depression and anxiety (Thurber, 1995; Thurber & Sigman, 1998). The present study will also identify whether these studies are also accurate with Pakistani boarding school students perspective.

Studies are available in Pakistan that explored the impact of hostel life on behavior and personality (Iftikhar & Ajmal, 2015), but particularly there is scarcity in

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research on homesickness. Researches are available in Pakistan that studies behavioral problems there risks and protective factors and prevalence rate. The study conducted in Pakistan reveals that prevalence of child mental health problems was higher than reported in studies from other countries. There was also a gender difference in prevalence boys had higher estimates of behavior i.e., externalizing problems, whereas emotional problems were more common among the females (UllahSyed, Hussein & Haidry, 2009). Behavioral problems in children have been the focus of research for a number of reasons (Walsh, Murrell, Scherbarth, & Kubiak, 2009). First, they effect child's academic, social and personal functioning. Second, they have been on alarming rise (Merikangas, et al., 2010). Studies have been carried out to assess prevalence of behavioral problems in children (Javed, Kundi, and Khan, 1992).

Thus examining homesickness with behavioral problems can reveal more concise results. It is also significant to study the construct of homesickness in Pakistan and in relation with behavioral problems, in this way this study will be beneficial and useful for addition in literature and further research with other constructs. This study will facilitate parents and teachers of educational institutes like boarding in order to know how students view homesickness and what protective measures would be taken to reduce risk factors. This study will guide staff of boarding schools to better meets the needs of students which will decrease homesickness and behavioral issues and promote healthy and significant ways of living.

METHOD

METHOD

In order to study the relationship between homesickness and behavioral problems among boarding school children following objectives and hypotheses are made.

Objectives

1. To see the relationship between homesickness and behavioral problems among boarding school children.

2. To see the demographics (i.e., gender, age, grade, and time span in boarding school) related difference on homesickness and behavioral problems among boarding school children

Hypotheses

1. Homesickness is positively related with behavioral problems among boarding school children.

2. The girls score high on homesickness as compared to boys among boarding school children.

3. The boys score high on externalizing behavioral problems as compared to girls and girls score high on internalizing behavioral problems among boarding school children.

Operational Definitions

Homesickness. The psychological problems including suffering or impairment which is caused by the distance from family, friends and other memorable background (Archer, Ireland, Amos, Broad & Currid, 1998).In the present study homesickness will be measured with the help of homesickness scale (Archer et al., 1998). Higher the score mean higher the homesickness feeling.

Behavioral problems. Behavioral Problems are when the person is doing the wrong thing at the right time or place or when he is doing the right thing at the wrong time or place. Individuals with behavioral problems found to be deviant when compared to the individuals with same age and with the same amount of training and educational background (Martin, 1987). In the present study Child problem checklist

(Tariq &Hanif, 2007) will be used which the derivation of child behavioral checklist (Achenbach, 1991). Higher score on CPCL indicates the presence of problem behaviors.

Instruments

Demographic Sheet. The demographic sheet include the variables of age, gander grade, mother and father education, mother and father occupation and time span in boarding.

Homesickness Scale (HSS). Homesickness Scale (HSS; Archer et al., 1998) has33 items which measure homesickness. It is a five point likert scale and range from *"strongly disagree"*(1) to *"strongly agree"*(5). The high score indicates presence of homesickness. The score range from 33-165. Item number 2,5, 11, 12,18,23,33 are the reversed items. It is Croanbach's alpha for the HSS was .88 (Archer, et.al., 1998).

Child Problem Checklist (CPCL). It is developed by Tariq and Hanif (2007) to identify behavior that are consider problematic and age range 6-18 years. The check list is a likert scale of five points and range from *"strongly disagree"*(1) to *"strongly agree"*(5). This scale includes 68 items with subscales 1 to 35 items include externalizing behavior problem and 36 to 68 items include internalizing behavior problem. The score ranges from 68-340. There is no reversed item. Higher score on the scale means presence of behavioral problems. The reliability of CPCL is .97(Tariq and Hanif, 2007). Cut-off scores for externalizing behavior problems is 103 and for internalizing behavior problem is 96.

