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Homesickness vs Depression: Implications for Residential Camps



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Susie is a 10 year old girl who is attending sleep away camp for the first time. After the first week at camp she often becomes tearful, doesn't eat as much at meals and doesn't seem to be enjoying activities. It seems that she is getting into arguments with other campers for no apparent reason and often talks about wanting to go home.

Homesickness or Depression? How do we as camp staff determine this and how do we manage a camper who is exhibiting symptoms of one or the other?

Homesickness, unlike depression is "normal" and often expected in first time campers. It is also fairly common although less pronounced in returning campers. The American Camp Association indicates that 90% of children attending sleep away camp experience some level of homesickness and that 20% experience a serious level of distress that if untreated worsens over time and interferes with a camper's ability to benefit from a positive camp experience. Prominent symptoms of homesickness include:

- crying for prolonged periods for no obvious reason
- complaining of a stomach ache
- wanting to be by themselves
- refusing to participate in activities because they say they don't feel well

Before camp, most camp owners encourage parents to discuss the normalcy of feelings of homesickness and encourage letter writing and bringing transitional objects from home to assist in lessening these feelings. Once at camp, generally homesickness occurs during unstructured time frames such as rest hour, free play, the period before bedtime, etc. In the past, camps have worked on trying to keep campers busy and hope the feeling will go away.

New research indicates that distracting campers with activity and exciting events is not necessarily successful on its own. Talking about homesickness directly with campers has proven to be significantly more successful. Words like, "can you tell me what worries you about camp and being away from home" and words of encouragement like "mostly everyone gets nervous when they go to camp for the first time" are extremely useful. Helping campers develop coping strategies to deal with homesickness gives them more control than waiting for the feeling to pass. Consequently, helping them to draw on previously successful experiences like beginning school for the first time are powerful tools. Statements like, "Remember when you were probably scared to go to school for the first time but were able to adjust and make friends and settle in" are empowering. Lastly, having other campers who have experienced homesickness talk with a current homesick camper has proven to be highly successful and helps a homesick camper feel less alone and isolated which is what most children and teens fear most.

On the other hand, depression in children and teenagers is more severe and is a psychiatrically diagnosed illness. Unlike in adults, in this younger population, depression is not often seen as sadness accompanied by periods of crying but is more often exhibited by signs of anger, irritability and low frustration tolerance. Depressed teens also frequently complain about physical ailments such as headaches or stomachaches. They are plagued by feelings of worthlessness and are vulnerable to criticism and rejection. Children and teens may socialize less than before, and change friends, but they usually keep up at least some friendships. Additional symptoms that might be visible while at camp are:

- sadness or hopelessness
- tearfulness or frequent crying
- loss of interest in activities previously enjoyed
- changes in eating and sleeping habits
- lack of enthusiasm and motivation
- fatigue or lack of energy
- thoughts of suicide or death which include: talking directly about killing oneself, being unusually preoccupied with death and dying, giving away prized possessions, saying things like the world would be better without me, and a sudden change from extreme depression to calmness and happiness.

Any suicidal talk or behavior needs to be taken seriously. It is not just a warning sign that a person is thinking about suicide but a cry for help. Any suicidal gesture no matter how harmless it seems needs immediate parental notification and professional help. A camper should be asked directly if they are considering suicide. Counselors and staff must never agree to keep the disclosure of suicide with a camper a secret but must notify camp owners and upper staff at once. A suicidal camper should never be left alone.

It is often difficult to determine homesickness vs. depression as many of the symptoms overlap. The major diagnostic factor to keep in mind is the duration and intensity of the symptoms. If symptoms persist longer than a few days to a week intervention is needed. Parents need to be contacted at once especially if a history of previous psychiatric treatment has occurred. Consultation with a professional might also be useful in determining which problem is occurring. It is always best to lean towards the side of caution. Staff should be instructed to inform group leaders and head counselors if any symptoms discussed are present.

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