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A case study of ten school-avoidant students

Mary Anderson Richards

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A case study of ten school-avoidant students

Richards, Mary Darlene Anderson, Ph.D.
Iowa State University, 1993

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A case study of ten school-avoidant students

by

Mary Anderson Richards

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1993

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER I. INTRODUCTION TO THE STUDY</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of the Problem</td>
<td>1</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>4</td>
</tr>
<tr>
<td>Significance of the Study</td>
<td>5</td>
</tr>
<tr>
<td>Methodology</td>
<td>7</td>
</tr>
<tr>
<td>Assumptions</td>
<td>11</td>
</tr>
<tr>
<td>Limitations</td>
<td>12</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>13</td>
</tr>
<tr>
<td>Organizational Structure of the Study</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER II. REVIEW OF THE LITERATURE</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>17</td>
</tr>
<tr>
<td>School-avoidance Behavior</td>
<td>17</td>
</tr>
<tr>
<td>Classification Systems of School-avoidance Behavior</td>
<td>26</td>
</tr>
<tr>
<td>Epidemiology of School-avoidance Behavior</td>
<td>34</td>
</tr>
<tr>
<td>Theories of School-avoidance Behavior</td>
<td>41</td>
</tr>
<tr>
<td>Treatment Paradigms of School-avoidance Behavior</td>
<td>48</td>
</tr>
<tr>
<td>Overview of Self-esteem</td>
<td>56</td>
</tr>
<tr>
<td>Overview of Qualitative Research</td>
<td>73</td>
</tr>
<tr>
<td>Researcher as the Instrument</td>
<td>76</td>
</tr>
<tr>
<td>Case Study Approach</td>
<td>77</td>
</tr>
</tbody>
</table>
CHAPTER III. METHODOLOGY  
Introduction  79  
Selection of Participants in the Study  79  
Design  84  
Data Collection  85  
Data Analysis  88  
Instrumentation  94  
Definition of Self-esteem  95  
Hypothesis  95  
Instrument  96  
Test Statistic  97  
Summary  97  

CHAPTER IV. ANALYSIS OF DATA  
Introduction  99  
Ten Case Studies  100  
Research Question 6  169  
Factor Analysis  171  
Analysis and Generalizations  180  
Summary  187  

CHAPTER V. SUMMARY AND RECOMMENDATIONS  
Implications for Educators  189  
Identified Concerns and Recommendations for Education  198
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIBLIOGRAPHY</td>
<td>207</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>223</td>
</tr>
<tr>
<td>APPENDIX A. FAMILY, DEVELOPMENTAL, MEDICAL, AND EDUCATIONAL HISTORY FOR CHILDREN AND ADOLESCENTS</td>
<td>224</td>
</tr>
<tr>
<td>APPENDIX B. IOWA STATE UNIVERSITY HUMAN SUBJECTS FORM</td>
<td>231</td>
</tr>
<tr>
<td>APPENDIX C. INTERVIEW QUESTIONS</td>
<td>234</td>
</tr>
<tr>
<td>APPENDIX D. SAMPLE OF A WORD FREQUENCY LIST</td>
<td>236</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1. Demographics of the Criterion Group of 10 School-avoidant Students 100

Table 2. Statistical Data on Self-esteem Quotient Scores for School-avoidant Experimental Students (n = 10) Versus School-accepting Control Students (n = 10) 170

Table 3. Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Emily 173

Table 4. Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Luke 173

Table 5. Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Kate 174

Table 6. Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Thomas 175

Table 7. Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Shannon 175

Table 8. Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Craig 176

Table 9. Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Beth 177

Table 10. Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Don 177
Table 11. Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Becky

Table 12. Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Charles
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1.</td>
<td>School Avoidance Checklist</td>
<td>194</td>
</tr>
<tr>
<td>Figure 2.</td>
<td>Separation Anxiety Cycle</td>
<td>197</td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION TO THE STUDY

All the world’s a stage,
And all the men and women merely players:
They have their exits and their entrances;
. . . At first the infant, . . .
And then the whining school-boy, with his satchel
And shining morning face, creeping like snail
Unwillingly to school.
William Shakespeare (1598)

School, it has been said, is the work of the child and school-avoidance behavior interrupts a crucial psychosocial process. It may traumatize children, families, educators, and rob society of fully functioning members for several generations. Early diagnosis and treatment is essential if the damage done by school avoidance is to be halted.

Statement of the Problem

Too frequently the research literature revealed an unsympathetic response to students with school-avoidance behavior. Some examples included Leventhal and Sills (1964) who described the victims of school avoidance as "overvaluing themselves" (p. 686); Coolidge, Tessman, Waldfogel, and Willer (1962) emphasized the school-avoidant students’ "inflated sense of omnipotence" (p. 319); and King and Ollendick (1989) wrote of them as being "non-compliant" (p. 459). But, also in
the 1960s, parallel observations were being recorded. Kennedy (1965) realized a delayed response exacerbated school avoidance and even impaired the functioning in future generations. In 1973, Lassers, Nordan, and Bladholm noted, "children who do go back to school seem to improve rapidly, while those who remain at home become increasingly anxious, so that it becomes more and more difficult to return them to school at a later date" (p. 265). A single factor approach which only focused on the child or adolescent has not been satisfactory to assess school-avoidance behavior. The research literature has historically attempted to pinpoint a single cause for school-avoidance behavior and therefore may not have recognized the importance of the multifactorial approach. The anguish of school-avoidance behavior requires teamwork from the teachers, parents, community mental health professionals, and peer groups to assist the student to return and stay in school (Gittelman, 1976). Heath (1985) called for a need to assess the family, and La Greca (1990) suggested researchers obtain information directly from the child and the adolescent with school-avoidance behavior. Professionals should not rely exclusively on reports from parents and teachers involved in the student's life nor solely on observational assessments.
But no education tool that describes the various reasons for school-avoidance behavior has been developed for the identification and assessment of school avoidance. Teachers, school counselors, and families responded to the problem of school avoidance on an individual basis; success and failure alike were haphazard and unpredictable. According to King and Ollendick (1989), there was a need for research on the role of teachers and allied staff in the identification and management of children and adolescents who exhibited school-avoidance behavior. Hayward and colleagues (1992) in their study with sixth- and seventh-grade girls found an associated risk for developing depression and agoraphobia if there was a delay in identification of school avoidance. The possibility was raised that school avoidance was preventable. Correct recognition of school-avoidance behavior in children and adolescents allowed for early detection and intervention which should help prevent the pattern of chronic school avoidance and lowered self-esteem that students with untreated school avoidance frequently developed. Gordon and Young (1976) found in their research that the lack of assessments of the children's and adolescents' perceptions of the school environment and/or their social interactions with peers and educators represented a serious flaw in our knowledge about school-avoidance behavior.
According to Trueman (1984), the number of research articles on the characteristics of children and adolescents with school avoidance is limited. He further stated that a need exists for studies to be undertaken on all aspects of school-avoidance behavior. "However, the number of articles published seems to be declining. It is unfortunate that a disorder that occurs in all school settings does not receive the attention it deserves" (p. 200).