Research Design. To compare the internalizing and externalizing problem behavior in two groups of students (girls and boys) and its correlation with homesickness among boarding schools students, a cross-sectional research study has been designed. The behavioral problems were reported by warden and homesickness was reported by boarding schools students.

Sample. The sample includes boarding school children from the age 12 to 18 years.

Table 1

Frequency Table for Demographic Variables (*N*=150)

Characteristics	Frequency	Percentage
Gender		
Boys	90	60
Girls	60	40
Age		
Early adolescents	36	24
Middle adolescents	114	76
Grade level		
Middle	48	32.0
Secondary	55	36.7
Higher secondary	47	31.3
Time Span		
6 months	47	31.3
1 year	41	27.3
2 years	40	26.7
3 years	11	7.3
4 years	6	4.0
5 years	5	3.3

The Table 1 shows the frequency distribution of demographic variable i.e., grade, age, grade level and time span in boarding school. The Tables also shows the percentage of demographics variables. The Frequency and percentage distribution are normally distributed.

RESULTS

RESULTS

Reliability Estimates and Descriptive Analysis of Measures

Reliabilities and descriptive statistics were assessed for the homesickness and behavioral problems checklist and its sub scales i.e., internalizing and externalizing problems. The results revealed are presented in the following table.

Table 2

Descriptive Statistics and Alpha Reliability Coefficient of Scales and Subscales Sample (N =150)

Measures	Items no.	a	M	SD	Skew	Kurt	Range Actual	Potential
HSS	33	.69	95.61	13.22	.11	-.44	65-129	33-165
CPCL	68	.84	144.31	45.01	.99	1.34	70-307	68-340
CPCL(inter)	33	.81	71.54	22.81	1.12	1.25	32-153	33-155
CPCL(exter)	35	.82	70.52	24.44	.70	.61	35-150	35-175

*Note.*HSS=Homesickness scale; CPCL = Children problemchecklist ; CPCL(Inter) = Child Problem Checklist (internalizing) ; CPCL (Exter) = Child Problem Checklist (Externalizing), Skew=Skewness, Kurt=Kurtosis.

Table 2 shows the alpha reliability of homesickness scale, child problem checklist, externalizing and internalizing problems. All the mentioned reliabilities were found to be adequate. Result shows the overall psychometric properties of the scale. This table also shows the computed mean, standard deviation, skewness, kurtosis actual and potential ranges for all the variables and sub scales. The mean score for homesickness was low as compared to potential mean.

Relationship between Homesickness and Behavioral Problems

Pearson correlation was computed to see the relationship between homesickness and behavioral problems and its sub scales i.e., internalizing and externalizing problems. Results revealed through analysis are presented in the following table.

Table 3

Correlation matrix for all the study variables for the total sample of children (N=150)

Sr. No	Variables	HSS	CPCL	CPCL(inter)	CPCL(exter)
1	HSS -				
2	CPCL	.30**			
3	CPCL(inter)	.17*	.94**		
4	CPCL (exter)	.40**	.93**	.75**	-

*Note.*HSS= Homesickness scale; CPCL = Children problem checklist ; CPCL(Inter) = Child Problem Checklist (internalizing) ; CPCL (Exter) = Child Problem Checklist (Externalizing).

The Table 3 shows the positive relationship between homesickness and behavioral problems therefore, prove the hypothesis no. 1 that is Homesickness is positively related with behavioral problems. It means that higher the homesickness in the boarding school children higher will be the behavioral problems among them. Moreover, result indicates homesickness is highly correlated with externalizing behavioral problems as compared to internalizing behavioral problems. Students with more homesickness show aggressive and hostile behavior.

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Gender Differences in Homesickness and Behavioral Problems

To assess gender differences in homesickness and behavioral problems and sub scales i.e., internalizing and externalizing problems independent sample t-test was done. Analysis produces results which are presented in the following table below:

Table 4

Comparison between girls and boys in relation to study variable (N=150).

