

**Self-Concept During the Transition to Secondary School: Turmoil or Normative Adjustment?**

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## **Self-Concept During the Transition to Secondary School: Turmoil or Normative Adjustment?**

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Transition to secondary school embraces substantial changes in the educational environment (in structure, delivery and expectations) and typically coincides with the physiological, psychological, and social changes associated with young adolescence. It therefore provides an opportunity to examine the question of the extent to which adolescent transitions are characterised by turmoil or normative adjustment. From a longitudinal study exploring 74 adolescents' subjective experiences of the transition to secondary and boarding school in North Queensland, this paper reports high levels of stability in self-concept across the school year, as measured by the SDQ-II (Marsh, 1990). Girls' *Total Self-Concept* and scores on *Math, Verbal Ability, Honesty and Trustworthiness* scales improved. However, related levels of depression and homesickness (examined as a distinct phenomenon) raise questions about the influence of such factors and the protective function of positive self-concept in perceived adjustment to the transition.

In Western society the transition to secondary school is regarded as a major, normative life event of adolescence. However, as a significant discontinuous developmental change, the extent to which this transition is characterised by turmoil or normative adjustment remains contentious. There has been criticism that, until recently, much of the research has focused on psychosocial correlates of single areas of functioning, particularly academic achievement, rather than psychological well-being (e.g., Berndt & Mekos, 1995; Eccles, Lord, & Buchanan, 1996; Wallis & Barrett, 1998). There is a need for research that explores adolescents' perceptions of themselves and experiences in order to further understand the impact of such a life event (Downs, 2001; Zaslow & Takanishi, 1993). Self-concept, as a hypothetical hierarchical construct, is useful as an outcome and mediating variable (Marsh & Hattie, 1996), and its correlates with other factors such as depression and homesickness can be important indicators of adjustment to the transition to secondary school.

An increasing prevalence of depression has been noted in adolescents in recent decades with its onset occurring at earlier ages and remaining stable over time. Suicide is becoming a leading cause of adolescent death in contemporary society (Chen & Li, 2000; Cicchetti & Toth, 1998; Clark & Mokros, 1993; Commonwealth Department of Human Services and Health, 1995). The Western Australian Child Health Survey, for example, found that one in six of the 12 to 16 year olds had reported suicidal thoughts in the previous six months, a third of whom had deliberately tried to harm themselves in some way (Garton, Zubrick, & Silburn, 1998). Some argue that the relatively high rate of identified depressive symptomatology confirms the notion of adolescence as a period of 'storm and stress' whereas others suggest that the low rate of severe depression argues against (see Clark & Mokros, 1993; Reynolds, 1987). What is becoming clear is the marked rise in self-reported depressive symptoms in adolescents, with higher rates for females than males both in the United States and Australia (e.g., Kazdin, 1993; Boyd & Gullone, 1997; Macleod, 1995). At a time when developing social relationships is an integral part of identity formation, those students who remain depressed for extended periods may well experience alienation from peers with consequences for their long-term psychological well-being (Berndt, 1996; Burhmester, 1996; Conger &

Galambos, 1997). Whilst it is acknowledged that there is a complex interplay of biological, psychological and social factors involved in the onset and maintenance of depression (see Cichetti & Toth, 1998; Roberts, 1999) one area that remains under-researched is the effect of homesickness and its relationship with depression and self-concept during the transition to secondary and boarding school.

