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School Refusal
An Empirical Study and System Analysis

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The empirical, clinical and theoretical literature on School Refusal is reviewed.
A study is reported in which a comprehensive group of forty severe school refusers was compared with a matched control group. They differed on a wide range of variables. The school refusing children were more depressed, anxious, introverted, neurotic, over protected and less intelligent. Their parents' educational attainment and levels of intelligence were lower; they were older and had larger families; father's occupational status was lower and he was often absent from home.
The results are discussed.
A three level system theory interpretation is presented:
(i) child;
(ii) family;
(iii) beyond the family.
Some therapeutic implications are offered.

INTRODUCTION

The term "school refusal" refers to a pattern of behaviour in which the child does not attend school and, whilst away from school, stays mainly at home usually with his parents' knowledge. This differs from "truancy" where the child stays away from home when absent from school periodically, without his parents' knowledge. "School phobia" refers to the former pattern of behaviour but is decreasingly used since it implies an explanatory concept to the behaviour (Johnson et al, 1941; Kahn and Nursten, 1968; Millar, 1961; Waldron, 1975).

A review of the literature on school refusal shows that, of the many studies reported, few give a clear definition of the phenomenon (e.g. Berg, Nichols and Pritchard, 1969; Hersov, 1960; Nichols and Berg, 1970). It is rarely specified how the experimental sample was obtained. All studies report on clinical populations of school refusers only. A few studies use comparison groups also from the clinical population (Hersov, 1960; Nichols and Berg, 1970; Waldron, 1975), and no study includes a normal control group. Several studies explore intra group variables such as sudden vs. gradual onset (Coolidge et al, 1957) or chronic vs. acute course (Berg et al, 1969).

As the samples vary in size, nature and severity, and also as different measuring instruments are used, a comparison of findings is difficult. Frequently, when valid comparisons can be made, the findings are in conflict. Thus, of fifteen series of more than ten patients, seven had more boys than girls, four more girls than boys and in four the numbers were equal (Clyne, 1966, p.86). Some writers claim that acute onset is more common in boys and gradual onset more common in girls (Berg et al, 1969; Nichols and Berg, 1970) whilst others find the reverse (Coolidge et al, 1957). Most American writers report that school refusal is largely a middle-class phenomenon, whilst Nursten (1958) claims that parents of school refusers in Great Britian were all skilled or semi-skilled workers.

Clyne (1966), Davidson (1961) and Talbot (1957) report a very low incidence of parental separation in school refusal. Others (Hersov, 1960; Nursten, 1958) report a relatively high proportion of cases where father is dead or absent from home. Similar discrepancies are found in ordinal position and size of family. Further, the literature contains a variety of theories regarding the psychological causes of school refusal. Most authors attempt to look at school refusal in relation to a single variable or to a limited range of variables. For example, Johnson et al (1941) regard separation anxiety as synonymous with school refusal. Such anxiety results from an unresolved mutual dependency relationship between mother and child. Eisenberg (1958) describes anxiety in the school refusing child and the mutual communication of such anxiety between him and mother.

Leventhal and Sills (1964) describe over-valuation of the self in school refusal. Similarly, Radin (1967) suggests that the school's realistic assessment of the child's performance threatens the omnipotent self-image fostered by the family. Levenson (1961) described the school refusing boy as covertly hostile

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and obstructive, avoiding overt challenge of authority.

Agras (1959) describes the depressive constellation in the families of school refusing children. The depression is reinforced by the mutual avoidance of pain. Similar reports on depression in the child can be found in the works of Baker and Wills (1978), Davidson (1961) and Waldron et al (1975). A number of writers make casual reference to the presence of depression (e.g. Coolidge et al, 1957; Hersov, 1960; Waldfogel et al, 1957). However, the importance of depression in relation to school refusal has not been fully recognised. Several writers report symptoms such as withdrawal, negative self concept, difficulties with aggression, guilt and ambivalence, concern with death and psychosomatic problems (Clyne, 1966; Eisenberg, 1958; Hersov, 1960; Jackson, 1964; Millar, 1961; Rodriguez et al, 1959). Although these symptoms are consistent with overt or masked depression, the authors do not describe the children as depressed (Lang, 1974).

The literature abounds in descriptions of mother's pathology, such as her anxiety, depression, incompetence and feelings of inadequacy, and the significance of mother's pathology for the child's difficulties. (e.g. Agras, 1959; Coolidge et al, 1957; Davidson, 1961; Johnson et al, 1941; Talbot, 1957).

Eysenck and Rachman (1965) doubt the validity of all the above theories and suggest that school refusal may be a response to educational backwardness and bad teachers.

Family therapy literature contains numerous references to school refusal (e.g. Hawkes, 1981; Hoffman, 1981; Skynner, 1976; White, 1979). It is generally assumed that the family is the appropriate unit of intervention and the context in which school refusal can be best understood is the family. Yet there has been only one paper written in which a serious attempt is made to analyse the phenomenon from a system theory perspective (Bolman, 1970). With the exception of Skynner (1976), there has not been any systematic review of the school refusing literature by a family therapist.

THE STUDY

The study carried out in 1970 (Lang, 1974; Lang, Tisher and Goding, 1977; Tisher, 1974) had the following aims:-

(i) To explore areas where disagreements occur in the literature or where insufficient empirical support is available for clinical claims.
(ii) To provide an operational definition of school refusal.
(iii) To collect an experimental group which would be a representative sample of all cases in Melbourne meeting the criteria of that definition and to compare this group with a matched control group.
(iv) To investigate a wide range of social, family and personality variables in this sample.

METHODOLOGY

Experimental group:

Operational definition — It was decided that the experimental group should consist of relatively severe cases of school refusal.

The criteria for inclusion in the experimental sample were as follows:

1. the child was not attending school and had been continually absent for more than one month;
2. during school hours he or she would stay mainly at home or with his or her parents;
3. there was no diagnosed organic or physical illness as the reason for non-attendance, (commonly recognised psychosomatic symptoms such as headaches were not regarded as excluding criteria);
4. for at least two weeks attempts had been made unsuccessfully by appropriate agencies to help the child return to school.

Control group:

The aim in selecting a control group was to obtain a group which was as similar as possible to the experimental group except in regard to the experimental variable, i.e. attendance/non-attendance at school. The control group consists of "regular school attenders", namely children who had not missed more than ten school days during the year which was nearing completion.

The groups were matched for age, sex and particular school, grade or form.