Purpose of the Study

The purpose of the study was to examine the course of school-avoidance behavior and to provide information to educators and parents about the criteria for early identification and school-based assessment of school avoidance, and its critical link to self-esteem. There is a need for school professionals to differentially diagnose school-avoidance behavior from school truancy and to delineate the various reasons for school avoidance. The failure to identify school-avoidance behavior may result in a protracted psychosocial developmental delay for the school-avoidant student.

Specifically, the study attempted to answer the following research questions:
What are the characteristics of school-avoidance behavior as exhibited by the school-avoidant children and adolescents?

What is unacceptable about the school environment to the school-avoidant students?

What are the parents' patterns of interaction with their school-avoidant children and adolescents and with the school environment?

What are the attitudes and perceptions of the educators who are involved with the school-avoidant students?

What strategies are used by the teachers and school counselors in the intervention process of school-avoidance behavior?

Do school-avoidant children and adolescents have a lower level of self-esteem than students who are accepting of the school environment?

Significance of the Study
Every member of the education community has a role in the education of students. Teachers, school counselors, administrators, associate teachers, school nurses, school social workers, school psychologists, and other allied staff need to be empowered to create a supportive learning environment conducive to learning; therefore, timely action
can and must be taken when the educational and psychosocial
needs of the students are not being met. According to
Alexander Astin (1991),

In its broadest sense, the environment encompasses
everything that happens to a student during the course of
an educational program that might conceivably influence
the outcomes under consideration. The environment thus
includes not only the programs, personnel, curricula,
teaching practices, and facilities that we consider to be
part of any educational program but also the social and
institutional climate in which the program operates.
(p. 81)

Therefore, classroom teachers cannot wait for private practice
professionals or agencies to identify the students who exhibit
school-avoidance behavior. Cohen, Kasen, Brook, and Struening
(1991) found that when parents seek help about their child’s
emotional or behavioral problems, they are more likely to
approach a teacher than a mental health professional.
Conversely, it is essential that teachers encourage the
parents to participate in the management of the child’s
behavior in the school and home environment.

This study will help to identify students with
school-avoidance behavior. Educators will be provided with
information so they may become more capable of early detection
and more aware of the importance of prompt interaction with
parents and mental health professionals. A basic knowledge of
the early warning symptoms is provided to educators and
parents to help them develop an awareness of the
characteristics of school avoidance and to enhance their empowerment by taking immediate action.

Methodology

A case study design was selected for the study of school-avoidance behavior as experienced by students, their parents, and educators. Goetz and LeCompte (1984) stated the case study model is appropriate for the in-depth examination of one or more instances of some phenomena. The authors wrote:

The central qualitative design tradition . . . is the . . . case study. . . . Although the clinical interview constitutes the core of data collection in this tradition, it is supplemented by pain-staking observation, by interviews with others significant to the . . . subjects. . . . psychometric instruments, by interpretive examination of public and private documents, and by introspective analysis of the . . . researcher's own responses and experiences. (p. 24)

To analyze the attitudes and perceptions of the school-avoidant students and the involved educators and parents, Mishler's (1991) framework was used for interviewing research participants. Mishler's model was selected for this study because it was qualitative; interviews were defined as speech events with a "particular type of discourse regulated and the interviews were guided by norms of relevance that are a part of the speaker's shared linguistic competencies as members of a community" (p. 137). The emphasis was on questioning and answering as spontaneous speech rather than on questions and answers as "decontextualized stimuli and responses" (p. 137).
The empirical materials included the transcripts of audio-recorded interviews. The raw data consisted of the quotations that reveal individuals' thoughts. The recorded interviews were transcribed. The aim was to empower the voices of the participants in the research study and the individuals' cultural and contextual understanding of their problem in their own words.

The research of Edelbrock, Costello, Dulcan, Conover, & Kala (1986) suggested that children were better informants of symptoms related to internal experience such as depression and anxiety; whereas, parents and teachers more accurately reported externalizing symptoms such as tantrums and fighting. Interviewing the child or adolescent alone is important whenever possible. Therefore, the ecological model as advanced by Bronfenbrenner (1979) was used to assess the complex interactions between the children's and adolescents' development and behavior and the environments in which children and adolescents participate such as their homes, schools, and communities. Because children's and adolescents' behaviors vary with different persons within a setting and among several settings, the assessment included naturalistic observations of the children's and adolescents' behaviors at home and their interaction or lack of interaction with the schools.
Data collection procedures consisted of conducting interviews with 10 school-avoidant students, their parents, and a representative of the school system who was involved in the educational process of the students. The Self-Esteem Index (Brown & Alexander, 1991) was administered to the school-avoidant students and to a control group matched according to gender and grade level from the same school. The students in the control group were accepting of the school environment. The diagnostic assessment included a developmental and medical history provided by the parent, and an educational history which included attendance, grading, and psychological testing records. (See Appendix A.)

