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RESEARCH REPORT

Adaptation to British universities: homesickness and mental health of Chinese students

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ABSTRACT This paper examines the psychological reactions towards university transition with cultural relocation. Both personal factors (cognitive failures, locus of control) and environmental factors (perceived academic and social demands) are considered in this specific stressful context. General psychological symptoms and homesickness were measured. Results from a prospective study showed that homesickness is a common psychological reaction amongst Chinese students studying in Britain. This was quite separate from other psychological symptoms, and the two were influenced by different personality and environmental factors.

Introduction

Transition to university is a major life change for the young. Fisher & Hood (1987) found that first-year students showed elevated psychological distress after the transition to university, Fisher et al., (1985) also demonstrated that features of the new place interact with personality factors to precipitate the experience of homesickness. Naturally, transition to a foreign university along with cultural relocation, which involves both being away from home and radical environmental changes, is likely to be more stressful. This paper chose to study overseas Chinese students who came from mainland China to attend British universities. Since the early 1980's, the population of mainland Chinese attending western universities has been increasing dramatically. As the cultural differences between the long-isolated China and the West are considerable, these Chinese students are under risk of severe cultural shock and likely to experience various problems associated with the cultural adjustment. Although foreign students have been subjects of psychological studies before (Argyle et al., 1984), no published research has yet been done on this increasing mainland Chinese population.

Previous work has focused mainly on feature analysis of the homesickness, and the increment in psychological symptoms and cognitive failures as dependent variables. To facilitate further understanding of the university transition, it is
important to examine what personal qualities or environment factors increase or decrease mental health and homesickness.

In this paper, we selected liability to cognitive failures and locus of control as personal factors on the following grounds.

(1) High frequency of cognitive failures, such as daily action slips, is regarded as a vulnerability factor to stress. One study (Broadbent et al., 1982) showed that nurses with high scores on the Cognitive Failure Questionnaire (CFQ) were more likely to develop symptoms of a neurotic type when they encountered stressful working conditions. Cognitive failures measured by the same scale showed an increment as a stress outcome in Fisher & Hood’s (1987) study. Therefore, it is of interest to clarify the role of cognitive failures in the process of university transition.

(2) Locus of control is another popular variable in stress research since the mid-1960’s (Lefcourt, 1976). People who believe in internal locus of control apparently tend to view life changes as challenges and make the best use of their resources to minimize the impact of stress. In contrast, people who believe in external locus of control apparently tend to regard life changes as threats and easily develop helplessness and hopelessness. Facing a major change like university transition or cultural relocation, it is plausible that holding an internal locus of control may be beneficial to adaptation.

Viewing stress as a person-environment transaction, it is also important to take perceived environmental demands into consideration. The crucial task facing people going to a foreign university is to learn to study and to live in an unfamiliar environment. High academic and social demands can be great threats to people’s personal resources and make them vulnerable to stress. Therefore, it is hypothesized that people who perceive high environmental demands may experience more difficulties in adjustment.

Previous data (Fisher & Hood, 1987) showed that both psychological symptoms and homesickness were provoked by university transition, and they might therefore be evoked by the same stressor. Based on some encouraging results from a preliminary cross-sectional study among overseas Chinese students, a prospective study was conducted in the context of transition to a British university. The main aims of this study are to: (1) establish the occurrence of homesickness as an adverse reaction in this overseas Chinese population; (2) clarify the relationship between mental health and homesickness; and (3) study to what extent the adverse impact of the stressful life change can be altered by both perceived environmental demands and personal resources.

Method

Procedure

There were two test sessions. Subjects completed the first inventory (including demographic information, personality and mental health) within their first two weeks in the UK. They completed the
second inventory (including measurements of perceived demands, homesickness, personality and mental health) after they had stayed in British universities for two months.

**Sample**

Forty-nine newly arrived Chinese students and visiting scholars completed both inventories. The sample was composed of 40 males and 9 females, with a mean age of 30.2 years and a standard deviation of 7.7.

**Materials**

**Independent variables.** Cognitive failures were measured by a short form of the Cognitive Failures Questionnaire (CFQ) (Broadbent et al., 1982) containing 12 high loading items. Locus of control was measured by a modified version of the Sphere of Control Battery (Paulhus & Christie, 1981), containing the Personal Efficacy and Interpersonal Control scales.

There were two scales measuring perceived academic and social demands with 5 and 9 items, respectively. Subjects were asked to rate their frequencies of having difficulties in meeting a particular demand of a 5-point scale, ranging from “never” (0) to “very often” (4). Examples are: “Do you have language difficulties in academic work?” and “Do you have difficulties in making English friends?”