The decision to control for form and school environment arose from the possibility that the child's refusal to attend school may be largely a function of specific aspects of his school environment (Eysenck & Rachman, 1965).

Some degree of socio-economic matching was obtained by matching for school and thus for geographical area, which has been reported to be an indicator of socio-economic status (Lancaster Jones, 1969).

It was not possible to obtain a clinical control group matched for age, sex, school and grade. In view of the facts that some regard the school environment as important in school refusal (Eysenck & Rachman, 1965) and that there are already several very good studies reported which compare school refusing children with other clinical groups (Hersov,

1960; Nichols and Berg, 1970; Waldron, 1975) it was decided to use the matched control group rather than the clinical control group. Further, the 'normal' control group seemed more suitable as one-third of the school refusing children were not attending at clinics.

Sampling Procedures:

1. **Experimental Group.** All known treatment and educational guidance agencies in Melbourne were approached, and requested to supply details of all school refusing children known to them who were living in the Melbourne metropolitan area and who were aged nine years and over. (Nine years was used as the lower age limit because children below this age would have difficulty in comprehending the tests used). The investigators examined these details and identified 41 cases who met the above criteria. The family of each child was approached and requested to co-operate. Of the 41 families, 40 co-operated. Of these, 30 percent were not attending clinics or agencies at the time of the investigation. This sample of forty-one is believed to include all cases of severe school refusal in Melbourne at the time of sampling (1970)*. In confirmation of this, no further cases were found in subsequent years which would have met the criteria at that time.

Of the 40 families, 39 are of Anglo-Saxon background with all children born in Australia. The remaining family is Yugoslavian and came to Australia in 1957.

2. **Control Group.** The schools of all experimental group children were approached and for each school refusing child headmasters were requested to supply names, addresses and telephone numbers (if any) of three children who had not missed more than ten school days in 1970, whose birthdays were closest to a specified date of birth (that of the matched school refusing child), who were of the same sex as the school refuser and in the same grade or form as the school refuser was, or would have been, in 1970.

Referral for testing was delayed in the case of three experimental group subjects and consequently it was impossible to obtain matched controls for these subjects during the school year.

Thirty-seven control group families were approached and thirty-two agreed to participate. Of the five others, two families were rejected because they had insufficient English and three did not agree to co-operate. In all five cases the second family on the list supplied by the headmaster co-operated.

The control group consisted exclusively of Australian born children and in all cases their parents were of Anglo Saxon origin.

MEASURES

1. **Personality Variables.** Three scales from the Institute of Personality and Ability Testing (I.P.A.T.) were used: the 16 Personality Factors (16 P.F.) (Adult), the High School Personality Questionnaire (H.S.P.Q.) (12-18 years) and the Children's Personality Questionnaire (C.P.Q.) (under 12 years).

The three forms yield scores on a series of first order and second order factors regarding a number of personality variables and are comparable across the age ranges of children and adults.

All first order factors common to both the C.P.Q. and H.S.P.Q., the second order factors of introversion and anxiety, and the criterion measure of neuroticism were used.

2. **Anxiety.** Anxiety was further tested by Sarason's General Anxiety (G.A.) and Test Anxiety (T.A.) scales. These are self-report questionnaires with items such as 'Do you worry whether your mother is going to get sick?', and 'Are you frightened by lightning and thunder storms?' The items of the G.A. Scale, re-phrased slightly, were also given to the mothers of the children so as to give an index of anxiety in the child as reported by mother, according to her knowledge of the child. (G.A. - Adult Form).

3. **Depression.** In 1969 the concept of depression in children was relatively new. There was neither an accepted definition of childhood depression nor a test or scale to measure it. The literature mentioned the following features of depression:

Feelings of sadness and unhappiness; negative self concept and feelings of worthlessness; decrease in mental productivity and drive; psychosomatic problems; pre-occupation with death or illness of self or others, feelings of loss; irritability and temper outbursts. (Agras, 1959; Despert, 1952; Frommer, 1967; Harrington and Hassan, 1958; Poznanski and Zrull, 1970; Sandler and Joffe, 1965).

A new scale was developed (Lang, 1974; Lang and Tisher, 1978) based on the description of these six components and on clinical experience. Statements were prepared describing as closely as possible the experience of a depressed child, with the help of children in treatment at the time.

The scale contains 66 items, 48 depressive (e.g. "Often I hate myself") and 18 positive (e.g. "I'm a very happy person"). These two sets of items are

*In 1970 there were approximately 348,000 children aged between 9 and 16 years inclusive in the Melbourne statistical division. (Bureau of Census and Statistics).

retained as independent scales and scored separately, yielding a "depressive" score and a "positive" score.

Within the two main scales, certain items which refer to similar features of childhood depression have been grouped together as sub-scales. The Depressive scale contains five such sub-scales and the Positive scale contains one such sub-scale. Each is briefly described below:

Affective Response (Aff. Res.): refers to the feeling state and mood of the respondent.

Social Problems (Soc. Prob.): refers to the difficulties in social interaction, isolation and loneliness of the child.

Self-esteem (Self Est.): refers to the child's attitudes, concepts and feelings in relation to his own worth and value.

Pre-occupation with own sickness and death (Sick/Dth): refers to the child's dreams and fantasies in relation to his sickness and death.

Guilt (Glt.): refers to the child's self blame.

Pleasure (Plsr.): refers to the presence of fun, enjoyment, happiness in the child's life, or to his capacity to experience these things.

Each item is printed on a separate card which the subject is asked to place in whichever of five boxes is most appropriate for him/her. The boxes are arranged in front of the child, labelled:

"Very wrong - -"
"Wrong -"
"Don't know, not sure?"
"Right +"
"Very right + +"

The items are always presented in the same order.

The test is called the Children's Depression Scale (C.D.S.). Its reliability was examined by the Cronbach Alpha test of internal consistency. The level of Alpha (.96) appeared satisfactory (Cronbach, 1951). Content, concurrent and construct validity were examined and found satisfactory (Lang, 1974; Lang and Tisher, 1978).

The items of the C.D.S. Scale were also rephrased so as to be in the third person and the parents were each asked to put the cards into the boxes which fitted their child best. This test is called the Child Depression Scale — Adult Form.