Moving to boarding school is a specific type of relocation in that it is temporary, often involuntary, but reversible (Fisher, 1990). It can be described as a “critical person-in-environment transition” (Wapner, 1981, p. 223) in that there is movement from a situation where home living and school are normally separate, to a setting in which they merge; the dual task of adapting to a new school and a new temporary ‘home’ exists. In Australia the main reason for boarding, especially at secondary school level, is the family’s geographical remoteness from schools. Ellis (1994) notes that, whilst many youngsters look forward to the challenge of leaving home to start secondary school, the transition can be particularly difficult for close-knit rural families. Whereas the boarding experience can allow the adolescent to develop socially, gain independence and have a greater appreciation for family members and home, the institutional setting, with its rules and regulations, and lack of privacy and freedom, can make adaptation to boarding school hard for some (Morgan, 1993). Although contemporary psychological literature on homesickness is limited, there have been attempts to define the concept, its symptoms, prevalence, and consequences for well-being (see Thurber & Sigman, 1998; Van Tilberg, Vingerhoets, & Van Heck, 1996 for comprehensive reviews). Shirley Fisher and colleagues, in studies of university students and boarding school pupils in Britain (see Fisher, 1989), found dominant features of homesickness to be preoccupation with, and emotional reactions to, thoughts of home, family, friends, objects at home and routines, as well as negative feelings about the new environment. Fisher subsequently defined homesickness as a “complex cognitive-motivational-emotional state focused on missing home” (1989, p.31) “accompanied by past-centred ruminative activity” (p.107). Physical, behavioural, and emotional symptoms have been noted as manifestations of homesickness (Van Tilburg et al., 1996). Emotional reactions include depressive and anxiety symptomatology (Archer, Ireland, Amos, Broad, & Currid, 1998; Fisher, 1990; Thurber, 1995). Social withdrawal, feelings of loneliness, insecurity, lack or loss of control, disrupted identity and lower self-esteem have also variously been associated with homesickness (e.g., Brown & Perkins, 1992; Downs, 1994; Fisher, 1990; Thurber & Sigman, 1998).

This paper presents selected extracts from a longitudinal study of adolescents’ subjective experiences of their first year at secondary and boarding school. In contributing to the debate on ‘turmoil or normative adjustment’ to the transition, self-concept and correlations with reported levels of depression and homesickness were explored by examining gender differences and comparisons between day and boarding students over the school year.

## **Method**

### **Participants**

The participants were a non-random sample of first year (Grade 8) secondary school students enrolled at two private schools in a rural remote town in North Queensland, Australia. Both were single gender schools, which came under the same managerial umbrella and catered for day and boarding students. There were 74 participants at the commencement of the study.

These comprised 35 day students (7 males and 28 females) and 39 boarders (22 males and 17 females). Ages ranged from 12 to 14 years ( $M = 12.8$ ,  $SD = 0.6$ ). Fifty-seven students (77.03%) were of Anglo-Australian descent, whilst 9 (12.16%) were from Europe or Asia and 8 (10.81%) were Aboriginal and Torres Strait Islanders. Most came from the local area (45.95%), other remote small towns (27.03%), or remote properties (22.97%).

## Measures

### *Self Description Questionnaire-II*

The SDQ-II is one of three Australian instruments developed by Marsh (1990) to measure self-concept, and is specifically for use with younger adolescents (grades 7 to 10). Developed from Shavelson, Hubner, & Stanton's (1976) hierarchical model of self-concept, the questionnaire consists of 102 items. These items produce 11 scales that measure distinct facets of self-concept: three academic areas (Maths, Verbal, and General School), seven non-academic facets (Physical Abilities, Physical Appearance, Peer Relations: divided into Same-Sex and Opposite-Sex Relations scales, Parent Relations, Emotional Stability, and Honesty-Trustworthiness) as well as a General Self scale, based on Rosenberg's (1965) self-esteem scale. The eleven scales can be summed to give a Total Self-Concept score. Scores are derived from responses to straight-forward sentences (e.g., 'I hate reading', 'I am honest') on a six-point rating scale: False, Mostly False, More False Than True, more True Than False, Mostly True, or True. Non-normalised  $T$  scores enable individual profiles to be produced. Although there are no cut-off points to depict 'low' or 'high' self-concept,  $T$  scores of 30 and less indicate a particular concern for the individual, as opposed to a realistic view of a facet of self. Factor scores can also be calculated. Stability of responses over time is noted as well as strong evidence of construct validity, providing support for the SDQ-II as a psychometric tool (see Marsh, 1990 for further details).

### *Reynolds Adolescent Scale*

The Reynolds Adolescent Scale, or RADS (Reynolds, 1987) assesses the extent to which adolescents report a range of symptoms associated with depression. It was designed specifically for use in high school settings, as well as a tool for clinical assessment. Whilst the RADS does not formally diagnose depressive disorders, it is a self-report measure of the severity of symptoms. The questionnaire consists of 30 items, with a four-point response scale: almost never, hardly ever, sometimes, most of the time. Respondents answer each item according to how they usually feel. As well as statements that positively endorse symptoms (e.g., 'I feel sad'), seven items are reversed scored (e.g., 'I feel happy'). Scores range from 30 to 120, so that the higher the score, the greater the level of depressive symptoms reported. Reynolds determined a cut-off score of 77 and above as indicative of clinical depression. A number of critical items can further discriminate between depressed and non-depressed individuals. Reynolds reported high internal consistency reliability coefficients (.91 to .94) for the RADS and test-retest reliability at six and twelve weeks (.80 and .79 respectively). Validity was also reported with strong relationships between the RADS and other depression scales and related constructs, such as anxiety and self-esteem (see Reynolds, 1987; Reynolds & Mazza, 1998). The RADS has been found to be a reliable measure of depressive symptomatology in Australian adolescents (e.g., Boyd & Gullone, 1997; Macleod, 1995).