**Dependent variables.** Psychological symptoms were measured by a modified version (25 items) of the Middlesex Hospital Questionnaire (MHQ) (after Broadbent et al., 1984).

Homesickness was indicated by initial and present homesick experience, which were measured in frequency on the same 5-point scale described above. There were four items in the Initial Homesickness Scale. They were: (1) Did you feel homesick on your first arrival? (2) Did you want to go home, if possible, on your first arrival? (3) Did you miss your family on your first arrival? (4) Did you miss your friends on your first arrival? The Present Homesickness scale had only one item: Do you feel homesick now? These characteristics of the homesickness syndrome were derived from the Fisher et al., (1985) study on British students, and were those most often mentioned in the self-definition of homesickness.

Finally, sex, marital status and length of expected stay in the UK were also obtained.

**Results**

**Descriptive data**

Since the personality traits and mental health were measured at both times, *t*-tests were conducted to compare each pair of measures on the same scale. No difference between scores on the personality traits were found, which indicated that cognitive failures and locus of control are stable personal factors. Since there were more items in the Initial Homesickness Scale than in the Present Homesickness Scale, comparison was made between scores on the latter scale with average scores per item on the former one. However, there was no significant difference. Contrary to the popular proposition that university transition would cause an increment in symptoms, subjects actually reported less psychological symptoms at Time 2 (*t* = 3.41, *p* < 0.01).

**Sub-groups comparisons**

More homesick and less homesick groups were divided by the sample mean score on
the Homesickness Scale. Subjects who had scores higher than the mean (8.4) were in the more homesick group, while those who had scores lower were in the less homesick group. T-tests showed that the two sub-groups did not differ significantly on any other variables.

However, some sex differences were found. At Time 1, women tended to have a higher level of cognitive failures ($t=3.45, p<0.01$), and to report more symptoms ($t=3.34, p<0.01$). These results perhaps indicate that they encountered the life change with relatively higher baseline levels.

**Correlations and regressions**

Since personality traits were stable over time, scores at Time 1 were used in all the correlation and regression analyses.

Table I presents the correlation matrix. First, age did not correlate with any variables. Although this sample was older and hence not representative of the university population, age does not seem to be an important factor in this university transition context. Second, sex correlated with reported cognitive failures and mental symptoms at Time 1, which was consistent with the results of t-tests. Third, CFQ correlated negatively with internal locus of control, and both correlated with symptoms, but in the opposite directions. Internal locus of control also correlated with less perceived academic and social demands. Fourth, perceived academic and social demands were interrelated, and both correlated with present homesickness. Finally, initial and present homesickness were highly interrelated.

Using multiple regression analyses (see Table 1), the present homesickness was predicted by initial homesickness and by perceived social demands, which accounted for 44% of the variance. Furthermore, the social demands were still a significant predictor even when the symptoms at both times and initial homesickness levels were controlled ($\beta=0.32, p<0.05$).

Locus of control and cognitive failures predicted mental health at Time 1. They accounted for 49% of the variance. However, for mental health at Time 2, only mental health at Time 1 was a significant predictor, which accounted for 37% of the variance.

**Discussion**

In this overseas Chinese sample, every subject reported homesickness. Bearing in mind that there was no difference between the more homesick and less homesick groups in personality, perceived demands or symptoms, we are able to conclude that homesickness is a general widespread phenomenon resulting from studying abroad. In other words, homesickness as a specific outcome of this stressful life change, which is likely to affect all the population concerned, is not apparently altered by personal factors. This is, of course, not good news. However, recognizing and understanding these Chinese students’ emotional suffering and various problems will no doubt facilitate helping efforts.