4. **Mothers**. The items of the G.A. Scale (Sarason et al, 1960) and the C.D.S. were modified where required to make them suitable for an adult, e.g. from "Do you worry whether your mother is going to get sick?" (Item 6, G.A.) to "Do you worry about whether people in your family are going to get sick?" These scales as modified were called the Adult General Anxiety Scale (A.G.A.) and the Adult Depression Scale (A.D.S.). respectively. The items were also rephrased: "As a child, did you ....?" (Adult Recollection Depression Scale (A.R.D.S.)).

5. **The Family**. The test used was the Family Relations Test of Bene and Anthony (1957). The results were assessed on the basis of the number of positive and negative messages sent to the family members and on a score for parental overprotection and maternal overindulgence.

6. All tests were given to the children in the experimental and control groups and, with the exception of the Family Relations Test, to their mothers and fathers. Many fathers in the experimental group were missing; the significance of this fact is discussed later. However as most of the statistical analyses were carried out on the basis of matched pairs, few results of fathers are reported. Most of the findings to be reported relate only to the children and their mothers.

FINDINGS

Description of Sample. There were 25 boys[1] and 15 girls in the experimental sample; 22 boys and 15 girls in the control. The average age of the children was 13 years 1 month; the range was 9 to 16 years.

The experimental group had been absent from school 10.3 months on the average. Seventeen subjects (42.5 percent) had been away from school for less than three months, twelve (30 percent) for more than twelve months.

TABLE 1

DISTRIBUTION OF SUBJECTS ACCORDING TO LENGTH OF CONTINUOUS ABSENCE FROM SCHOOL

Months	Boys	Girls	Total
1 - 3	11	6	17
4 - 6	4	3	7
7 - 12	2	2	4
13 - 23	1	3	4
24+	7	1	8
	25	15	40
	x : 11.3 months	8.4 months	10.3 months

Seventeen subjects (42.5 percent) showed a sudden onsent; in the remaining 23 (57.5 percent) the onsent was gradual. A sudden onset was more frequent among girls than boys ($p<.01$).

1. As there were more boys than girls, for simplicity future references to school refusers are in the masculine.

TABLE 2
PATTERN OF ONSET OF SCHOOL REFUSAL

Type of onset	Boys	Girls	Total
a. The child was always happy at school and there is no history of academic or social problems. The school refusal is **sudden**.	5	9	14
b. Sudden onsent to an episode previous to the current one. After an absence from school the child returns and the re-adjustment appears relatively good until a relapse occurs. Alternatively there may be spasmodic attendance subsequent to the first episode, leading to complete non-attendance again.	1	2	3
c. Gradual escalation of the problem: the child over a period of at least two years is unhappy about school, reluctant to attend, until suddenly he stops attending.	5	1	6
d. Similar to (c), i.e. gradual escalation of the problem, but there is spasmodic attendance building up to complete non-attendance.	6	3	9
e. Chronic problem with continued irregular attendance and poor adjustment since the child began school.	8	0	8
	25	15	40

	Boys	Girls	Total		
Sudden (a & b)	6	11	17		
Gradual (c, d, e)	19	4	23	$x^2 = 9.337$	$p<.01$
	25	15	40		

Comparison with the literature indicates that this sample contained more severe cases than in most reported samples (e.g. Berg et al, 1969; Clyne, 1966; Coolidge et al, 1957; Hersov, 1960) in that the subjects had been absent longer and more frequently showed a gradual onset and chronic course.

Fourteen subjects (35 percent) showed severe separation difficulties — the child 'hardly ever leaves home or mother'. Ten (25 percent) showed moderate difficulties and six (15 percent) mild difficulties. In ten (25 percent) little or no separation difficulties could be ascertained.

TABLE 3
SEPARATION BEHAVIOUR, EXPERIMENTAL GROUP

	Boys No.	Girls No.	Total No.
Child hardly ever leaves home or mother	5	9	14
Child occasionally goes out only when accompanied accompanied by a limited number of familiar people	9	1	10
Child occasionally goes out by himself to a limited number of familiar places, or child goes accompanied to a wide variety of places	3	3	6
Child goes almost everywhere by himself, but with some difficulties	0	0	0
Child could go almost anywhere without any difficulty	4	2	6
Child leaves home without parents' consent for short periods of time	4	0	4
Child frequently leaves home for long periods of time without parents' consent	0	0	0
	25	15	40

As to psychosomatic symptoms, if mild symptoms such as occasional headaches are excluded, thirty subjects (75 percent) complained of gastrointestinal symptoms, twenty three (57.5 percent) had headaches and nine (22.5 percent) reported sleep disturbances. These findings are consistent with those reported in the literature. (c.p. Clyne, 1966; Davidson, 1961; Hersov, 1960).

TABLE 4
NUMBER OF CHILDREN IN EXPERIMENTAL GROUP EXHIBITING PSYCHOSOMATIC SYMPTOMS

	Severe	Moderate	Mild, absent or unknown
* Gastro intestinal	10 (25%)	20 (50%)	10 (25%)
Headaches	6 (15%)	17 (42.5%)	17 (42.5%)
**Sleep disturbance	5 (12.5%)	4 (10%)	31 (77.5%)

* Abdominal pains, diarrhoea, poor appetite, nausea, vomiting.
**Early waking, difficulties falling asleep, excessively light sleep, excessively heavy sleep.

Social and Family Variables. The experimental and control groups were compared on a number of social and family variables.

TABLE 5

COMPARISON OF THE EXPERIMENTAL AND CONTROL GROUPS ON SOCIAL AND FAMILY VARIABLES

Characteristics		Experimental Group (N = 40)		Control Group (N = 37)		p<
		x̄	S.D.	x̄	S.D.	
No. of children in the family	Total	4.00	2.42	3.11	1.01	.05
	Boys	4.52	2.51	3.27	1.21	.05
	Girls	3.00	2.32	2.87	1.11	NS
Age of father		48.62	8.66	43.70	8.12	.001
Age of mother		45.46	7.22	38.60	7.29	.001
Level of intelligence[1]	(Child	4.46	1.72	6.03	1.39	.01
	(Mother	5.33	1.27	6.43	1.31	.05
	(Father	4.41	1.75	6.56	2.31	.05
No. of years completed education	(Child	6.30	1.36	7.16	1.59	.001
	(Mother	7.79	1.66	8.74	2.55	.05
	(Father	7.97	2.36	10.80	2.96	.001
Occupational status of father[2]		3.52	1.57	2.19	1.53	.001

(T-Test)

1. On the basis of score obtained by subjects on Factor 'B' of the pertinent I.P.A.T. Scales (For Fathers Experimental Gp N = 17; Control Gp N = 25).

