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# THE FAMILY CONTEXT OF THE SCHOOL REFUSING ADOLESCENT

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# THE FAMILY CONTEXT OF THE SCHOOL REFUSING ADOLESCENT

by

Elizabeth Jackson

A dissertation submitted to the Graduate Faculty in Psychology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York.

1985

This manuscript has been read and accepted for the Graduate Faculty in Psychology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

Sept. 20, 1985
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Herbert Reichman
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September 24, 1985
date

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Professor Louis Gerstman

Professor Harold Wilensky
Supervisory Committee

The City University of New York

## Abstract

THE FAMILY CONTEXT OF THE SCHOOL REFUSING ADOLESCENT

by

Elizabeth Jackson

Advisor: Professor Herbert Nechin

This study investigated clinical reports that school refusers live within the context of dysfunctional families in which the school refusers are overly involved with their parents as overresponsible or underresponsible children. It tested these reports using the following hypotheses:

1. & 2. School refusing adolescents will report differences in average family cohesion and in family adaptability in comparison to non-symptomatic adolescents.

3. School refusing adolescents will report chronic participation in roles that cross generational boundaries in comparison to non-symptomatic adolescents, who will report participation in roles with clear generational boundaries.

Sixty-seven male and female adolescents, 26 school refusers and 41 adolescents with excellent attendence were homogeneous in personal and socio-demographic variables.

School refusers differed significantly from the control group in their report of overall lower cohesion in their families as measured by FACES II (Olson et. al.).

The two groups did not differ in their report of degree of family adaptability.

A family role questionnaire (Goldklank) examining generational boundary crossing was modified for use with adolescents. Significant differences emerged between the two groups in their response to this measure; school refusers identified with the underresponsible child roles while the non-symptomatic adolescents identified with roles with clear generational boundaries.

The study also revealed that the two groups shared similar attitudes toward school and subjective concern for their parents' well being.

This study suggests that family cohesion is a dimension that calls for the clinician's concern where an adolescent refuses school. It is suggested that the symptom of school refusal and the acceptance of the role of the underresponsible child comprise a response to family anxiety about the security of family bondedness.

ACKNOWLEDGEMENTS

I would like to take the opportunity to express my deep appreciation for the unique contributions made by others to this project. The guidance I received from Dr. Herbert Nechin was both helpful and freeing; he has offered a model of generativity and benevolence that will guide me in my work with all future associates. Dr. Gerstman's availability and industry made difficult tasks manageable, understandable and enjoyable. The discerning questions offered by Dr. Wilensky helped ideas to unfold with greater clarity. Seymour Slovik's and Dr. Annette Gourgey's willingness to participate in this endeavor is also very much appreciated.

While Dr. Arthur Arkin's involvement in this project was brief prior to his death, his influence is substantial; it is with gratitude that I realize his unique qualities of intelligence and good will extend beyond his physical presence.

My thanks to the students for their enthusiastic participation and to their parents for their generous consent.

This project was greatly facilitated by Dr. Olcott, Superintendent, and Catherine McCue, Supervisor of Special Education in the So. Orangetown School District. The generous cooperation of the staff in the N. Rockland,

Pearl River, East Ramapo and So. Orangetown school districts made an unwieldy data collection easy. In particular, Mrs. Burbridge, Ms. Knapp and Brian Smith extended unusually good natured helpfulness.

Dr. Shelley Goldklank's generosity with her time gave me the opppportunity to clarify underlying concepts regarding the Survey. I also appreciate the good will of the eleven coders who took time out of busy work schedules and one blizzard to participate in the refinement of that measure. The responses to the many modifications of the Survey offered by Ann Kelly, Robert Jimenez and Neil Forman were extremely helpful.

I would like to express my gratitude for Dr. Thomas Hora's invaluable guidance. Ms. Florence Rowe's thoughtfulness has also had a positive impact on this work.

To Dr. Sarah Stemp, Shalom Leaf and Ellen Liebman, my sincere thanks for their steadfastness and good humor. Finally, for their active involvement at every stage of this project and for the multitude of opportunities to learn what must be learned, I express my deepest gratitude to my daughters, Anne and Deborah.

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# CHAPTER 1

## INTRODUCTION

My interest in the study of adolescent school refusers is largely motivated by frequent contact with school avoidance while working as a school psychologist in a suburban high school. Shortly after joining the school staff in October, a ninth grade girl, Marie, came to my attention due to frequent absences. She had stayed out of school for 3 weeks, complaining each morning of various somatic problems that disappeared by midday. The school nurse remembered Marie from the early grades; even then Marie's mother had to "drag" her to school for the first few weeks of each term. Testing revealed what already seemed evident; Marie's intellectual and academic functioning were above average. While she had no close friends, she did interact in a comfortable way with peers once in class. No serious teacher-student conflict appeared to exist; here as with other similar situations, school staff showed patience and flexibility in dealing with the student's discomfort with class.

As the situation progressed, however, patience grew short on the part of both parents and staff; the more insistant the adults, the more resistant the adolescent.

As their frustration developed, everyone involved became likely to blame someone else for the situation.

Marie's parents expressed dismay and frustration at the situation as it progressed. Marie's refusal became more explicit each morning. Complaints of physical distress gave way to angry interchanges between Marie and her parents, ending in Marie's frank refusal to leave the house coupled with her promises to return to school the next day.

Her father began to leave the situation in her mother's hands, both parents acknowledging his job as a priority. Taking time for domestic problems resulted in disruption of his work schedule. While his job security was important to the whole family, such a decision left Marie's mother with sole responsibility to get her daughter out each morning, a task she hated and quickly surrendered as hopeless. By midday, Marie felt "better" and sometimes mother and daughter even went out shopping together during school hours. Marie's father criticized his wife for her failure, conflict and emotional distance increasing between them. Forced to defend herself and her daughter, Marie's mother seemed to share her daughter's view of things. Mother and daughter grew closer while husband and wife grew apart.

Given the failing efforts of Marie's parents to get her to school against her will and the failing efforts of

school staff to keep her there for long, it began to look like an insoluble problem. Was there some aspect to the school situation that discouraged her attendence? Was some aspect of the family situation playing a part in her failure to attend school? Structural family theory emphasizes that an individual's problems can be seen as an expression of the system as a whole and may point to a dysfunctional structure. Symptomatic children have been seen as distractors from marital conflict and their symptoms as symbolic expressions of marital or family problems.

Case studies of school refusing children and adolescents provided rich detail on the experiences of those children who received treatment. The ideas about the meaning of the symptom primarily focussed on the intrapsychic and behavioral aspects for the child and mother. Father's involvement was described as a reaction to the mother/child dyad rather than a participation in the family system.

When an adolescent refuses to attend school, it seems common for all involved to find someone to blame for the problem. Parents may blame their "bad" or "lazy" child, "bungling" school staff, each other, or themselves as a failing parental unit. The adolescent frequently blames the adults around him but may also fault himself for the problem. At times, school staff will find fault with

parent, student and each other for failure to find a solution.

Recognizing that there appears to be a problem when an adolescent fails to attend school, this study seeks a fuller description of the family process and the child's role within it. The endeavor is designed to deepen an awareness of the adolescent's experience. It is hoped that a clearer understanding of the problem will lead to a clearer idea of a solution allowing school staff, clinicians and parents an alternative to blaming the participants in this problematic situation.

# CHAPTER 2

## LITERATURE REVIEW

What is the meaning of school refusal in the context of the family? Much emphasis has been put on the nature of the relationship between mother and child where the youngster has refused to attend school (Johnson et. al.,1941; Estes et. al.,1956; Van Houten, 1948; Robinson et. al., 1955). Mother's active participation is seen as an important contribution to the problem. Some attention has also been paid to the relationship between father and school refuser (Choi, 1961; Perry, 1956; Klein, 1945; Thompson, 1948; C. Goldberg, 1977; T. Goldberg, 1953) and to the quality of the marital relationship. Some investigators have attempted to create typologies of the family (Bowlby, 1973; Malmquist, 1965) but these were not based on a systems perspective. Other researchers contrast the child's behavior in and out of the home (Hersov, 1961). A small number of clinical studies presented systems based treatment with concise formulations of the meaning of the symptom within the system as a whole (Madanes, 1981; Fife & Gant, 1980; Baideme, 1979; Messer, 1964).

While family relationships are emphasized in clinical

case studies, most descriptions of family patterns are based on individual rather than family interviews. Frequently the information gathered was tangential to an individual therapy case conducted years earlier. In some cases, the sketch of father's personality was gleaned in his absence from his wife's comments in interview. Only a small number are based on family treatment.

Self-report by the school phobic is available only through individual clinical interview from a variety of conceptually based therapies. No studies provide a systematic exploration of family dimensions within a large group of school refusers nor a systematic comparison with non-symptomatic adolescents.

The questions to be examined in this study include: What is the quality of emotional bonding in the family of the school refusing adolescent? How responsive is his family to the changes necessitated by their lifestage and external stressors? Does the adolescent's relationship with his parents have a quality of unusual involvement that sheds light on the school refusal? In particular, is he assuming executive functions in the context of overinvolvement with one parent? How do school refusers differ on these dimensions from adolescents who are functioning successfully?

The clinical descriptions of family relationships of school refusers thus far provide a picture of families

with overinvolved, overclose mother and child and an underinvolved father. In rare instances, the mother and father's involvement is reversed with a similar overall picture. In the overinvolved mother/child dyad, the child often seems to have adult-like functions in that relationship. While younger children often express fear for their mother's or their own safety, adolescents report this much less frequently. Concern for the parent is expressed among all age groups in the quality of parenting, advising or companioning existant in the child's behavior and attitude towards his mother. The family relationship thus described seem resistant to change and the symptom of school refusal appears to play some significant role in maintaining the stability of the relationship systems within the family.

In order to explore the symptom of adolescent school refusal and associated problems with anxiety, academic failure and interpersonal conflict with school staff and family members, we will look at the function it may serve in the context of the family.

The intensity of closeness among family members and their capacity to evolve throughout family life stages are seen to be two major dimensions of family functioning. Current family systems literature refers to these dimensions as cohesion and adaptability; they are operationalized with a systems-sensitive questionnaire

(FACES II, 1981). We will review the descriptions of families of school refusers along the dimensions of cohesion and adaptability.

We will review the incidence of school refusal, clarify differences between school refusers and truants, provide a definition of school refusal, and go on to review the family process of school refusers. Concepts of family functioning will be included in order to provide the reader with a broader view of the clinical findings on school refusal.

## Incidence of School Refusal

Few references have been made to the frequency of school refusal or school phobia. Kennedy's (1965) report of 1.7% incidence is the most often quoted as well as one of the few references in review articles in the literature (Gordon & Young, 1976, Kahn & Nursten, 1962).

Gordon & Young (1976) refer to incidence in their review of school phobia and quote Leton, who in 1962, reported .3% incidence in the early grades and 1% among high school students.

Incidence in the general population is rarely mentioned and instead is usually based on the percentage of intakes or treatment cases in a clinic. In their

review of the literature on school attendence, Kahn & Nursten (1962) quote accounts by Morgan in 1959 and Nursten in 1958 whose total clinic referrals for school phobics ranged from 2% to 8%. Eisenberg (1958) stated that 1.7% of the intakes at the Children's Psychiatric Services at Johns Hopkins Hospital were those of school phobics.

In a comprehensive review, Gingold (1983) comments that actual incidence is not clear due to a variety of reasons. He includes the hidden incidence of children who are not successfully identified by school staff and children whose problems with school refusal are masked by psychophysiological disorders. In addition, many school refusers go unrecognized when, subject to intervention for other problems, they make a successful adjustment to school. Further, some school refusers may be mislabeled as truants.

In their review of the literature, McDonald & Sheperd (1976) refer to Clyne's finding in 1966 that incidence is not related to sex, social class, number of siblings or birth order.

In January 1983, the New York City Board of Education informed the New York Times that about 35% of the New York City high school students are absent more than 15 days per 90 day semester. Based on a survey of 35 high schools, this was the first time that the Board studied attendence

patterns of individual students rather than by school.

While their report did not discriminate between truants and school refusers, the information provided by the N.Y.C. Board of Education gives a clearer idea of current attendence problems. It is also likely that this report is more accurate as it comes from the schools rather than from clinics.

According to their survey, 30.9% of high school students are absent only 5 days or less per semester, an attendence record called "ideal". Learning is "impaired" when absences exceed 11 days per semester, according to the Board. They reported that 7.4% had missed 16-20 days, 8.1% had missed 21-30 days, 9.6% had missed 31-49 days and 10.3% had missed over 50 days. Freshmen had the highest absentee rates with the rate declining each year thoughout high school. In addition, they report that 45% of N.Y.C. high school freshmen never graduate. They reported further that more than half the failing grades given in the spring of 1982 semester were due to the excessive absences rather than poor class work.

While these figures are reported on an urban population, the daily attendence of high school students throughout New York state is only somewhat higher although its drop out rate is probably much lower than that of New York City. J. Stiglmeier of the New York State Board of Education provides the information that New York State

high schools' daily attendence rates are 88% while New York City high school daily attendence rates are 79.9% The New York City report also revealed that excessive absences are found both among poor and wealthy neighborhoods.

The figure of 35% of students with excessive absences is much higher than the statistics provided by clinicians interested in school refusal or school phobia. These higher figures include truants and thus would be expected to be greater but it seems likely that the number of school refusers within this group is higher than the 1 to 3% usually reported in the literature.

## Truancy vs. School Phobia

Students with serious attendence problems are treated with a different approach dependent on whether they are considered truant or school phobic. Truancy is usually viewed as a social problem while school phobia is considered an emotional one. The truant is seen as a rebellious rule breaker who sees school as irrelevant while the school phobic is suffering from emotional conflicts which impede his ability to tackle the task of school attendence and achievement (Broadwin, 1932; Warren, 1948).

While clinicians have compared these two groups in regard to intellectual functioning, personality organization, and family functioning, (Warren, 1948; Hersov, 1960; Berg et. at., 1978) there seems to be general agreement on clearly observable behaviors that discriminate the groups.

The behaviors that seem most discriminative of the groups is where they spend their day when absent, whether parents are knowledgeable of the absence and presence of antisocial behaviors.

Truants are usually not home during a day of absence nor do their parents know of the absence; parents of school phobics are acutely aware of the absence and the child spends the day at home ( Kahn & Nursten, 1968; Bowlby, 1973; Galloway, 1980; Berg, I., 1980).

Truancy is often associated with disruptive classroom behavior (Farrington, 1980), predelinquent and delinquent behaviors (Berg, I., 1980) and is viewed as one aspect within a conduct disorder (Diagnostic and Statistical Manual of Mental Disorders, 1980).

While many other aspects of the child's emotional and family characteristics have been contrasted, it seems that the above three aspects clearly discriminate between the groups.

## The Definition of School Refusal

Having clarified the difference between school refusal or school phobia and that of truancy, this section will provide a full definition of school refusal that represents a consensus among clinicians.

While there are a variety of emphases placed on the related symptoms of the school refusing child, the underlying psychodynamics, and the responses of family and school, the following criteria are generally agreed upon in the identification of the school phobic (Berg,I., 1980):

1) severe difficulty attending school

2) severe emotional upset-fearfulness, somatic complaints, temper outbursts and/or unhappy mood

3) staying home with parents' knowledge at some course of the disorder

4) absence of significant antisocial disorder

While these four criteria provide the most basic markers of the school refusing child, wide variation within each is found among the children upon which reports are based.

Berg used refusal of only one day of school as one of the basic criteria in identifying school phobic children of agoraphobic women; most clinicians regard the presence of several days of school refusal as a necessary

criterion. Many report on students who have virtually dropped out of school and a good number of cases include those of children during psychiatric hospitalization.

The second criterion, that of subjective emotional and physical discomfort, varies greatly among children. While one physical or emotional complaint is usually present, children are rarely described as suffering from all. In particular, adolescents rarely report fear of school, fear of harm to self or to mother, or fear of abandonment by mother.

Criteria three and four further discriminate this group of school refusing children from truants. While truants refuse to attend, they spend most of their time away from home and participate in antisocial behaviors such as lying and stealing.

The group under study are interchangeably referred to as school phobics, school avoiders or school refusers; they stay home with their parents' knowledge and do not exhibit antisocial behaviors.

Given this set of observable behaviors and complaints, varying definitions of school phobia have been developed based on the understanding of the underlying dynamics. Intensive therapy with children led Johnson and her associates (1941) to offer the formulation that school phobia can be seen as an expression of separation anxiety. This is the most common formulation provided by

clinicians in understanding the meaning of school phobia and it emphasizes the importance of mother's involvement in the symptom. Less frequently, father's involvement is studied.

Many clinicians followed Johnson's lead and developed their clinical case studies and comparative studies using the separation anxiety formulation (Veltkamp, 1975; Van Houten, 1948; Suttenfield, 1954; Estes et. al., 1956; Waldfogel et. al., 1957; Weiss & Cain, 1964; Talbot 1957).

Objective measures of assessment were used in several empirical studies (Berg & McGuire, 1974a, 1974b; Berg & Collins,1974) in order to validate the assertions made by proponents of the separation anxiety model regarding school phobics, their mothers and to a limited extent, the functioning of the family as a whole (Berg et. al., 1981).

While other authors also viewed the mother-child relationship as a significant aspect in school refusal, their emphasis was on the dreaded aspects of school including fear of teachers, pupils and academic failure (Klein, 1945), and apprehension in relation to potential achievement (Talbot, 1957).

Kelly (1973) explored school phobia as a maladaptive behavior pattern learned as a result of environmental and familial contingencies operating to influence specific behaviors.

Agras (1959) stated that school phobia could be seen

as one of the modes of presentation of a depressive disorder. The view of school phobia as an aspect of an affective disorder was presented by Hersov (1960); however, sparation anxiety was understood to be the underlying dyanamic.

Styles of family interaction have been explored (Malmquist, 1965; Bowlby, 1973) to provide information needed for the individual treatment of the school refusing child. A small number of family treatments of school phobics extends the understanding of the symptom as a behavior encouraged and maintained by the family rather than a dyadic relationship problem between mother and child (Baideme et. al, 1979; Madanes, 1981; Minuchen, 1981; Fife & Gant, 1980). The possibility that school phobia plays an integral part in the maintanance of the family system was further explored in clinical studies (DiGuiseppe & Wilner, 1980; Pittman et. al., 1968; Messer, 1964) and in one empirical study (Berg et. al., 1981).

Family Dimensions

While those authors who provide theoretical descriptions of family patterns of school phobics are not basing their observations on a systems perspective, they provide us with some needed information. Rich clinical detail and a broad array of interactive patterns emerge in

their observations; as they are reviewed, we will seek to discern underlying dimensions present to these seemingly different reports. The dimensions of cohesion and adaptability, to be described in fuller detail in a later section, will guide our examination of clinical cases.

Olson et. al. (1981) use the terms cohesion and adaptability to refer to these two central dimensions. Following an exhaustive review of the literature of family theorists and therapists, they define cohesion as the degree to which an individual is separated from or connected to the family system. The quality of closeness emerges in observations of how clear boundaries are between subsystems, by the presence of coalitions, and by the degree of sharing of time, space, friends, interests and decisions. Adaptability is defined as the extent to which the family system is flexible and responsive to change. This is observed in flexibility of roles and rules, style of negotiation, discipline and control. Their research reveals that dysfunctional families tend to operate at the extremes on either or both of these dimensions.

In all cases of descriptins of families of school refusers, dyadic relationships are described as highly fused and overinvolved. It is usually mother and child who are described as acting almost solely on the basis of the reaction of the other with little evidence of

autonomous behavior. At the same time, the opposite would seem to be the case with father and mother; they seem distant, conflictual and/or uninvolved with one another. While the styles appear to differ, both over- and underinvolved relationships require acute sensitivity to the actions of other family members and evidence little autonomy.

In addition, these families seem to respond poorly to change and often seem to exhibit rigidity in relation to rules or roles. They seem stuck in their sequence of behaviors around conflict resolution. At the other extreme, they may exhibit endless negotiation, few explicit and many implicit rules. Parents are described as unable to work effectively together in responding to their child's difficulties, leading to a further escalation of the symptomatic behavior.

Hersov's (1960) descriptions of three family patterns in families of school refusers provides a picture of a distant marital pair unable to provide predictable and effective leadership. Instead, authoritan leadership, autocratic discipline and limited negotiations or frequent rule shifts seem to be characteristic of his three types; he describes: A) An overindulgent mother and inadequate father dominated by their willful, demanding child, B) a severe and demanding mother who controls her children with

little assistance from her passive husband, C) a firm, controlling father who attempts to manage and an overindulgent mother dominated by her willful and demanding child.

Chotiner & Forrest also characterize the families of school phobics as dysfunctional, evidencing extremes along the bondedness and responsivity continuua. They state that school refusal develops out of "schismatic" households in which the adolescent may have "a role in preserving his parents' schismatic marriage, a role that his continued maturation and school success leading to college may threaten" (p. 475). They quote Lidz et. al. (1957) in defining marked marital schism as a lack of role reciprocity, failure to acheive complementarity of purpose, open defiance and competition for children's loyalty, and recurrent threats of separation. These homes are seen as placing a high premium on school performance. It is suggested that the adolescent's failure frustrates his parents' ambitions for him to excel and redeem them while at the same time satisfying their unconscious wish for him to stay with them and protect them from each other.

Malmquist (1965) also seeks to understand the symptom of school phobia by exploring the global patterns of the "phobogenic" family. He follows Voiland et. al. (1962) in their classification of families on a continuum ranging

from milder to more seriously disturbed, including the "perfectionistic", "inadequate", "egocentric" and "unsocial" familes.