Variables	Girls (n= 90)		Boys (n=60)				95% CI		Cohen's
	M	SD	M	SD	t(148)	p	LL	UL	d
HSS	99.71	13.04	93.44	12.81	-2.92	.004	-10.52	-2.02	0.48
CPCL	146.76	46.20	142.00	43.43	50.70	-8.09	-11.09	18.6	0.08
CPCL(exter)	50.60	20.42	61.46	25.49	3.34	.001	-17.26	-4.45	-0.47
CPCL(inter)	62.82	21.34	55.68	19.97	2.43	.016	12.94	-1.34	-0.34

Note. HSS = Homesickness scale; CPCL = Children problem checklist ; CPCL(Inter) = Child Problem Checklist (internalizing) ; CPCL (Exter) = Child Problem Checklist (Externalizing).

Table 4 shows the mean, standard deviation, t and p values. Analysis produced a result that girls experience more homesickness than boys. Moreover, the result shows that boys have more externalizing behavioral problems. It means that more homesickness in the girls is related with internalizing behaviors like withdrawn, anxious thoughts and depressive feelings while higher homesickness in the boys is related with more externalizing behavior problems like aggressive and hostile behavior.

Comparison of Age groups in relation to Homesickness and Behavioral Problems

To assess age difference between young and middle adolescents in homesickness and internalizing and externalizing behavioral problems the independent sample t-test was done. Analysis produces results which are presented in the following table.

TABLE 5

Comparison between young adolescents and middle adolescent in relation to study variable (N=150).

Variables	Young Adolescents		Middle adolescents				95% CI		
	M	SD	M	SD	t(148)	p	LL	UL	Cohen's d
HSS	100.58	13.16	94.49	12.96	.03	.01	1.21	11.00	0.46
CPCL	153.75	43.75	141.26	45.17	.31	.14	4.45	29.42	0.28
CPCL(exter)	75.50	25.73	70.29	24.00	.11	.26	4.01	14.43	0.20
CPCL(inter)	75.78	21.62	68.86	23.01	.41	.11	1.65	15.51	0.31

Note. HSS = Homesickness scale; CPCL = Children problem checklist ; CPCL(Inter) = Child Problem Checklist (internalizing) ; CPCL (Exter) = Child Problem Checklist (Externalizing).

Table 5 shows the mean, standard deviation, *t* and *p* values. Results for homesickness indicate that young adolescents have more homesickness than middle adolescents. However result shows no behavioral problems in age difference for young and middle adolescents. It means that there is no age difference in behavioral problems because of homesickness

Group Difference for Grade Level among Boarding Students

To assess grade level differences in homesickness and behavioral problems and sub scales i.e., internalizing and externalizing problems ANOVA was done. Analysis produces results which are presented in the following table.

Table 6

Effect of Grade difference in relation to study variables(N=96)

Variables	Middle		Secondary		Higher secondary						95%CI	
	M	*SD*	*M*	*SD*	*M*	*SD*	*F*	*p*	*i-j*	*D(i-j)*	*LL*	*UL*
HSS	99.27	12.77	97.42	13.44	90.85	12.13	5.67	.004	1>3	8.42	2.04	14.80
									2>3	6.56	.39	12.74
CPCL	149.10	44.76	151.33	49.25	131.04	37.47	3.06	.05				
CPCL(exter)	73.60	25.85	76.71	25.84	63.38	19.06	4.19	.01	2>3	13.33	1.81	24.84
CPCL(inter)	73.19	21.61	72.22	24.85	65.81	21.20	1.49	.22				

*Note.*HSS = Homesickness scale; CPCL = Children problem checklist ; CPCL(Inter) = Child Problem Checklist (internalizing); CPCL (Exter) = Child Problem Checklist (Externalizing).

Table 6 shows the mean, standard deviation, t and p values of young and middle adolescents. Result for ANOVA on grade difference shows that adolescents at middle grade level and secondary grade level have more homesickness than adolescents at higher secondary level. The results for Behavioral problems show that adolescents at secondary grade level have more externalizing behavioral problem than adolescents at higher secondary level. This means that children at secondary grade level those who experience homesickness are more prone to behavioral problems.