2. According to occupational categories taken from Krupinski & Stoller (1968): 1 = highest; 5 = lowest occupation.

The families in the experimental group were on the average larger, particularly the boy's families.

The average age of both fathers and mothers in the experimental group was greater than in the control group. Seventeen fathers and ten mothers were over 50 in the experimental group, compared with two fathers and one mother respectively in the control group. Hersov (1960) and Berg et al (1969) report similar ages in the mothers of school refusers to those in our sample.

No reference to the ages of fathers of school refusers has been found in the literature. The school refusers had fewer years of completed education than the control group children probably because of their poor attendance. In view of the high level of agreement in the literature that school refusing children are of above average intelligence it was surprising to find the experimental sample of significantly lower intelligence than the control group. (cf. Eisenberg, 1958; Johnson et al, 1941; Rodriguez et al, 1959). Moreover, the fathers and mothers of the experimental group were of lower intelligence, had fewer years of education, and the fathers were of lower occupational status than their counterparts in the control group.

The two groups did not differ with regard to whether mother was working.

TABLE 6

MOTHERS' OCCUPATION — FREQUENCY TABLE

	In paid employment	Home Duties Invalid Pensioners	Total
Experimental	12	27	39
Control	9	28	37
	21	55	76

$x^2 = .394$ N.S.

There were no discernible trends between experimental and control groups regarding ordinal position in the family. In contrast to Goldberg (1953) and Talbot (1957) it was found that only two (5 percent) of the school refusers were only children.

TABLE 7

ORDINAL POSITION — FREQUENCY TABLE

	Eldest & Only	Mid.	Youngest	
Experimental	12	12	16	40
Control	14	8	15	37
	26	20	31	77

$x^2 = .87$ N.S.

In the experimental group one mother and one father had died; in the control group one father had died. However, in the experimental group ten fathers were separated from their wives and their children; in the control group one mother only was similarly separated. This difference is significant ($p<.01$).

TABLE 8

FATHERS' ABSENCE FROM HOME — FREQUENCY TABLE

	Father absent from home	Father present at home	
Experimental	11	29	40
Control	1	36	37
	12	65	77

$x^2 = 8.984$ $p<.01$

Personality Factors. Scores on the I.P.A.T. Scales show that seven of thirteen first order factors and all three second order factors differentiated between the two groups. Thus the school refusing child is reserved and detached (A), dull and concrete thinking (B), obedient, conforming and submissive (E), sober and serious (F), conscientious, persevering and rule bound (G), shy and timid (H), apprehensive, self reproaching, insecure, worrying and troubled (Q3), as well as neurotic, anxious and introverted.

TABLE 9

DIFFERENCES BETWEEN EXPERIMENTAL AND CONTROL CHILDREN ON PERSONALITY FACTORS (I.P.A.T. SCALE)

I.P.A.T. factor		Experimental group		Control group		p. value
		$\bar{x}$ score	S.D.	$\bar{x}$ score	S.D.	
A	Reserved vs. Warmhearted	4.2	1.9	5.51	1.64	.01
B	Dull vs. Bright	4.5	1.72	6.02	1.38	.01
C	Affected by feelings vs. Emotionally Stable	4.98	2.07	6.00	2.54	N.S.
D	Undemonstrative vs. Excitable	5.9	2.01	5.59	2.07	N.S.
E	Obedient vs. Assertive	4.5	1.96	6.46	1.99	.01
F	Sober vs. Enthusiastic	4.57	2.13	5.70	1.89	.01
G	Disregards Rules vs. Conscientious	5.02	2.09	5.70	2.23	N.S.
H	Shy vs. Venturesome	3.82	2.20	6.76	1.94	.01
I	Tough vs. Tender-minded	5.2	2.22	5.02	2.03	N.S.
J	Vigorous vs. Circumspect Individualism	6.55	2.04	5.21	1.69	.01
O	Self-assured vs. Apprehensive	6.12	2.12	4.86	2.04	.01
Q3	Uncontrolled vs. Controlled	4.42	1.78	5.24	1.89	N.S.
Q4	Relaxed vs. Tense	6.42	1.92	5.92	1.91	N.S.
Exvia		4.06	2.02	6.09	2.00	.01
Anxiety		6.02	2.14	5.35	2.09	.05
Neuroticism		6.28	1.66	4.96	1.82	.01

(Wilcoxon matched pairs)

Thus a wide range of personality variables is involved in school refusal.

Cattell (1965) describes his second order factor, extraversion-introversion as a 'purely **social inhibition** (in the inviant direction)'. 'We are measuring here a factor which predicts the child seeking or avoiding social interaction generally'. (Cattell, 1969, p.38).

Anxiety. The I.P.A.T. Scales showed the experimental group to be more anxious than the control group. When the first order factors contributing to anxiety are looked at individually, the groups differ only on Factor O, which refers primarily to feelings of unworthiness and emotional sensitivity.

TABLE 10

FIRST ORDER FACTORS CONTRIBUTING MOST SIGNIFICANTLY TO SECOND ORDER 'ANXIETY' SCORE, COMPARING EXPERIMENTAL AND CONTROL GROUPS

		TOTAL GROUP				
		Experimental (N = 40)		Control (N = 37)		
		$\bar{x}$	S.D.	$\bar{x}$	S.D.	p<
I.P.A.T. First Order Factors:	C - Ego weakness	4.98	2.07	6.00	2.54	N.S.
	O - Guilt-proneness	6.12	2.12	4.86	2.04	.01
	Q^4 - Ergic tension	6.42	1.92	5.92	1.91	N.S.

(Wilcoxon matched pairs)

Cattell claims that this factor taps the stable, consistent underlying personality feature of guilt proneness.

Results from Sarason's G.A., T.A. and the G.A. -Adult Form Scales also showed the experimental group as more anxious than the control group.

TABLE 11

COMPARISON OF SCORES IN SCHOOL-REFUSERS AND CONTROL GROUP ON SARASON'S TEST ANXIETY AND GENERAL ANXIETY SCALES

	TOTAL GROUP				
	Experimental (N = 40)		Control (N = 37)		
	$\bar{x}$	S.D.	$\bar{x}$	S.D.	p<
Specific measures T.A.	13.02	7.11	8.81	6.40	.025
G.A.	14.10	5.86	11.65	7.08	.05
G.A. - Adult Form	15.21	7.05	8.27	6.81	.005

(Wilcoxon matched pairs)

Items of the T.A.-G.A. battery have been reported to cluster to six factors: A: 'Generalised personal inadequacies'; B: 'social anxiety'; C: 'apprehension about evaluation by others'; D: 'free-floating anxiety'; E: 'apprehension about suffering pain'; F: 'feelings of personal scholastic inadequacies'. (Cox and Hammond, personal communication).