The "perfectionistic" family is described as one that values the appearance of being without fault. Avoidance of open friction is encouraged to serve this end. Members believe they do not measure up to self-imposed or external standards. One clinical example offered of such a family reveals that underneath the facade of perfection and harmony is a dominant, complaining mother and uninvolved father who covertly encourages his son to resist mother's many demands. Hence, it appears that the spousal conflict is submerged and played out in their disagreement on how to deal with their child. A highly reactive emotional bonding with unclear and changing rules evolves in such a situation.

The "inadequate" family relies too heavily on extrafamilial sources for support, guidance and help in resolving problems. While no clinical example is given for this type, the author comments that school phobia arises when demands made on the child in school alters the level of adjustment of the family. It seems implied that the family is asked to meet a challenge for which it lacks internal resources. Here, a lack of leadership, clear and firm roles and rules, leaves the child with little guidance in meeting the demands of the world.

The "egocentric" family is characterized by self-centeredness and overbearing and opinionated attitudes on the part of the parents. Marked difficulties in impulse control are evident as members are free to seek satisfaction of any need within broad limits. One clinical example gives evidence of unpredictable rule changes, frequent conflictual negotiation of rules, and frequent physical assault on mother by her children. Inappropriate physical intimacy between father and daughter is encouraged by mother. Both physical violence and inappropriate intimacy are evidence of emotional fusion in the family.

The "unsocial" family is described as the most internally disorganized and poorly integrated with the larger society of Malmquist's four types. It is characterized by a paucity of ideals, deviant social conduct and inability to problem solve. Usually more than one family member is "personally and socially maladjusted."

The author adds that the "psychotic" family, where one or more member is functioning on a borderline or psychotic level, falls within the "egocentric" and "unsocial" families.

Bowlby's (1973) descriptions of family patterns of school refusers creates the impression of highly enmeshed families who share their thoughts and fears and look to

one another for protection. Their patterns of interaction are rigid and unchanging. In all four, parents suffer from anxious attachment which he defines as "apprehension lest attachment figures will be inaccessible and/or unresponsive" (p. 213). This fear is conveyed to the child and shared by him.

In the first of four patterns described, mother is seen to suffer from chronic anxiety regarding her attachment figures and she encourages her child to stay at home as her companion. On rare occasions, father takes this role. While it appears that mother "spoils" her child, Bowlby states that mother is actually gratifying her own wish to be parented and she makes many emotional requests of her child along these lines. Both her overindulgent and rejecting behaviors are aspects of her distorted view of her child as her ambivalently loved parent.

In the second pattern, the child, fearful of harm befalling one of his parents, stays home to prevent such a possibility. Bowlby points out that threats to abandon the child by death or separation are frequent and that the child's fear is intelligible within this context. Staying at home can be seen as provision of protection to an anxious mother whose fears are sharply conveyed to the child.

Threats of abandonment underlie Bowlby's third

pattern, wherein the child stays home out of fear of danger befalling himself. Usually it is revealed that parents have threated to get rid of the child and the child must stay home to reassure himself.

In the fourth pattern described, parents keep the child home out of fear for the child's safety. Bowlby suggests that in such cases, the parent has suffered a loss in the past and attempts to avoid a reoccurrance in relation to the child.

Common to all four patterns is the binding need for closeness and inability to differentiate between significant others as well as an inability to change patterns of relationships within the family. The past continues to be played out in the present rather than the creation of new structures in the family. Bowlby emphasizes that the child's behavior is intelligible in terms of the situation in which he finds himself, one where his parents suffer from intense anxiety. His comment that the "relations between parent and child are close, sometimes to the point of suffocation" (p. 261) sheds light on the need within the family for the symptom of school refusal as an attempt to quell parents' deep anxieties.

The ability to change family structure, or rules, in response to stress is a separate dimension in family life. Bowlby states that children learn and develop confidence

under the guidance of moderate rules with mild and predictable sanctions. Anxious attachment, the underlying problem in school refusal, arises when children must submit to very strict rules that are difficult to keep and to severe sanctions that follow inevitable failure to observe rules. Thus, the picture of school refusing families according to Bowlby is that of highly reactive, overclose families with a narrow repertoire of rules.

In all the clinical cases to follow, highly fused dyadic relationships are described, usually between mother and child. Where this is the case, the husband/wife relationship also appears to function at the extreme. Either highly conflictual or distant and uninvolved, rarely does a moderate quality of bondedness, support, loyalty and function-sharing appear between the parents. In overinvolved families, rigid external boundaries manifest themselves as a lack of significant intrafamilial contacts; family members turn to each other for most of their needs.

An enmeshed, highly reactive mother/child relationship is described by Johnson et. al. (1941) as a rigid sequence of behaviors between mother and child in the context of an unhappy marriage and unresolved relationship between mother and maternal grandmother. Mother overindulges her child in her own need to be close and yet she feels resentful and envious of the child for

what he gets. She "one-ups" the child by getting sick herself, trying to get her child to take care of her. Guilty at her own resentment, she vascillates in limit setting. She is frightened by her child's rage and identifies with it at the same time. She also feels rejected by any autonomous move the child makes. These authors state that the child punishes his mother and himself by his school refusal and academic failure.

Aspects of the enmeshed mother/child dyad are discussed by other clinicians who note an intense, ambivalent mother/child relationship manifested by mother's inconsistant handling and child's clinging (Estes et. al., 1956; T. Goldberg, 1953; Eisenberg, 1958) and that school refusing children often sleep with their mothers into the preadolescent years (Jackson, 1964). According to Agras, a reactivation of a regressive relationship between mother and child takes place when mother's depressive anxieties are elicited by some stress wherein father fails to provide support.

Talbot (1957) describes an "inbred family constellation"; here family members appear to be overinvolved with one another and extrafamilial contacts are minimized. He observes deep interdependence between mother and child, close living arrangements and frequent contact with extended family. Mother usually has no outside friends and there appears to be little interest in

affairs outside the family. While overcloseness is observed between mother and child and between either parent with their own family of origin, little intimacy is found between the spouses. While their marital discord is disturbing, it is not severe enough to warrent separation. In A. Johnson's comments following Talbot's paper, she implies that a delicate balance of closeness and distance between family members holds the precarious marriage together: "divorces are uncommon since both parents live out their regressed libidinal needs with their child..." and she concludes that parents must be helped to achieve a "higher level of integration" in order to help the school refusing child. She warns that if parents are not helped, another child will be selected as "victim" should the school refusing child's symptoms be alleviated.

Leventhal & Sills (1964) emphasize an association between maternal indulgence and the child's distorted sense of self-esteem. Through mother's overindulgence and even her submission to the child's every demand, the child comes to overestimate his own power. School avoidance must then serve self esteem regulation; it is necessary for the child to avoid any situation that challenges his sense of omnipotence. The confrontation of new learning situations wherein occasional small failures are inevitable as well as the teacher's demand that he observe

rules would threaten the false sense of power achieved in the mother/child relationship.

In a related vein, Waldfogel et. al. (1957) discuss deficiency in the child's autonomous ego functioning as a result of the "oppressive proximity" of his parents. Mother's vascillation between strict and lenient rule setting and enforcement slows the child's development. Where his parents condon his regressive wishes, he will not form a stable system of inner controls. Instead, his inadequate ego requires his parents' presence and concrete support.

## Cohesion and Adaptability

Cohesion and adaptability are two central dimensions of marital and family behavior which emerged from an inductive conceptual clustering of a multitude of concepts originating in the field of family therapy (Olson et. al., 1979). This attempt to encompass the significant aspects of family functioning resulted in the creation of a circumplex model which describes a continuum ranging from high to low along each dimension. They can be identified in observable and measureable behavior (Family Adaptability and Cohesion Evaluation Scales II, 1983).

Briefly, cohesion refers to the degree to which an individual is separated from or connected to the family

system. Adaptability refers to the extent to which the family system is flexible and responsive to change. A curvilinear relationship between each dimension and family functioning is hypothesized by the circumplex model. Families moderate in their degree of cohesion and adaptability are expected to function adequately while families who chronically function at the extreme on one or both dimensions would be more likely to be problematic.

The dimension of cohesion was found to unify 40 concepts related to the quality of emotional closeness. Olson and his collegues (1979) reviewed the theoretical concepts of Bowen, Hess and Handel, Kantor and Lehr, Lidz, Minuchen, Olson, Reiss, Rosenblatt, Scott and Askworth, Stierlin, Vogel and Bell, and Wynne. These clinicians shared an interest in family oriented treatment and developed their terminology out of their work with disturbed families.

Olson utilized Minuchen's terms "enmeshment" and "disengagement" to identify the extremes in emotional closeness or distance of family members. They paraphrased Minuchen in defining enmeshment as "a lack of subsystem differentiation making nuclear family subsystem boundaries" and disengagement as "inappropriate, rigid individual boundaries and lack of loyalty to the family" (Minuchen, 1950). Minuchen's focus was on boundaries, or the rules that govern the family as a structural

organization. He maintained that clear and flexible boundaries characterize those families that provide emotional support while encouraging independent activity. An "enmeshed" family system sacrifices individual autonomy to the needs of the group; the importance of family members far outweighs extrafamilial contacts. "Disengaged" families show little sense of community and each individual fends for himself; here extrafamilial contacts outweigh the importance of intrafamilial bonds.

A related concept, that of the "undifferentiated family ego mass" is another conceptual forerunner of the cohesion dimension. Described by Bowen as the "emotional fusion into a common self with others" (p. 472, 1976), he explained that "fusion occurs in the context of a personal or shared relationship with others and it reaches its greatest intensity in the emotional interdependency of a marriage" (p. 473). His comment that "the lower the level of differentiation...the more difficult it is to maintain reasonable emotional equilibrium and the more chronic the disability when adaptive mechanisms fail" (p. 473) underlies Olson's later contention that extremes in cohesion would be characteristic of chronically dysfunctional families. Bowen explained that this "conglomerate emotional oneness that exists in all levels of intensity (p. 159) involves all members and even outsiders during periods of stress and it may be evident

only within a small segment of the family (eg: mother/child dyad) during calm periods.

The degree of emotional fusion and degree of differentiation of the self are in inverse proportion to one another in Bowen's linear model of family health. At the low end of the continuum, disturbed families are characterized by high fusion and low individual differentiation; optimally functioning families are characterized by little or no emotional fusion and a high degree of individual differentiation.

Two different styles of high emotional reactivity emerge in those families falling at the low end of Bowen's continuum. "Exploding" family systems are those where family members separate from their family of origin but do not resolve their emotional attachment; brief, infrequent contacts can revive intense involvements. In "cohesive" family systems, family members' intense emotional involvement is overt; it is evidenced by frequent, overinvolved contacts.

Extremes of intrafamilial involvement have been described by other family clinicians. "Centripetal" and "centrifugal" forces (Stierlin, 1974) have much in common with concepts previously considered. A centripetal force pressures family members to remain very close, resulting in "bindings". Regressive gratification of needs, imposition of cognitive constructs onto the child's

feelings and experiences, and archaic loyalty demands are examples of types of bindings that make adolescent separation difficult or impossible in the centripetal family (Stierlin & Ravenscroft, 1972).

A lack of intense and meaningful interpersonal ties is typical of the centrifugal force in the family. In contrast to the binding modes of the centripetal force, an "expelling" mode typified the centrifugal family. Children may be seen as nuisances or hindrances, may appear neglected or abandoned and may be pushed into premature separations (Stierlin & Ravenscroft, 1972).

Internal connectedness vs. external connectedness is another way in which family therapists have formulated cohesion. Reiss contrasted the "consensus-sensitive" family who values complete internal agreement with disregard for extrafamilial input with the "interpersonal-distance-sensitive" family who relies on outside sources to the exclusion of other family members. "Environment sensitive" families were defined as those family systems that utilized both internal and external sources of information in problem solving.

The development of the cohesion dimension within Olson's circumplex model evolved from these and related concepts concerning emotional involvement of families. In this model, cohesion was originally defined as "the emotional bonding which members have toward one another

and the individual autonomy that a person has in the family system" (Olson et. al., 1979). This was later modified to refer only to the emotional bonding of family members to one another (Olson et. al., 1983). Individual autonomy was deleted from this concept in order to maintain conceptual clarity and a family systems orientation.

The specific concepts that underlie the cohesion dimension in the circumplex model include emotional bonding, boundaries, coalitions, time, space, friends, decision-making, interests and recreation. The authors maintained that inquiry into these specific areas would reveal the underlying quality of cohesion shared by members of a particular family system. A balanced degree along the closeness/distance continuum is hypothesized to be most conducive to effective family functioning.

Where the level of family cohesion is high, or "enmeshed", the individual's interest in loyalty and consensus impairs his individuation. Deep dependence among family members, evidenced by maximal time spent together, little or no private space in the home, and lack of independent decisions, activities and interests are typical of the enmeshed family. External boundaries would be closed with few individual friends; blurred generational boundaries and parent-child coalitions would be observed.

Extremely low cohesion, or "disengagement", is characterized by a limited sense of attachment and commitment to the family. In such a case, family members are highly independent, spend little time together and share little common space in the home. Decisions, activities and interests are not shared by family members. External boundaries are open with few outside friends shared by members. Internal boundaries, in particular generational boundaries, are viewed as rigid. Weak coalitions are found to exist.

Moderate styles of cohesion are labelled "separated" and "connected" and differ only in degree. Where moderation exists in emotional bonding, independent actions are guided by an awareness of family needs. Time, space, friends, activities and decisions may be individual or consensual. External and internal boundaries are clear; the marital coalition is clear and strong. There is no evidence of chronic parent-child coalitions.

Adaptability, or willingness to change, emerged as a second dimension in a review of communication and homeostasis concepts (Olson et. al., 1979). Positive and negative feedback were identified as two important concepts necessary in understanding a family's response to change (Maruyama, 1963; Buckley, 1967). An error activated process of negative feedback inhibits change in the family; here deviant behavior is discouraged.

Positive feedback is that process by which deviation is amplified; the system changes its basic structure in meeting demands for new modes of functioning.

Haley coined the term "homeostasis" in emphasizing the tendency of the family to maintain integrity via maintenance of the status quo; the interest in homeostasis allowed clinicians to understand family behavior as rule-governed. However, review of the work of later theorists including Speer, Hill and Wertheim led to the recognition of the restrictive quality of such a narrow focus in understanding how families achieve growth and improved levels of functioning. These theorists emphasized the need for a dynamic balance between morphostasis, or stability, and morphogenesis, a change of basic structure required for necessary growth.

They also reviewed Maruyama's description of feedback loops by which was meant circular chains of information exchange where individual behaviors are compared to a goal state in order to increase or decrease a discrepancy between the behavior and the goal state. Positive feedback loops increase the difference between the individual or system's behavior and the standard agreed upon by the family. Thus it is deviation amplifying and allows change to occur. Negative feedback loops are deviation counteracting and bring the actual behavior back into alignment with the system's standard, or goal state.

Olson and his collegues cited Wertheim in her statement that extremes in either direction could be detrimental to the family; while the system requires homeostasis in order to survive as a cohesive unit, constant change would prevent the development of a common vocabulary and values necessary to group survival.

Following their review, Olson et. al. defined adaptability as "the ability of a marital/family system to change its power structure, role relationships and relationship rules in response to situation and developmental stress." Those areas that reveal the degree of adaptability within a family include family power (assertiveness, control, discipline), negotiation styles, role relationships and relationship rules. A balance between change and stability is hypothesized as necessary to effective family functioning.

Families characterized by continual overresponsiveness to stress display a high, or "chaotic" level of adaptability. No leadership is in evidence, lenient discipline, dramatic role and rule shifts, few explicit rules, which are arbitrarily enforced and unpredictably changed and a passive and/or aggressive style within endless negotiation would be observed.

At the other extreme, a lack of adaptability results in a "rigid" family style. This is characterized by no change in roles, rules or negotiation of power.

Authoritarian leadership, autocratic discipline, role rigidity, explicit and strictly enforced rules and a passive and/or agressive style with limited negotiations would be typical of the "rigid" style of response to change.

"Flexible" or "structured" styles of adaptability represent a moderate degree of adaptability wherein families can negotiate changes, enforce rules with moderation, share roles and share decision-making power.

Family satisfaction is a third important dimension that evolved from use of the circumplex model. It became clear to this group of researchers that families operating in the extreme ranges of cohesion and adaptability will function well if their normative expectations support and necessitate behaviors in the extremes. Cultural expectations or transitional response to trauma or developmental stress may manifest in a well functioning, satisfied family that relies on an extreme coping style that would be dysfunctional for most families.

In summary, descriptions of the families of school refusers would lead the observer to expect that they operate at the extremes on the dimensions of cohesion and adaptability. Even while most clinicians do not base their observations on structural family theory, they usually discuss the quality of bondedness and the responsivity to change displayed by family members. Both

highly enmeshed and disengaged relationships are described; these families are also either overreactive or slow to respond to needed change.

## The Marriage

The descriptions of the school refusing child as sick, bad and failing or as overly involved with mother as gratifier, companion, or caretaker all take place in the context of a distant marital pair. A great majority of the marriages of parents of school refusers are called unrewarding, marked by chronic conflict and competition, frequent separations or abandonment.

Fathers are described as overly involved in their work (Eisenberg, 1958; T. Goldberg,1953) or families or origin (T. Goldberg, 1953; Choi, 1961; Talbot, 1957), disinterested in parenting (Van Houten, 1948) or passive and ineffectual in their parenting efforts (Hersov, 1960; Jackson, 1964; Agras, 1959; Davidson, 1961; Levinson, 1961; Van Houten, 1948), dominated by their wives (Thompson,1948) and/or identified with their child's fears (Perry,1956).

They are sometimes described as critical of their wives' efforts at parenting (Eisenberg, 1958), competitive with their wives for their childrens' love (Waldfogel et. al., 1957; Klein, 1945; Levinson, 1961), competitive with

their children for their wives' attention (Davidson, 1961; Waldfogel et. al., 1957), physically and/or verbally abusive of their wives (Klein, 1945) seriously disturbed as manifested by excessive anxiety (Thompson, 1948), preoccupations with death (Hitchcock, 1956; Davidson, 1961; Talbot, 1957; Agras, 1959), uncertainty regarding sexual identification (Waldfogel et. al.,1957), and possible psychosis (T. Goldberg, 1953; Agras, 1959; Johnson, 1957). Many husbands are absent for long periods (Suttenfield,1954) or permanently due to death or abandonment (C. Goldberg, 1977; Agras, 1959; Hersov,1960).

Father's emotional or physical absence is emphasized as an overall factor which leaves mother and child to rely very heavily on each other (DiGuiseppe & Wilner, 1980; Agras,1959). In their research, Waldron et. al.(1975) found that more than half the mothers in the study valued their relationship to their school refusing child in preference to their marital relationship. The authors suggested that the mother must be making demands on the child that he could not fulfill, resulting in the child's tendency to become depressed and to have higher self expectations. The marriages of these mothers "played only a minor part in their lives", (T. Goldberg, 1953) where it was found that mothers slept with their school refusing child to avoid a sexual relationship with father. Eisenberg (1958) called the school refusing child "both

child and lover" to their mothers, who lacked fulfillment in their marriages and who sought primary emotional gratification with their children.

In a discussion of father's involvement in school refusal, Estes et. al. (1956) called his participation "indirect." Their formulation, shared by many clinicians, is that school refusal is a shared neurosis between mother and child, originating in the mother. Father's contribution to mother's unhappiness by his lack of interest, excessive drinking, extramarital affairs, and/or physical abuse of mother is called "indirect" participation in mother and child's neurosis.

However, Johnson concluded in a discussion of a conjoint therapy of mother and child (Robinson et. al., 1955) that "as mother becomes more mature and stable, she will become so provoked with her husband's arrogance that we may find it necessary to do some work with him in order to maintain the marriage and growth." (p. 148) This anticipates the development of family therapy as a comprehensive response to the child's symptoms within the context of the family. The formulations of family theorists and therapists specific to school refusal will be taken up in a later section.

In summary, it appears that the marriages of parents of school refusers are distant and/or conflictual. This problem has been recognized as important by all clinicians

regardless of their conceptual base. Some have also acknowledged that improvement in the child's symptoms may have implications for the marriage which must be addressed in the treatment.

## Symptoms within the Context of the Family

A number of family theorists and therapists have offered explanations of how an adolescent's symptom can be viewed as an aspect of a dysfunctional system.

Hoffman (1981) states that "adolescent rebellion" serves both the purpose of establishing independence as well as providing parents with an opportunity to test the strength of the marital bond. If they are able to unite in response to the rebellion, they can be assured that they will survive their adolescent's eventual departure. Their ability to support one another gives the adolescent the confirmation that it is safe to leave. Hoffman suggests that the symptom of school phobia may arise when parents realize they cannot handle the departure of their adolescents. Parents' inability to act together in response to escalating school refusal creates a self perpetuating loop. The adolescent's symptom maintains parental conflict and is maintained by it.

Similarly, one discussant in dialogue on the

adolescent separation process (Grossenbacher et. al.,1979) stated that adolescents with school problems are "turning up the heat" with their radical rebellion. He adds that "...if the family doesn't move, the person who is involved in the rebellion loses" as his symptomatic behavior changes from an experiment in transition to chronic dysfunctional solution to a family problem.