### *Dundee Relocation Inventory*

The Dundee Relocation Inventory (DRI) is a self-report questionnaire devised in Britain by Fisher and Murray (see Fisher, 1989) as a diagnostic tool for the assessment of homesickness and distress following transition. The questionnaire has 26 items, (including two dummy questions) which load on four factors: general adaptation (e.g., 'I feel unsettled here'), home factor (e.g., 'I miss my family'), satisfaction (e.g., 'I feel excited about work here'), and a social factor (e.g., 'I feel needed here'). There is a balance between pleasant and unpleasant items. Responses are scored from zero to two on a three-category scale: never, sometimes, or often, with reversed scoring for pleasant items. Scores can range from 0 to 52, so that the higher the score, the greater the level of symptoms associated with homesickness and/or dissatisfaction with the new environment. Fisher (1989) determined a cut-off score of 17 discriminated between homesick and non-homesick, which was also used in this study and in previous research (me, 1994). As homesickness is considered to be a response to a given transition such as moving away from home, or changing schools, it is a 'state' characteristic that is liable to change over time. Consequently test-retest reliability of the DRI is difficult to establish in the homesick, but should be more stable in the non-homesick. Fisher reported a retest correlation coefficient of .71 and .81 at two weeks and six months respectively for 34 non-homesick students, compared with .59 and .21 for 54 students who were homesick ( $p < .05$ ). Construct validity is hard to establish with the scarcity of existing data on homesickness and 'diagnosed' criterion groups. However a sample of boarding school subjects ( $N = 31$ , aged 11-13 years) who completed the DRI were independently rated for homesickness by a housemaster, producing a correlation coefficient of .40,  $p < .02$  (Fisher, 1989).

### **Procedure**

The study commenced in week one of Term One at the beginning of February and finished in the seventh week of Term Four, mid-November. Eight sessions were conducted at each school. Self-report questionnaires were administered during class periods. In Week 2 of Term One, the DRI, RADS and SDQ-II were administered. The DRI and RADS were re-administered in weeks 2 and 7 of Terms Two and Four, whilst the SDQ-II was re-administered in week 2 of Term Four.

### **Results**

Given that the study was conducted over a period of ten months, it was to be expected that the number of respondents would fluctuate. This was reflected in the results whereby only 42 of the original 74 students completed all questionnaires, and the high voluntary attrition rate in female boarders, who were less conforming than their male counterparts (see Downs, 2001).

#### *Self-concept*

The SDQ-II was administered at the beginning of the first term and repeated at the beginning of the last term. There were no significant gender differences or differences between boarders and day students in Term One, with all scores falling within the average band. Similarly there were no significant gender or status differences at the beginning of Term Four. In comparing individual scales, although there were no changes over the year generally in boarding students or males, Table 1 shows the significant changes reported by the female day students who reported improved perception of themselves in the areas of *Mathematics*, *Honesty and Trustworthiness*, *Verbal skills* and *Total Self-Concept* at the end of the year.

**Table 1: Significant Changes on SDQ-II Scales in Female Day Students**

SDQ-II	Term One (n = 15)		Term Four (n = 15)		t	
Scale	Mean	(SD)	Mean	(SD)	(df 13)	p
Math	55.27	(7.45)	61.00	(6.07)	-2.84	.01
Honesty- Trust	54.00	(6.50)	58.73	(4.98)	-3.63	.002
Verbal	48.07	(9.54)	54.33	(9.63)	-3.19	.01
Total Self -Concept	50.47	(8.52)	55.07	(9.26)	-2.61	.02

*Depression and Self-concept*

The RADS was administered in Weeks 2 and 7 in Terms One, Two and Four. The mean score at the beginning of Term One ( $N = 74$ ) was 60.38 ( $SD = 14.72$ ) with no significant differences between boys and girls or boarding and day students. However scores ranged from 35 to 104, with 8 girls and 3 boys (14.9%) obtaining the cut-off score of 77 or more, signifying symptoms associated with clinical depression (Reynolds, 1987). Overall, although not statistically significant, girls' scores were higher than boys'.