Bird, Gould, and Staghezza (1992) in their Child Psychiatry Epidemiological Research study found that it was highly desirable to obtain data from multiple informants to arrive at a diagnosis when working with children and adolescents. The informants generally considered were the children themselves, their parents, and their teachers. According to the authors, mental health professionals may be reassured that the diagnosis will likely be accurate when two or more of the informants provided concurring information.

Information was gathered by visitations in each of the participants' homes and school environments. Material gathered during the visitations included audio cassette
recordings, field diary notes, and artifacts such as records of attendance, marks, psychological testing, and homework assignments. The purpose of the interview was to provide a source of understanding and evidence of the reasons for the school avoidance and what behaviors had been observed by the parent(s), teacher, and/or school counselor.

The selection of the 10 participants consisted of those school-avoidant students who had been diagnosed by mental health professionals as unwilling to go to school and/or having difficulty remaining in school. Rural, urban, and suburban areas were represented. Written consent was given by the student and his or her parent(s) to participate. Confidentiality was protected by using pseudonyms in the research study.

Computer-assisted content analysis identified statements that directly or indirectly described the students' fear of going to school and/or fear of leaving home. These statements became the unit of analysis designed to allow patterns to emerge from the data. The patterns were collapsed or differentiated throughout the analysis as relationships among the data were identified. Each interview transcript was reviewed and coded for the presence or absence of evidence indicating a student had experienced each pattern that had been identified. A frequency count of all words was made.
In *The Enlightened Eye*, Eisner (1991) suggested that when "The researcher wants to describe the meaning of an event, observation and interview are likely to be the appropriate methods and qualitative description and interpretation the most appropriate vehicles" (p. 205).

Assumptions

1. Information provided by children is unique and cannot be reproduced by any other method. Parents and teachers can provide valuable and accurate data, but they are not synonymous with child reports, especially in the affective domain. According to the meta-analytic study by Achenbach, McConaughy, and Howell (1987), the low correlation between the information provided by adult informants and the children's self-reports suggested that child and adult reports are not interchangeable and that each provides information not available from the other. A more accurate understanding of school-avoidance behavior may be obtained by considering the statements from parents, teachers, school counselors, and the school-avoidant students.

2. As reported by La Greca (1990), children differ from adolescents, none of whom are like adults. A notion of developmental research has been that children and adolescents differ in many ways throughout their life span. These qualitative and quantitative similarities and differences have
an impact upon the information the students can report and the methods for collecting data.

3. The students will have honest self-disclosure about how they think, feel, and perceive the school environment and the family dynamics.

4. The school-avoidant student is diagnosed correctly by the mental health professionals.

Limitations

The limitations of this study were as follows:

1. The student participants were from public schools limited to a midwestern state.

2. The small sample size of 10 students may limit the generalizability of the study for external validity. The experimental and control groups were not representative of the population in regard to sex, race, and socioeconomic status which will be a threat to external validity.

3. Response effects, as defined by Dijkstra and van der Zouwen (1982), are characterized by the distortions of the effects of variables such as the expectations and attitudes of the interviewer, whether the question is asked in a positive or negative framework, and the sequence of questions. According to Mishler (1991), the aim is to ascertain the participants’ "true opinions and to minimize possible distortions and biases in responses that may result from
question or interviewer variables that interfere with the respondents' abilities or wishes to express their real or true views" (p. 15).

Definition of Terms

1. **Separation Anxiety:** The Diagnostic and Statistical Manual of Mental Disorders (3rd ed., rev.) of the American Psychiatric Association (1987) defined the essential feature as excessive anxiety for at least two weeks about separation from a major attachment figure and/or home. The diagnostic criteria for the disorder include nine symptoms, only three of which must be met to receive the diagnosis. Other features include: unrealistic worry about possible harm befalling the person when the attachment person is not present; persistent reluctance to leave the attachment person or the home; persistent reluctance to go to sleep without being near the attachment person; persistent avoidance of being alone; complaints of physical symptoms such as stomachache, nausea, headaches in anticipation of separation from the attached individual, complaints of distress in anticipation of separation from the attachment person or the home.

2. **School phobia:** "A term used when a child, usually in the early elementary grades, unexpectedly and strenuously refuses to attend school because of some irrational fear. The
underlying psychopathology is believed to be an intense separation anxiety rooted in unresolved dependency ties" (Werner, Campbell, Frazier, Stone, & Edgerton, 1980, p. 122). The diagnostic criteria include: fear of going to school, anxiety, somatic complaints, prolonged absence from school, and the parents having knowledge of, and to some extent, cooperating in, the child's presence at home (American Psychiatric Association, 1987).

3. **Self-esteem:**

Self-esteem is the way the students value and perceive themselves. Self-esteem is a learned characteristic that is acquired inferentially. It grows out of life experiences and is based in large measure on the comments, perceptions, and actions of the people around them. Of particular consequence are the things that the students experience with or are told by the important people in their lives—family members, friends, teachers, and classmates (Brown & Alexander, 1991, p. 3).

4. **Syndrome:** "A set of concurrent things (as emotions or actions) that usually form an identifiable pattern" (Webster's New Collegiate Dictionary, 1977, p. 1183).

5. **Chronic nonattendance:** The student is absent from school for 10 school days or more and the cause is not due to a physical or emotional illness that can be diagnosed by a physician.

6. **Truancy:** The student is absent from school without permission of the parents and/or the school. The parent may
not have knowledge that the student is absent until notification from the school.