Haley's (1980) clinical work with disturbed young adults whose symptomatic behavior fails to heal the family calls "eccentric and mad" behavior basically protective as it stabilizes the organization. He states: "When a family is in real trouble because a child is leaving home, there is one way the trouble can be resolved and the family stabilized-the child can stay at home." (p.31) By developing an incapacitating problem, he continues to need the parents. The function of his failure is to maintain the present organization in the family where parents continue to communicate through and about the young person. Parents may then blame each other or argue about what can be done; all plans must include the failing offspring. They fail to change their relationship in any substantial way and fail to accomplish the tasks of that stage of family life.

Bowen (1978) uses the concept of a "triangle" to delineate how families deal with conflict in dysfunctional ways. He defines a triangle as a three person emotional

configuration that is considered to be the basic building block of any emotional system. In calm periods, it is made up of a comfortably close twosome and a less comfortable outsider. When stress arises between two members, each attempts to get to the outside position. Roles emerge as fixed patterns that occur repeatedly within a triangle.

Several types of triangulation are found in the family according to Bowen. The most common is that of a "basic tension between the parents, with the father's gaining the outside position-often being called the passive, weak and distant-leaving the conflict between mother and child" (p. 374). This is a commonly described interaction between the school phobic and his parents.

Haley (1976) emphasizes the breaching of generational lines in his related description of the "perverse triangle." It is the parents' inability to maintain a clear generational line that makes it difficult for them to act together to enforce discipline of an emotionally disturbed child.

Haley's (1976) description of a malfunctioning organization centers around the concept of a coalition, which he defines as "a process of joint action against a third person" (p.109). He states that "information" and "coalition" are synonymous. Giving information across a boundary is an act of forming a coalition and withholding

information an act of dissolving coalitions. Severe problems arise in the family when a member of one generation denies or conceals a coalition with a member who is positioned in a different order within the hierarchy.

Most common example is the parent joining in coalition with the child against the other parent, but this can take place between a parent and grandparent or between a child and grandparent against another parent. As grandparents, parents, unmarried adults living together and young adult children may all appropriately execute parenting functions within the family, the term "executive subsystem" will be used here to refer to the subgroup that provides parenting.

Haley emphasizes that it is the chronicity and rigidity of a coalition that defines pathology. Transient coalitions may serve a useful function within the family. When patterns are narrow and highly repetitive, new alternatives cannot be found; individuals, tied to their roles, are not free to realize their potential.

Minuchen (1974) also describes "rigid triads" where the child is utilized in marital conflict. He lists triangulation, detouring and stable coalitions as typical transactional patterns in families with behavioral problems.

In triangulation, the parent demands that the child

side with him against the other parent; thus when joining with one, the child automatically attacks the other parent.

Detouring refers to the displacement of a focus from marital conflict to a problem child. When this takes place, the role of the underresponsible child is created.

The triad is considered a stable coalition when one of the parents joins the child in a rigid cross generational coalition against the other parent. This is similar to the present study's definition of an "overresponsible child" in a generational boundary crossing role.

In summary, an adolescent's symptom, and school refusal in particular, is seen to serve an important purpose in the family. Through some chronic form of triangulation which breaches generational lines, the malfunctioning organization stabilizes around the adolescent's symptom. The school refusal becomes part of a predictable sequence of behaviors which saves the family from deterioration but also prevents further growth.

## Intrafamilial Role of the School Refuser

Discussion thus far has revealed information regarding the dimensions of cohesion and adaptability of the family of the school refuser. Clinical findings

indicate that these families operate at the extremes along these dimensions.

However, these dimensions reveal little about intrafamilial roles, particularly those of intergenerational transactions. An examination of specific clinical illustrations gives many examples of roles taken by the school refuser in relation to his parents. A fuller understanding of these typical transactions may illuminate the function of the symptom of school refusal in the family system.

How does the school refuser typically relate to each parent and to the parents as an executive unit? Are the parents effective executives, generally supporting one another in providing age appropriate guidance and support to their child? Within the privileges and responsibilities appropriate to the child's age, does the child function effectively at his tasks? Where this is the case, clear boundaries would be expected to exist between parental and child subsystems; the child neither overtly nor covertly usurps the authority of either or both parents.

Is the school refuser acting in a role in the family that functions to defend the family from stress? Does his behavior perpetuate the inaccessibility of the parents to each other; that is, are their failing efforts to work together further reinforced by his symptomatic behavior?

Does this role take the form of chronic underresponsible behavior, where the child is seen as sick, bad, or incompetent? Here, his symptomatic behavior is timed to unite parents while detouring them from serious marital conflict, or by allowing them to refocus their marital conflicts into the parenting sphere. Thus they may fail to agree and support one another's parenting efforts.

Does this role take the form of overresponsible behavior, where the child takes on caretaking functions in the physical or emotional absence of one parent? Does he serve as a primary gratifier of mother's needs? Is he needed as a companion, caretaker or rescuer to the parents?

Parents, either unable to control their irresponsible child, or inappropriately reliant on their overresponsible child represent styles of interaction that emerge from the clinical illustrations of school refusers.

Following a survey of a large number of experienced family therapists, Goldklank (1981) developed a list of roles that children assume in their families. While these roles reflect a variety of styles, two dimensions were found to emerge following a closer inspection. The presence or absence of generational boundary crossing (GBX or non-GBX) and presence of high or low family esteem were dimensions that appear to underlie these roles.

A Role Quesionnaire was developed with the aid of 19 experienced family therapists in order to identify the presence of these dimensions.

In her description of two kinds of roles that cross generational boundaries, Goldklank discriminates between the "underresponsible" and the "overresponsible" child. The underresponsible child is typically the "identified patient" of family therapy; he is the incompetent, bad, or sick child. His covert coalition with a parent or grandparent contrasts with the overt one between the overresponsible child and a parent. The overresponsible child, or "parentified" child, functions within the boundaries of the parental subsystem as a pseudo-spouse or parent to parent. He is admired for this and the parents make no effort to oust him from this position. The author states that these two types of roles overlap in function; each perpetuates the inaccessibility of the original conflicted dyad and by so doing, defend the family from greater life threatening stress.

The author explains that the roles differ in their effect on executive functioning in the parents. The parentified child, by assuming executive functions, does not induce such functioning in the parents. However, the underresponsible child exhibits behaviors which induce the parents to increase their attempts at executive functioning.

They also differ in level of esteem in the family. While both have rescuing functions in the family, it is the overresponsible child who is highly esteemed and appreciated for the helping aspects of his role. His caring, assisting, mediating or advising is usually encouraged. However, the underresponsible child is named for the destructive aspect of his role.

The Underresponsible Child

A helpless, immature child who cannot handle the pressures of the real world, smothered and overprotected by his parents is one common description of the school refuser. With his demands quickly met by overprotective parents, he lacks the opportunity to master a difficult situation. His primary role as the helpless, sick or bad one tends to elicit increased executive functioning on the part of his parents, thus uniting them in concern for him. The effort to unite can fail in those cases where they continue their spousal conflict within the parental subsystem by undercutting each other's efforts.

Minuchen (1981) explained that "detouring" is a transactional pattern in families that allows the parents illusory harmony in their job of parenting. Allowed to submerge their marital conflict, they join in attacking their "bad" child or in protecting their "weak" or "sick"

child. In specific reference to school phobia, Minuchen stated that one type of family with a school refuser has a "delinquentlike organization"; such an organization is characterized by frequent ineffective controlling responses on the part of parents. Rules are not implemented in their absence, and communication patterns are chaotic.

Boszormenyi-Nagy also describes a "sacrificial" role which may be actively adopted by a child where a needy parent requires their constant emotional involvement, these "willing collaborators" are "bad", "sick", or "innocent victims" whose failure can take the form of overprotected baby or scapegoated delinquent.

Robinson's discussion of the case of a hospitalized school refusing 14 year old girl provides a picture of an overinvolved mother and daughter with a" sadistic, abusive" father. The girl, encouraged to stay home for minor physical complaints, was encouraged to see herself as weak and incapable.

Another study of the impact of family dynamics in perceiving the school refuser as a failure emphasizes the tacit encouragement by the parent to fail (Levinson, 1961). Work with adolescent boys led this clinician to explore competition between father and son where mother showed contempt for her husband. Sensing his father's lack of status in the family and lack of strength in the

home, the school refusing boy anticipates and avoids his father's resentment and revenge should he succeed in school. Unaware of their value as "rescuer", the boys' self image is that of a failure.

The use of sickly and helpless behavior to gain attention and to find a place in the family was another view of the symptom by Adlerian family therapists (Baideme et. al., 1979). One girl's school refusal was understood as compensation for her lack of acceptance in the family; behavior which was encouraged and maintained by the family system.

Bowlby (1973) provides a description of a family interaction pattern in which the child stays home for fear that some danger might befall him. While these children appear quite anxious, depressed and preoccupied with death, Bowlby emphasizes the importance of situational factors in contrast to theories that invoke unconscious processes such as fantasies and projections. He states that these children are commonly exposed to threats of abandonment by their parents. He quotes Tyerman (1968) who interviewed a boy whose parents drew up a document giving up all right to their son and drove him to a local government office to dispose of him; these actions were meant to threaten and punish the boy for "lying."

In another family pattern, Bowlby identifies a common situation in which parents keep their child home for fear

danger will befall him. Their view of their child as frail, sickly or vulnerable is a distortion that arises from two sources, according to Bowlby. The wish fulfillment theory, that parents' unconscious hostile wishes may come true, is a common explanation of proponents of the separation anxiety model of school phobia. Another common explanation is that the parent fears a repetition of a past tragedy and his fears are further aroused by a current loss or threat of loss.

In summary, one common view of the school refusing child is that of the sick, incompetent or bad child whose symptom elicits increased executive functioning on the part of his parents. A variety of explanations ranging from intrapsychic to situational account for the appearance of weakness and vulnerability in the child. Common to each illustration is the view that the child lacks power within the executive subsystem and seems unable to function adequately at the tasks before him.

## The Overresponsible Child

The above mentioned studies give their primary focus to the helplessness of the child. We will turn our attention now to those studies that emphasize the power the school refuser has in relationship to his parents even while he is underfunctioning in regard to school. While

school, the child's primary role as companion, protector or caretaker does not elicit increased executive functioning on the parents' part.

Bowlby's (1973) work with children and adolescents led him to declare "school phobia" to be a "pseudo phobia;" rather than fear and avoidance of an object or situation, it refers to fear of loss or absence of an attachment figure. He used the term "anxious attachment" rather than "separation anxiety" in his description of school refusal. This refers to the child's sense of distress arising from the possibility of being separated from an important attachment figure. He went on to state that the parents of school refusers suffer from anxious attachment and convey this to their child whom they then rely on for companionship and comfort. In many cases, the child is seen as staying home to comfort an anxious parent.

Stating that school phobia could only be understood within the context of the mother/child relationship, Estes et. al. (1956) followed Johnson et. al. (1941) in describing this dyadic relationship as a poorly resolved dependency relationship. In the context of an inadequate marriage, mother exploits her child by exaggerating her importance to him, encouraging an overclose relationship with him. Their overcloseness is manifested by gratification of all the child's wishes;

inappropriate physical contact, sometimes sleeping in the same bed and lack of privacy. Johnson provides a typical example where a mother bathes her 12 year old son. That the child is not allowed to express hostility towards his mother also contributes to the appearance of pseudocloseness.

Many clinicians state that mother turns to her child in lieu of support from her husband and out of a history of an unresolved dependency relationship with her own mother. Her occasional outbursts of deep hostility towards her child are seen to stem from her resentment at having to fulfill her child's needs in a way that was left unmet in her own childhood. Mother's sense of guilt for her hostility as well as her general sense of inadequacy as a mother feed back into the cycle of overprotectiveness and overgratification of her child's wishes, perpetuating this hostile/dependent sequence of behaviors.

Another proponent of the separation anxiety model, Eisenberg (1958) noted that these mothers required their children to be "both child and lover" due to the lack of emotional fulfillment in their marriages. His observations of mothers separating from their preschool children revealed ways in which mothers conveyed their own anxiety at separation by comments, gestures, body postures, tearfulness and crying. Husbands in his study were described as disengaged from the parenting process,

providing little support to their wives and little guidance to their children. If involved in parenting, it usually took the form of "disgruntled criticisms of their wives' inadequacies." (p. 715)

Eisenberg suggested that "the child's symptoms are comprehensible as the response to contradictory verbal and behavioral cues" where the mother brings the child to school yet makes it clear that something is wrong. That the child is asked to serve mother's emotional needs in the context of an unhappy marriage is clear from the author's explanation: "He is told that he must go (to school) at the same time that he is shown he dare not; he is told that he is loved at the same time that his needs are lost in the morass of his mother's." (p. 716)

Boszormenyi-Nagy and Spark shed some light on this family dynamic in their discussion of "parentification." They explain this process as parents' subjective distortion of their relationship to their child as though the child were their parent. The emotional gain to the parent is the fantasized gratification of his need for security.

While transient parentification may provide the child with important opportunities to learn adult behavior, excessive parentification constitutes a "bind which traps the child" and arrests his autonomy. Such distortions may involve wishful fantasy or dependency behavior on the

parents' part. They may imagine their child to be powerful and perfect and they may force their child to take care of them by acting irresponsibly.

The parentified child may take on "manifest caretaking roles" where he may reassure either parent, mediate in their conflicts or act up to screen parents' problem from strangers.

The parentified child may take on "neutral roles" where he may appear to have no problems. Called the "well sibling" by these authors, this type of problem-free child hides his suffering for the sake of the family. His contribution to the family is in playing a prescribed premature role and failing to live an age-appropriate life. Deeper exploration reveals the child suffers from depression and/or anxiety.

Bowbly (1974) described a type of family interaction that produces school refusal. In this pattern, mother (or father) suffers from chronic anxiety in regard to attachment figures. Mother consciously or unconsciously encourages her child to stay at home as her companion. Mother, or rarely father, is anxious about her own attachment figures and "inverts" the parent-child relationship by requiring the child to serve as parent to her. He gives an example of a 10 year old boy who had been kept home for a year for companionship to a mother whose "son was the first person she had ever had to love

in her life." Her husband, aware of the situation, did not intervene.

Minuchen (1981) also states that the school refuser is needed as "companion" to a parent. He states that one type of family that has a school phobic is similar to the family with psychosomatic children. He characterizes this type of family as enmeshed: "overprotection, enmeshed, overinvolved...with each other, an inability to resolve conflicts, a tremendous concern for the maintainance of peace or avoidance of conflict and extreme rigidity" (p.60).

When a child is treated as an equal or parent to parent, it represents a situation where boundaries are blurred. In contrast to the "parental child" who has clear delegation of power and continues to have a rightful place in the child subsystem of the family, the parentified child has simultaneously conflicting demands on him. Boszormenyi-Nagy and Spark acknowledge that the "generational differential" is reversed and the child is treated as a generational equal. They refer to the double binding quality of parentification; while expected to be obedient, the child must also behave in accordance with the senior position into which he is cast.

Haley (1976) emphasizes the importance of clear hierarchy for a smoothly functioning organization. He states that "pathological behavior appears when the

repeating sequence simultaneously defines two opposite hierarchies" (p. 124). He draws a parallel between levels of communication and levels of the hierarchy. Making reference to Bateson's concept of "double bind" as the paradox that occurs when conflicting messages are on multiple levels, he applies this principle to the organizational unit. Where a parent directs a child to disobey his order, he is defining the hierarchy in two incompatible ways. Here the child is treated as an equal or higher in the hierarchy while simultaneously being lower in the hierarchy.

Similarly, Madanes (1981) explains that the child's symptomatic behavior takes place within an "incongruous hierarchy." Defining hierarchy as "repetitive sequences of who tells whom what to do" (p. 145), a symptomatic adolescent is simultaneously defined as helpless and as powerful in relation to his parents. Seemingly incompetent, defective and dependent, he is also powerful. His parents are dominated in that most of what the family can do is determined by his symptomatic behavior, behavior that continues despite their fervent but failing efforts.

The children in T. Goldberg's (1953) retrospective case studies ranged from mild to severe in degree of disturbance, leading the author to depart from the idea of school phobia, solely as an anxiety reaction to separation. However, unhappy marriages, inadequate

handling of the child and overinvolvement between mother and child emerged as well in these cases. While many individual differences were found among the 17 children under study, the author generalized that the children's environment was "marked by poor marital relationship between the parents" (p. 244), that "all the mothers were inconsistant in their handling and that all the children tended to cling to their mothers" (p. 246) and that in most cases, the "child's handling was left to the mother." (P. 245) While her description does not specify the child's role beyond gratifier of mother's needs within the context of a conflictual or unsatisfactory marital relationship, the child's triangulation is evident; the child's overinvolvement with mother appears to be a response to the distance between the marital pair.

A similar pattern of triangulation of the child to fulfill mother's needs in the absence of emotional support from her husband emerges in the work of those who emphasize depressive anxiety.

Six of the 7 mothers in Agras' (1959) study evidenced overt depression which aroused similar anxiety in their school refusing children. While emphasis was placed on mothers' fulfillment of child's regressive needs, both parents were characterized by an inability to tolerate and resolve depressive feelings. While avoiding their own

painful realities, they also shield their child through denial and evasion.

Talbot's (1957) description of the mother/child relationship follows that of the separation anxiety model but highlights the preoccupation with and fear of death prevalent among these families. She suggests that fear of death and going away are equated in the minds of school refusing children and their parents. Every child in the study resonated with parents' fears by stating he was afraid something would happen to a parent or caretaker.

Talbot also referrred to inconsistant handling by mother leading to confusion in the child. While infantilized in certain ways, children were also expected to abide by adult standards in other ways. Insecurity leads the child to insist on physical proximity to mother; this enrages her and she may threaten "to go away, to beat the child, even to kill him", (p. 290). Such behaviors feed into the sequence of behaviors described as the hostile dependency relationship of mother and child described by proponents of the separation anxiety model.

Davidson (1961) stressed the frequent occurrence of depression in the 30 cases upon which she reported. To parents who had suffered from significant loss or were threatened with the loss of an important relationship, their school refusing child often represented the threatened or lost object. Such fear was conveyed to the

child who reflected back such concerns by refusing to part with mother. The author stated that it was usually mother's concentration on the liklihood of failure and refusal to consider any possibility of success that discouraged the child's attempts to return to school.

The theme of the school refusing child as mother's protector arises in relation to expressed fears that mother might be lonely, be hurt, or might sicken and die. These fears are often expressed by parents but they may attempt to hide such worries. The child seems to believe that his presence will forestall this dreaded possibility Whereas Agras (1959), Talbot (1957) and Davidson (1961) emphasized the fear and helplessness of school refusing children who shared parents' depressive anxieties, others focussed on the active, intentional quality of the child's refusal.

Veltkamp (1975) reported on several school refusing children whose worry about their fathers' health was echoed by their mothers. In all cases, the children stayed home "as if to insure that every one would be alright" (P. 49). In another case (Messer, 1964), where a school refusing boy stayed home with an ailing mother, the authors further elaborated on family dynamics. Here, father was seen as depressed and withdrawn; mother had relied on an older son for emotional support. The

leavetaking of the older son for college left a gap to be filled by this school refusing youngster.

While a child may primarily serve emotional needs by staying with a worried or ailing parent, Klein (1945) reports of a school refusing boy whose presence may have provided more practical intervention between his parents. In this case, a boy had previously witnessed his mother's physical abuse by father. Fearful in general of leaving her, he stayed home most often when his father would also be home that day.

More active intervention between the parents has been found in other reports. Reporting on active conflict between parents, C. Goldberg (1977) stated that one mother used her daughter's school avoidance as "a sort of family protest - a strike - against father's behavior" (p. 504).

The active role of confidant to a confused, angry or unhappy mother also gives the school refusing child unusual power in relation to his parents. Weiss and Cain (1964) described a mother/child role reversal where mother shared personal secrets with her child. They used the terms "confidant", "advisor", "marriage counselor" and "ever present companion" in defining the school refuser's role in his family. These "pseudo-mature" children joined their "helpless" mothers in open derogation of father's abilities; the child was encouraged to see his father as ineffectual and incompetent.

Some clincians have given examples where the school refusing child clearly takes the role of pseudo-spouse or companion, overstepping the generational boundary in their functions. Jackson (1964) reported that four young adolescent girls in his study "attempted at time to take over the wife's role with their father" (P. 72) by reprimanding them, speaking for mother and making them "toe the line" when "left in charge." Apparently these girls were assigned a good deal of power in regard to their fathers.

Madanes (1981) defined one 14 year old girl's refusal to attend as a metaphor for being a wife to her single parent father. Instead of going to school, she stayed home to keep house for her socially isolated father. When these strategic family therapists reframed the school refusal as an act that would help father find a wife, the girl returned to school.

Another move into the executive subsystem was described by Minuchen (1974); one 10 year old girl remained at home to "reassure her mother" who was suffering a recent loss. This mother had been heavily reliant on the patient's older sister who had served as a parental child until the daughter's recent egnagement. The school refusing girl became mother's substitute companion.

Throughout the studies cited, examples are given

where the child's school refusal follows the leavetaking of an important adult from the home. Whether grandparent, aunt, parent or friend, this person is important to one of his parents who suffers the loss.

The leavetaking of an aunt overinvolved with mother is seen as a precipitant for a school refusing girl in Davidson's (1961) study. Here, the child's school difficulties subside when the aunt returns but a younger sibling later refuses school when the aunt leaves the home a second time. This author does not explore the active and powerful aspects of replacing an adult in the family. Her interest is in the mother and child's shared belief that separation and death are equated.