One way repeated measures ANOVAS and post hoc Scheffé F-tests examined differences over time, by gender and student status. There was a significant difference in overall reporting over time,  $F(5, 251) = 3.28, p < .01$ , with a reduction in reporting of depressive symptoms at the beginning of Term Two compared with the beginning of Term One. Although there were no significant differences in the boys' scores over time, the girls were less depressed at the end of Term Two, mean scores reducing from 61 ( $SD = 13.77$ ) at the beginning of Term One, to 50.95 ( $SD = 15.79$ )  $F(5, 119) = 3.11, p < .01$  at the end of Term Two. The 15 female day students accounted for this decrease, whereas there was no significant change in the boarders.

Whilst not significantly different in the first two terms, at the end of the year the boys' score ( $M = 46.14, SD = 10.8$ ) was significantly lower than the girls' ( $M = 55.25, SD = 14.51$ ),  $t(40) = -2.32, p < .03$ . In comparing day and boarding students, overall there were no significant differences, nor were there any notable changes over time in the boarders' level of depressive symptoms. However, there was a marked difference in the scores of male and female boarding students. The five female boarders who remained in the study scored significantly higher ( $M = 66.00, SD = 14.53$ ) than the boys ( $n = 15, M = 49.27, SD = 12.16$ ),  $Z = 11.5, p = .02$ , at the end of the first term, and again at the end of Term Four (girls  $M = 69.60, SD = 15.58$ , boys  $M = 46.07, SD = 10.71, Z = 5.0, p = .01$ ).

There was a significant negative relationship between the level of depression and nearly all facets self-concept in Term One, with the exception of perceptions of physical ability and relationships with the opposite sex. Overall, 43% of the variance in *Total Self-Concept* was accounted for by the level of depressive symptomatology, with significant differences between each group mean. *Emotional Stability* produced a variance of 31% that could be explained by depression. This was not surprising given that the scale includes items related to depression, for example 'I am often depressed and down in the dumps' and that some questions are similar to items on the RADS ('I worry more than I need to'). However, other items refer to anxiety and other signs of emotional instability. Depressive symptomatology also accounted for almost 30% of the variance in students' perceptions of their self-esteem (*General Self*) as well as academic ability in *General School* (29% of the variance).

Table 2 presents significant variances in the self-concept scales which were accounted for by the levels of depression at the beginning of Term Four.

**Table 2: Significant Variances in Self-Concept Scales (SDQ-II) Explained by Levels of Depression (RADS) in Term Four**

SDQ-II Scale	Depression			F	Eta <sup>2</sup>
	Low (n=26) Mean (SD) n	Medium (n=22) Mean (SD)	High (n=8) Mean (SD)		
Math	57.65 (10.55)	56.09 (8.46)	47.25 (10.33)	3.54	.12*
Phys App	49.69 (10.33)	44.55 (8.88)	39.88 (6.96)	3.96	.13*
Gen Self	52.54 (8.55)	49.23 (8.78)	41.0 (8.44)	5.50	.08**
Hon Trust	58.27 (6.43)	56.91 (5.61)	50.75 (5.04)	4.93	.16**
Phys Ab	54.89 (7.73)	50.46 (8.35)	42.63 (9.43)	7.05	.21***
Em Stab	55.35 (8.78)	52.91 (8.78)	45.63 (12.19)	3.88	.13*
Gen Sch	54.85 (10.60)	50.36 (9.12)	44.13 (11.47)	3.65	.12*
Tot S-Con	56.54 (9.90)	51.27 (8.44)	42.38 (10.14)	7.25	.21***

\*  $p < .05$

\*\*  $p < .01$

\*\*\*  $p < .001$

Given the small number in the High depression group, significant differences between groups could not be measured. However the means differed in the expected direction: the greater the level of depressive symptomatology, the lower the perception of self. Generally the variances were lower than in Term One, with depression accounting for 21% of the variance in *Total Self-Concept*, compared to 43% in Term One, and 13% of the variance in *Emotional Stability* compared to 31%. However, 21% of the variance in perception of *Physical Ability* was explained, across both gender and status, in contrast to no significant association with levels of depression at the beginning of the year.