7. Fear: Fear is the cognitive, autonomic, affective, perceptual, and behavioral response to objective danger. "The term fear is derived from the old English word *faer*, which means peril" (Husain & Kashani, 1992, p. 99).

8. Anxiety: Anxiety is the fear response in the absence of objective danger. "Anxiety is derived from the Latin word *anxius*, which means troubled" (Husain & Kashani, 1992, p. 99).

9. Separation: Separation is a process of differentiating oneself from the parents or guardians, and is an essential phenomenon of normal growth. The premise is that healthy personality development is dependent on an early satisfying relationship with the parent(s) or guardian succeeded by a gradual process of separation.

10. School belly: The individual complains of a mild to moderate discomfort of abdominal pain for which there is no known or identifiable physical basis prior to going to school or upon approaching and entering school. The psychophysiological response may be accompanied by nausea, vomiting, headaches, diarrhea, low grade fever, dawdling, or late arrival to school.
Organizational Structure of the Study

The study is organized into five chapters. The first chapter introduces the problem to be studied, delineates the research questions, and presents the methodology, limitations, and terms of the study for school-avoidance behavior. Chapter II consists of a review of the school-avoidance literature and provides a theoretical foundation for the study. The focus of Chapter III is on the methodology of the qualitative study, and Chapter IV analyzes the data collected from the children and adolescents, the involved parents, educators, and school counselors. The final chapter summarizes the findings of the study, discusses the implications of the findings for the understanding of the reasons for school-avoidance behavior and school-based evaluation, assessment, and treatment of school-avoidance behavior, and makes recommendations to educators for recognition of school-avoidance behavior.
CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The purpose of this study was to examine the course of school-avoidance behavior and to develop criteria for the early school-based identification and assessment of school-avoidance behavior. A review of the literature relevant to the historical study of school avoidance is presented in this chapter. The literature review is organized into three major sections. The first section presents a historical review of school-avoidance behavior, the second section presents an overview of the literature on self-esteem, and the third section is an overview of qualitative research.

School-avoidance Behavior

School avoidance is a syndrome appearing at different ages and developmental stages in a child's or adolescent's life during the period between school-entry and school-departure (Bakwin, 1965). The reasons for school avoidance may vary with the developmental stages; each child and each adolescent must be understood in terms of his or her previous development. The relations and interactions with mother, father, siblings, peers, and teachers are revealed in the dynamics of the family and school.
To be frightened on entering school is not necessarily problematic. Most children demonstrate this stress through psychophysiologic responses such as a minor tachycardia (Schmitt, 1971). For some children, however, school entry is more than normally difficult. The ecological and etiological factors vary with age, school setting, family factors, and level of development in the individual child. School avoidance may occur within a broad continuum, and the symptoms which emerge depend upon the individual's developmental stage. School-avoidance behavior is a serious emergency, not because it is life-threatening, but because the longer the child is out of school, the more severe her or his social and educational impairments become (Eisenberg, 1958). The home and school are linked through the child and adolescent.

School avoidance, school truancy, school phobia, school refusal, and separation anxiety are examples of the varying terms that have been used by researchers and clinicians to define school-avoidance behavior. The terms "school refusal" and "school phobia" have indicated a fear of the school environment; whereas, separation anxiety referred to a difficulty separating from parents (Burke & Silverman, 1987).

In his classical paper, *Analysis of a Phobia in a Five-Year-Old-Boy*, Freud (1926) reported on his analysis of phobic formation in little Hans. The initial phobia of Hans
was directed to a horse; however, the phobia represented the father. Freud hypothesized that Hans had hostile feelings toward his father regarding the rivalry for the mother's affection. The treatment was provided by Hans' father at the suggestion of Freud who corresponded by letter with the father.

Freud wrote in 1926:

Phobias have the character of a projection in that they replace an internal, instinctual danger by an external, perceptual one. The advantage of this is that the subject can protect himself against an external danger by fleeing from it and avoiding the perception of it. . . . Thus what happens in a phobia in the last resort is merely that one external danger is replaced by another. . . . The mechanism of phobia does good service as a means of defense and tends to be very stable. (p. 126)

At the beginning of the 20th century children absenting themselves from school were regarded as truants. Compulsory school attendance provided a framework for the major part of the child and adolescent's life (Kahn & Nursten, 1962). In 1932, Broadwin made the first attempt to describe the behavioral characteristics of children "suffering from a deep-seated neurosis of the obsessional type" (p. 254) and classified them into two groups: neurotic and truant. In synthesis, his description was:

The child is absent from school for periods varying from several months to a year. The absence is consistent. At all times the parents know where the child is. It is with the mother or near the home. The reason for the truancy is incomprehensible to the parents and the school. The child may say that it does not know why it
will not go to school. When at home it is happy and apparently care-free. When dragged to school it is miserable, fearful, and at the first opportunity runs home despite the certainty of corporal punishment. The onset is generally sudden. The previous school work and conduct had been fair. (p. 254)

It was nine years later that Johnson, Falstein, Szurek, and Svendsen (1941) coined the term "school phobia" to describe the condition that Broadwin classified as neurotic. In their study of eight children, the emotional state described was a mother and child involved in a dependent and hostile relationship, the main characteristic of which was an intense need to be close together. The focus was on the school as the source of the fear.