TABLE 12

COMPARISON OF EXPERIMENTAL AND CONTROL GROUPS ON THE SIX FACTORS OF THE SARASON TA-GA BATTERY (Cox & Hammond)

	Exp. Children (N = 40)		Con. Children (N = 37)		p<
	$\bar{x}$	S.D.	$\bar{x}$	S.D.	
A	3.65	2.28	3.08	2.46	N.S.
B	3.75	2.06	3.69	2.57	N.S.
C	5.15	2.68	4.65	2.78	N.S.
D	6.08	3.82	4.29	2.93	N.S.
E	6.10	1.67	5.62	2.34	N.S.
F	4.63	1.98	2.84	2.02	.01

(Wilcoxon matched pairs)

Of the six factors, the factor which discriminated most clearly between the two groups was Factor F: 'Feelings of personal scholastic inadequacies'. ($p<.01$).

Depression. In these two separate measures of anxiety, the I.P.A.T. inventory and the Sarason Scales, the important differentiating concepts appear very similar: Factor O (I.P.A.T.) 'guilt proneness' or 'emotional sensitivity, feelings of unworthiness and inadequacy'; and Factor F (Sarason) 'feelings of personal scholastic inadequacies'. These findings suggest that depression rather than anxiety is the central feature of school refusal. Further, Cattell (1970, p.87) suggests that Factor F (I.P.A.T.) 'may be seen as one aspect or predisposition' of depression. This factor also differentiates between the experimental and control groups. ($p<.01$). However, Cattell does not claim to provide any direct indices of depression.

The results of the Children's Depression Scale and Children's Depression Scale - Adult Form show that the experimental subjects were significantly more depressed on all scales and sub-scales than the control subjects, both on their self-report and on the assessment of their mothers.

TABLE 13

MEAN AND S.D. SCORES ON C.D.S. AND C.D.S. ADULT FORM FOR THE EXPERIMENTAL AND CONTROL GROUPS AND LEVEL OF SIGNIFICANCE OF DIFFERENCES

	Dep	Aff. Res.	Soc. Prob.	Self Est.	Sick Dth.	Glt.	P Scle	Plsr.
CHILDREN (C.D.S.)								
$\bar{x}$ SR	157.0	25.7	26.6	26.6	21.9	25.2	53.3	23.8
SD	28.3	6.4	6.4	5.1	5.5	5.3	11.3	5.9
$\bar{x}$ Con	116.9	17.4	17.4	21.2	16.1	20.4	41.5	16.0
SD	35.3	6.0	6.9	7.2	4.9	7.0	8.9	4.8
T value	5.67	5.93	6.05	3.83	4.76	3.26	5.13	6.32
p<	.001	.001	.001	.001	.001	.001	.001	.001
MOTHER (C.D.S. ADULT FORM)								
$\bar{x}$ SR	169.3	28.1	28.6	26.6	22.7	24.1	49.3	22.2
SD	26.2	6.1	6.0	5.5	5.9	5.0	10.7	6.1
$\bar{x}$ Con	102.1	15.7	15.8	17.2	13.6	16.8	38.5	15.0
SD	18.3	3.8	3.6	3.7	2.7	3.4	4.7	21.0
T value	13.7	11.6	11.9	9.6	7.9	8.2	5.7	6.8
p<	.001	.001	.001	.001	.001	.001	.001	.001

There is a wide disparity between the mean C.D.S. and C.D.S. - Adult Form scores in the control group but not in the experimental group.

TABLE 14

COMPARISON OF EXPERIMENTAL AND CONTROL GROUP MOTHERS ON TESTS OF ANXIETY AND DEPRESSION

Present State	Experimental (N = 39) $\bar{x}$	S.D.	Control (N = 37) $\bar{x}$	S.D.	Significance (37 pairs) p<
Anxiety (A.G.A.)	14.89	6.43	15.12	6.15	N.S.
Depression (A.D.S.)	18.23	9.53	11.52	9.32	.005
Factor F (16 P.F.)	4.85	1.70	5.35	1.88	N.S.
Factor O (16 P.F.)	5.00	2.04	5.14	1.69	N.S.
Anxiety (16 P.F.)	5.58	1.24	5.36	1.43	N.S.
Neuroticism	5.83	1.55	5.71	1.21	N.S.
Recollection of Childhood					
Anxiety (A.R.G.A.)	17.33	6.46	16.46	6.81	N.S.
Depression (A.R.D.S.)	15.76	11.11	12.71	12.69	N.S.

(Wilcoxon matched pairs)

The Mothers. Table 14 shows the results for the mothers of the modified anxiety and depression scales, together with the results of the 16 P.F. (I.P.A.T.) on Anxiety and Neuroticism, and on Factors F and O, both of which are associated with the presence of depression.

TABLE 15

COMPARISON OF EXPERIMENTAL AND CONTROL GROUP MOTHERS ON THE 16 P.F. (C FORM)

		Experimental group (N = 39)		Control group		p value
		$\bar{x}$ score	S.D.	$\bar{x}$ score	S.D.	
16 P.F.						
M.D.	Motivational distortion	4.85	2.09	4.60	2.11	N.S.
A	Aloof — Sociable	5.26	1.92	4.14	1.76	.05
B	Dull — Bright	5.33	1.27	6.43	1.31	.01
C	Emotional — Calm	5.26	1.55	6.70	1.47	N.S.
E	Submissive — Dominant	6.10	1.96	5.76	2.30	N.S.
F	Glum — Enthusiastic	4.85	1.70	5.35	1.88	N.S.
G	Casual — Conscientious	4.95	1.92	5.24	2.20	N.S.
H	Timid — Adventurous	5.95	2.15	5.70	2.46	N.S.
I	Tough — Sensitive	5.70	1.88	5.76	1.53	N.S.
L	Trustful — Suspecting	5.49	1.81	6.03	1.53	N.S.
M	Conventional — Bohemian	4.28	1.95	4.51	1.75	N.S.
N	Simple — Sophisticated	5.33	1.82	6.14	1.73	N.S.
O	Confident — Insecure	5.00	2.04	5.14	1.69	N.S.
Q1	Conservative — Experimenting	5.46	1.81	6.57	1.85	.05
Q2	Dependent — Self-sufficient	5.00	1.93	5.90	1.86	.05
Q3	Unsure — Controlled	5.36	2.13	4.78	1.36	N.S.
Q4	Phlegmatic — Excitable	5.82	2.11	5.54	1.87	N.S.
Exvia		5.70	1.68	4.72	1.28	.05
Anxiety		5.58	1.24	5.36	1.43	N.S.
Cortertia		6.04	1.56	5.87	1.56	N.S.
Neuroticism		5.83	1.55	5.71	1.21	N.S.