Variables Predicting Homesickness

Hierarchical regression analysis was done in order to see which variable explains most variance results are described in the following table

Table 7

Summary of Linear Regression for study variables (N=150)

Variables	B	SE	β	95%CI LL	UL
Constant	56.68	34.40		-11.31	124.68
HSS	1.09	.29	.32	.505	1.68
Gender	-9.00	7.77	-.09	-24.36	6.36
Age	.001	11.17	.000***	-22.09	22.09
Grade Level	-4.35	6.19	-.077	-16.59	7.89
Time Span	1.68	3.10	.048	-4.45	7.82
R^2	.110				
ΔR^2	.079				
F	3.54				

***= p<.005

The table 7 shows the linear regression analysis to check variance between homesickness and behavioral problems. The result reveals that among the boarding school children 11% homesickness cause behavioral problems. β-value shows significant result for homesickness but non-significant results for other demographics variables

Gender as a moderator between Homesickness and Behavioral Problems

The result of moderating role of boredom is as follow

Table 8

Moderating Impact of the gender between Homesickness and behavioral problems (N=150)

Variable	B	SE	β	p	95%CL	
					LL	UL
Constant	103.45	76.69	-	.19	.189	103.19
HSS	.584	.83	.33	.48**	.583	1.66
Gender	.383	.55	-.118	.49	-25.33	3.71
HSS_Gen	-47.99	54.6	-.524	.38	155.90	59.91
R^2	.10					
F	5.86					
R^2 Change	.107					
R^2Adjusted	.089					

**= p<0.5

Table 8 shows result of moderation analysis. Results show that gender does not predict homesickness and behavioral problems. The β value is significant for homesickness and non-significant for behavioral problems and gender. The interaction between homesickness and gender also shows no significant results.

DISCUSSION

DISCUSSION

The aim of present study was to explore the relationship between homesickness and behavioral problems among boarding school children. Homesickness is a special complicated cognitive, motivational and emotional situation that is associated with many mental preoccupations about the previous environment and the tendency to return to it and usually can be experienced with depressed mood and different symptoms of psychosomatics (Van Tilburg, Vingerhots & van Heck, 1996).The current study has shown that homesickness is a critical issue for displaced children. This could affect expatriates and multinational organizations to a large extent. Evidence (Deresky, 2010) suggests that it is a serious issue with potentially damaging impacts if it is not remedied. Homesickness is a condition that many psychologists see as an illness (Fisher, 1989; Van Tilburg et al., 1996), with important manifestations that have bearings on performance. For example, the displaced person could be irritable, sad, uncooperative and lacking initiative and drive.

Externalizing behavioral problems were linked to high impulsivity, low control effort and negative emotional problems, particularly anger and patterns of change also related to these variables. Internalizing behavioral troubles was related with low impulsivity, depression and high level of anger. Low attention control effort was linked to internalizing behavioral issues with orientation to modify in maladjustment (Eisenberg, et al., 2001). Homesickness can lead to the shortage of reassuring relationships and feelings of loneliness and predisposing the risk of anxiety, depression and consumption of drug and alcohol and even suicide (Archer, Irland, Amus, Broad & Currid, 1998). Many researchers believe that most of the students, who suffer from homesickness, are captive in their weakness and do not act courageously in the field of social interaction, especially in making connection and receiving support from others (Azais, Granger, Debray & Ducroxi, 1991).

There is gap in literature that study simultaneous relationship of these two variables. The purpose of study is to explore whether homesickness is positively or negatively related to behavioral problems and if it is positively related then either homesickness cause more externalizing or internalizing problems. This study will fill

the gap by studying simultaneous relationship of study variables. Few researches have explored the relationship between homesickness and behavioral problem. The present study was also aimed to explore the mediating role of gender, age and grade level on homesickness and behavioral problems. With the purpose of meeting the objective of study data was collected from boarding schools of Rawalpindi and Islamabad. The students of middle, secondary and higher secondary were included and their ages range from 12 to 18.