The outstanding common factors in initiation of the school phobia which seem to be operating in all 8 cases are, first, an acute anxiety in the child, which condition may be caused by organic disease, or by some emotional conflict manifested in hysterical, hypochondriacal, or compulsive symptoms precipitated by arrival of a new sibling, promotion in school, etc. Second, and equally important, an increase of anxiety in the mother due to some simultaneously operating threat to her satisfactions, such as sudden economic deprivation, marital unhappiness, illness, etc. Third, there seems always to be a striking poorly resolved early dependency relationship of these children to their mothers. (p. 703)

As described by Waldfogel, Coolidge, and Hahn (1957), the term "school phobia" referred to a reluctance to go to school as a result of a morbid dread of some aspect of the school situation. The fear may be attached to the teacher, the other children, the janitor, eating in the lunchroom, or almost any
detail of the school life. It was invariably accompanied by somatic symptoms, usually involving the gastrointestinal tract (Schmitt, 1971), but sometimes including some diverse symptoms such as sore throat, headache, or leg pains (Miller, 1972). The somatic complaints were used to remain at home, and they often disappeared once the child was assured that he or she would not have to attend school (Eisenberg, 1958). The most typical picture was that of a child nauseated and vomiting at breakfast or complaining of abdominal pain, resisting all attempts at reassurance, reasoning, or coercion to get him or her to attend school (Marine, 1973).

The term "school phobia" was used by those who explained the behavior in terms of individual psychopathology based on the classical psychoanalytic theory of phobic symptom formation. The externalization of frightening impulses and their displacement onto a previously neutral object or situation such as the school or a teacher was then avoided (Eisenberg, 1958).

In 1948, Warren described a disorder in which children refused to go to school and he labeled this "school refusal." He found the children suffered symptoms of acute anxiety, depression, obsessions, and hysteria.

Warren (1948) and Hersov (1960), in their studies, compared the differences between truants and children who
refused to go to school. Truants were diagnosed with conduct disorder while those who refused to go to school were classified as neurotic. Glasser (1959) differentiated school-avoidance behavior from truant behavior. Quoting Glasser:

These youngsters, in a calculated way, without apparent fear of school, somatic or behavioral symptoms, simply avoid going to school (truants). Often they will leave their home, hide out all day and return home at the time of the regular school dismissal, thus avoiding discovery by the parents. They do not show difficulties on leaving the home, or run home when not attending school, as the phobic child will. (p. 373)

Estes, Haylet, and Johnson (1956) suggested school phobia was a misnomer in that the basic fear is not of the school but "actually it is separation anxiety which occurs not only in early childhood but also in later years" and the "essential problem lay in an unresolved, mutual dependency relationship between mother and child" (p. 682). Estes et al. (1956) abandoned the term "school phobia" and emphasized the children's manifested anxiety subsequent to separating from their mothers. They identified the children and mothers with separation anxiety problems from the truants. Johnson and her colleagues (1941) focused on the mother-child relationship and temporarily ignored the broader clinical field. The term "school phobia" was replaced with "separation anxiety disorder" for the purpose of emphasizing the underlying...
psychopathology. This helped to clarify and reduce confusion created by the former term.

Eisenberg (1958) collaborated with Estes et al. (1956) in stating that school phobia was a variant of separation anxiety. The proponents of the term "separation anxiety" encouraged a rapid return to school regardless of distinctions within the syndrome (Eisenberg, 1958; Rodriguez, Rodriguez, & Eisenberg, 1959). Eisenberg (1958) and Rodriguez et al. (1959) used the term "separation anxiety" as a descriptive identification of the basic fear of separation from the mother. In contrast, psychoanalytic theory held that anxiety resulted from the threat that unconscious thoughts and feelings erupted into conscious awareness. Anxiety was related to the threat that a school situation increased the likelihood of this eruption (Gardner, 1992).

A controversy continues about the term "school phobia." Researchers (Berney et al., 1981; Coolidge, Hahn, & Peck, 1957; Davidson, 1961; Radin, 1968; Reger, 1962; Vaughn, 1954) state the term "school phobia" is a misnomer and that the disorder results from fear of separation from the mother and not fear of school. This distinction is important in determining etiology and treatment of school-avoidance behavior.
Bowlby (1973) suggested the term "pseudophobia" to describe the child's fear of losing his or her mother rather than the fear of school. Bowlby's theory was first incorporated into the American Psychiatric Association (1980) Diagnostic and Statistical Manual's criteria for diagnosing separation anxiety disorder. Diagnostic confusion was compounded further by the appearance of "separation anxiety disorder" in the Diagnostic and Statistical Manual-III-Revised (DSM-III-R) (1987). As defined in the DSM-III-R, the essential feature of separation anxiety disorder was excessive anxiety concerning separation from a major attachment figure and/or home. The diagnostic criteria for separation anxiety disorder required three of the nine symptoms listed for a diagnosis. School refusal was one of the nine symptoms listed under separation anxiety disorder; refusal to go to school did not have to be present for a diagnosis of separation anxiety disorder.

According to Last, Francis, Hersen, Kazdin, and Strauss (1987), the label "school phobia" had been applied to both types of children, those who evidenced separation anxiety and those who had a phobic reaction toward school. However, not all children with school phobia had separation anxiety disorder, nor did all children with separation anxiety
disorder exhibit school phobia. As stated by Last et al. (1987):

Our study revealed that children with separation anxiety disorder and school phobia represent two distinct populations. Children with separation anxiety disorder are generally female, prepubertal, and from families of lower socioeconomic status, while children with school phobia tend to be male, postpubertal, and from higher socioeconomic backgrounds. (p. 656)

Forty-four children diagnosed with separation anxiety disorder were more severely disturbed than children with school phobic disorder. Children with separation anxiety disorder manifested additional psychopathology. Although 73% of the children in this sample with separation anxiety disorder exhibited school avoidance, the behavior was not necessary for receiving the Diagnostic and Statistical Manual-III-Revised (1987) diagnosis, nor was it evident in all cases of the disorder. Last et al. (1987) stated that the prevalence of the two childhood anxiety disorders observed at their outpatient clinic suggested that the rate of separation anxiety was nearly two-and-one-half times greater than that of school phobic disorder.