Wilcoxon's rank test for correlated samples was used. Levels of significance are based on one-tail test of significance.

Of all these tests the Adult Depression Scale is the only one to differentiate between the two groups. This result supports the findings of Agras (1959) that the mothers of school refusing children are depressed and that their relationships with their children are characterised by the 'depressive-constellation' (Agras, 1959).

The remaining 16 P.F. scores suggest that, compared to the control group mothers, the mothers of the school refusing children are more outgoing (A), dull (B), conservative (Q_1), group dependent (Q_2) and extraverted (Exvia).

The Family. The Family Relations Test of Bene and Anthony (1957) was used to investigate certain aspects of family interaction.

TABLE 16

COMPARISON OF EXPERIMENTAL AND CONTROL GROUPS ON THE FAMILY RELATIONS TEST

Items	Experimental (N = 31) $\bar{x}$	Control (N = 25) $\bar{x}$	p value p<
Sent to mother			
— Positive	9.81	7.44	.10
— Negative	2.65	2.2	N.S.
— Total	12.52	9.52	.05
Sent to father			
— Positive	5.48	6.16	N.S.
— Negative	3.52	2.6	N.S.
— Total	9.00	8.68	N.S.
Sent to Mr. Nobody			
— Positive	13.29	15.8	N.S.
— Negative	13.90	16.08	N.S.
— Total	35.90	42.88	.10
Sent to self			
— Positive	0.58	0.48	N.S.
— Negative	1.29	1.48	N.S.
— Total	5.06	3.56	.10
Maternal and Paternal over-protection and overindulgence	3.39	1.6	.005

t-test for independent samples one-tail tests of significance

School refusing children sent a greater number of messages to their mothers, both positive and negative, than did the control group.

The groups did not differ in the number of messages sent to "father", "nobody" and "self".

DISCUSSION

There is the well known story of the drunk who was looking for his keys. When asked, "Why are

you looking for them here under the light when you lost them over there?" he replied, "Because it's dark over there and I can't see, so I'm looking for them here where I CAN see!"

In the literature reviewed in the introduction, it is seen that most studies report on a single or limited number of variables. However, in this study a wide range of variables was found to be relevant and this suggests that any specific claim of pathology may reflect not only a valid aspect of the phenomenon but also the writer's own choice in terms of where to look. To make better sense of the phenomenon of school refusal, a wider lens needs to be used to broaden the area of study and reveal a more meaningful picture.

In agreement with the literature, school refusing children were found to be anxious, depressed, introverted, neurotic and over involved with their mothers.

In contrast to the claims in the literature, this study found that school refusing children, as compared with regular attenders, have achieved lower levels of education, are of lower intelligence, came from larger families and have suffered more disruption in family life. Further, they have parents who are older, less intelligent, have completed less years of education and are of lower socio-economic status. The claim often made in the literature that school refusal and separation anxiety are synonymous was not supported in that twenty-five percent of the sample showed little or no evidence of separation anxiety.

The discrepancies between the findings in this study and those reported in the literature may be due to a series of inter-related factors. The operational definition used in the present study differs from those used in other studies in that it specifies criteria relating to minimal length of absence from school and also resistance to initial treatment. All other reports are based on data derived from samples attending clinics or hospitals at the time of investigation. The sampling procedure used in the present study resulted in inclusion of children not attending for treatment (thirty percent of the experimental sample). It may be that there are socio-cultural differences between school refusing children in Australia and school refusing children in the United Kingdom or the United States, where all of the previously mentioned other studies were carried out. Finally, objective measures and a control group were used in the present study, whilst many of the studies in the literature report clinical impressions only.

The mothers of the school refusing children were found to be less intelligent and more depressed than the control group mothers. However, they were also found to be more outgoing, group dependent and, generally, more extraverted. These findings are interesting in view of the fact that their children were found to be relatively withdrawn and introverted. Furthermore, the mothers in the experimental group were not found to be more anxious or neurotic, suggesting a relative lack of psychopathology. These findings are not in agreement with previous reports in the literature.

It is important to note that the only test that differentiated between the two groups in the expected direction was the Adult Depression Scale. This may be because it was the only clinical instrument which asks mother more or less directly about her depressive experiences. This contrasts with the 16PF which measures personality factors. It appears worthwhile to compare school refusal mothers with others by using established Depression Scales and/or clinically based instruments. To contrast and compare these results with those of personality scales would be valuable.

This finding of relatively minor disturbance in the mothers suggests the possibility that the pathogenic influence of the mother in school refusal may have been over-emphasised.

It may be that the apparently minor degree of disturbance in the mothers of school refusing children, when seen in the context of the family's functioning, indicates the partial success of the child's "symptom bearing" (Minuchin et al, 1975). Whilst the child's symptoms persist, other members of the family, in this instance mothers, are able to remain relatively symptom free.

Reports in the literature do not provide much empirical data relating to fathers of school refusing children, although clinical reports tend to describe fathers as uninvolved, of uncertain sexual identification, anxious and competing with their wives for the maternal role, passive and dependant, rigid and controlling, whilst at the same time highly insecure (Coolidge et al, 1957; Davidson, 1961; Goldberg, 1953; Hersov, 1960; Lippman, 1957; Thompson, 1948; Waldfogel et al, 1957). In this study, fathers were found to be of low intelligence, had low levels of education and occupational status, and many were separated from their families. Nonetheless, it is noteworthy that fathers were perceived by the school refusing children as important to them, and the Family Relations Test showed that the children's involvement with their fathers was not less than those in the control group families.

Thus, despite the adverse picture a father may present, his importance to his school refusing child should not be underestimated.

The school refusing children were found to be depressed on the basis of a direct self reporting measure, namely, the Children's Depression Scale. Their mothers also reported them as such. Their anxiety scores can be best understood as stemming from an underlying depressive factor. When given the opportunity to communicate their depression directly, these children were willing and able to do so.