Another interesting finding concerns differences between homesickness experi-
<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>SD</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tr>
<td>(3) CFQ(1)</td>
<td>16.7</td>
<td>5.1</td>
<td>-0.16</td>
<td>0.50+</td>
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<td></td>
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<td>(4) Control (1)</td>
<td>91.3</td>
<td>12.0</td>
<td>0.00</td>
<td>-0.29</td>
<td>-0.35*</td>
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<tr>
<td>(5) Academic demand</td>
<td>18.3</td>
<td>5.1</td>
<td>-0.15</td>
<td>-0.16</td>
<td>0.05</td>
<td>-0.38†</td>
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<tr>
<td>(6) Social demand</td>
<td>9.6</td>
<td>3.1</td>
<td>-0.03</td>
<td>-0.25</td>
<td>-0.06</td>
<td>-0.38†</td>
<td>0.72†</td>
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<td>(7) Initial homesick</td>
<td>8.4</td>
<td>4.4</td>
<td>-0.02</td>
<td>0.02</td>
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<td>0.20</td>
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<td>(8) Present homesick</td>
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<td>1.0</td>
<td>-0.05</td>
<td>0.00</td>
<td>-0.06</td>
<td>-0.07</td>
<td>0.32*</td>
<td>0.45†</td>
<td>0.57†</td>
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<td>(9) MHQ (1)</td>
<td>15.5</td>
<td>5.0</td>
<td>-0.09</td>
<td>0.48†</td>
<td>0.57†</td>
<td>-0.58†</td>
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<td>(10) MHQ (2)</td>
<td>12.8</td>
<td>5.9</td>
<td>0.21</td>
<td>0.21</td>
<td>0.21</td>
<td>-0.33*</td>
<td>0.21</td>
<td>0.27</td>
<td>0.00</td>
<td>0.15</td>
<td>0.61†</td>
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* p<0.05  † p<0.01
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<tr>
<th>Source</th>
<th>$R$ square</th>
<th>Significance of change</th>
<th>$\beta$</th>
<th>$df$</th>
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<tr>
<td>Initial homesickness</td>
<td>0.33</td>
<td>0.0001</td>
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<td>Social demands</td>
<td>0.44</td>
<td>0.01</td>
<td>0.34</td>
<td>46</td>
<td>$p&lt;0.0001$</td>
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<td></td>
<td></td>
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<tr>
<td>Control</td>
<td>0.33</td>
<td>0.0001</td>
<td>-0.43</td>
<td>47</td>
<td>$F=13.97$</td>
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<tr>
<td>CFQ</td>
<td>0.49</td>
<td>0.0002</td>
<td>0.44</td>
<td>46</td>
<td>$p&lt;0.0001$</td>
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<tr>
<td><strong>Mental health at Time 2</strong></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>MHQ (1)</td>
<td>0.37</td>
<td>0.0001</td>
<td>0.60</td>
<td>47</td>
<td>$F=10.69$</td>
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</table>
Homesickness and mental health

Firstly, while homesickness and mental health each related to certain personal and environmental factors, there is no obvious relation between these two factors. Secondly, as time elapses, the psychological symptoms tend to decrease, but the homesickness remains stable and lasting. One explanation might be that the higher level of symptoms before subjects actually entered universities was induced by anticipatory stress. Thirdly, mental health is altered by personality predispositions, such as cognitive failures, and locus of control, but unaffected by environmental factors. Homesickness on the other hand, is altered by perceived environmental demands, especially social demands, but independent of the personal factors studied. Therefore homesickness and mental ill-health are probably different in nature, involve different processes, and are affected by different mechanisms.

Several differences between this study and the existing literature on university transition (see Fisher et al., 1985) warrant comments. First, unlike previous work, this study adopted a prospective design and employed correlation and regression analyses; both personal and environmental factors were considered in the context of university transition. All these have enabled us to go well beyond a feature analysis of homesickness. Second, it is reported in the literature that homesickness as a response to university transition only affects one-third of the student population. However, adopting the same binary classification method, the rate of homesickness in this study for Chinese students is 94.9%. If the classification is done more accurately, using mean scores on the Initial and Present Homesickness scales, then 69% students reported more initial homesickness, and 85% reported more present homesickness. Since data reported in the literature is on British samples, and the data presented here is on a Chinese sample, one explanation is simply the cultural difference. It might be that the Chinese perceive university transition as more stressful than the British. The perception of an event is affected both by personal values and social attitudes. Due to the extremely slim chance of going to a university in China, the transition is viewed by the public as a major event. Although it is a positive one, it is thought demanding and difficult by both the student and the family. The much stronger links in the Chinese family may also contribute to the homesickness. Third, Fisher et al., (1985) have reported a finding of an increment in both mental symptoms and cognitive failures, which is contradictory to the present results. Using the same CFQ, it has been found that scores did not change over the course of university transition, regardless of the accompanying cultural relocation. This result is consistent with other findings in the literature (Broadbent et al., 1982), which has confirmed the role of cognitive failures as a stress vulnerability factor, but not as a stress outcome. Similarly, using the same MHQ scale, it has been found that mental health actually improved over time. Furthermore, mental health soon after the transition was a very good predictor of that after a longer interval.

In conclusion, the major findings reported in this paper are: (1) homesickness is rather common among Chinese students in British universities; (2) concurrent cultural relocation causes a prolonged homesickness syndrome, but does not affect mental health, homesickness is quite different from mental ill-health; (4) homesick-
ness is affected by environmental demands, while mental health is affected by personality factors.

References