Johnson et al. (1941) and Warren (1960) found that fear of school and a refusal to attend school occurred in families where an apprehensive mother, marital conflicts, and inconsistent family expectations were often significant factors. Warren also found that these children demonstrated
symptoms of acute anxiety, depression, and obsessions. The variation in usage over time deemed the term "school phobia" ambiguous. In her review of 30 case records, Davidson (1961) said, "School phobia is of course a symptom, not a diagnosis" (p. 270). Kahn and Nursten (1962) stated that the term "school phobia" was too specific.

Classification Systems of School-avoidance Behavior

School-avoidant children and adolescents do not constitute a homogeneous group; consequently, authors have utilized clinical and statistical methods to differentiate different types of school phobia, school refusal, and separation anxiety. The authors have dichotomized their participants into subtypes labeled "acute" and "chronic" (Baker & Wills, 1978; Szyrynski, 1976; Veiltkamp, 1975), "neurotic" and "characterological" (Coolidge, et al., 1957), "Type One" and "Type Two" (Kennedy, 1965), and "sudden" and "gradual" (Tisher, 1983).

Two basic subtypes of school phobia were developed by Coolidge et al. (1957) and repeated by the authors Waldfogel et al. (1957) with more data. In their nonstatistical analysis, the students were clustered into two groups: neurotic and characterological. The neurotic group of children showed an acute onset, as displayed in clinging
behavior to an attachment figure, and they continued to function well in non-school activities. The characterological group had an insidious process with indications of a deep character disturbance and they were more limited in their activities. The neurotic group was composed mainly of children from kindergarten through fourth grade; whereas, the characterological group of children was composed of adolescents. Subsequent studies have agreed that these two categories exist (Berg, Marks, McGuire, & Lipsedge, 1974; Kennedy, 1965; Weiss & Cain, 1964).

The general characteristics of school phobia as defined by Kennedy (1965) comprised morbid fears associated with school attendance, somatic complaints, a symbiotic relationship with the mother, and conflicts between the parents and the school administration. Kennedy (1965) described 10 behaviorally oriented criteria by which Coolidge et al.'s (1957) two types can be distinguished. Type One, or acute incident child, was comparable to the neurotic-type school phobia. It was diagnosed when 7 of the following 10 criteria were present: (a) the present illness was the first episode; (b) Monday onset, subsequent to an illness the previous Thursday or Friday; (c) an acute onset; (d) child was in the lower grades; (e) expressed concern about death; (f) mother's physical health in question: actually ill
or child thought so; (g) good communication between parents; (h) mother and father well adjusted in most areas; (i) father competitive with mother in household management; (j) parents achieved understanding of dynamics easily.

Symptoms which characterized the Type Two school phobic or chronic characterological children and distinguished them from Type One were: (a) second, third, or fourth episode of school avoidance; (b) Monday onset following minor illness not a prevalent antecedent; (c) incipient onset; (d) upper grades most prevalent; (e) death theme not present; (f) health of mother not an issue; (g) poor communication between parents; (h) mother showed neurotic behavior, father exhibited a character disorder; (i) father showed little interest in household or children; (j) parents were difficult to engage in treatment.

Sperling (1967) differentiated between acute and chronic and between common and induced school phobia; acute and chronic school phobia were differentiated simply by the duration of the condition. The common type of phobia had "an external manifest precipitating event" (p. 379), was often traumatic, and may have developed a deep, unconscious significance. In the induced type, a long-term, accumulative psychopathology was present due to disturbed parent-child relations.
Marine (1973) expanded the two types into a four-category classification of school-avoidance behavior. Simple separation anxiety, the first category, included children who avoided going to school. At first, these children clung to their mothers and cried to go home; however, after several weeks, the resistance was non-existent and the children go to school. Mild acute school refusal was the second category and was comparable to Kennedy's Type One phobia (1965). The third category, severe chronic school refusal, may be compared to Kennedy's Type Two phobia. The fourth category, childhood psychosis with school refusal symptoms, included those children whose behaviors were part of a chronic and complex psychopathology.

Authors have consistently suggested that there are at least two broad subtypes of school-avoidance behavior. Although the subtype labels varied from system to system, there appeared to be substantial agreement that there was an acute subtype and a more chronic form of the disorder. Short term, highly focused interventions have produced some success in the treatment of acute phobic children, while treatment of the chronic subtype required a more long-term, intensive approach (Hsia, 1984; Kelly, 1973; Kennedy, 1965; Prout & Harvey, 1978; Trueman, 1984). Therefore, timely and proper identification of subtypes was crucial to treatment planning.
Hersov (1960) classified school phobia in terms of family relationships and the parents' techniques used in dealing with the child. The mother was described as over-indulgent in Types One and Three and over-controlled in Type Two. The father was characterized as passive in Types One and Two and firm in Type Three. He further delineated the child's behavior at home as demanding, obedient, and willful respectively in Types One, Two, and Three. At school, the child's behavior was timid in Types One and Two and friendly in Type Three.

Weiss and Cain (1964) looked at the personality characteristics of the child; the two types identified were the overdependent child with a clinging mother or the overdependent child with a rejecting mother.

Chotiner and Forrest (1974), Coolidge, Willer, Tessman, and Waldfogel (1960), and Tietz (1970) concluded that the prognosis for the older school-avoidant student was more guarded. Rodriguez et al. (1959) found that 89% of their clients under age 11 returned to school but only 36% of those 11 years and older were able to return to school. On the other hand, Hersov (1960) found no relationship between the outcome of treatment and age or duration of symptoms prior to treatment. In his study, there was a Monday onset in only 36% (18) of his 50 participants; he did not find a precipitating
event that followed a gradual onset in the remaining 64% (32) of the students. Similarly, Skynner (1973) found age not to be related to treatment results. The findings of a study by Greenbaum (1964) provided a partial explanation. "It is possible that the school phobia of the older child may be due to a process that has been fulminating over the years as a result of the child having been forced back to school with the basic problem untouched" (p. 619). Thus, it may be that in many instances, the characterological school phobic was a neurotic school phobic whose prognosis was much better at the time, but who did not receive adequate treatment to prevent a recurrence of the symptoms.