The objective of this study was accomplished through data collection from boarding school students using the homesickness scale (Archer et. al., 1998) and Child Problem checklist (Tariq & Hanif, 2007). Both of these scales have good alpha reliability (see table 2). The skewness and kurtosis for scales was measured to know whether the data is according to the assumptions of normality. Skewness and Kurtosis value is between +1 and -1, which shows that data is normally distributed (Field, 2005). The descriptive table shows that mean score of homesickness was low as compared to potential mean (see table 2). The factors for homesickness fall into different categories like experience, personality, family, attitude and environment. Experience factors mean little previous experience away from home, little or no previous experience venturing out without primary caregivers. The Attitude factor involve the belief that homesickness will be strong because of negative first impressions and low expectations for the new environment; perceived absence of social support; high perceived demands (e.g., on academic, vocational or sports performance); great perceived distance from home. The personality factor include insecure attachment relationship with primary caregivers; low perceived control over the timing and nature of the separation from home; anxious or depressed feelings in the months prior to the separation; low self-directedness; high harm avoidance; rigidity; a wishful-thinking coping style. The family factors involve low decision control, unsupportive caregiving. The environmental factors: High cultural contrast (e.g., different language, customs, food), threats to physical and emotional safety, dramatic alternations in daily schedule, lack of information about the new place; perceived discrimination.

Correlation between Homesickness and Behavioral Problems. Bivariate correlation analysis was performed to explore the relationship between Homesickness and Behavioral Problems. First hypothesis was that there is a positive relationship

between homesickness and behavioral problems. The presence of feeling of homesickness may cause the behavioral problems in the individual especially when child could not meet the demands and adjust into new environment. Boarding is a place where strict routines have to be followed by pupils. Analysis has shown that there is statistically significant positive relation between homesickness and behavioral problems. Homesickness is also positively related with externalizing and internalizing behavioral problems (Table 3). The hypothesis thus accepted and is supported by already exiting literature. Children and adolescents with moderate and severe level homesick feeling typically report depressed and anxious emotions and also display internalizing and externalizing behavior issues (Brewin, Furnham, & Howes,1989 ; Eurelings- Bontekoe, Vingerhoets, & Fontijn, 1994; Fisher& Hood, 1988; Fisher, Murray,& Frazer, 1985; Hojat& Herman, 1985; Thurber, Sigman, Weisz, & Schm,1998). Therefore, increase in homesickness will cause increase in behavioral problems among boarding school children.

Comparison of Demographic Features among boarding school children

Gender Difference in relation to homesickness and behavioral problems. Analysis produced for gender difference shows significant results for homesickness. The result on gender difference in relation to homesickness accepted the hypothesis that "girls experience more homesickness than boys in boarding schools" and supported by the study that girls tend to have a high level of homesickness than boys (Archer et al., 1998 & Stroebeet al., 2002).It means that in a institute like boarding where children are mandatory to follow rules and regulations and fixed routines without free will the girls experience more homesickness than boys. Analysis also produced significant results for gender difference on externalizing and internalizing behavioral problems and thus proved the hypothesis that "The boys score high on externalizing behavioral problems as compared to girls and girls score high on internalizing behavioral problems among boarding school children". From childhood to adolescence continuities and discontinuities in behavioral and emotional problems are moderated by gender. Internalizing problems increases in adolescent girls as compared to boys (Angold & Rutter, 1992). On the other hand, the rates of externalizing problems from childhood to adolescence increase for boys and decrease

for girls (Lewinsohn, Hops, Roberts, Seeley, & Andrews, 1993; Zahn-Waxler, 1993). This means that students of boarding who are homesick exhibit behavioral issues because they have restrictive environment and are strict routines to perform activities they are not allowed to do anything freely so the behavioral problems occurs.

Comparison of age groups. Students in the sample were young and middle adolescents two age groups were formed young adolescents (11-14) and middle adolescents (15-19) (Holmbeck, et al., 1995). Mean difference was explored for these two age groups on homesickness and behavioral problems. Results shows that students in young adolescents have high scores on homesickness and significant result were found only for homesickness which indicates that young adolescents have more homesickness than middle adolescents. The reason that young adolescents are more sensitive and in a developing stage where detachment from home can be fatal. This is also explained by the study that older individuals are predicted to be less homesick than younger individual (Kazantzis & Flett, 1998; Poyrazli & Lopez, 2007). The analysis on behavioral problems shows mean difference but non-significant result.