The literature on masked depression has commonly described school refusal as a depressive equivalent, that is, the child is unable to express his depression directly but rather by refusing to go to school (Cytryn and McKnew, 1972; Glaser, 1967; Sperling, 1959; Toolan, 1962). The fact that the child was able to communicate his depression directly to the tester, suggests strongly that he was unable to do so previously because he was not asked in an appropriate way. Thus it appears that masked depression is not an intrapersonal or personal phenomenon, but rather, interpersonal. It takes a child who does not tell and others who do not ask for the depression to remain masked. This is a collusive social arrangement which helps to maintain the myth that childhood is a time of happiness. The failure of children to communicate their depression may be, partially at least, an expression of their loyalty to their parents and others who communicate their inability to cope with the shattering of this myth.

Parents, teachers and the lay public in general are not the only ones who adhere to this myth. Many in the helping professions also support it. Rie (1966) argued that for theoretical reasons it is impossible for children to be depressed. A recent review of the literature on school refusal (Gordon and Young, 1976) makes no mention of depression.

School refusing children with sudden onset were often reported as setting unrealistically high standards for themselves, as perfectionistic, and as displaying an inflated self concept. Such behaviour may result from the child's struggle with his depression without communicating it. It is unfortunate that no opportunity was given to him to communicate his difficulties more directly, thus counteracting a process which eventually leads to school refusal.

The results have been interpreted as showing that depression is more significant and central than anxiety in school refusing children and their mothers. The sample studied was of long term school refusers. Whilst there is pressure to attend school, and attempts continue to be made to return the child to school, then anxiety is high. Once school refusal sets in, this further reinforces the depressive experience of the child, the mother and perhaps the whole family, and depression rather than anxiety becomes foremost.

The self reports of the school refusing children are generally in agreement with the way their mothers perceive them. However, mothers of regular attenders report their children as considerably less depressed than the children report themselves. The most obvious explanation of this is that the school refusing child's behaviour is deviant and worrisome to his mother, and she over focusses on how the child feels, whilst the mothers of regular attenders may respond to their children's unhappiness from an adult's perspective, and not take it so seriously. The close agreement between mothers and school refusing children is further evidence of their over involvement and mutual dependence so often reported in the literature.

This study explored group differences between school refusers and regular school attenders. This should not obscure the fact that very significant intragroup differences exist in the school refusers. No single variable applied universally to all the school refusing children. A significant number of these children did not suffer from separation difficulties, others were not depressed, some were not anxious, etc. Not only are there differences within the group in relation to the child, but also in the parents, social class and so on. To illustrate this point, the following two cases are quoted:

> Late in 1981, a mother of one of the boys from the school refusing sample rang. When therapy terminated with her son, the therapist had said: "The trouble in my profession is that one usually hears when things go wrong, not right." She decided to ring to say things had gone right: her son had just been given a lectureship at a university. It seems it took eleven years for mother to believe that therapy was at last successful and had achieved the family's aim.

The record shows that this family's expectations of the child, and also his own, were exceptionally high. The child was very hard working and did brilliantly at school. Father was headmaster of a secondary school. The school refusal of this boy was devastating to the whole family and went against their values, tradition and culture.

> In 1970, as part of the study, a home visit was made to another school refusing boy. The family lived in the maternal grandmother's derelict

rented house in a poor inner suburb. Both parents were illiterate and father drank to excess. The house was full of people, including numerous siblings and other members of the extended family. To this boy and his family, not attending school was of no concern. In fact, since school failure and non-attendance was part of the family's background, his school refusal was expected and accepted.

The intergroup differences involve a wide and complex range of variables. Some are expected — such as the school refusing child's anxiety and introversion; others are unexpected — such as the fact that parents are older, of lower social class, and less intelligent. Socio-cultural differences emerge between the two groups in spite of an attempt to control for them, and this testifies to their significance. In all areas of investigation, differences were found which strongly suggest that school refusal is one expression of a dysfunctional social system.

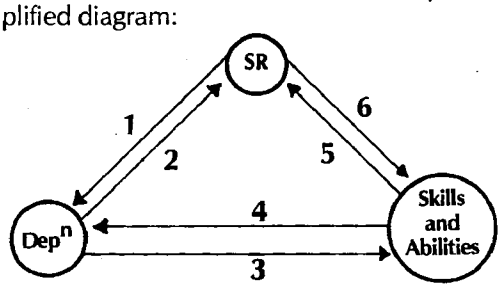
An attempt will be made to describe the properties of this social system. In doing so, the results of this study will be integrated with clinical experience and the relevant aspects of the literature on school refusal.

System theory suggests that, in a dysfunctional social set, problems and difficulties appear in different parts and levels.

Level 1 : THE CHILD:

The school refusing child is depressed, anxious, neurotic, shy, introverted etc. Depression has been regarded as the most central and significant of these "pathological personality features". For simplicity, only depression will be discussed, although any of the other features could be substituted or included.

The child is also less intelligent, attains a lower level of education and presumably is deficient in his social as well as academic skills. In fact, his skills are objectively inadequate and/or poor when assessed against his family's and his own expectations. It is therefore proposed that a feed-back loop exists between school refusal, depression and the child's skills and abilities. This is illustrated by an oversimplified diagram:



1. SR — Dep^n:
   Inability to attend school reinforces the child's feelings of worthlessness. His belief that he is not as good as other children further increases his social isolation and augments his feeling of guilt.
2. Dep^n — SR:
   The child's negative self concept leads him to believe that he is not as good as other children, making school attendance difficult. His intense unhappiness makes him cling to his mother and renders him unable to mobilise energy to cope with school demands. His preoccupation with sickness and death keeps him awake at night; he is then tired and not up to going to school.
3. Dep^n — Skills and Abilities:
   The child's feeling of misery and tiredness, and his low opinion of himself, affects his actual performance as well as making it difficult for him to acquire new abilities and skills commensurate with his age.
4. Skills and Abilities — Dep^n:
   His poor skills and abilities confirm his negative self concept and increase his depression and social isolation.
5. Skills and Abilities — SR:
   Inadequate skills and abilities, actual or perceived, make the child unable to cope with academic, social and emotional demands of school, predisposing him to giving it up.
6. SR — Skills and Abilities:
   School refusal further reduces his social, academic and emotional capabilities and confirms his label as a social deviant, making it more difficult for him to cope with peers and teacher.s

Just a few examples of the above diagram have been mentioned. Other elements in the child's functioning can be fitted into such a circular system.