Another type of school avoidance which was different from the types discussed was referred to as "incipient psychosis" by Millar (1961) and as "childhood psychosis" by Kahn and Nurstein (1962). "The refusal to attend school in these cases had been explicable on the basis of the first appearance of psychotic manifestations in the classroom. Experiencing frightening hallucinations and delusions in that setting, the child avoids attending" (Millar, 1961, p. 399). Kahn and Nurstein (1962) concluded that school increased the stress level of the disturbed children and adolescents, thus, they avoided school to reduce the tension.
Waldron, Shrier, Stone, and Tobin (1975), in their follow-up study, rated the children according to four types of school phobia: Type One included phobia as described by Johnson et al. (1941), and Waldfogel et al. (1957). Type Two was the classical phobia type that involved the defenses of displacement, projection, and externalization. Type Three was an acute anxiety type, and Type Four was called the situational-characterological type. Their findings found a mutually hostile-dependent relationship between mother and child, excessive importance of the child to the mother, marked separation anxiety in the child, and faulty development of autonomy. This led to an impaired capacity for autonomous functioning. The authors stressed the importance of the formation of psychic structure in early childhood that reflected the characteristic family interactions.

In the words of Waldfogel et al. (1957),

Thus, the parents, by their own vacillation in regard to his impulses, fail to provide the child with any basis for a stable system of inner controls. At the same time, he internalizes their rage at his parasitical demands, and is left without any substantial source of narcissistic support except even greater reliance on his parents to bolster his self-esteem. (p. 757)

Berg, Nichols, and Pritchard (1969) in their study of 14 boys and 15 girls recognized the acute and chronic types. They viewed stress as a precipitating factor in the acute type. A history of long duration of school avoidance
distinguished the chronic type. The authors also classified school phobia as follows:

(1) Severe difficulty in attending school often amounting to prolonged absence; (2) severe emotional upset shown by such symptoms as excessive fearfulness, undue tempers, misery or complaints of feeling ill without obvious organic causes on being faced with the prospect of going to school; (3) staying at home with the knowledge of the parents, when they should be at school, at some stage in the course of the disorder; (4) absence of significant antisocial behavior, such as stealing, lying, wandering, destructiveness, or sexual misbehavior. (p. 123)

Place and Kolvin (1986) classified school phobia into three categories: (a) in association with serious or chronic physical illness; (b) in association with social malaise, with two sub-groups: due to domestic reasons and truancy; (c) as a symptom of a major psychological syndrome. School phobia was further delineated as: (a) when school refusal was the prominent symptom, (b) when school refusal was a subsidiary symptom to depression and schizophrenia. They elucidated the condition of school phobia into primary when no other psychiatric condition was present and secondary when school phobia was a symptom of another psychiatric illness.

DeSousa and DeSousa (1980) suggested a classification system based upon the educational level: (a) at the nursery level, separation anxiety was present due to a disturbed mother-child relationship; (b) at a primary school level, when personality abnormalities impaired the capacity for independent functioning; (c) late secondary school level,
where conditions such as schizophrenia or retardation were the direct cause of the problem.

Another classification system was the DSM-III-R that included separation anxiety. The definition was stated as "Excessive anxiety concerning separation from those to whom the child is attached" (American Psychiatric Association, 1987, p. 61). Avoidant disorder and overanxious disorder were included with separation anxiety under the category of anxiety disorders of childhood and adolescence. Other diagnoses that may be associated with school avoidance included panic disorder (Gittleman-Klein & Klein, 1973); depression (Agras, 1959; Gittleman-Klein & Klein, 1988; Smith, 1970), adjustment disorder (Baker & Wills, 1978; Kennedy, 1965) and simple phobia (Smith, 1970; Waldron et al., 1975).

School-avoidance behavior could be diagnosed as school phobia or separation anxiety (Smith, 1970; Waldron et al., 1975) based on the definitions in the various classification systems. Each suggested different treatment protocols.

Epidemiology of School-avoidance Behavior

The frequency of school-avoidance behavior (school phobia, school refusal, and separation anxiety) in the general population had been reported by several studies. Leton (1962) reported that 3 per 1,000 primary grade pupils and approximately 10 per 1,000 high school students developed
school phobia during any given year. Three years later, Kennedy (1965) reported an incidence of 17 cases per 1,000 school-age children per year. In 1989, Costello summarized the epidemiology of recent studies and reported a prevalence of 3.5% to 5.4% of the population were identified with school phobia and/or separation anxiety. Rutter, Tizard, and Whitmore (1971) reported a rate of 7 serious fear reactions per 1,000 children. DeSousa and DeSousa (1980) found that about 10% of children experienced school phobia sometime during their scholastic life, but another 30% exhibited either with school problems or behavior problems which could be classified as "school phobia."

Other researchers (Chazan, 1962; Kahn & Nursten, 1962; Smith, 1970) reported that children with school-avoidance behavior constituted approximately 5% of all clinic-referred children and 1% of all school-aged children (Grannell de Aldaz, Vivas, Gelfand, & Feldman, 1984; Miller, Barrett, Hampe, & Noble, 1971). The younger children were less disturbed than the adolescents who were less responsive to treatment (Baker & Wills, 1978; Chotiner & Forrest, 1974; Goldberg, 1977; Kennedy, 1965; Veltkamp, 1975; Weiss & Cain, 1964). In-hospital treatment was necessary to help some of the adolescents (Berg & Fielding, 1978; Imagawa, 1974).
It has been estimated that as many as 80% of children diagnosed with school phobia actually suffer from separation anxiety disorder. Separation anxiety disorder was also found in the childhood history of 50% of adults diagnosed with agoraphobia (Gittelman-Klein & Klein, 1988). Students who presented with school-avoidance behavior were considered at risk for agoraphobia (Berg et al., 1974), social avoidance (Coolidge, Brodie, & Feeney, 1964; Weiss & Burke, 1967), poor school adaptation (Levenson, 1961), job difficulties (Butcher, 1983; Chotiner & Forrest, 1974), and problems in personality development (Weiss & Burke, 1967).