Group difference for grade level among students. To study the effect of grade level on study variables ANOVA results produced a significant value for homesickness. It means that adolescents at middle grade level and secondary grade level have more homesickness than adolescents at higher secondary level. Thoroughly observing the mean difference Post-Hoc analysis has been done. In case of behavioral problems analysis produced nonsignificant results. It means there is no difference in behavioral problems among different grade levels. Analysis produced significant result for externalizing problems which shows that adolescents at secondary grade level have more externalizing behavioral problem than adolescents at higher secondary level. There is scarcity of literature on group difference for grade level for homesickness. Hierarchical regression analysis was done to see the predicting role of demographic variables (gender, age, grade and time span). The result shows that overall 23% variance behavioral problems are caused by homesickness.

Implications

The findings of this study provide important implications for higher education personnel including higher education administrators, faculty, advisors, mental health counselors of boarding schools, parents and students.

- The present findings assist the understanding of students homesickness. The strength of homesick distress varies along a continuum i.e., from mild to severe. Therefore, helping students cope with homesickness. Practitioners are expected to distinguish students who suffer damaging thoughts and feelings of separation from those with normative feelings.

- Parents, students and advisors are encouraged to openly discuss the feelings and concerns about staying away from home, such as missing friends, family etc. Students should be assured that feelings of missing home are normal and happening to everyone. However, if students demonstrate symptoms of keeping thinking about home and feel tens all the time, education practitioners should intervene to provide timely treatment strategies.

- The importance of academic and social integration and institutional commitment in directly shaping students homesick distress. Collaboration among institute administrators, faculty, advisors and parents will improve the quality of efforts to help students reduce adjustment stress which in turn restructure the intensity of homesick distress and behavioral issues.

- The activities include stimulating friendships between boarding students through various opportunities. Homeland festivals, multicultural events, role plays etc. Such social activities can help reduce misunderstanding and lead to an increased mutual acceptance which serves as an important social support for students in the acculturation process.

- Behavioral and emotional problems and management are to be introduced as part of education curriculum. Training workshops on emotional and behavioral problems in students shall be conducted to parents and teachers and students as well.

- Schools should protect and maintain social, moral and educational values by organizing cultural programs, debates etc.

- Psychologists and counselors should work and conduct research and community workshops for giving services and suggest educational institutes towards students behavior modification.

Limitation and suggestions

Despite of detailed work, research has following limitations and suggestions as well.

- The data are collected from students and wardens of different boarding schools. Every school had their own rules and regulations, routines and activities. Therefore, students reporting homesickness is different differ across the schools. The future exploration should continue the data drawing out and test our findings within a more specific sample from one institute to check whether the findings relating to comparison of homesickness among various student sub-populations (e.g. age groups, gender, time span etc.) hold true at each education settings.

- Another drawback is that the warden-reported questionnaire which is child problem checklist has been reportedly with biasness and negligence which somehow affected the results of present study.

- In order to improve the power of the study, future research can include variables that are not collected in the current study. For example, in addition to parental education, future research can include other variables relating to students like social economic status, residential period etc. It is also beneficial to have information on student attachment style, decision control, geographic distance from home, frequency and methods of contacting with home, quantity and quality of social activities in the new school etc.

- The result findings on young adolescents and middle adolescents revealed that young children experienced more homesickness than young adolescent. However, the results on behavioral problems there was no age difference. The future study can explore the influence of relevant institutional characteristics and academic activities for young and middle homesick adolescents.

- The findings for grade levels revealed that middle grade level students were more prone to homesickness as compared to secondary and higher secondary grade level students. The future studies can explore the personality and environmental factors for more precise findings.

- The future researchers can also conduct longitudinal studies, i.e. to follow students through the time since enrollment. The time span and geographical distance can be studied in future researches to find out how students perceive homesickness. Student perception of homesickness may be changing over time, and the longitude data can provide very beneficial information about students experiences along different stages.