C. Goldberg (1977) reports on a 14 year old girl who refuses school after her father moves out. She becomes an active parenting figure, playing with and guiding her four younger siblings and returns to school only on the infrequent occasions when father returns. The details provided clarify the girl's function in this family as an executive in the absence of a parent.

In this section, we have reviewed those studies that reveal the school refusing child to have some inappropriate power within the executive subsystem; his role does nothing to elicit his parents' executive functioning. This usually takes the form of overcloseness to mother, to whom he plays companion, protector,

substitute for a lost companion to her, confidant and/or pseudo-spouse. These forms of parentification take place within the context of a distant or conflictual marriage and there is little evidence that this parentified role is challenged within the family system; rather it appears to be invited.

# CHAPTER 3

## PREVIOUS RESEARCH METHODS

A variety of sources including intakes, current and retrospective therapy case notes, therapy followup studies and surveys provide the descriptions of school phobics and their families. These observations lead to the clinical formulations of the meaning of school phobia with that of separation anxiety as the most common understanding of the symptom.

The most frequent source of individual and family data comes from individual therapy of the child or conjoint therapy of mother and child by the researcher and/or his collegues (Jackson, 1964; Malmquist, 1965; Levinson, 1961; Johnson et. al., 1941; Klein, 1945; Thompson, 1948; Suttenfield, 1954; Weiss & Cain, 1964; Hillyer,1978; Hitchcock, 1956; Robinson et. al.,1955, Estes et. al., 1956; Eisenberg, 1958; Waldfogel et. al., 1959; Davidson, 1961; Goldberg, 1977; Agras, 1959; Choi, 1961). Some of the clinical studies were based on school phobic children who were hospitalized while others derived their information from children who were treated on an outpatient basis. In two cases, data came solely from the author's treatment of the mother (Davidson, 1961);

however, the author cautioned that this was not considered an ideal mode of data collection or treatment.

The second, almost equally common method of exploration is that of retrospective study of therapy cases. Similar to the previous group, the data are not systematized and are gathered from more than one clinician (Chotiner & Forrest,1974; Talbot, 1957; Suttenfield, 1954; Weiss & Cain, 1964; Jacobsen, 1948; Choi, 1961; Hitchcock, 1956; Van Houten, 1948). Therapy notes from closed cases often lack pertinent information as the patients were not considered subjects of a research study at the time of treatment. Quite a few authors used a combination of both retrospective and current case studies in their descriptions.

Information on school phobia has also been collected as a result of group counseling in the high school setting by an educator (Contessa et. al., 1981).

A small number of studies or brief formulations regarding the family process of a family with a school refuser are results of family therapy sessions with one family (Madanes, 1981; Baideme, 1979; Minuchen, 1981) or with several families within a larger study (Malmquist, 1965).

Several authors present their findings only on the basis of intakes. In some cases, the intake includes one psychiatric interview, in others it may involve extensive

psychological testing (Suttenfield, 1954; Choi, 1961; Eisenberg, 1958; Ruscelli, 1974; Gingold, 1983).

The advantage of clinical case studies is the yield of a broad range of information. Yet most of the clinical studies reviewed were lacking a systematic sorting of the data such that clinical information on one case within a study could not be compared to another. Another drawback to research based on therapy or intake is that so much information about the family members and family functioning is drawn only from mother's report. Finally, those cases where data are collected from a number of clinicians whose goal is treatment reflect the selective attention of each clinician.

Only one study was found to offer information on family style as a result of structured interviews of the parents of school phobics (Berg et. al., 1981). While the focus of the study was the marital and family relationships, in only 20% of the interviews were fathers included. The mother was the sole respondent in the remaining cases.

Another source of information has been that of the followup of school phobics previously in therapy on an in-patient or an out-patient basis (Hersov, 1960; Berg, 1970). Specific information on later school attendence, achievement and social adjustment has been sought (Rodriguez et. al., 1959).

While most research utilized the mother as the primary source of information in intake or conjoint therapy, one study provided their descriptions by direct observation of the separation of mother and child in the pre-school setting (Eisenberg, 1958). In some therapy cases as well, anecdotes of the mother and child's separation in the waiting room were regarded as clinical data.

Berg developed a questionnaire that later yielded several studies regarding school phobics and their families (Berg et. at., 1971). Their survey was administered to several groups of mothers of school phobics. These surveys are among few of the empirical studies that systematize their data collection and make it possible to compare the individuals within the group under study. In no case were the youngsters themselves invited to participate in the survey. Berg's surveys focussed on individual fears and behaviors and did not address the interaction of family members.

While these research methods have yielded in depth descriptions of the mother and child relationship and to a lesser extent that of father's personality and style of relating to his wife and child, the larger context of the family has been ignored. The overinvolvement of the mother and child is rarely addressed within the context of the family as a whole. The few family therapy studies

offer formulations as to the meaning of mother and child's overinvolvement in a way that is not provided by the other methods mentioned here.

# CHAPTER 4

## RESEARCH DESIGN

A pilot was first conducted to determine the feasibility of conducting this study and to test the effectiveness of the instruments. The results of the pilot are discussed in Chapter five.

### Subjects

Subjects in this study consist of two groups; that of 26 school refusing adolescents and a control group of 41 non-symptomatic adolescents. Each school refusing subject was matched by age and gender with a non-symptomatic adolescent, but it was unnecessary to conduct the statistical analyses on the basis of matched subjects.

Subjects in both groups meet the following criteria: age range 12-17, students in grades 7-12, minimum of an eighth grade reading level on a standardized reading test and an absence of referrals to the school dean for serious behavior problems during the previous semester. Both males and females were included in the groups.

The requirement of a minimal reading level ensured that the students would complete the packet as well as

ensuring that the problem of school refusal is not due to lack of reading skills.

The group of 26 school refusing adolescents were absent a minimum of 15 times during the previous semester without written medical excuse. Absences ranged from 15-65 days. There were frequent tardinesses and class cuts but these were not included in the criteria.

The group of non-symptomatic adolescents were absent no more than four times during the previous semester. They exhibited no behavioral problems according to the dean of the school. This group of students passed all their courses during the previous semester.

Procedure

The subjects for this study were contacted through their schools in four public school districts in a surburban area between 20 to 35 miles north of New York City. The school refusing students came from four high schools and one middle school within all four of the districts contacted. The control subjects came from one high school and one middle school in one of the four districts. Procedures for parent contact and student participation varied between districts in accordance with the preferences of staff in each district; each procedure is described below.

Following the consent of the Superintendent, Board of

Education and appropriate building staff of one district with an estimated enrollment of about 3,500 students, the researcher collected data from control subjects and seven school refusing adolescents.

In the position of school psychologist in this district, the researcher contacted parents of school refusing adolescents directly by phone to inform them of the project. Prospective subjects were recommended by the secretary of the Deans and in some cases by individual teachers. All seven parents contacted gave consent to their children's participation. Five of the school refusers were students in the high school, a building with a population of about 1,100 students. One of the five students was on home tutoring, awaiting special educational placement in a private school due to her refusal to return to school. This student completed the packet in her home in the presence of her tutor, a special education teacher from her high school. The remaining four students completed the packet in the guidance department of the high school in the presence of school staff.

Two other school refusers in this district were students in a middle school with a population of about 800 students. Following parental consent, these two students completed the packets in the guidance department.

Written consent was obtained from all parents of

school refusers in the same way; parents received a consent letter (Appendix C) in the mail and returned it in a stamped self-addressed envelope.

Three types of approaches were made to enlist the prospective control subjects. Eight classes of students, about 240 students, were addressed during class about the nature of the project and given the parental consent letter. In the cases where students were requested to return the letter to the nurse's office and fill out the packet during their free time, very little response occurred. Only two students out of about 150 followed through on letter return and packet completion, even though many students expressed interest during the presentation of the project.

The second type of presentation was much more successful. With the same class presentation, students who were told they would be given class time the next day to complete the packet often returned signed letters. The lowest return rate was about 50% in one class and as high as 95% in one class.

The third type of approach was to contact parents by phone and inform them of the research. Where parents gave consent, students were approached individually, informed of the project, and given an opportunity to complete the packet in the guidance office. All parents contacted gave consent and returned consent forms in the mail. All

students whose parents gave consent agreed to complete a packet. This approach served two purposes: it ensured that the students met the requirements for the control group and ensured that matching by age and gender with school refusers would be possible if needed in statistical analyses. About half of the control subjects contacted in the previous two methods did not meet the requirements for control subject, either having failed one or more courses the previous semester or having been absent more than 4 times the previous semester. This was learned through their self report or by checking school records. Confidentiality was maintained even while records could be inspected for previous attendence; students' names were not on their packet. It was through the process of collecting data for the control group that it became clear that the requirements for this group were fairly strict; while it was only 10th grade control subects in the high school who were individually selected, it appeared that only about 20% of the students met these strict standards.

This third procedure was used to enlist the participation of 5 students in the middle school to ensure matching of age and gender with the school refusers of middle school age. These 5 students completed packets in the nurse's office.

In order to gain access to a large number of school refusing adolescents, the researcher addressed a

county-wide meeting of six public school superintendents regarding the nature of the project. A letter given at that time with a summary of the presentation is included in the appendix (Appendix D). Another four superintendents gave consent following discussions with staff in their own districts, and it was from three of these that the remaining 24 school refusers were contacted. The population in these districts is predominantly a white middle class one of white collar workers, many of whom commute to New York City.

The number of completed packets from the three districts reflects the enthusiastic cooperation of the staff in each of the districts. As the researcher was an outsider to these three districts, direct access to the students or their school records were not made available and names of prospective subjects were provided only after school staff obtained parental consent for the researcher to contact the parent. The researcher relied on other school staff to observe the criteria for school refusal in their choice of prospective subject. Again, these criteria were:

1) aged 11-18,

2) excessively absent from school (15 or more school days per semester) without medical excuse,

3) little or no evidence of delinquent activities known to school staff (such as vandalism, stealing,

substance abuse, etc.), and

4) minimal reading level at eighth grade on a standardized reading test.

Six school refusers' packets were collected in one high school with an enrollment of about 2,100 students in a district with an estimated enrollment of about 7,600. In this district, the head of the guidance department selected a list of 12 possible subjects and called parents to notify them of the project. Seven parents agreed to have the researcher contact them; all seven gave consent upon being informed of the project by the researcher. Six of the seven students completed the survey in the guidance department under the supervision of building staff. One student who failed to complete the survey was not in attendence during the three week period of data collection in that building.

One student completed a questionnaire from a school district with an estimated enrollment of 13,000. The procedure adopted by this district made data collection less likely to be successful. Names of 20 possible subjects were chosen by the attendence officer of the district. Letters were sent to the parents of those students from the district, notifying them of the project. The parental consent form from the researcher was enclosed with the district letter with a stamped, addressed envelope. Three of the parents responded to

this notification with their written consent. As this district would not allow the packets to be completed in the school, it was necessary to either mail the packet or to visit the home of the school refuser. To avoid the possibility of parents' interest in their child's responses affecting the confidentiality of the packet, only one packet was mailed. This was sent to a 17 year old girl temporarily out of school and for whom no phone number was listed. This packet was returned with her additional written explanation that she planned to return to school. Parents of the two other students made tentative plans for the researcher to visit their home, but this was later deemed unnecessary due to adequate response in other districts.

A third district with an estimated enrollment of 2,600 provided the participation of another 12 school refusing students. In a high school with about 1,200 students, the school nurse called 15 parents of prospective students well known to her for their excessive absences. Of this group of parents, 13 agreed to have the researcher contact them by phone. All 13 agreed to their child's participation upon learning more of the project. Twelve students completed the packets in the nurse's office in the presence of school staff. One student was out of attendence during the length of data collection in that building.

Instruments

The instruments used in the study (Appendix B) consisted of the demographic survey (Appendix B, Form 4), FACES II (Appendix B, Form 5), the modified role questionnaire entitled "Survey" (Appendix B, Form 6) and an additional list of questions entitled "True/False" (Appendix B, Form 7).

Demographic survey.

The demographic survey (Appendix B, Form 4) inquires age, grade, gender, current family membership, sibling position and age of oldest child in the family.

FACES II.

The Family Adaptability and Cohesion Scales II, (FACES II; Appendix B, Form 5) a 30-item scale, is a modification of the original 111-item scale called FACES. This instrument was constructed to measure the two major dimensions of cohesion and adaptability in the circumplex model of family functioning discussed earlier.

FACES was originally developed with 410 young adults to assess the empirical validity and with 35 marriage and family counselors to asses its clinical validity. It was also used with 210 parent/adolescent triads; alpha reliability of family cohesion was .83 and .75 for family

adaptability (Olson et. al., 1979). Portner (1981) found non-clinic families to more likely fall within balanced areas and clinic families to tend more towards the chaotic disengaged extremes on FACES. In a comparison of non-problem families and those with a runaway adolescent, Bell (1982) found significantly more families with runaways at the disengaged end of the continuum and a high percentage more chaotic in comparison to non-problem families.

FACES II, at 91 items, was first utilized with 464 adults. A factor analysis revealed that the first four factors for each dimension accounted for 75% of the variance. The Cronbach alpha reliability figure was .91 for cohesion and .80 for adaptability on a reduced scale of 50 items. Using the 50 item scale, a test-retest reliability study was conducted with 124 subjects with a time lapse of 4-5 weeks between first and second administrations. Test-retest reliability was .84 for the total 50-item scale, .83 for cohesion and .80 for adaptability.

The 50-item scale was reduced to 30 items following its administration to 2498 adults and adolescents (Olson, McCubbin, Barnes, Larsen, Muxen & Wilson, 1983). Construct validity was assessed by a factor analysis. When restricted to two factors, cohesion items loaded most

heavily on factor one and adaptability items most on factor two.

Internal consistancy reliability was assessed by computing Cronbach's alpha with the total sample and separating for the two random halves. Reliability based on the total sample was .87 for cohesion and .78 for adaptability and .90 for the total sample.

Role Questionnaire - "Survey"

In order to deal with dimensions not fully explored by FACES II, a modification of a Role Questionnaire developed by Goldklank (1981) was utilized.

Her Role Questionnaire was designed to measure two dimensions called generation boundary crossing (GBX) and esteem. The 36 statements in her Role Questionnaire represent 15 types of roles that might appear among siblings in functional or dysfunctional familes. These roles were defined with the aid of 19 experienced family therapists, each of whom provided the author with a list of 10 possible roles assumed by siblings within a family. After a pilot with 10 subjects, the Role Questionnaire was completed by 151 female and male adult subjects who responded by identification of those statements that reflected their experience in their family up to age 17. A brief explanatory essay was requested of each subject regarding the 3 statements that described their

predominant experience. Scores for presence and degree of GBX and esteem were computed following examination of the accompanying essays.

Following is a description of the modifications of Goldklank's role questionnaire done by this researcher for use in the present study. The Role Questionnaire was first modified for readability for adolescents. Role statements were rewritten with the categories overresponsible and underresponsible child roles and non-coalition roles in mind. It was retitled "Survey", a more non-personal term in order to discourage expectations on the part of the respondent. Two statements reflecting excessive concern for parents' safety were added to the Survey reflecting a common function of the typical school refuser. This modified survey was used in the pilot (Appendix A, Form 3).

Following the pilot, the statements of subject concern for parents were deleted from the survey; as they reflect subjective worries rather than transactional patterns, they differ from the remaining items. These statements were moved to the True/False form along with the addition of further statements.

The dimension of family esteem, explored in the Role Questionnaire in the pilot, was dropped in the final modification of the Role Questionnaire. Reponses of students in the pilot to this additional dimension were

confused and their responses showed little association with roles chosen.

Following the pilot, eleven individuals were invited to participate in coding of the survey. The two tasks they were given were to provide their own categories for the 25 statements and then to arrange the statements reflecting the overresponsible and underresponsible child roles according to how evidential each statement was of the researcher's category. Following is a detailed description of their tasks.

Coding of the Survey.

The independent coders of the survey, or role questionnaire, were individuals from a variety of professions; only four of the eleven are in the mental health field. Their professions range from psychologist, social worker, economics professor, lawyer, learning disability teacher, legal assistant, dental hygienist, carpenter's assistant and college student.

Each coder was given a set of 25 index cards, each with one statement on it. For the first task, the coder was instructed: "After reading the statements on each of these cards, please try to find a common element that would allow you to sort them into three categories. Each statement is a description of how an adolescent might see himself in his family. Sort them into three groups."

After completing the task, the statements in the three groups were recorded, and the coder was asked to explain each of the categories that had been created.

Following are the results of that inquiry.

When asked to categorize the statements, eight of the eleven coders independently grouped eight out of nine overresponsible role statements together. Most of the coders found that these statements seemed to naturally group together. Some examples of their own descriptions of the category created were: "A child who feels overly powerful, more powerful than his parents. Imprisoned by a bargain with the parents", "A division between parents...really an alliance with one parent...on an equal basis, not parent and child, inappropriate", "He sees his parents need his help", "A good dream...the kid is like a parent. They're very wrapped up with their parents and the parent with them...entangled", "He almost sees himself as an authority figure or parent. He's not a problem but someone parents come to for advice. Here, he's an adult".

Six of the eleven coders sorted seven or more of the nine underresponsible child role statements together. Their explanations of the category included such comments as: "Negative self image", "They don't see themselves in a good light, nor do they see their parents' perceptions of themselves as good. They see themselves basically as a problem", "He feels like a troublemaker, can't do anything

right", "This poor kid is a pain in the ass, his parents are unwilling to accept him for what he is", "He has alot of self pity because his parents put him down alot", "'I am a failure child'- at most, he can feel like he's getting some attention by drawing attention to a problem, there's no illusion of power or that any good is coming from the parents like the other statements", "I'm a mess."

Six of the eleven coders sorted five or more of the seven non-coalition role statements together. Their descriptive comments include the following remarks: "A secure child who has a sense of limits, set up and enforced by strong parents whom he respects. He feels valued, for himself, as he actually is", "The way a healthy family should be, something that seems to be going right in the family", "Normal healthy child's problems, not inappropriately involved, not inappropriately treated", "Family unified, mother, father, kid, and kid fits into the family. His autonomy is given respect."

It's clear that where coders' categories approximated the researcher's, their explanations were similar as well. Where coders' categories differed, they tended to notice different aspects in the statements upon which grouping was based. One coder based her three categories on 1) "descriptions of parents", 2) "desciption of self" and 3) "interaction, but fuzzy". Another called her three categories, 1) "Parental dynamic, how the kid sees the

parents' relationship," 2) "relationship between parent and child, child's view of parental attitudes towards him and his attitude towards them," and 3) "parental authority, type of control the parent has." A third coder named his categories: 1) "Issue of discipline, control issues in the family," 2) "family relationship within the family unit," and 3) "roles, role expectations."

Following completion of the above task, the coders were then informed of the categories of "underresponsible" and "overresponsible" child roles and asked to rank each group of 9 statements into 4 degrees ranging from "least evidential" to "most evidential" of that category. Coder's responses were averaged and the statements were ranked in order to provide weighted scores (1-3) for the underresponsible child role statements (Table 1) and for the overresponsible child role statements (Table 2).

The final form of the Survey (Appendix B, Form 6) is comprised of 25 statements; 9 reflect the overresponsible child, 9 reflect the underresponsible child and 7 reflect the child who does not cross generational boundaries. The respondent is directed to "check off those statements that are true of how you see yourself in your family", thus they are free to identify as many as seem appropriate. They are then requested to "circle the 3 statements MOST TRUE of you".

Table 1

Independent Coders' Weighting of Underresponsible Child Role Statements on the Survey

| Item Number | Mean Rank | Weight* |
|---|---|---|
| 11 | 1.29 | 1 |
| 25 | 1.66 | 1 |
| 12 | 2.70 | 1 |
| 21 | 2.70 | 2 |
| 23 | 2.87 | 2 |
| 6 | 3.20 | 2 |
| 16 | 3.41 | 3 |
| 5 | 3.45 | 3 |
| 8 | 3.50 | 3 |

*Weight: A rank of how evidential the statement is of the category. Reflects both coders' average ranking and range of ranks.

Table 2

Independent Coders' Weighting of Overresponsible Child Role Statements on the Survey

| Item Number | Mean Rank | Weight* |
|---|---|---|
| 18 | 1.79 | 1 |
| 24 | 2.29 | 1 |
| 2 | 2.62 | 1 |
| 7 | 3.08 | 2 |
| 9 | 3.08 | 2 |
| 17 | 3.08 | 2 |
| 3 | 3.08 | 3 |
| 14 | 3.66 | 3 |
| 20 | 3.91 | 3 |

*Weight: A rank of how evidential the statement is of the category. Reflects both coders' average ranking and range of ranks.

True/False

A final questionnaire entitled "True or False" has been developed following the pilot (Appendix B, Form 7). Six of the statements are based on indicators agreed upon in the literature as discriminative of school refusers; it was expected that responses to these will further discriminate between truants and school refusers in the sample. They would also clarify differences between the school refusers and non-symptomatic adolescents.

These indicators include: where the non-attender spends his day when absent, whether his parents are aware of the absence on the same day, and whether a parent is home during the day. Another three statements refer to different aspects of present and past refusal.

Further discrimination between truants and school refusers will be provided by collection of non-medically excused absences and number of behavioral referrals to the dean of the high school during the previous semester.

Three statements inquire into the experience of excessive concern for parent's well being.

Two statements address the parents' health in order to clarify the meaning of students' report of worry regarding their parents.

Five statements refer to school attitudes.

In addition, six statements are added as a measure of social desirability.

Hypotheses

1) School refusing adolescents will report greater differences in average family cohesion on FACES II in comparison to non-symptomatic adolescents. Cohesion refers to the bondedness family members exhibit. Extremes in cohesion are manifested in enmeshed or disengaged behaviors.