#### *Homesickness and Self-concept*

The DRI was also administered in Weeks 2 and 7 of Terms One, Two and Four. At the beginning of Term One 39 students fulfilled the criteria for homesickness ( $M = 26.05$ ,  $SD = 6.55$ ) and 35 students did not ( $M = 8.34$ ,  $SD = 4.8$ ). At the start of Term Four, 27 of the 56 respondents (48%) remained homesick, 19.6% severely so. Homesickness was best discriminated by comparing day and boarding students. Significantly more symptoms were reported by the boarders than the day students, a pattern which continued throughout the year. Whereas day students' ( $n = 22$ ) mean scores ranged from 8.86 ( $SD = 8.41$ ) to 7.05 ( $SD = 7.2$ ,  $p < .0001$ ), boarders' ( $n = 20$ ) lowest level of homesickness was at the end of Term 4 ( $M = 19.25$ ,  $SD = 9.52$ ) and highest at the start of Term 2 ( $M = 24.30$ ,  $SD = 9.73$ ,  $p < .0001$ ). There were no significant changes in overall mean scores throughout the year, by gender or student status. However, whereas day students' scores remained stable over time, there were marked differences in the boarders' level of homesickness reporting (Table 3). The boys' homesickness decreased at the end of each term, whereas the five girls remained very homesick.

**Table 3: Comparisons between Male and Female Boarders on DRI Scores Throughout the Year**

Term	Male ( $n = 15$ )		Female ( $n = 5$ )		Z	p
	Mean	(SD)	Mean	(SD)		
One <sub>1</sub>	21.47	(7.87)	30.00	(3.32)		ns
One <sub>2</sub>	17.87	(5.58)	31.00	(7.78)	3.5	.003
Two <sub>1</sub>	21.80	(8.68)	31.80	(9.61)		ns
Two <sub>2</sub>	17.07	(9.03)	26.00	(8.80)		ns
Four <sub>1</sub>	21.02	(9.23)	25.20	(9.99)		ns
Four <sub>2</sub>	16.33	(6.47)	28.00	(12.51)	14.5	.004

It should be noted that there was a positive correlation between the RADS and DRI, ranging from  $r = .3$ ,  $p < .01$  at the beginning of Term One to  $r = .67$ ,  $p < .001$  at the end of Terms One and Two. This was not unexpected, given that symptoms of homesickness include sadness and other signs of depression.

At the beginning of Term One there were few significant correlations between homesickness (DRI) and self-concept scales (SDQ-II). The only significant relationship overall (and for boarders) was on the *Verbal* scale ( $r = -.39$ ,  $p < .01$ ), which includes items such as ‘I hate reading’ and ‘I have trouble expressing myself when I try to write something’. *Parent Relations* with items such as ‘I get along with my parents’ and ‘I do not like my parents very much’ was also significantly associated with homesickness in male boarders ( $r = -.49$ ,  $p < .02$ ), so that the better the relationship the less homesick and vice versa. For day students generally, perception of *General School* was the only significant correlation with homesickness ( $r = -.37$ ,  $p < .02$ ).

A different picture emerged at the beginning of Term Four with all facets of self-concept having significant negative correlates with the DRI except for *Physical Appearance* and *Opposite-Sex Relations*. *Same-Sex Relations* was particularly negatively associated with homesickness ( $N = 56$ ,  $r = -.56$ ,  $p < .001$ ) and was the strongest correlation for girls ( $n = 30$ ,  $r = -.60$ ,  $p < .001$ ). For day students, as in Term One, the *General School* scale continued to be strongly associated ( $n = 29$ ,  $r = -.63$ ,  $p < .001$ ), especially in female day students (see Table 4).

**Table 4: Significant Gender by Student Status Correlations between DRI and SDQ-II in Term Four**

SDQ-II Scale	Male Boarders $n = 19$	Female Day $n = 22$
General Self	-.52*	-.62**
Verbal	ns	-.46*
Emotional Stability	-.67**	Ns
General School	ns	-.72***
Same-Sex Relations	-.65**	-.58**
Total Self-Concept	-.51*	-.69***

\*  $p < .05$       \*\*  $p < .01$       \*\*\*  $p < .001$

*Total Self-Concept* was negatively related to homesickness in female day students, whereas for female boarders there were no significant correlations on any facets of self-concept. In contrast to Term One, for male boarders, *Emotional Stability* was significantly negatively associated with homesickness. There were no significant relationships between measures for male day students. These results highlight the similarities between the female day students and male boarders in the number of facets of self-concept associated with homesickness in Term Four.