Conclusion

The purpose of current study was to explore the relationship between homesickness and behavioral problems among boarding school children. Results showed that the homesickness is positively related with behavioral problems. There is a significant gender difference on homesickness and behavioral problems. The other demographics like age and grade also shows significant results for homesickness and nonsignificant results for behavioral problems which show that boys and girls are equally prone to homesickness and behavioral problems. Homesickness is perceived as natural education experience in the transition from home to boarding school or from college to university. The results of this study not only extend the body of knowledge to specifically examine how different forces individually and collectively influence homesickness, but also serve as an inspiration for higher education personnel to develop and apply effective prevention and intervention strategies, in order to improve the intensity of homesick distress and promote a better transitional experience

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APPENDICES

Homesickness Scale

Instructions: Tick the one right option that correctly explained your condition.

Sr. No	Statement	Strongly Disagree	Somewhat Disagree	Neutral	Some what Agree	Strongly Agree
1	I can't help thinking about my home					
2	I can't concentrate on my work because I'm always thinking about home					
3	When I'm thinking about nothing in particular my thoughts always come back to home					
4	I hardly ever think about my home					
5	There is so much going on here that I hardly ever think about home					
6	I visit home as often as I can					
7	I communicate with my family every week					
8	Thinking about home makes me cry					
9	I dream about my friends at home					
10	I've settled in really well at the boarding school					
11	If I ever went home for the weekend I wouldn't want to come back					
12	I try to make my room like that at home					
13	I rarely communicate with home					
14	I hate this place					
15	I hardly ever visit home during the session					
16	I am drawn towards people					

	who come from my hometown					
17	I get really upset when I think about home					
18	I am really happy to be here at the boarding school					
19	It upsets me if I am unable to phone home each week					
20	I can't concentrate on my work					
21	I feel empty inside					
22	I avoid going home because it would be too upsetting					
23	I wish I had never come to the boarding school					
24	I dream about my home					
25	I try to shut off thinking about my home					
26	The people here annoy me					
27	I can't seem to settle here at the boarding school					
28	I often dream about my family back home					
29	My parents pushed me into coming to boarding school					
30	I feel as if I've left part of me at home					
31	I blame myself for having come to boarding school					
32	I feel restless here					
33	If I go home for the weekend I feel excited at the prospect of coming back to boarding school					

Children Problem Checklist

ہدایات:

سوالنامہ میں دیئے گئے بیانات کو غور سے پڑھیں اور سامنے دیئے گئے جوابات میں سے آپ کے خیال میں جو جواب اس بچے کے کردار کی درست عکاسی کرتا ہے، اس پر (✓) کا نشان لگائیں۔ براہ مہربانی کسی بیان کو خالی نہ چھوڑیں۔

ہمیشہ درست	کافی حد تک درست	کسی حد تک درست	بہت کم درست	بالکل درست نہیں	بیانات	نمبر شمار
					دوسروں کو مارتا / مارتی ہے۔	1
					غصے سے بے قابو ہو جاتا / جاتی ہے۔	2
					غصے میں چیزیں توڑ پھوڑ دیتا / دیتی ہے۔	3
					گھر میں کسی کی بات نہیں مانتا / مانتی۔	4
					بد تمیز ہے۔	5
					خیالوں میں کھویا رہتا / رہتی ہے۔	6
					حسد کرتا / کرتی ہے۔	7
					شرماتا / شرماتی ہے۔	8
					ڈر پوک ہے۔	9
					کلاس میں حصہ نہیں لیتا / لیتی۔	10
					کم گو ہے۔	11
					چیزیں چراتا / چراتی ہے۔	12
					دوسرے بچوں کے مقابلے میں زیادہ توجہ چاہتا / چاہتی ہے۔	13
					بڑوں کی توجہ کے بغیر کام نہیں کرتا / کرتی۔	14
					اکیلا رہنا پسند کرتا / کرتی ہے۔	15