2) School refusing adolescents will report greater differences in average family adaptability on FACES II in comparison to non-symptomatic adolescents. Adaptability refers to the responsivity of the family to internal and external stress. Extremes in adaptability are expressed in a chaotic or rigid quality of responsivity.

3) School refusing adolescents will report a greater frequency of generational boundary crossing roles on the survey in comparison to non-symptomatic adolescents. That is, the school refusers are more likely to identify with the overresponsible and underresponsible child roles in preference to non-coalition roles whereas the non-symptomatic adolescents are expected to identify with the non-coalition roles.

# CHAPTER 5

## THE PILOT

Ten high school students with serious attendence problems were chosen to participate in this pilot research project. Criteria for selection included: age range 13-17, student in grades 9-12, minimum of 14 absences from school during the school year and minimal eighth grade reading level. An absence of serious behavior disorder as determined by lack of referrals to the dean was a necessary criterion. The self report that the student stays home when absent was obtained. The last two criteria aid in distinguishing between the school phobic and the truant.

The students were invited to fill out questionnaires following a phone contact with their parents to obtain consent. Parental consent was obtained in all ten cases. Eight students agreed to complete the questionnaires; two students refused participation. One of the refusers did accept the questionnaires from staff but returned them with few answers and extraneous and unscoreable responses; another no longer in attendence did not respond to a written request for his involvement.

Students were directed to the nurses's office in

their high school where they filled out questionnaires under her supervision. They were provided with a packet (Appendix A) consisting of a list of demographic questions (Appendix A, Form 1), FACES II (Appendix A, Form 2) and the Role Questionnaire entitled "Survey" (Appendix A, Form 3). The nurse's encouragement and guidance were necessary as some students failed to understand directions or were easily distracted.

Description of Subjects

Both males and females, ranging in age from 14-17 participated in the pilot study. The group included two girls and six boys in grades 9-12; all had a minimum of 14 unexcused absences during the school year. The number of absences ranged from 14 to 48. Three students were frequently tardy for school, missing at least one full class. Number of times tardy ranged from 11 to 60. The remaining students were frequent class cutters; no records of number of cuts were available.

All students met the minimum criterion of eighth grade reading level as measured by a standardized reading test.

All of the eight students reported that they "stay home" when absent from school.

Five respondents live with both parents or stepparents while three live with one parent. Sibling

position varied, with two "oldest" children, two "middle" children and four "youngest" children. There were no "only" children in the pilot study (Table 3).

Results and Discussion of the Pilot

All eight students reported extreme scores on at least one dimension on FACES II; three students obtained scores in the extreme ranges on both dimensions (Table 3). Thus it would appear that these youngsters with attendence problems live within the context of troubled families as reflected by this measure of family functioning.

An examination of scores along the cohesion dimension reveals that six of the eight students reported "disengaged" family styles in the extreme range. The remaining two students reported a moderate "separated" style of cohesion. A separated style might be expected in the family of the adolescent where strong extra-familial bonds are emerging.

However, most of these families are characterized by an extreme degree of low bonding and high autonomy. These adolescents appear to suffer from a lack of support in their efforts to individuate.

Five of the eight obtained extreme scores on the dimension of adaptability. Two of these reported a chaotic style of response to stress while three reported a

Table 3

Summary of the Results of the Pilot

| S | A | G | Gr | #P | SP | Co | Ad | GBX | FE |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 17 | F | 12 | 2 | Y | 40* | 27* | - | - |
| 2 | 17 | M | 11 | 2 | M | 42* | 35* | 2 | 1 |
| 3 | 16 | F | 9 | 1 | O1 | 44* | 47 | 2 | - |
| 4 | 14 | M | 9 | 2 | O1 | 47* | 49 | 3 | 0 |
| 5 | 17 | M | 11 | 1 | Y | 54 | 52* | 0 | 3 |
| 6 | 17 | M | 11 | 2 | M | 56 | 57* | - | - |
| 7 | 16 | M | 10 | 2 | Y | 46* | 42 | 3 | 3 |
| 8 | 16 | M | 10 | 1 | Y | 42* | 38* | 0 | 3 |

S: Subject
A: Age
A: Gender
Gr: Grade
#P: Number of parents
SP: Sibling position
O1: Oldest
M: Middle
Y: Youngest
GBX: Frequency of "very true" responses to coalition role statements
FE: Frequency of "parents like it" regarding "very true" role statements

Co: Cohesion score
*enmeshed: above 64
connected: 54.1-64.0
separated: 48.0-56.0
*disengaged: below 48

Ad: Adaptability score
* chaotic: above 52
flexible: 45.1-52.0
structured: 38-45
* rigid: below 38

rigid style of response to stress. It appears that some of the families of these youngsters have difficulty reallocating power, adjusting rules or changing roles in response to stress. Three students reported a moderate style of adaptability.

Only six students who correctly responded to the Role Questionnaire directions to mark both "true" and "very true" to the role statements in the survey. One student provided only "true" responses, neglecting to double check the three statements "most true." Another student failed to respond to the statements on the Role Questionnaire.

Of the six full respondents, two identified three generational boundary crossing ("GBX") statements as "most true", two students identified two GBX statements as "most true" (Table 3). Thus, four of the six students admitted to chronic involvement in roles that call for coalition with a parent.

It would be useful to look at which items students identified as simply "true." These responses, also provide a profile of how the adolescents viewed themselves. While four students did characterize themselves as chronic participants in GBX roles, the other students also identified such rules to a lesser degree.

There were a total of 46 "true" responses to the non-coalition role statements. There were 34 "true" responses to the statements reflecting GBX roles. Clearly

these adolescents could see themselves in both roles that cross boundaries and those that do not.

Five of the seven respondents identified a greater number of non-GBX statements as true of them. Even so, two of these five identified two GBX statements as "very true" of them; a third failed to double check any statements. It appears that the adolescent may function unimpeded by coalitions in certain areas even while he habitually crosses generational boundaries in other areas. An example is one girl with excessive absences who identified 10 non-GBX statements and 4 GBX statements as true of her. While she identified far more non-coalition role statements, she did characterize herself as a participant in chronic coalition when she chose 2 GBX statements as "most true." Overinvolvement with her parent was also reflected in personal revelations made to school staff.

The 12 statements reflecting GBX characterized both the underresponsible and overresponsible child. Students responded almost equally to the two types with about the same number of "true" responses to them. Students did report the parentified child functions and did admit to worry about parents' health and safety. Some students also characterized themselves as underresponsible children, either out of control, disobedient or helpless.

The esteem questions on the Role Questionnaire

directed students to note how their parents feel about the three "most true" statements. There appeared to be little correspondence between high esteem and presence or absence of GBX roles. Students reported being held in both high and low esteem for both types of roles. This question also appeared to be confusing to the students even after further explanation by school staff. This measure does not appear to contribute to further understanding of the school refuser's role in the family.

An examination of the association between extreme scores on FACES II and presence of GBX roles reveals no clear cut trend. Extremes in the dimensions of cohesion and adaptability were reported by both students who report participation in chronic coalition and those who do not. It should be noted that all four students who reported chronic involvement in coalitions also reported a disengaged family style on the dimension of cohesion. An inspection of roles identified as "true" but not "very true" by these four students reveals a high proportion of responses to the role of parentified child. A measure of a larger sample will provide greater opportunity to explore this association.

Additional informal data was available on most of the eight students known to this researcher in previous testing or counseling situations. A number also spent a good deal of time talking with the school nurse while

avoiding class. Informal confirmation for the hypotheses was obtained throughout such contacts; in most cases students' responses to the questionnaires did reflect verbalized concerns to staff.

In summary, the responses of eight students on these measures of family process lends some support to the hypotheses. It appears that an exploration of the dimensions of cohesion, adaptability and presence of generational boundary crossing roles might contribute to a fuller understanding of school refusing adolesents. The presence of family esteem will not be explored any further. An addition of five GBX statements and a deletion of five non-coalition statements is determined to be an adequate representation of possible roles for choice by the adolescent.

All eight students reported extremes on at least one dimension on FACES II and three reported extremes on both dimensions. Four of the seven giving full responses to the Role Questionnaire characterized themselves as chronic participants in GBX roles.

The families of this small number of students with attendence problems tend to lack a moderate quality of cohesion and exhibit their intense emotional reactivity with a style of low bondedness and high autonomy. Such a situation may not offer the adolescent sufficient support in moving out into the world.

Some problems arise in the families' ability to change their rules or to reallocate their power in the face of growth and change. Difficulty in renegotiating power can also stymie the adolescent who requires changing limits as he develops.

Chronic and transient boundary crossing is also reported within roles adopted by the adolescents. Such coalitions also limit the adolescents' freedom to grow as his attention is primarily directed to the needs of the family.

# CHAPTER 6

## RESULTS

Preliminary to the testing of the hypotheses, frequencies of subjects' reponses to personal and demographic items were inspected. School refusers (Table 4) and non-symptomatic adolescents (Table 5) provided information on age, gender, grade, family members living in the home, sibling position and age of oldest child in the family. Responses of the subjects in the two groups are compared in Table 6.

Both groups of students ranged in age from 12-17 with the mode falling at 14-15 years for each group.

School refusers identified themselves as students in 7-11th grades and non-symptomatic adolescents identified themselves as students in 7-10th grades and 12th grade.

Students provided information on members of the family living in the home. The subjects' sibling position is also reported. Youngest child was the most frequently reported sibling position in both groups. Age of the oldest child in the home ranged from 12 to 32 among the families of school refusers and from 12 to 35 among the families of the non-symptomatic adolescents. The groups were equivalent in that the families fell almost equally

Table 4

Demographic Characteristics
of School Refusing Adolescents (n=26)

| S | A | G | Gr | #P | SP | OC |
|---|---|---|---|---|---|---|
| 1 | 12 | F | 7 | 2 | Ol | 12 |
| 2 | 16 | F | 11 | 2 | Y | 21 |
| 3 | 14 | M | 8 | 2 | Y | 19 |
| 4 | 17 | F | 11 | 2 | Ol | 17 |
| 5 | 15 | F | 9 | 2 | M | 17 |
| 6 | 15 | M | 10 | 2 | Y | 25 |
| 7 | 15 | F | 10 | 2 | On | 15 |
| 8 | 16 | F | 10 | 2 | Y | 18 |
| 9 | 14 | F | 9 | 2 | M | 18 |
| 10 | 13 | F | 8 | 2 | M | 17 |
| 11 | 14 | M | 8 | 2 | Y | 25 |
| 12 | 16 | F | 10 | 2 | Y | 21 |
| 13 | 17 | M | 11 | 2 | Ol | 17 |
| 14 | 15 | F | 9 | 1 | M | 18 |
| 15 | 14 | F | 9 | 2 | Ol | 14 |
| 16 | 14 | F | 9 | 2 | Y | 26 |

S= Subject
A= Age
G= Gender
Ol= Oldest Child
M= Middle Child
On= Only Child

Gr= Grade
#P= Number of Parents
SP= Sibling Position
OC= Age of Oldest Child
Y= Youngest Child

(Table continues)

(Table 4)

| S | A | G | Gr | #P | SP | OC |
|---|---|---|---|---|---|---|
| 17 | 14 | F | 9 | 2 | M | 32 |
| 18 | 15 | M | 10 | 1 | Ol | 15 |
| 19 | 16 | M | 11 | 1 | M | 19 |
| 20 | 15 | F | 10 | 1 | Y | 21 |
| 21 | 15 | M | 10 | 1 | On | 15 |
| 22 | 14 | M | 9 | 2 | Ol | 14 |
| 23 | 15 | F | 10 | 2 | Y | 23 |
| 24 | 17 | F | 11 | 1 | Y | 23 |
| 25 | 14 | F | 9 | 2 | Ol | 14 |
| 26 | 16 | F | 10 | 2 | Y | 30 |

S= Subject
A= Age
G= Gender
Ol= Oldest Child
M= Middle Child
On= Only Child

Gr= Grade
#P= Number of Parents
SP= Sibling Position
OC= Age of Oldest Child
Y= Youngest Child

Table 5

Demographic Characteristics of Non-Symptomatic Adolescents (n=41)

| S | A | G | Gr | #P | SP | OC |
|---|---|---|---|---|---|---|
| 1 | 14 | F | 9 | 1 | On | 17 |
| 2 | 14 | F | 9 | 2 | Y | 33 |
| 3 | 14 | M | 9 | 2 | Y | 26 |
| 4 | 14 | F | 9 | 2 | On | 14 |
| 5 | 14 | M | 9 | 2 | Ol | 14 |
| 6 | 15 | F | 10 | 2 | M | 15 |
| 7 | 14 | M | 9 | 2 | Y | 22 |
| 8 | 14 | F | 9 | 2 | M | 22 |
| 9 | 15 | M | 9 | 2 | Ol | 15 |
| 10 | 14 | F | 9 | 2 | Y | 23 |
| 11 | 15 | M | 10 | 2 | M | 20 |
| 12 | 15 | M | 9 | 2 | Y | 21 |
| 13 | 14 | M | 9 | 2 | Ol | 14 |
| 14 | 15 | M | 9 | 2 | Ol | 15 |
| 15 | 15 | M | 9 | 2 | Y | 17 |
| 16 | 14 | M | 9 | 2 | Y | 19 |
| 17 | 15 | F | 10 | 2 | On | 15 |

S= Subject Number
A= Age
G= Gender
Ol= Oldest Child
M= Middle Child
Gr= Grade
#P= Number of Parents
SP= Sibling Position
OC= Age of Oldest Child
Y= Youngest Child
On= Only Child

(Table continues)

(Table 5)

| S | A | G | Gr | #P | SP | OC |
|---|---|---|---|---|---|---|
| 18 | 17 | M | 12 | 2 | Ol | 17 |
| 19 | 14 | F | 9 | 2 | Y | 17 |
| 20 | 14 | F | 9 | 2 | M | 19 |
| 21 | 15 | M | 10 | 2 | Ol | 15 |
| 22 | 15 | M | 9 | 2 | M | 19 |
| 23 | 15 | M | 10 | 2 | Y | 20 |
| 24 | 17 | M | 12 | 2 | On | 17 |
| 25 | 13 | M | 8 | 2 | Y | 19 |
| 26 | 17 | F | 12 | 2 | Ol | 17 |
| 27 | 17 | F | 12 | 2 | Ol | 17 |
| 28 | 12 | M | 7 | 2 | M | 16 |
| 29 | 12 | F | 7 | 2 | Y | 25 |
| 30 | 12 | F | 7 | 2 | M | 14 |
| 31 | 16 | F | 10 | 2 | Y | 19 |
| 32 | 16 | M | 10 | 2 | M | 19 |
| 33 | 15 | F | 10 | 2 | M | 17 |
| 34 | 15 | M | 10 | 2 | Y | 22 |
| 35 | 16 | M | 10 | 2 | Ol | 16 |
| 36 | 16 | M | 10 | 2 | Ol | 16 |

S= Subject Number
A= Age
G= Gender
Ol= Oldest Child
M= Middle Child
Gr= Grade
#P= Number of Parents
SP= Sibling Position
OC= Age of Oldest Child
Y= Youngest Child
On= Only Child

(Table continues)

(Table 5)

| S | A | G | Gr | #P | SP | OC |
|---|---|---|---|---|---|---|
| 37 | 16 | F | 10 | 2 | Y | 35 |
| 38 | 13 | M | 8 | 2 | Ol | 13 |
| 39 | 17 | M | 12 | 1 | Y | 23 |
| 40 | 16 | F | 10 | 2 | Ol | 16 |
| 41 | 16 | F | 10 | 2 | Y | 20 |

S= Subject Number
A= Age
G= Gender
Ol= Oldest Child
M= Middle Child
On= Only Child

Gr= Grade
#P= Number of Parents
SP= Sibling Position
OC= Age of Oldest Child
Y= Youngest Child

Table 6

Demographic Characteristics of School Refusers and Non-Symptomatic Adolescents

| | % School Refusers | % Other Adolescents |
|---|---|---|
| Age 12-14 | 38.5 | 41.5 |
| Age 15-17 | 61.5 | 58.5 |
| Grade 7-9 | 46.1 | 53.7 |
| Grade 10-12 | 53.9 | 46.3 |
| Lives with mother | 100.0 | 97.6 |
| Lives with stepmother | 0.0 | 2.4 |
| Lives with father | 69.2 | 87.8 |
| Lives with Stepfather | 7.7 | 7.3 |
| Lives with one parent | 23.0 | 4.8 |
| Only child | 7.7 | 9.8 |
| Oldest child | 26.9 | 29.3 |
| Middle child | 23.1 | 22.0 |
| Youngest child | 42.3 | 39.0 |
| Oldest child in family 19+ years | 46.0 | 46.1 |

into two phases of family development described by Olson, "families with adolescents" and "launching families."

While 56.1 % of non-symptomatic adolescents were males as opposed to 30.8% of the school refusers, a $\chi^2$ test revealed lack of significance to this difference (df=1, $\chi^2$=3.15, p= n.s.; Table 7).

Following is a description of the statistical procedures utilized and findings resulting from tests of the three hypotheses.

Hypothesis one

Hypothesis one stated that school refusing adolescents will report greater differences in average family cohesion on FACES II in comparison to non-symptomatic adolescents. To test this hypothesis, cohesion scores of the school refusers were compared to cohesion scores of the control group by means of a t test. The scores differed at less than .05 probability (two-tailed) with school refusers providing lower cohesion scores than the control subjects (df=65, t=-2.22, p<.05; Table 8).

With the use of a t test, the school refusers' cohesion scores were compared to that of Olson's sample of 416 adolescent subjects. Differences were found at less than .02 probability with lower cohesion reported by the school refusers than by the subjects in the

Table 7

Comparison of Frequency of Males and Females
Between School Refusers and Non-Symptomatic Adolescents

| | School Refusers (n=26) | Other Adolescents (n=41) |
|---|---|---|
| Male | 8 | 23 |
| Female | 18 | 18 |

df: 1 $\chi^2$=3.15 p: n.s.

Table 8

Comparison of Cohesion Scores
Between School Refusers and Non-Symptomatic Adolescents

| | Mean | Standard Deviation |
|---|---|---|
| School Refusers (n=26) | 51.42 | 8.95 |
| Non-Symptomatic Adolescents (n=41) | 56.68 | 9.75 |

df= 65 t= -2.22 p< .05

Table 9

Comparison of Cohesion Scores
Between School Refusers and the Standardization Sample

| | Mean | Standard Deviation |
|---|---|---|
| School Refusers (n=26) | 51.42 | 8.95 |
| Standardization Sample (n=416) | 56.3 | 9.2 |

df= 25 t= 2.78 p< .02

A t test was also used to compare the cohesion scores of the control group with that of the standardization sample; no significant difference was found between these two groups (Table 10).

Hypothesis two

Hypothesis two stated that school refusing adolescents will report greater differences in average family adaptability on FACES II in comparison to non-symptomatic adolescents. To test this hypothesis, adaptability scores of the school refusers were compared to the adaptability scores of the control group by means of a t test. No differences were found between the two groups on this dimension (Table 11).

Adaptability scores of each of the two groups were then compared to that of Olson's standardized sample of 416 adolescents by means of a t test. No significant differences were found between either school refusers and Olson's group (Table 12) or non-symptomatic adolescents and Olson's group (Table 13).

Hypothesis three

Hypothesis three stated that school refusing adolescents will report a greater frequency of generational boundary crossing roles in comparison to non-symptomatic adolescents. This was explored by means

Table 10

Comparison of Cohesion Scores
Between Non-Symptomatic Adolescents
and Standardization Sample

| | Mean | Standard Deviation |
|---|---|---|
| Non-Symptomatic Adolecents (n=41) | 56.68 | 9.75 |
| Standardization Sample (n=416) | 56.3 | 9.2 |

df=40 t= 0.25 p= n.s.

Table 11

Comparison of Adaptability Scores Between School Refusers and Non-Symptomatic Adolescents

| | Mean | Standard Deviation |
|---|---|---|
| School Refusers (n=26) | 43.31 | 7.86 |
| Non-Symptomatic Adolescents (n=41) | 44.93 | 8.64 |

df= 65 t= -0.77 p= n.s.

Table 12

Comparison of Adaptability Scores Between School Refusers and the Standardization Sample

| | Mean | Standard Deviation |
|---|---|---|
| School Refusers (n=26) | 43.31 | 7.86 |
| Standardization Group (N=416) | 45.4 | 7.9 |

df= 25 t= 1.36 p= n.s.

Table 13

Comparison of Adaptability Scores Between Non-Symptomatic Adolescents and Standardization Sample

| | Mean | Standard Deviation |
|---|---|---|
| Non-Symptomatic Adolescents (n=41) | 44.93 | 8.64 |
| Standardization Sample (n=416) | 45.4 | 7.9 |

df=40 t= 0.35 p= n.s.

of Mann-Whitney U tests comparing the distribution of "very true" choices of non-coalition and coalition role statements between groups. Frequency of coalition role choice (coalition roles combined) differed at less than .01 level of probability with school refusers choosing coalition role statements as most typical of them ($z = 3.13$, $p < .01$; Table 14).

Each subject chose three of the 25 statements as "very true" of them. Table 13 provides the distribution of their choices over the three categories, non-coalition role, underresponsible child role and overresponsible child role. As the underresponsible child and the overresponsible child roles are both considered to be in coalition, these choices are combined for statistical pusposes in the row listed "Coalition Roles Combined".