Level 2 : THE FAMILY

The literature describes mother and child as over involved and mutually dependent. This study found evidence of the child's over involvement with his mother, maternal over protection and over indulgence. The literature often describes father as weak, inadequate, uninvolved and withdrawn. This study finds many fathers to be physically absent from home. Obviously these two observations are interdependent. Mother and child gravitate towards each other in response to father's withdrawal or actual absence. He moves out, feeling excluded from that close relationship.

From a structural family therapy perspective (e.g. Minuchin, 1974) there is a failure of the parental sub-system to exercise appropriate executive control. This leads to the child overestimating his power and the development of an unrealistic self concept. This has frequently been described in the literature. There is also a poor marital sub-system with a crossing of the generational boundaries where the child replaces the father. There is clinical evidence to show that, not only does this occur between mother and her child, but also between mother and her parents. Commonly, alliances in school refusing families are stronger in the vertical than the horizontal direction, i.e. alliance between parents and children are stronger than between spouses. Thus school refusal is a multi-generational phenomenon.

The enmeshment between mother and child often excludes not only father but also the siblings, resulting in a poor sibling sub-system. Often the family colludes to present the school refuser as the only person with problems or at least the only child with problems.

A fourteen-year-old boy who had refused school for a long time came to therapy with his parents. They freely described his depths of depression, his nightmares, and his profound social anxiety. He slept with his mother, and father regularly slept in the lounge. Father worked sixteen hours a day and was a successful business man. The son would not have anything to do with his father since he and his work were "dirty.".

They described numerous examples of parental and marital conflict. However, the seventeen-year-old sister was not mentioned spontaneously. After strenuous efforts by the therapist, she also came to the third interview.

The school refusing boy was then seen by himself, and in the second session he revealed the "trivial" fact that one year earlier his sister had made a serious suicide attempt.

Whilst the most common cross-generational coalition is between mother and son, this is by no means the only one. Other combinations frequently occur e.g. father and son, mother and daughter, etc.

Level 3 : BEYOND THE FAMILY

School refusal is influenced by the educational system in general, and school in particular, society's attitude and economic factors. These influences have tended to be overlooked in the literature. The evidence from this study testifies to their importance.

Ian, a ten-year-old, was referred for school refusal, depression and threatening suicide. The family was "typical" in that mother was anxious, depressed and agraphobic; father drank to excess, worked nights, and his withdrawal was linked to the mother/son over involvement.

On the fourth interview it was found that Ian had a very rough time at school. There was a protection racket and Ian was bullied, having had his lunch and his money consistently taken from him. Father had wished to intervene, but was stopped by his wife, who feared his "terrible temper".

The therapists negotiated an agreement with the family in which father and son would go, directly after the session, and visit the gang leader at his home. This move proved successful. Father's role in the life of his son and the family became significant, mother's anxiety decreased and Ian returned to school.

There is no doubt that often school can be a very cruel place. The pupils can be rough bullies, the teachers ineffectual, disinterested and at times harsh. For the sensitive, shy, introverted, rule bound child with psychosomatic symptoms, school often is sheer hell (Klein, 1945).

In our society, education is compulsory and non-attendance at school is almost invariably assumed to be "pathological". Thus, it is almost unheard of for a child or a family to question the importance or wisdom of attending school. The rare exception may be when a family has the financial resources, status and courage to try and buck the system.

In one family currently being seen, the daughter is a chronic school refuser. She has had "treatment" in numerous agencies. Both parents are ailing and aged and the daughter stayed home to help and look after them.

The therapist suggested that non-attendance at school and caring for the parents was a wise solution to the problem. They mildly protested for a while, eventually accepting it. The result was an improvement in functioning in both the daughter and her parents.

In many societies, children are expected to look after their parents in their old age. In our society it is "healthy" to go to school and send our aged parents to an old people's home.

In this study, many of the school refusing families are characteristed by older parents, low intelligence and education, large families and poverty. In such a family, if the fourteen-year-old boy sees his mother struggling with many children and his father drinking, it may be very difficult for him — as well as

for his family — to see the relevance of continuous attendance at school. For that matter, many professionals, whose task it is to help the child to return to school, may also have difficulty in seeing the advantage of schooling to this child and his family.

Most school refusing families are very close. They display little mobility from generation to generation, often living in the same house or next door. Further, "schooling" goes against their traditions in that it prepares the child to lead an independent life away from home and family. Such families could be thought of as "sick or pathological", but one hundred years ago they represented the norm and are still the norm in most traditional societies. It is likely that their refusal to change with the times is an index of wisdom and health, not pathology. These families perceive the "agents" of the educational system as "dangerous". From their perspective, this is totally justified. Thus, in this instance school refusal is an expression of a cultural clash.

Bateson (1979) says reality is continuous and is not chopped up. For convenience, the three levels of the social system were devised to make it easier to map the territory. However it is self evident that each level is dependent on and affected by the other levels.

THERAPEUTIC CONSIDERATIONS

1. Depression in the school refusing child should always be suspected.
2. The child is able and willing to communicate his depression directly. The C.D.S. is a useful and appropriate instrument through which to achieve this.
3. It is likely that the parents are aware of his depression and are able to communicate it. The C.D.S. Adult Form is useful here.
4. A feedback loop exists between the school refusal, the depression and the child's skills and abilities. Any intervention that can disrupt this loop will be useful e.g. in long standing school refusal, legitimising it by recommending correspondence schooling may achieve this.
5. A feedback loop exists between father's withdrawal and the over-involvement between the school refusing child and his mother. Reversal of this pattern of interaction may prove useful.
6. Poorly functioning parental, spouse and sibling sub-systems should be suspected, and attempts at remedying these should be considered.
7. The multi-generational nature of the phenomenon should not be overlooked.
8. Influences beyond the family e.g. school, economic factors, social and cultural attitudes should be taken into account.
9. School refusal is a complex phenomenon involving many variables, and can be conceptualised as a dysfunctional social system involving the child, the family and the wider social context.
10. The phenomenon of school refusal is subject to significant and wide individual differences. It is important to ascertain the relative contributions made by the various parts and levels of the system to the individual case. This would lead to a richer, more appropriate understanding and a widening of the range of possible therapeutic interventions, thus enhancing the likelihood of change.

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