ہمیشہ درست	بالکل درست	کافی حد تک درست	کسی حد تک درست	بہت کم درست	بالکل درست نہیں	بیانات	نمبر شمار
					—	جھوٹ بولتا / بولتی ہے۔	16
	—					موقع ملنے پر دھوکا دینے سے نہیں چوکتا / چوکتی۔	17
						دوست نہیں بناتا / بناتی۔	18
						دوسروں سے گھلتا ملتا / گھلتی ملتی نہیں ہے۔	19
						پریشان رہتا / رہتی ہے۔	20
						فکر مند رہتا / رہتی ہے۔	21
						خود کو بے وقعت محسوس کرتا / کرتی ہے۔	22
						خود کو تنہا محسوس کرتا / کرتی ہے۔	23
						ندامت محسوس کرتا / کرتی ہے۔	24
						دل کی بات نہیں بتاتا / بتاتی۔	25
						بے ڈھنگا / ڈھنگی ہے۔	26
						ضدی ہے۔	27
						بڑوں سے چپکا رہتا / رہتی ہے۔	28
						خود کو مظلوم محسوس کرتا / کرتی ہے۔	29
						اپنے سے کم عمر بچوں جیسی حرکتیں کرتا / کرتی ہے۔	30
						باتونی ہے۔	31
						گھر سے بھاگ جاتا / جاتی ہے۔	32
						اسکول سے بھاگ جاتا / جاتی ہے۔	33
						چیختا چلاتا / چیختی چلاتی ہے۔	34
						لڑائی جھگڑا کرتا / کرتی ہے۔	35
						محسوس کرتا / کرتی ہے کہ کوئی اسے پیار نہیں کرتا / کرتی۔	36
						دوسرے اسے تنگ کرتے ہیں۔	37

ہمیشہ درست	اکثر درست	کسی حد تک درست	بہت کم درست	بالکل درست نہیں	بیانات	نمبر شمار
					اداس رہتا/رہتی ہے۔	38
				—	کام میں سست ہے۔	39
					کڑھتا رہتا/کڑھتی رہتی ہے۔	40
					الجھا ہوا رہتا/رہتی ہے۔	41
					محسوس کرتا/کرتی ہے کہ کوئی اسے پسند نہیں کرتا/کرتی۔	42
					اپنے سے کم عمر بچوں کی صحبت میں رہنا پسند کرتا/کرتی ہے۔	43
					اپنے سے بڑے بچوں کی صحبت میں رہنا پسند کرتا/کرتی ہے۔	44
					ڈراؤنے خواب دیکھتا/دیکھتی ہے۔	45
					کچھ الفاظ کی ادائیگی میں مشکل پیش آتی ہے۔	46
					ہکلاتا/ہکلاتی ہے۔	47
					دوسروں کو تنگ کرتا/کرتی ہے۔	48
					خود سر ہے۔	49
					نظم و ضبط (Discipline) پابندی نہیں کرتا/کرتی۔	50
					کلاس میں اساتذہ کو تنگ کرتا/کرتی ہے۔	51
					بغیر سوچے سمجھے کام کرتا/کرتی ہے۔	52
					دوسروں کو الٹے سیدھے ناموں سے پکارتا ہے/پکارتی ہے۔	53
					اپنے جذباتی پن سے پریشان رہتا/رہتی ہے۔	54
					خوف زدہ رہتا/رہتی ہے۔	55
					اسکول سے گھبراتا/گھبراتی ہے۔	56

ہمیشہ درست	کافی حد تک درست	کسی حد تک درست	بہت کم درست	بالکل درست نہیں	بیانات	نمبر شمار
					اپنے کاموں میں دوسروں کی دخل اندازی برداشت نہیں کرتا/کرتی ہے۔	57
					بلاوجہ بحث کرتا/کرتی ہے۔	58
					دوسروں کو دھمکاتا/دھمکاتی ہے۔	59
					ٹک کر نہیں بیٹھتا/بیٹھتی۔	60
					بلاضرورت حرکت میں رہتا/رہتی ہے۔	61
					غصے میں خود کو نقصان پہنچاتا/پہنچاتی ہے۔	62
					جسمانی شکایات/مسائل ہیں۔	63
					اپنے جذبات کا اظہار نہیں کر پاتا/پاتی۔	64
					صفائی کے بارے میں فکر مند رہتا/رہتی ہے۔	65
					گھبراہٹ محسوس کرتا/کرتی ہے۔	66
					دوسرے بچے اسے پسند نہیں کرتے۔	67
					دوسروں کی چیزیں توڑ پھوڑ دیتا/دیتی ہے۔	68
					نظم و ضبط کی پابندی نہیں کرتا/کرتی۔	69