Inspection of the distribution reveals that the modal response of the control subject was to choose three non-coalition roles as "very true" of him.

While no specific hypothesis was formulated regarding the type of coalition role to be most often chosen by the school refuser, unexpected findings should be mentioned here. School refusers more frequently identified underresponsible role statements as most true of them ($p < .05$) in comparison to the non-symptomatic adolescents ($z = 2.24$, $p < .05$; Table 14).

Inspection of the frequencies reveals that the modal

Table 14

Distribution of "Very True" Choices by School Refusers and Non-Symptomatic Adolescents Over Three Role Categories

| | #C | G1 | G2 | z* | p |
|---|---|---|---|---|---|
| Non-Coalition Role | 0 | 8 | 3 | | |
| | 1 | 7 | 8 | | |
| | 2 | 8 | 13 | | |
| | 3 | 3 | 17 | 3.13 | ** |
| Underresponsible Child Role | 0 | 13 | 30 | | |
| | 1 | 6 | 8 | | |
| | 2 | 3 | 3 | | |
| | 3 | 4 | 0 | 2.24 | * |
| Overresponsible Child Role | 0 | 9 | 22 | | |
| | 1 | 12 | 14 | | |
| | 2 | 5 | 5 | | |
| | 3 | 0 | 0 | 1.50 | n.s. |
| Coalition Roles Combined | 0 | 3 | 17 | | |
| | 1 | 8 | 13 | | |
| | 2 | 7 | 8 | | |
| | 3 | 8 | 3 | 3.13 | ** |

*Mann-Whitney U Tests corrected for tied ranks and expressed as normal deviates.

*p< .05
**p< .01

#C: Number of choices of "very true"
G1: School Refusers
G2: Non-Symptomatic Adolescents

response of the control subjects (73% of subjects) was to choose no underresponsible child role statement as "very true"; this is so for only half of the school refusing group.

No significant differences emerged between the two groups in their identification of overresponsible role statements as most true of them.

In summary, the modal response of the non-symptomatic adolescent was to chose non-coalition role statements as "very true" in three out of three choices. The modal response of the school refusers to the same task was a choice of one out of three or three out of three coalition role statements as "very true."

Additional findings

The following section addresses the additional findings pertaining to the relationship between cohesion and adaptability, correlations between family process variables and demographic data, further findings regarding identification of coalition role statements and students' responses to self descriptive items on the "True/False" questionnaire.

Correlation between cohesion and adaptability.

No unusual correlation appears to exist between the dimensions of cohesion and adaptability for either group.

A positive relationship, .577 for school refusers and .747 for non-symptomatic adolescents, is found between the two dimensions; neither of these correlations differs significantly from the correlation of .66 found in Olson's sample.

Correlations between cohesion and adpatability and demographic data.

The possibility of a strong relationship between each of the dimensions of cohesion and adaptability with age, grade, gender, age of oldest child, family composition and sibling position was explored by means of pearson correlation coefficients.

A moderate inverse relationship was found between cohesion and age (-.37, $p < .01$) and between adaptability and age (-.26, $p < .05$) among the control group. This was not found to be the case with the school refusers' group. Thus, higher age is somewhat associated with lower scores on cohesion and adaptability among the non-symptomatic adolescents.

A moderate correlation (.44) was found to exist between school refusers' scores on adaptability and the middle child sibling position at a $p < .02$ level of significance. The middle children tended to provide higher scores on the dimension of adaptability. This was not found to be the case with non-symptomatic adolescents.

Students' responses to statements on survey.

The relationship between students' "very true" choices of role with cohesion, adaptability, gender, number of parents living in the home and student's age was examined by means of a pearson correlation.

A low- moderate negative relationship ($p<.05$) emerged between cohesion and choice of underresponsible child role for both groups (Table 15).

A moderate positive relationship ($p<.01$) was revealed between adaptability and non-coalition roles among the school refuser group. A moderate negative relationship ($p<.01$) emerged between adaptability and the underresponsible role among the school refusers. No relationship of significance was revealed between these variables among the control group (Table 15).

A moderate relationship ($p<.05$) emerged between gender and role choice among the students in both groups. Girls in the control group were more likely to identify themselves in non-coalition roles, while school refusing boys were more likely to identify with neutral roles (Table 15).

A moderate relationship ($p<.05$) emerged between number of parents in the home and choice of overresponsible child role among the school refusers but not among the control group. School refusers in single

Table 15

Pearson r Measure of Relationship Between Role Choices and Cohesion, Adaptability, Gender, Number of Parents and Age by Groups

| | Neutral Role | | Underresponsible Role | | Overresponsible Role | |
|---|---|---|---|---|---|---|
| | G1 | G2 | G1 | G2 | G1 | G2 |
| Co: | .28 | .17 | -.33* | -.30* | .11 | .04 |
| Ad: | .49** | .09 | -.48** | -.19 | .04 | .05 |
| G: | -.34* | .29* | .25 | -.25 | .09 | -.18 |
| #P: | .03 | -.10 | .21 | .13. | -.37* | .03 |
| Age: | .01 | -.12 | .00 | .23 | -.01 | -.03 |

G1: School Refusers
G2: Non-Symptomatic Adolescents
Co: Cohesion score
Ad: Adaptability score
G: Gender
#P: Number of parents

*p< .05
**p< .01

parent families were more likely to identify with the role of overresponsible child than school refusers in two parent families (Table 15).

No significant relationship emerged between age and role choice for either group (Table 15).

Informal inspection of the frequencies reveals that subjects in both groups tended to chose the lighter weighted coalition items as very true of them. Statements weighted "1" were chosen most often, those weighted "2" less frequently and those weighted "3" least often by both groups. Thus, it appears that the coders' sorting of these items from least evidential to most evidential corresponds to a common sense notion. It would be expected that a group of adolescents would tend to choose items somewhat evidential of a quality with greater frequency than the highly evidential items.

Students' responses to self-descriptive items on true/false questionnaire.

Students also responded to 24 self-descriptive statements on a third questionnaire entitled "True/False." Following is a description of similarities and differences betweeen the groups on each statement when explored by means of a chi-square test. The statements are grouped into categories referred to as "Social Desirability," "School Refusal," "Somatic Complaints,"

"School Attitudes," "Parents' Health" and "Worry About Parents."

A measure of social desirability was taken by providing students with six items originally used on FACES. These statements are broad positive generalizations regarding the family that were later deleted from FACES II during modification. No significant difference was found between groups on responses to these items (Table 16). Only two of the 67 students responded "true" to more than four of the six items.

The responses of the two groups of students to six self-descriptive statements regarding school refusal were compared (Table 17). Criteria for subject selection of school refusers included responses to the statement, "I usually stay home when absent from school," (df=1, $\chi^2$ =4.84, p=.0278; Table 17). Students excessively absent who answered "false" to this item were considered truants and excluded from the study. Of the excessively absent students who admitted to staying home, a positive response to the statement "One of my parents is usually home when I miss school" (df=1, $\chi^2$=.0017, p= n.s., Table 17) or a negative response to the statement, "My parents usually don't know when I cut school" (df=1, $\chi^2$ =.166, p= n.s.; Table 17) was also requisite for retention in the school refuser group. It was assumed that a student who stays home without parents' knowledge could be considered

Table 16

Comparison of Measure of Social Desirability
Between School Refusers and Non-Symptomatic Adolescents

| Item | G1 % "yes" | G2 % "yes" | df | $\chi^2$ | p |
|---|---|---|---|---|---|
| 3 | 30.8 | 56.1 | 1 | 3.15 | n.s. |
| 6 | 19.2 | 9.8 | 1 | .54 | n.s. |
| 10 | 26.9 | 29.3 | 1 | .00 | n.s. |
| 14 | 34.6 | 41.5 | 1 | .09 | n.s. |
| 19 | 19.2 | 24.4 | 1 | .04 | n.s. |
| 23 | 26.9 | 22.0 | 1 | .03 | n.s. |

G1: School Refusers
G2: Non-Symptomatic Adolescents

Table 17

Comparison of Self Description Regarding School Refusal Between School Refusers and Non-Symptomatic Adolescents

Positively Worded Statements

| Item | G1 % "yes" | G2 % "yes" | df | $\chi^2$ | p |
|---|---|---|---|---|---|
| 2 | 100.0 | 78.0 | 1 | 4.84 | ** |
| 7 | 50.0 | 53.7 | 1 | .00 | n.s. |
| 16 | 57.7 | 4.9 | 1 | 20.73 | *** |
| 18 | 61.5 | 61.5 | 1 | 10.46 | *** |

Negatively Worded Statements

| Item | G1 % "no" | G2 % "no" | df | $\chi^2$ | p |
|---|---|---|---|---|---|
| 5 | 92.3 | 17.1 | 1 | 33.26 | *** |
| 13 | 73.1 | 80.5 | 1 | .17 | n.s. |

G1: School Refusers
G2: Non-Symptomatic Adolescents

**p< .01
***p< .001

truant, while a student home with parents' knowledge meets the criteria of school refuser for this study.

Three other statements regarding refusal were found to discriminate between groups. "I am rarely absent from school," (df=1, $\chi^2$=33.26, p=.0000; Table 17) "Sometimes I refuse to go to school and no one can get me to go" (df=1, $\chi^2$ =20.73, p=.0000; Table 17) and "While it doesn't happen now, there used to be times when I just refused to go to school" (df=1, $\chi^2$=10.46, p<.02; Table 17) all discriminate between groups in the expected direction. Thus the present sample of school reufsers also describe themselves as excessively absent and unwilling to attend in comparison to students whose attendence is good.

School refusing students in this sample acknowledge somatic complaints far more than the control group (Table 18). Their responses to two statements, "I get sick alot more than other kids," (df=1, $\chi^2$=23.19, p=.0000; Table 18) and "I am rarely ill" (df=1, $\chi^2$=19, p=.0000; Table 18) reveal their self perception as frequently ill in contrast to the students with good attendence.

A measure of school attitude was also defined by five statements regarding attitudes about school and school staff (Table 19). No significant differences emerged between the groups on their responses to these items. Thus negative attitudes toward school cannot be considered an important variable in understanding the poor attendence

Table 18

Comparison of Somatic Complaints
Between School Refusers and Non-Symptomatic Adolescents

Positively Worded Statement

| Item | G1 % "yes" | G2 % "yes" | df | $\chi^2$ | p |
|---|---|---|---|---|---|
| 9 | 61.5 | 4.9 | 1 | 23.19 | *** |

Negatively Worded Statement

| Item | G1 % "yes" | G2 % "yes" | df | $\chi^2$ | p |
|---|---|---|---|---|---|
| 15 | 84.6 | 19.1 | 1 | 19.0 | *** |

G1: School Refusers
G2: Non-Symptomatic Adolescents

***p< .001

Table 19

Comparison of Attitudes Towards School
Between School Refusers and Non-Symptomatic Adolescents

Positively Worded Statements

| Item | G1 % "yes" | G2 % "yes" | df | $\chi^2$ | p |
|---|---|---|---|---|---|
| 1 | 65.4 | 82.9 | 1 | 1.81 | n.s. |
| 20 | 26.9 | 43.9 | 1 | 1.30 | n.s. |

Negatively Worded Statements

| Item | G1 % "no" | G2 % "no" | df | $\chi^2$ | p |
|---|---|---|---|---|---|
| 8 | 69.2 | 85.4 | 1 | 1.62 | n.s. |
| 12 | 80.8 | 90.2 | 1 | .55 | n.s. |
| 22 | 57.7 | 68.3 | 1 | .38 | n.s. |

G1: School Refusers
G2: Non-Symptomatic Adolescents

of these students in comparison to those students whose attendence is unusually good. School refusers express some positive attitudes; 65% agree that their school is a "pretty good one," and 69% disagree that the teachers are "mean." Eighty-one percent disagree that the teachers "really don't care about the students." Negative attitudes are evident in that 42% agree that the teachers "only seem to notice my mistakes" and 73% disagree with the statement, "I think I can get the help I need from the school staff." There is a close similarity between the responses of the school refusers and those of the control group.

The groups did not differ in their report of parents' health (Table 20). Most reported their parents to be in good physical health.

No differences were found in subjective concern regarding parents' well being (Table 21). Both groups did acknowledge worries about parents' physical and emotional well being and worries that "something bad might happen" to a parent. Thus, while school refusers do admit to worry about parents, it appears that non-symptomatic adolescents also experience such concerns.

Table 20

Comparison of Report of Parents' Health
Between School Refusers and Non-Symptomatic Adolescents

Negatively Worded Statements

| Item | G1 % "no" | G2 % "no" | df | $\chi^2$ | p |
|---|---|---|---|---|---|
| 4 | 88.5 | 95.1 | 1 | .29 | n.s. |
| 17 | 88.5 | 95.1 | 1 | .29 | n.s. |

G1: School Refusers
G2: Non-Symptomatic Adolescents

Table 21

Comparison of Report of Subjective Concern
Regarding Parents' Well Being
Between School Refusers and Non-Symptomatic Adolescents

| Item | G1 % "yes" | G2 % "yes" | df | $\chi^2$ | p |
|---|---|---|---|---|---|
| 11 | 50.0 | 51.2 | 1 | 0.00 | n.s. |
| 21 | 65.4 | 56.1 | 1 | .25 | n.s. |
| 24 | 73.1 | 73.2 | 1 | .02 | n.s. |

G1: School Refusers
G2: Non-Symptomatic Adolescents

# CHAPTER 7

# DISCUSSION

## Hypothesis One

Hypothesis one stated that school refusing adolescents will report greater differences in average cohesion on FACES II in comparison to non-symptomatic adolescents. This was supported; school refusers tended to report lower cohesion scores than the control group as well as that of the standardization sample.

The adolescents who are attending school on a regular basis report a higher level of cohesion than school refusers, and these adolescents appear similar to the general population. As a group, their sense of bondedness, or connectedness to the family, seems moderate, neither high nor low.

The school refusers, who have stayed home with parents' knowledge between 15-65 times in one semester, report a lesser degree of cohesion in their families, both in comparison to adolescents with good attendence records and those of the general population.

As reviewed earlier, less cohesion in the family is characterized by a limited sense of attachment and commitment to the family. Family members appear highly

independent, spend little time together, and tend to share little common space in the home. Each person may retire to their own space and little interaction may take place. Activities and interests are not likly to be shared. Decisions are made independently; members don't consult one another on decisions to be made nor do they seek consensus on any such determinations.

These qualities associated with low cohesiveness more closely describe the families of this sample of school refusers than those of the non-symptomatic adolescents when relying on the self report of the students themselves.

While the possibilities of the meaning of this finding will be explored largely on the basis of the cohesion dimension as a whole, it would be valuable to first look at noticeable differences by statement between groups and the association between cohesion and other variables. Among the cohesion items on which the group most differ, it is the categories of "time", "coalition" and "decision making" where school refusers' responses are markedly lower.

While these students are home a good deal during the day, none of the 26 school refusers say that it is "frequently" or "almost always" true that "family members like to spend their free time together," in comparison to 15% of the control group. In fact, 69% of the school

refusers say it is rarely or never true that family members spend free time together compared to 49% of the control group.

The other statement along the cohesion dimension that refers to sharing of time between family members is, "Our family does things together." Only 23% of the school refusers say that this is frequently the case in comparison to 46% of the control group.

While listed under the category of "coalition", another statement seems pertinent to the apsect of time sharing in the home, "In our family, everyone goes his/own way." Among the school refusers, 46% said that family members "frequently" or "almost always" go their own way, in comparison to 27% of the non-symptomatic adolescents.

Only 13 of the 26 refusers report that there is a parent in the home when they are absent. Thus it appears that excessive absence doesn't mean that the student has increased time to spend with a parent. Nor might they have more time with a parent even when the parent may be in the house.

"Decision making" is another area within the cohesion dimension in which the two groups seemed to differ markedly. Responses to these two statements reveals that school refusers see their families as more independent in decision making whereas the control subjects report more reliance on family members in making

decisions.

More than half of the school refusers (54%) said their family members rarely or never consult other family members in making decisions. Among the control group, only 24% gave such responses. Inquiry into consensus on family decisions that have been made reveals greater consensus among the families of non-symptomatic adolescents. Among them, 49% said their families "frequently" or "almost always" go along with what the family decides whereas only 23% of the school refusers stated this to be the case.

While it is more useful to discuss the overall quality of cohesion in these families, it is helpful for us to keep in mind that this group of students who spends unusual amounts of time at home seems to spend less time with the family than their peers.

While direction of extreme on the cohesion dimension was not specified in the first hypothesis, clinical reports might lead the observer to expect a good number of the families of school refusers to be enmeshed. The quality of overinvolvement, overresponsiveness and overidentification with other members is often described in clinical reports; that these qualities would manifest in shared time, interests, activities could be expected to occur. And yet it does not appear to be the case with the present sample. In fact, there are a lower percentage of

enmeshed families reported by this group than are found in the normal population.

The scores along the cohesion dimension did not show significant relationship to any demographic or personal variable except that of the age of the non-symptomatic adolescents. A moderate, negative relationship, (-.37) appears to exist. This was not found to be the case with the group of school refusers.

It appears that a lower cohesion score is associated with increasing age among the non-symptomatic adolescents; older adolescents are more likely to guage the family's cohesiveness as relatively low. It would be expected that as the developing adolescent or young adult turn more to the outside for significant relationships, he would perceive less bondedness with his family of origin. On the other hand, a symptomatic adolescent whose symptom may be an attempt to encourage closeness in the family would be less likely to experience a change in bondedness with age. Given the school refuser group as a whole experiences less bondedness, there is less liklihood they will turn from previously secure attachments to the experimental ones of young adulthood. Their focus remains anxiously on the family.

The school refusing students in this sample report families generally low in cohesion. This is a finding that supports the hypothesis that school refusing

students' report of this dimension will be more extreme than that of the control group. However, relatively few of these students reported families at the other extreme, that of an enmeshed quality, although such families are also commonly described by clinicians.

Bowlby (1973) observed families who fit descriptions of enmeshed; his comment that they were close to the point of "suffocating" is consistant with many other clinicial reports. He also observed families that fit the description of disengaged, in particular citing examples of threats made by parents to abandon the child.

However, his findings that overinvolvement is often observed among such families is not replicated here. While some enmeshed families were reported by these students, most of the school refusing students reported families that appear separated or disengaged along the cohesion dimension.

That these students do not report a style of transaction so often reported in previous research may be understood if we view the disengaged style of family transaction as a surface behavior and assume that the underlying dynamic is the same for both disengaged and enmeshed behaviors.

We find support for the notion that there is something in common to two such different styles of family patterns in Bowen's (1978) description of "cohesive" and

"exploding" families. In his view of the process of individuation from the family system, he suggests that a high level of emotional reactivity is evident where family members have not yet developed a sense of individuation from one another. This deep emotional dependence may be expressed by overinvolvement in "cohesive" families or by distancing, avoidance, minimization and denial in "explosive" families. Bowen's contention that "when anxiety is higher, (family members) become more reserved and isolated from each other" (p. 535) to avoid friction seems to describe the situation with the school refusing students in the present sample.

The fact that these students spend so much time at home, participating in generational boundary crossing roles in the context of families relatively lacking in bondedness suggests that they are working overtime to increase the sense of cohesion or bondedness in their families. Bowlby's (1973) contention that school refusers are experiencing "anxious attachment" seems to be supported by this finding even though these families respond much more in the disengaged style than would have been expected from his clinical examples. His explanation of anxious attachment as a concern that attachment figures will not be accessible and responsive seems to apply to this group of school refusers.

It's easy to surmise that these adolescents are

responding to such lack of connectedness in their families with attempts to increase time together. Staying home certainly provides the opportunity even if they don't know how to make that time a shared and satisfying time with a parent. By monitoring another's presence in a different part of the home, increased "closeness" is attained by staying home from school. Sacrificing one's school success may be a small price to pay to reassure oneself that the family is "close."

As will be discussed later, the further assumption of the "underresponsible" child role may also aid in increasing interaction between an otherwise distant marital pair. Parents caught up in continual disagreement on how to handle their child, or joining in condemnation of their child are in frequent interaction; this may seem preferable to isolation.

It seems important to clarify that no causal explanation is being considered here. Little connectedness in a family does not "cause" the symptom of school refusal. Rather we are seeking to discern the underlying family assumption that manifests as emotional distancing among all members and as school refusal in one member.

It is suggested here that the concern that attachment figures are not accessible or responsive is the underlying assumption being revealed in the school refusers' reports.

The disengaged family's belief is that denial and avoidance are the best reactions to threats to closeness. In contrast, the enmeshed family's belief could be that frequent and intense interaction are the best reactions to threats to closeness.

That anxious attachment underlies both extremes in cohesion would allow us a clear understanding of the moderate quality of cohesiveness reported by the non-symptomatic adolescents in this study. The valuing of attachments, both to persons and shared world views is common to all families. Where such attachments are not threatened in any way, the adolescent is free to tackle the developmental tasks before him. He would experience moderation in bondedness and exhibit few problems in his life; this appears to be the case with the non-symptomatic adolescents in this study.

Generalizations regarding individual school refusers are also cautioned against. This sample of school refusers reported less cohesion overall, but exceptions were found. While children may be trying to increase closeness, the symptom may in some cases serve to reassure the family where overcloseness expresses anxious attachment. This study does not offer preconceived notions to the clinician or educator about what degree of bondedness may be expected in the family of a school refusing adolescent. It only points to the

closeness/distance dimension as a very relevant area to be alert to in understanding the stresses in an individual student's situation.