Table 5 presents significant differences between the non-homesick group ( $n = 29$ ,  $M = 7.31$ ,  $SD = 6.09$ ) and homesick group ( $n = 27$ ,  $M = 24.93$ ,  $SD = 6.55$ ) on facets of self-concept in Term Four.

**Table 5: Comparisons Between Non-homesick and Homesick Groups on Self-Concept Scales (SDQ-II) in Term Four**

SDQ-II Scale	Non-homesick (n = 29)		Homesick (n = 27)		t	p
	Mean	(SD)	Mean	(SD)		
General Self	52.66	(7.10)	46.30	(10.35)	2.70	.01
Honesty-Trust	58.38	(5.28)	54.82	(6.97)	2.17	.03
Parent Relations	56.59	(4.07)	50.93	(11.27)	2.54	.01
General School	54.48	(9.57)	48.41	(11.01)	2.21	.03
Same-Sex Relations	53.97	(7.16)	46.70	(9.61)	3.22	.002
Total Self-Concept	56.00	(8.55)	48.63	(10.99)	2.81	.01

Interaction with peers of the same sex was perceived as significantly poorer in the homesick group. Table 6 shows that 21% of the variance in this scale was explained by the level of homesickness.

**Table 6: Variances in Self-Concept Scales (SDQ-II) Explained by Levels of Homesickness (DRI) in Term Four**

SDQ-II Scale	Homesickness			F (df 2,55)	Scheffé Test	Eta <sup>2</sup>			
	Low (n=29)	Medium (n=16)	High (n=11)						
	Mean	(SD)	Mean	(SD)	Mean	(SD)			
Gen Self	52.66	(7.10)	46.63	(11.0)	45.82	(9.84)	3.60	L>H	.12*
Par Relations	56.59	(4.07)	49.63	(12.98)	52.82	(8.40)	3.69	L>M	.12*
Gen School	54.48	(9.57)	50.75	(11.25)	45.00	(10.20)	3.53	L>H	.12*
Same-Sex Rel	53.97	(7.16)	49.0	(7.78)	43.36	(11.34)	6.90	L>H	.21***
Total S-Conc	56.00	(8.55)	50.87	(11.62)	45.36	(9.57)	5.09	L>H	.16**

\*  $p < .05$       \*\*  $p < .01$       \*\*\*  $p < .001$

In summary, there did not appear to be a strong relationship between homesickness and self-concept at the beginning of the school year. Nine months later there were significant negative correlations on almost all aspects of self-concept, with particular similarities between female day students and male boarders. Homesickness accounted for 21% of the variance in the students' perception of their relationship with their *Same-Sex Peers*, and significant differences were also detected between non-homesick and homesick students on *General Self*, *Honesty and Trustworthiness*, *Parent Relations*, and *General School*. Levels of homesickness accounted for 16% of the variance in *Total Self-Concept*.

## Discussion

The findings reported in this paper indicated that most of the students maintained stable, positive perceptions of themselves over the year, as measured by the SDQ-II. Although mean *T* scores do not reflect individual differences, this general finding was consistent with research that indicates that self-concept is mainly stable over time (Marsh (1990). The girls' perception of improved *Mathematics* and *Verbal* ability, as well as of *Honesty and Trustworthiness*, provided further support for the hierarchical nature and developmental process of self-concept, as well as to the debate of 'normative adjustment' rather than 'turmoil' during the transition to secondary school (Berndt & Mekos, 1996; Wallis & Barrett, 1998). However significant negative relationships between self-concept and levels of depression and homesickness highlighted the importance of examining other indicators of adjustment.

Whilst the original sample reported depressive symptomatology ( $M = 60.38$ ,  $SD = 14.72$ ) at a level comparable to Reynold's (1987) normed sample ( $M = 60.18$ ,  $SD = 14.29$ ), 14.9% ( $n = 11, 8 \text{ f}, 3 \text{ m}$ ) of the students scored at a level consistent with clinical depression. This pattern continued throughout the year, with 14.3% ( $n = 8, 5 \text{ f}, 3 \text{ m}$ ) of the 56 respondents in Term Four categorised as having high levels of symptoms. This finding confirmed other reports of the prevalence of depression with indications that symptoms can persist over time (Cicchetti & Toth, 1998; Reynolds, 1987), and that adolescent girls display higher levels of depression than boys (Boyd & Gullone, 1997) given that the five boarding girls remained more depressed than the boys throughout the year.