To summarize this section, the finding that school refusers report significantly lower scores on the cohesion dimension in comparison to non-symptomatic adolescents is understood to clarify a certain family response style to anxious attachment. All families value belonging and consensus to some degree; when such values are under threat, anxiety is expressed in disengaged or enmeshed response styles. The school refusers' families tend to respond with avoidance behavior, minimizing the importance placed on belonging. School refusal is seen as an expression of reassurance on the part of the adolescent regarding the security of the family's attachment and bondedness.

Hypothesis two

The second hypothesis, that school refusing adolescents will report greater differences in average adaptability on FACES II in comparison to non-symptomatic adolescents was not supported. No differences emerged between the groups, nor did either group differ from the normal population as represented by the standardization group.

The report of these school refusers conflicts with

the many clinical reports provided in the literature. Johnson's (1941) description of the mother of the school refuser as "inconsistant" in handling, vascillating between "overindulgent" and "openly rejecting" is mirrored in almost every clinical description presented by therapists of school refusers. The role reversal between mother and child described by therapists interested in family process (Weiss & Cain, 1964; Jackson, 1964; Madanes, 1981) would lead an observer to expect the chaotic style of adaptability to emerge upon inquiry. Conversly, the repetitive sequences of behavior, often resistant to therapeutic intervention, represented in Hersov's (1960) "autocratic" and "willful" families, Malmquist's (1965) and Bowlby's (1973) family types would all lead one to expect a rigid style of responsivity to stress. Talbot (1957) specifically refers to rigid external boundaries in the families he observed; while a quality of enmeshment, the unchangingness of such boundaries also points to limited repertoire of rules in such families.

In contrast to the clinical findings mentioned above, one study did state that families of school refusers were "normal" in their management of rules and roles. Berg et. al. (1981) investigated the management of domestic affairs of parents of hospitalized school phobic adolescents and compared their responses in semi-structured interviews

with parents of adolescents with other problems and adolescents with no serious problems. Their investigation provided no evidence that parents of school refusing adolescents make decisions about family life activities any differently than parents of non-problem adolescents. While actual child care, housework and financial activities were often carried out by mother, it was reported that both parents usually shared in decision making regarding these areas. Parents also reported joint decisions in relation to social activities.

Differences between their study and this one make it difficult to compare findings. But as this is the only other systematic investigation of family process of school refusing adolescents, it must be noted that a similarity exists between those findings and that of the present study.

That they found no important differences between families in the groups they interviewed led Berg and his associates to conclude that a therapeutic focus on family process was unneeded. They suggested, instead, that the adolescent's deficient coping skills should be addressed in treatment.

The results of the inquiry regarding adaptability in this study are similar to Berg's but a different conclusion is reached here. Berg's interviews did not extend their inquiry into the family process variables

under study here including bondedness and presence of generation boundary crossing roles. As significant differences have emerged between groups in these areas, it appears that family process is relevant to understanding and treating the problem of adolescent school refusal.

Following is a discussion of the understanding of the finding in this study that families of these school refusers appear moderate in response to needed change.

Given that this is a small sample, the possibility that it is not representative of the population of school refusers must be considered. That this sample represents a healthier sector of the school refuser population is discussed later in this section.

There is also the possibility that the items on the adaptability dimension of FACES II are not comprehensive enough to account for the issues concerning power in these kinds of families. Further, the FACES II items refer to the family as a whole and fail to reveal enough about subsystem functioning or the presence of coalitions. Thus, one student may respond to an item with report of his own willingness to express his opinions, which may be extensive, and fail to account for a quiet sibling or emotionally absent father who never expresses an opinion. This lack of sensitivity of the instrument on both dimensions provides then only a general impression of family functioning and fails to provide the fine tuning

that may reveal differences between groups.

The statements representing the adaptability dimension are said to illuminate the areas of assertiveness, leadership (control), discipline, negotiation, roles and rules. Perhaps these areas have little or nothing to do with the emergence of the symptom of school refusal in familes. It would certainly seem that these areas would influence the emergence of a child's symptoms, but such an impression may be misleading. The clinical studies of school refusers do tend to emphasize the closeness/distance dimension and what can be termed "coalitions" in families to a much greater degree than the flexibility of the family to stress. The separation anxiety model is a good example of how clinical issues have been organized around the closeness/distance dimension. While to some extent, the theoretical bias of the clinician determines his focus, it is also the severity of the problem that engages his attention; it appeared that the degree of closeness of mother and child was central to the meaning assigned to school refusal. Problems in discipline seemed to evolve from the central concern of fear of loss of the loved one.

An alternative explanation for the lack of differences between groups on the dimension of adaptability is that this group of school refusers is a healthier and more adequately functioning group than the

school refusers decribed in the literature. Most of these students have not received formal intervention by their school system, either special educational services or therapy referral. Except for two of the school refusers, all were still enrolled and in attendence in their regular high school. Of the two exceptions, one was on home tutoring awaiting special educational placement and the other, while no longer in attendence, planned to return to school in the fall. None had been hospitalized for the problem.

Clinical reports in the literature in general review the cases of children and adolescents who have already been referred for treatment and some of whom have been hospitalized. Thus, the magnitude of the associated problems and increased frustration of the parents has compelled them to seek outside help. While not necessarily the case, those families may be suffering from more serious pathology. It's also possible that the present sample is just at an earlier point in the referral and intervention sequence and is otherwise similar to families already in treatment and under discussion in the literature.

Refusal to attend school is obviously not as severe a problem as many that come to the attention of the clinician. This symptom, along with many other of mild and moderate severity, can be expected to emerge and and

be maintained in a family successful in many areas of functioning. For instance, all of these students had been able to develop adequate academic skills in spite of their problems.

A limitation of this study is the absence of an independent screener for the school refusing sample. More information would have been obtained regarding the quality of their emotional strengths but this was not possible given the procedure necessitated by the researcher as an outsider to the school districts sampled. A study sampling both regular schools and special educational schools treating school refusers would allow for a more diversified sample as well as the provision of fuller prescreening of students.

Let us turn our attention to how the families of these school refusers appear to be functioning along the dimension of adaptability. While the symptom of school refusal appears in the children of these families, possibly seeking to rectify the emotional distance between family members, these families are neither unduly rigid nor chaotic in response to that symptom. While coalitions may exist in these families, parents are still able to negotiate with one another and receive input from their adolescent children on what's needed to resolve problematic situations. While responsive to input, they are not overly so; dramatic shifts are not in evidence.

Structures remain predictable and families cope with stress as it arises.

These students experience relatively low bondedness in their families and as will be discussed later, they describe themselves as participants in coalitions with a parent. Drawing attention away from marital conflict or other dysfunction, they may have an implicit ally in one parent as they take on the role of the underresponsible child. Yet this takes place in the context of moderation in adaptability; overall, the families have the resources needed for change in structure.

A look at the differences that arose between the groups in the association of adaptability with other variables will contribute to an understanding of these families' functioning.

One difference that emerged between the groupps was that of the association of age with student's report of family responsivity. The older non-symptomatic adolescent tended to give lower scores along this dimension while the school refusing group revealed no such association. That non-symptomatic adolescents would report less input into family decisions may also relate to their successful move out of the family; they may be less interested in the input of other family members. In contrast, the school refusers continuing overinvolvement in their families may

be revealed along this dimension in the fact that even as they grow older, their guage of family responsivity shows no change.

School refusers in the "middle child" sibling position tended to give higher scores on adaptability. This seems understandable in light of the relatively little role expectation that accompanies such a family position. The oldest and youngest children have clear expectations attached to their role, and such normative expectations may give them a subjective sense of clarity about their negotiating powers and permission in expressing opinions. Other family members probably give consistant feedback about this expectation. The middle child lacks a clear role definition and hence may report his family as less predictable in the area of responsivity.

A significant correlation between adaptability score and middle child position was not found among the non-symptomatic adolescents. It's possible that the families of these adolescents provide a clearer definition of what is expected and permissible that supercedes cultural norms, thus relieving the middle child of any ambiguity. In such a case, the uniqueness of the individual determines his negotiating power moreso than general cultural expectation of his sibling position.

A third difference that arose between groups was that

of an association between school refusers' report of adaptability and choice of role. School refusers reporting higher levels of responsivity tended to report participation in roles that had clear generational boundaries. Lower scores on adaptability were associated with the report of the underresonsible role by this group.

As school refusers' role choice was significantly associated with both cohesion and adaptability, it seems that clarity of generational boundaries is related to bondedness and adaptability, especially in families with a symptomatic member.

By considering how a family that would be extreme in adaptability might deal with a school refuser, we might gain further understanding of the fact that this sample of school refusers tends to report moderation on this dimension.

Were these families rigid and unchanging in response to external and internal stresses, we might find those school refuser's symptoms escalating into more pathological conditions. Rather than being "normalized" by the more responsive system as a child who "just hates school" but can be convinced to go, in a rigid system the child could become hopelessly depressed, more helpless about returning to school and defined as the "black sheep" even more than the typically "underresponsible" child found in this sample.

A chaotic family might respond to a school refuser with such unpredictability that it would be likely to find this child sent away to live with relatives, a school drop out encouraged to find work, or just left on his own to spend his days.

Thus, consideration of the range of adaptability provides us with a picture of the variety of ways a family might respond to a symptomatic adolescent regardless of their level of cohesiveness. Different situations might be evident among a set of separated or disengaged families where the quality of responsiveness to the symptom varies from rigid to moderate to chaotic.

What primarily distinguishes the family process of the school refusers from the non-symptomatic adolescents and the general population appears to be the lower degree of connectedness or bondedness of members to the family as a whole. Their adaptability, or their ability to respond to change in a moderate fashion, seems evident in both groups of families by student self report. Further differences in these families will be explored in a discussion of the third hypothesis.

Hypothesis three

Hypothesis three stated that school refusing adolescents will report a greater frequency of generational boundary crossing roles on the survey in

comparison to non-symptomatic adolescents. This was supported.

School refusers more often identified themselves as participants in roles which cross generational boundaries, or coalition roles, in comparison to the control group; it was their identification of the underresponsible child role that differed significantly from the group of non-symptomatic adolescents.

In the following section, we will address the finding that non-symptomatic adolescents more often identify themselves in roles which do not inappropriately cross generational boundaries, and that the school refusers identify themselves as crossing generational boundaries in the role of the underresonsible child with significantly greater frequency than the control group. We will than address the finding that no significant difference emerged between the groups in their choice of overresponsible child role statements.

Non-coalition roles.

Seven statements on the survey represent roles with clear boundaries. These role statements describe a situation where parents use their executive functions in ways appropriate to the American culture. They may delegate responsibilities to their children, but their power of delegation and enforcement is relatively clear.

While they may express marital conflict, they don't call their children in to take sides. They set the rules and follow through on them with relative consistancy.

Many of these aspects of the family situation are true of the families of both groups in this study; when asked to identify statements as "true", school refusers as well as non-symptomatic adolescents reported some of these statements as representative of their families. Given both groups report moderation on the dimension of adaptability, this is not surprising. Both groups of families are able to negotiate and delegate power.

Significant differences emerge between the groups when they are asked to choose only three statements as "very true". Given the opportunity to prioritize, a different picture emerges. Non-symptomatic adolescents who did identify boundary blurring role statements as "true" clarify that generally it is clear generational boundaries that characterize their families. Participation in overt or covert coalitions are more than likely only transitional.

While, overall, the control subjects chose non-coalition roles significantly more frequently than the school refusers, it was also revealed that girls in the control group were more likely to identify with non-coalition roles while boys were more likely to identify with the underresponsible child role. It's

possible that girls in smoothly functioning families may be subject to culture bound images of femininity and conversely that boys are encouraged to be "troublemakers". That such a relationship did not emerge with school refusers may point to the possibility that, in their families, unique family myths were more compelling than cultural norms in role assignment.

Thus, these students whose attendence is good and who are passing all their courses tend to characterize themselves as living in families where the rules are clear and consistantly enforced, where parents provide help when needed, and where the student feels free to stay out of the marital conflicts.

Such a finding would certainly be expected in light of family theory. Where there are clear hierarchies and clear subsystem membership, each member is freed up to address the tasks of his developmental phase. For the adolescent, this would mean freedom to attend and succeed at school, as well as freedom to develop identifications with peers. Much less energy and time is needed to deal with his family if he is not needed for covert or overt loyalties to warring parents. He is a fortunate participant in a smoothly functioning family system.

Generational boundary crossing roles.

It appears that these school refusers are not so fortunate; they appear to be participants in responsive but less cohesive family systems that seem to require more involvement from them. While they also identify the more neutral role statements as "true" they tend to characterize themselves as participants in chronic coalitions.

There was no hypothesis regarding the type of coalition roles that school refusers might choose as there are clinical descriptions of this group that fit both the underresponsible and overresponsible child definitions. Some families were reported to see their school refusing child as incompetant; seeming frail, weak and sick, such children force their parents to increase their executive functioning. Yet there are also clinical descriptions of school refusers whose parents clearly relied on their child for guidance, nurturance and support. The overcompetent child in such a family system does not elicit executive functioning in his parents.

In fact, the school refusers' responses to the two categories were fairly evenly distributed; 31% of their responses of "very true" were to underresponsible role statements while 28% of their responses of "very true" were to the overresponsible child role statements. Thus, their self report corresponds to those in the literature.

That they tended to choose the lighter weighted items may indicate that they see themselves in coalitions of less intensity; this will be discussed in a later section.

While these school refusers do identify themselves as participants in generational boundary crossing roles, a significant difference between groups emerged only in relation to the category of the underreponsible child role. This is due to the fact that the non-symptomatic adolescents also characterized themselves as overresponsible children, a finding that will be discussed later. We will here address the somewhat unexpected finding that school refusers differ from the general population only in their role as underresponsible children.

Underresponsible child roles.

This group of school refusers tends to view themselves as failures, dissappointments to their parents, management problems, troublemakers. They report that their parents can't agree on how to handle them and that they take up a good deal of their parents' attention. Inspection of differences statement by statement revealed that the non-symptomatic adolescents responded positively with greater frequency to the statements, "I can count on my parents for fairness and firmness in family decisions"

and "I have my share of problems, I'm neither perfect nor a big problem to anyone."

That the group of school refusers neglected to choose these statements as most typical of their situation is particularly interesting in light of the fact that they were more likely to identify themselves as underresponsible than the control group. The underresponsible child is a problem child whose parents disagree on discipline. It would not be surprising if their parents' decisions seemed neither firm nor fair to the student.

The group of school refusers responded posively to the statements, "My parents can't get me to do what they want, no matter what they do", and "My parents always disagree on how to handle my problems" with significantly greater frequency than the control group. This is a self report one might expect from a group of students who rarely attend school and who are failing their coursework. At a superficial level, it seems to provide little more than a cursory description of an obvious situation.

In view of family process, however, such role behaviors are seen to provide the family with a needed mechanism for continued stability. While each family is unique, symptomatic behavior is seen to serve in some important way to resolve problems.

In line with this, the school refusing adolescents

who reported a more rigid family response style were more likely to acknowledge participation in the underresponsible child role. The role assignment of an undercompetent child is more likely to appear where a family has difficulty responding to change.

The symptomatic child in the underresponsible child role is often seen as allowing his parents to detour "dangerous" marital conflict; instead they focus their attention on the problem child. Their differences are submerged and may only resurface as parental conflict around discipline unless stress increases.

Vogel and Bell's (1960) comments on the role assignment and induction of a family "scapegoat" or "problem child" are relevant to this finding. They explain that a child is chosen as scapegoat who best symbolizes a family conflict. Scapegoating provides a channelling of tension where parents' overt conflict could threaten the integrity of the family or where one parent's individual problem could impair his daily functioning . The child's failure does not as seriously interfere with family functioning as would parents' failures.

Shapiro and Zinner's discussion of parental "delineations" of the adolescent dovetail with the above remarks. They define delineations as "behaviors by which a family member communicates... a mental representation of another family member to that other person" (p. 290).

They are considered "defensive" delineations when the view of the adolescent child is based, not on reality, but on a dynamic conflict and defense within the parent.

It is contended here that the identification of the underresponsible role reveals the acceptance of the parents' delineations within the context of a family lower in cohesiveness. This association between the underresponsible child role and cohesiveness is supported by the finding of a moderate negative relationship between cohesion and choice of this role in both groups. Adolescents who reported low cohesion were more likely to choose the underresponsible child role as very true of them. This was true of adolescents whose attendence was good as well as those whose attendence was very poor.

It is also interesting to note that students who identify with this type of role also acknowledge concern for their parents' well being. While having accepted negative delineations, they may also be able to notice their parents' problems and experience concern for them.

In summary, these school refusers may be seen as underresponsible children, whose failure to meet their developmental tasks forces their parents to increase their executive functioning. Their task failure is seen as an expression of an underresponsible role behavior that plays an important part in stabilizing the family by covert coalition with a parent or by allowing parents to detour

marital conflict. The child accepts and actively maintains a role whose positive functions outweigh its negative functions.

This role occurs in the context of a family suffering from "anxious attachment" and whose response to that is denial and avoidance and is more likely to occur in a family unresponsive to needed change. Staying home as a failure may contribute to the cohesiveness of the family, in that parents may now join around the difficulty with their adolescent.

Overresponsible child roles.

In this section, we will discuss the finding that no differences emerged between the groups in their identification with the overresponsible role.

As a great deal of emphasis is put on the pseudomaturity of school refusers, their role as companion, advisor, caretaker and parent to their parent, one would expect school refusers to admit to such functions and so they did. Responding more frequently to the lighter weighted items, they identified themselves as mother's companion and confidant involved in activities with her that excluded other family members. They did not frequently acknowledge being "parent" to parent or to other statements of equivalent wording.

Clinicians have indicated that parentification of

the school refuser is of great significance in understanding the symptom, but these findings do not support that contention. We will explore the possible meanings that emerge from the finding that school refusers report no more evidence of parentification processes in their family than the non-symptomatic adolescents.

As mentioned earlier, transitory role assumption is a normal function in any family; occasionally taking on executive functions is also excellent training for the adolescent. It is not really surprising that students who pass all their courses and miss only four or fewer days of school in a semester would be seen in their families as responsible and reliable. It seems likely that the parents of such students would begin to confide personal information in them and ask for their input on family decisions. It became clearer in the process of data collection that the good attendence required of this control group is not as common as had been expected; it may be true of only about 20% of the high school population in the schools sampled.

Thus, some parentification of adolescents seems developmentally appropriate in a family moderate in its level of cohesion and adaptability. In fact, we could go further and suggest that these non-symptomatic adolescents are triangulated into a family process where they accept their parents' delineations as smart and good, conforming

to academic and social standards to satisfy their parents' emotional needs as much or more than to satisfy individual potential. While it is certainly possible that this is a group of somewhat overresponsible children, but their high percentage of identification of non-coalition roles would leave one with the impression that their family delineations of a "good child" are not excessive.

This could only be further clarified by comparing their responses with a more representative sample of the high school population including students with average attendence rather than the high standards of this group.

A significant moderate relationship emerged between number of parents in the home and school refusers' identification with the overresponsible child role. It appears that school refusers in single parent families are more likely to adopt the role of overresponsible child. It is not surprising that adolescents in single parent families take on executive functions in the absence of a parent. That no significant correlation appeared for the control group cannot be discussed with assurance, due to the fact that only two of the 41 adolescents in the control group reported living with only one parent.

It is noteworthy that the assumption of the overresponsible child role is not significantly associated with either age or gender for either group. It appears that such a role assignment responds to a specific family

need rather than the culturally accepted assignment of greater responsibility to an older child or delegation of parenting functions to girls.

In summary, the fact that school refusers in this sample do identify themselves as overresponsible children does not discriminate them from non-symptomatic adolescents. Thus, we cannot develop a deeper understanding of the symptom of school refusal in light of their assumption of such a role.

Additional findings.

Following is a discussion of the students' responses to the True/False questionnaire in the packet. The categories of social desirability, school refusal, somatic complaints, school attitudes, parents' health and excessive concern about parents' well being were each represented by two or more statements.

A measure of social desirability was included to provide a general sense of whether students in either group might idealize their families. These six questions were part of the social desirability items used in the original FACES and later deleted. It had been found that a strong correlation between cohesion and social desirability made the items unnecessary for that questionnaire. It became clear that family members in

enmeshed families would naturally exaggerate the positive qualities of their families.

However, the inclusion of the items here was only to provide an informal sketch of the willingness of these students to exaggerate their families' good qualities.

It appeared that most of the students in both groups were reasonably honest in their evaluations of their families; they seemed willing to admit that their families have faults and disharmonies. This seems equally true for the school refusers who are experiencing personal problems and the students whose attendence is quite good and who may even be seen as unusually "good" children.

Six statements inquired into certain aspects about present and past refusal of school and parents' knowledge of the student's absence. Students who spent the school day outside the home and students who stayed home but without the parents' knowledge of the absence were excluded as "truants".

A comparison of the responses to these statements shows that the school refusers give an accurate portrayal of themselves as excessively absent. Moreover, they admit to similar problems in their school histories more than the control group. Clinicians who have worked with adolescent school refusers often state that the problem is a long standing one and that its chronicity contributes to the appearance that these youngsters seem "sicker" than

young school refusers. The self report of these adolescents supports their claim of a long history to the problem.

While it was ascertained by the researcher that no valid medical excuse was provided for the excessive absences of the school refusers in this study, it was known that frequent somatic complaints were given for the absences. Their complaints changed from one week to the next and each "illness" was of one or two days duration. Long "illnesses" were rare. At the same time, most of the students were tardy, such that many of their days in attendence were actually half days.

In response to the two statements about somatic complaints, the school refusers complain far more than the non-symptomatic adolescents. This cannot be said to contribute much to our understanding of the symptom given; it is purely descriptive, but it is helpful to keep in mind that these frequent somatic complaints are found in a group that reports participation in a coalition with a parent. Does the illness provide the excuse to stay home and contribute to the family stability? Does the added burden of anxious attention given to a family struggling with issues of attachment contribute to the experience of pain and fatigue?

Finally, five statements regarding attitudes towards school provide further clarification of the meaning of

school refusal. It appears that the school refusers exhibit a reasonably positive attitude towards school and one that is not different from that of students whose attendence is excellent. While clinicians have long declared that it is anxiety about separation rather than fear or hatred of school that motivates the school refuser, it is striking that this group has attitudes so similar to those of students whose attendence and academic record are so good.

This brief list of questions does not provide a comprehensive picture of how a student perceives his school situation. Even so, it appears that a poor school attitude cannot account for the excessive absences of this group of school refusing students given the similarity of their responses to the non-symptomatic adolescents.

Worry or concern about parents' health, well being and safety are often reported in clinical case descriptions of school refusers. Such concern is seen as an aspect of separation anxiety or anxious attachment. Inquiry into the actual health of students' parents was made in preparation for inquiry into their excessive worries. Most students in both groups reported that their parents are in good health.

About half of the school refusers report excessive concern for their parents' well being, an expected finding. Gingold (1982), also found about half of the

adolescent school refusers in his study to report worry about parents' well being. In the group in this study, it also appeared that their worries were not connected to any actual health care, given their report on that account.

However, a surprising finding is that there are no differences between the school refusers and non-symptomatic adolescents in their experience of worries. About half of the control group also expressed worries in relation to their parents' well being.

Such a finding may alert the clinician to avoid attributing specific problems to the clinical population under study. Problems associated with a particular symptom may also be true of the larger population.

In the final section, overall results, questions and limitations of this study will be discussed.

## Conclusion

To summarize the findings of this study, we will provide a sketch of the adolescent school refuser and in comparison that of the non-symptomatic adolescent as some unexpected similarities arise between the two groups. We will also raise questions that would require clarification in further research. Finally we will address the apparent limitations of this study.

This group of school refusing adolescents provides an

overall description of themselves as children who participate in generational boundary crossing roles in the context of families relatively low in bondedness but moderate in their responsivity to internal and external stress. It is their identification of the underresponsible child role that differentiates them from the non-symptomatic adolescents; they are known as incompetent children who force their parents to increase their executive functioning. The school refusers acknowledge excessive concern for their parents' well being, even though their parents are for the most part in good health; however, they do not differ from the control group in respect to such concerns. They have far more somatic complaints than the control group. They openly acknowledge their problems in non-attendence and many admit that the problem has a long history. It appears that the school refusers' attitudes towards school and teachers is quite similar to that of those students whose attendence is excellent. Finally, the school refusers do not appear to idealize their families nor are they different from the control group in this respect.

The non-symptomatic adolescents in this study give an expected profile of themselves; they characterize themselves primarily as participants in non-coalition roles with clear generational boundaries in the context of families moderate along the dimensions of cohesion and

adaptability. When they identify themselves in coalition, it is the overresponsible role with which they most identify. Many of them admit to concern regarding their parents' well being. They report infrequent illness. Their attitudes towards school and teachers is primarily good but they express some complaints. They are willing to admit to faults in their families as well.

There appears to be a limited sense of attachment or commitment in the families of the school refusers. Physical contact is minimal, little is shared in the way of time, activities, interests and decision making. Low responsivity to stresses in the life of any individual member is implied. It is this context in which we find these adolescents avoiding school and instead spending their days at home. Doing so does not insure increased contact with parent; half of the students report their parents are not home during the day even while they are aware of the absence. While we lack the details of the parents' efforts to return the child to school, it seems possible that their efforts may be rare and conflictual.

It is suggested here that what underlies the cohesiveness of the family is the valuing of attachments, both of persons and shared views. When such attachments are threatened, two "extreme" response styles emerge which are described as enmeshed and disengaged. In the families of these school refusers, "anxious attachment" is

experienced by the family and dealt with in a disengaged style where avoidance and minimization of contact is observed. School refusal in a child can be seen to provide some stability and sense of cohesiveness without detriment to the family structure.

That these youngsters participate in generational boundary crossing roles contributes to the impression that these youngsters are involved in stabilization of their families. While they care about their parents' well being and they have positive attitudes towards school, they appear as undercompetant and very likely a frustrating burden for their parents. Their role as underresponsible child may provide increased closeness for the parents and may also provide a covert coalition for one parent. While such a role may seem to contribute to increased interaction between spouses, it also serves to maintain a dysfunctional pattern and emotional distance of the parents.

That such heroic efforts fail to improve the system's functioning might be guessed at from the finding that age of the school refusing student has no significant relationship to his report of family cohesion. While the older non-symptomatic adolescent is more likely to report a lower cohesion score, this is not the case with the school refusers. It seems appropriate that an adolescent might experience his family as less bonded as he develops

extrafamilial relationships and an increased sense of autonomy in relation to interests and work. No such decrease systematically appears with the school refusers, whose attempts by way of their symptoms to increase cohesiveness fails to bring it to a level from which he can then differentiate.

How is it that so few enmeshed families are reported by these school refusers? Would this finding be repeated with a broader population of school refusers or are clinicians overlooking the impact of disengaged dyads within the system? Both a broader sample and an instrument more sensitive to dyadic relationships would shed light in this area.

Contrary to the hypothesis, the families of these school refusers are moderate in their adaptability, or responsivity to internal and external stress. These families appear flexible in individual assertiveness, discipline, negotiation, roles and rules. Members of the family seem to have adequate input into rule setting and structures are subject to change when necessary.

It seems a possibility that the present sample of school refusers may be a relatively healthy group in comparison to some school refusing adolescents. All but two are in attendence in their regular high schools. This study did not sample students already in a highly restrictive educational placement nor were subjects sought

in a clinical setting such as a hospital. Only further comparison with such groups could clarify the range of adaptability of families with school refusing students.

Also, it may be that the closeness/distance dimension is much more central to understanding this symptom. Reference to problems in discipline and rule setting are usually secondary to the quality of closeness of the mother/child dyad in clinical discussions of school refusers.

One finding does point to a difference between groups in the area of adaptability. School refusers in the middle child sibling position were more likely to report a higher level of adaptability, a finding not true of the non-symptomatic adolescent. It seems possible that these children lack the clear guidelines available to oldest and youngest siblings. Experiencing more ambiguity, they may see less predictability in the negotiation of power in the family. The families of the non-symptomatic adolescents may provide greater clarity for the middle child in responding to all their children's unique qualities rather than to expectations deriving from their ordinal position.

One of the instruments used, FACES II, addresses family process as a whole and thus may reveal only the subject's responses to certain dyads in the family, especially where coalitions exist. However, it is likely

that this sample is healthier than many school refusers discussed in the literature; they are still functioning in school and have not yet been the focus of intensive treatment.

One limitation of this study is that all school refusing subjects were drawn from the public school sector, most prior to formal intervention. Also, students were not prescreened independently regarding level of emotional disturbance. In order to fully understand the finding that these families are moderate in adaptability, it would be necessary to prescreen and sample a broader range of school refusers.

As predicted, the school refusers do admit to participation in chronic coalition in contrast to the non-symptomatic adolescents. Rather than participants in roles with clear generational boundaries, they typically take on roles that either force parents to increase executive functioning in an effort to respond to their undercompetant behaviors, or they take on inapropriate executive functions themselves.

The school refusers in this study differ from the non-symptomatic adolescents in their identification of the underresponsible child role. This failure to meet age appropriate tasks is seen to provide a stabilizing function in the family; parents' marital conflict may be submerged in their involvement with the problem child.

Also, the adolescent "management problem" can be seen as a family "rescuer" whose absences may aid in increasing cohesiveness.

While described in the literature as caretakers to parents, the school refusers do not differ from the control group in their participation in the overresponsible, overcompetant child role, who provides parenting to their own parents. Also as expected, many of them admit to worries regarding their parents' phsyical and emotional health and that something bad might happen to them. However, they do not differ from the control group in this respect. Apparently, adolescents from two groups as different as these all exhibit parenting functions. These role behaviors may be part of the phase appropriate practicing for young adulthood; they may also be developing a more realistic picture of the pressures with which their parents contend.

This study has focussed on the subjective report of the school refusing adolescent regarding his family's process and his participation in generational boundary crossing roles in comparison to adolescents with good attendence and achievement. It is suggested that a continued survey of family process variables of a larger

and more diverse group both of non-symptomatic adolescents and of school refusers in regular and restrictive educational settings would address the questions raised here.

# APPENDICES

# APPENDIX A

## Packet for Pilot

Do not write your name on this sheet or either of the Questionnaires.

Age:

Grade:

Sex Male Female

I live with:

- ☐ mother
- ☐ father
- ☐ stepmother
- ☐ stepfather
- ☐ brother(s)
- ☐ sister(s)

I am:

- ☐ only child
- ☐ oldest child
- ☐ a middle child
- ☐ youngest child

When absent, I:

- ☐ stay home
- ☐ go out somewhere
- ☐ hang out around school

Please fill out the following two questionnaires as best as you can. The instructions are on each of them. Your answers are private and will not be shown to anyone.
Thank you for your participation.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| ALMOST NEVER | ONCE IN A WHILE | SOMETIMES | FREQUENTLY | ALMOST ALWAYS |

**How would you describe your family? Use numbers 1-5 for your answer.**

___1. Family members are supportive of each other during difficult times.
___2. In our family, it is easy for everyone to express his/her opinion.
___3. It is easier to discuss problems with people outside the family than with other family members.
___4. Each family member has input in major family decisions.
___5. Our family gathers together in the same room.
___6. Children have a say in their discipline.
___7. Our family does things together.
___8. Family members discuss problems and feel good about the solutions.
___9. In our family, everyone goes his/her own way.
___10. We shift household responsibilities from person to person.
___11. Family members know each other's close friends.
___12. It is hard to know what the rules are in our family.
___13. Family members consult other family members on their decisions.
___14. Family members say what they want.
___15. We have difficulty thinking of things to do as a family.
___16. In solving problems, the children's suggestions are followed.
___17. Family members feel very close to each other.
___18. Discipline is fair in our family.
___19. Family members feel closer to people outside the family than to other family members.
___20. Our family tries new ways of dealing with problems.
___21. Family members go along with what the family decides to do.
___22. In our family, everyone shares responsibilities.
___23. Family members like to spend their free time with each other.
___24. It is difficult to get a rule changed in our family.
___25. Family members avoid each other at home.
___26. When problems arise, we compromise.
___27. We approve of each other's friends.
___28. Family members are afraid to say what is on their minds.
___29. Family members pair up rather than do things as a total family.
___30. Family members share interests and hobbies with each other.

ease check off those statements that are true of how you
e yourself in your family. When you have finished, read
em again and put a second check by the 3 statements most
ue of you.

For each statement you checked twice, indicate how your parents feel about it.

A - one or both like it
B - they don't care
C - they don't like it

_1. I can count on my parents for fairness and firmness in family decisions. 1. ____

_2. My parents treat me like I'm perfect and that I will always be able to please them. 2. ____

_3. I have no particular worries about anyone in the family. 3. ____

_4. I learn things from one of my parents that it is best not to tell the other one about. 4. ____

_5. I keep out of the way when problems come up. 5. ____

_6. My parents act like I can't do a thing for myself no matter what I say or do. 6. ____

_7. I'm just a kid with no special role other than to act my age and follow family rules. 7. ____

_8. My mother (or father) comes to me for advice when the other is not around. 8. ____

_9. I may take over for my parents when they need something (like taking phone messages or taking care of a younger brother or sister) but otherwise they handle things themselves. 9. ____

_10. It often occurs to me that something bad might happen to one of my parents. 10. ____

_11. I basically don't get involved in my parents' disagreements. 11. ____

_12. My parents can't agree on what to do when I get into trouble. 12. ____

_13. My parents baby me too much but they stop when I remind them that I can do it myself. 13. ____

_14. I'm concerned about the mental and/or physical health of my parent(s). 14. ____

A - one or both like it
B - they don't care
C - they don't like it

| | | |
|---|---|---|
| _15. | I have my share of problems - I'm neither perfect nor a big problem to anyone. | 15. ___ |
| _16. | I try to keep my parents from arguing. | 16. ___ |
| _17. | I can take care of what's expected of me but I can get help from my parents when necessary. | 17. ___ |
| _18. | The trouble I get into takes up almost all of my parent(s)' attention. | 18. ___ |
| _19. | Whenever anyone gets into an argument, I keep out of it until things cool down. | 19. ___ |
| _20. | I am treated like I can do no wrong; my parents have absolutely no complaints about me. | 20. ___ |
| _21. | My parents generally follow through on punishments when I break the rules. | 21. ___ |
| _22. | I'm always treated like the dummy. | 22. ___ |
| _23. | I have a good idea of what the rules are and I get punished when I break them. | 23. ___ |
| _24. | My parents can't get me to do what they want no matter what they do. | 24. ___ |

# APPENDIX B

## Packet for Study

Do not write your name on this sheet or any of the questionnaires.

Age:

Grade:

Sex: ☐ Male ☐ Female

I live with:

- ☐ mother
- ☐ father
- ☐ stepmother
- ☐ stepfather
- ☐ brother(s)
- ☐ sister(s)
- ☐ grandparents, aunts, uncles, etc.

I am:

- ☐ only child
- ☐ oldest child
- ☐ a middle child
- ☐ youngest child

The age of my oldest brother or sister: _____
(Please include even if he or she lives away from home)

Please fill out the following questionnaires as best as you can. The instructions are on each of them. Your answers are private and will not be shown to anyone.

Thank you for your participation.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| ALMOST NEVER | ONCE IN A WHILE | SOMETIMES | FREQUENTLY | ALMOST ALWAYS |

**How would you describe your family? Use numbers 1-5 for your answer.**

___1. Family members are supportive of each other during difficult times.
___2. In our family, it is easy for everyone to express his/her opinion.
___3. It is easier to discuss problems with people outside the family than with other family members.
___4. Each family member has input in major family decisions.
___5. Our family gathers together in the same room.
___6. Children have a say in their discipline.
___7. Our family does things together.
___8. Family members discuss problems and feel good about the solutions.
___9. In our family, everyone goes his/her own way.
___10. We shift household responsibilities from person to person.
___11. Family members know each other's close friends.
___12. It is hard to know what the rules are in our family.
___13. Family members consult other family members on their decisions.
___14. Family members say what they want.
___15. We have difficulty thinking of things to do as a family.
___16. In solving problems, the children's suggestions are followed.
___17. Family members feel very close to each other.
___18. Discipline is fair in our family.
___19. Family members feel closer to people outside the family than to other family members.
___20. Our family tries new ways of dealing with problems.
___21. Family members go along with what the family decides to do.
___22. In our family, everyone shares responsibilities.
___23. Family members like to spend their free time with each other.
___24. It is difficult to get a rule changed in our family.
___25. Family members avoid each other at home.
___26. When problems arise, we compromise.
___27. We approve of each other's friends.
___28. Family members are afraid to say what is on their minds.
___29. Family members pair up rather than do things as a total family.
___30. Family members share interests and hobbies with each other.

SURVEY

Please check off those statements that are true of how you see yourself in your family.
When you have finished, read them again and circle the three statements that are MOST TRUE of you.

___1. I can count on my parents for fairness and firmness in family decisions.

___2. One or both of my parents act like their life depends on my pleasing them completely.

___3. I learn things from one of my parents that it is best not to tell the other one about.

___4. When my parents have a serious disagreement, they usually make it clear that they don't need my help.

___5. The trouble I get into takes up almost all of my parent(s) attention.

___6. I'm just a "hopeless case" and my parents are ready to give up on me.

___7. My mother (or father) comes to me for advice when the other is not around.

___8. I've been the "family problem" for a long time.

___9. I know more about what my mother thinks and feels than anybody else does.

___10. I basically don't get involved in my parents' disagreements.

___11. When I get in trouble, often one of my parents will be in favor of a punishment while the other lets me get away with it.

___12. I just can't be the way my parents want me to be.

___13. I have my share of problems - I'm neither perfect nor a big problem to anyone.

___14. My mother (or father) rarely makes a big decision without getting my advice first.

___15. I can take care of what's expected of me but I can get help from my parents when necessary.

___16. My parents act like I can't do a thing for myself, no matter what I say or do.

___17. I know more about what my father thinks and feels than anybody else does.

___18. My parents have no complaints about me, even though sometimes they should.

___19. My parents generally follow through on punishments when I break the rules.

___20. I am often like a parent to my mother or father.

___21. I'm always treated like the dummy by one or both of my parents.

___22. I have a good idea of what the rules are and I get punished when I break them.

___23. My parents can't get me to do what they want no matter what they do.

___24. I probably spend more time with my mother (or father) than any other family member does.

___25. My parents always disagree on how to handle my problems.

PLEASE REMEMBER TO GO BACK AND CIRCLE THE THREE STATEMENTS MOST TRUE OF YOU.

TRUE OR FALSE

Put a T (true) or F (false) next to each statement.

___1. I think my school is a pretty good one.
___2. I usually stay home when absent from school.
___3. My family has all the qualities I've always wanted in a family.
___4. My mother is in very poor health.
___5. I am rarely absent from school.
___6. If my family has any faults, I am not aware of them.
___7. One of my parents is usually home when I miss school.
___8. Most of the teachers in my school are mean.
___9. I get sick a lot more than other kids.
___10. Every new thing I've learned about my family has pleased me.
___11. I'm worried about my parent(s) emotional well being more than most kids.
___12. Most of the teachers in my school really don't care about the students.
___13. My parents usually don't know when I cut school.
___14. I don't think anyone could possibly be happier than my family and I when we are together.
___15. I am rarely ill.
___16. Sometimes I refuse to go to school and no one can get me to go.
___17. My father is in very poor health.
___18. While it doesn't happen now, there used to be times when I just refused to go to school.
___19. I have never regretted being with my family, not even for a moment.
___20. I think I can get the help I need from the school staff.
___21. I'm more concerned than most about my parent(s) physical health.
___22. My teachers only seem to notice my mistakes.
___23. I don't think any family could live together with greater harmony than my family.
___24. It often occurs to me that something bad might happen to one of my parents.

# APPENDIX C

## Parental Consent Letter

Dear Parent:

Your son or daughter is invited to participate in a large survey that is being conducted in his or her school. This survey is doctoral research that has been approved by the superintendent of the school district. It is hoped that the results will help us to understand the association between students' attitudes towards school and attendence and their attitudes concerning themselves in relation to their families.

Their responses will be anonymous; names will not appear on any of the questionnaires they complete. The results will provide information about a large group of students rather than any individual. These questionnaires will be filled out during a study hall or lunch period by those students who agree to participate and who have their parents' written consent. Ten to fifteen minutes are required for completion of the forms.

Results of the study will be made available to those parents who request it on the attached form.

Your consent to your adolescent's participation would be very much appreciated. Signed consent forms may be returned in the enclosed envelope or returned by the student to the school nurse.

Should you have any questions regarding the research, please feel free to call me at 914-359-6608.

Respectfully,

Elizabeth Jackson

Elizabeth Jackson
School Psychologist

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I agree to my son or daughter's participation in the research to be conducted in the school. I understand that I or my child can withdraw at any time from the study.

Signature_____

I would appreciate a copy of the results of the study at its completion. I understand that results are reported on the basis of the group as a whole and that individual results are not available.

yes_____ If yes, your address:

no_____

# APPENDIX D

## Superintendent Letter

April 17, 1985

Dear Superintendent:

I would appreciate the opportunity to invite school-refusing ("school phobic") students in your district to participate in a survey regarding their attitudes towards school and family. This data collection is part of doctoral research supervised by the Clinical Psychology faculty at City University of New York. About fifty students, both non-symptomatic and school refusing, have participated thus far in the project. It is hoped that the results will contribute to our understanding of the relevant aspects of a child's life who is exhibiting poor school attendence.

Children and adolescents in the study whose parents have given written consent will be invited to complete three true/false questionnaires. The forms take about 15 minutes to complete and require about eighth grade reading level.

Students will meet the following criteria:

1) aged 11-18
2) excessively absent from school (15 or more school days per semester) without medical excuse
3) little or no evidence of delinquent activities known to school staff (such as vandalism, stealing, substance abuse, etc.)

With the help of your dean, guidance counselor, school nurse or Pupil Personnel Director, a list of possible subjects will be created. Parents will be contacted by phone and will be given information along the following lines: "A large group of adolescents in Rockland County are being invited to participate in filling out questionnaires in their school. This group includes a large number of students who do not attend school on a regular basis. Through their anonymous participation in responding to three questionnaires, we hope to get a clearer picture of how kids see themselves in relation to their schools and their families. The questionnaires take about 15 minutes to complete, and the 50 or so adolescents who have participate thus far appear to have found it an interesting and enjoyable task." Where consent is obtained, arrangements will be made for administration depending on what is most convenient for the student. This will depend on whether he is in attendence at the time of the contact.

Attached are copies of the parental consent letter and student questionnaires. Where parents express the interest, they will be welcome to inspect a copy of the questionnaires. No student's completed questionnaire will be shown to parent or staff member.

If you have any questions concerning this research or my request, please feel free to call me at 914-359-6608. I would appreciate your help in obtaining this group of school avoidant youngsters.

Respectfully,

Elizabeth Jackson
School Psychologist

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