Homesickness, the other factor examined, has been noted as a psychological 'state' that is liable to change over time, with severity and frequency of symptoms varying according to adaptation or not to a particular setting (Fisher, 1990). Whereas day students generally were less affected, there was variable yet persistent homesickness in the boarders, with 27 (48%) of the 56 respondents categorised as such in Term Four, 11 (19.6%) of whom were severely homesick (see Table 6). These rates concurred with previous Australian and British cross-sectional research although gender differences were not noted (Downs, 1994; Fisher, 1990; Morgan, 1993). In this longitudinal study, it was of interest that the boys were less homesick at the end of each term, compared with the girls, who were more homesick at the end of Term Four than at the beginning, as in Term One (Table 3). The girls remained very homesick as well as depressed. Although it could not be statistically inferred that homesickness was causal to depression or vice versa, it is argued that homesickness can be discriminated from, but include depressive symptomatology. Although there were significant positive

relationships between the two measures, the weaker relationship at the beginning of the year and the marked changes in the correlations between self-concept and depression and homesickness in Terms One and Four provided evidence for homesickness as a measurable, independent construct (Downs, 2001; Thurber & Sigman, 1998), that can impact on self-concept.

Whereas at the beginning of the year a significant negative relationship was found between severity of depression and nearly all facets of self-concept, nine months later a different picture emerged in which correlations were weaker in the females, and not significantly different from the boys. Depression accounted for 21% of the variance in Total Self-Concept in Term Four compared with 41% at the beginning of the year. Of particular interest in Term Four was the finding of the negative association between depression and perception of *Physical Ability*, across both gender and student status. Perceived lack of physical ability explained 21% of the variance in levels of depression. It could be surmised that, being physically accomplished became an essential ingredient for being accepted by peers (Conger & Galambos, 1997). Furthermore, in contrast to Term One, there was no relationship between depression and *Parent-Relations* (SDQ-II) in Term Four, which may have indicated the students' shift of focus away from home problems to school and peer-related concerns (Burhmaster, 1996), and that those concerns contributed to depressive symptomatology.

In Term Four homesickness was associated with most facets of self-concept, in marked contrast to the beginning of the year. Levels of homesickness explained 16% of the variance in *Total Self-Concept* and almost 21% of the variance in same-sex peer relationships. Although the general findings discriminated homesickness as a boarding issue, there emerged interesting similarities between female day students and male boarders in Term Four (Table 4). This finding supports the usefulness of Fisher's (1989) Dundee Relocation Inventory (DRI) as a measure of homesickness with factors which load not only on missing home per se, but also on general adaptation, satisfaction with the environment and a social factor, which includes loneliness. These factors were pertinent to day students as well as boarders in determining their adaptation to the new setting, concurs with other research which found associations among homesickness, low self-esteem and feelings of loneliness in relation to peers (Downs, 1994; Thurber & Sigman, 1998), and highlights the significance of the concept of homesickness as a factor in adolescents' adaptation to the new setting of secondary school. Does self-concept provide a protective function in perceived adjustment to the transition? Given the problem of cross-individual comparability, it is generally difficult to disentangle the relative impact of specific social variables on intrapsychic variables such as depression and self-esteem. However in the case of homesickness in boarding students, the precipitating event was highly comparable. On the other hand, homesickness did not account for variances in self-concept until the end of the year, which suggests that initial homesickness was independent of self-concept, which was more related to depression at the start of the year. Correlations between homesickness and depression were higher after the first term, which could indicate that persistent homesickness is initially more likely to impact on depression, and then, when unresolved, the more stable attribute of self-concept. Does it illustrate the general resilience of self to social impacts, except where the precipitating social situation continues and the adolescent has been unable to adjust? Early and ongoing monitoring of homesickness could act as a useful starting point in raising awareness of students' potential difficulties in adjusting. Future studies could examine further the four specific facets of the DRI (general adaptation, satisfaction, home, and social factors) to determine how these

contribute to general adaptation, with implications for interventions. Monitoring of such an approach could also contribute to the body of knowledge on homesickness, and young adolescents' perceptions of the transition to secondary school.

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