As noted by Bonstedt, Worpell, and Lauriat (1961), Kahn and Nurstein (1962), and Prince (1968), this recognized increase in frequency of cases reported may be a reflection of growth in awareness of and familiarity with school avoidance and its treatment.

Eighteen studies have reported a gender distribution. Some studies (Berg et al., 1969; Coolidge et al., 1957; Davidson, 1961; Jacobsen, 1947; Last et al., 1987; Leton, 1962; Talbot, 1957; Van Houten, 1948; Waldfogel, Tessman, & Hahn, 1959) indicated more females within their populations. Six articles (Eisenberg, 1958; Goldberg, 1977; Hersov, 1960; Rabiner & Klein, 1969; Rodriguez et al., 1959; Waldfogel et al., 1957) had more males reported in the studies. Clyne
and Kennedy (1965) had an equal number of male and female referrals.

A review of the literature revealed that there was no agreement regarding which age group was most likely to be affected by school-avoidance behavior. Goldberg (1977) reported that the majority of children referred were from 5 to 7 years old; Jacobsen's (1947) peak ages were 6, 8, and 9; Leton's (1962) age range was 5 to 11 years; Rodriguez et al.'s (1959) age range was 8 to 10 years old; and the majority of children in the Van Houten (1948) and Davidson (1961) studies were 10 to 12 years old. Coolidge et al. (1964) had a sample size of 49 children who evidenced symptom onset between the ages of four and eleven years. Coolidge et al. (1957) had a sample of 27 children in which 16 were between the ages of 5 and 7 years, 18 children were between the ages of 8 and 10 years, and 14 were between 11 and 13 years old. Waldfogel et al. (1957) researched a sample of 57 children and found 27 between the ages of 5 and 6 years old, 19 between 8 and 10 years old, and 7 students were age 11 years and over.

The following authors found that their participants were approaching adolescence or were adolescents: Adams, McDonald, and Huey (1966) reported a mean age of 10.2 years in their study of 21 students; Baker and Wills (1978) stated their peak age was between 11 and 14 years old; Davidson (1961) in her
study of 30 children reported a mean age of 11 years old; Goldberg (1977) had five adolescents; Warnecke (1964) found the majority of children to be over age 11 years; and Weiss and Cain (1964) had a majority of 12 year olds and over in their study. Hersov (1960) found in his study of 50 children and adolescents that 8 students were between the ages of 7 and 9 years and 42 participants between the ages of 10 and 16 years. The majority of Choi’s (1961) subjects were 9 to 13 years old; Chazan (1962) and Rabiner and Klein (1969) reported peak referrals at 11 to 13 years old and 12 to 14 years old, respectively. Kennedy (1965) had 50 children and adolescents from 5 to 14 years old and Last et al. (1987) had 111 children, aged 5 to 18 years old. Talbot (1957) suggested "there is a fairly even distribution of age levels from five through fifteen years" (p. 286).

The research was void of multicultural backgrounds of the children and adolescents. An exception was Gittelman-Klein and Klein (1973) who had 35 children (19 girls, 16 boys) with a mean age of 10.8 years, ranging from 6 to 14 years old. They reported that the group of school-avoidant children and adolescents was not racially typical of the clinic population. There was only one African-American child in the study, whereas 50% of the clinic population consisted of African-American children. The authors hypothesized that the
schools may not respond to a nonwhite child's "school refusal in the same manner as that of a white child" (p. 213).

Adams et al. (1966) found "a high incidence of children second in birth position" (p. 545) among school-avoidant students; whereas, other authors have found no significant differences between children and adolescents with school-avoidance behavior and control group subjects. Chotiner and Forrest (1974), Hersov (1960), Johnson et al. (1941), and Kennedy (1965) found that differences in family size and birth order between the school-avoidant students in their studies and the normal population did not reach a significant level. Berg, Butler, and McGuire (1972) reported no difference in family size between the experimental and control groups; however, their study did find that the school-avoidant students tended to be late in birth order when they came from families with three or more children.

The school-avoidant students' intelligence scores ranged from borderline to superior levels of functioning. Adams et al. (1966), Berg et al. (1969), Chazan (1962), Davidson (1961), Goldberg (1977), Hersov (1960), Jacobsen (1947), Leton (1962), and Rodriguez et al. (1959) reported that their subjects were above average in their attained intelligence quotient scores. These studies showed a range of intelligence quotient scores from 70 to 154.
In their representative sample, Hampe, Miller, Barrett, and Noble (1973) studied the relationship between intelligence and school-avoidance behavior. Their subjects were from a wide socioeconomic range, from public and private schools in the area, and referrals from an array of medical and mental health professionals in the community. The mean of the intelligence test scores was 98.9 with a range of 48 to 135; the distribution of the sample mirrored the distribution of scores among the general population.

There is disagreement among authors regarding the personality of the school-avoidant students. One feature of the personality that is not agreed upon is whether they are strong-willed and/or timid. "One of the most striking observations is of the child's need and ability to manipulate and control his parent" (Millar, 1961, p. 399). "These children . . . were adept at using stubbornness . . . to avoid anxiety-producing situations" (Suttenfield, 1954, p. 373).

However, Chazan (1962), Van Houten (1948), and Weiss and Cain (1964) described the children and adolescents as shy, passive, quiet, timid, submissive, and fearful.

Jacobsen (1947) found four types of personalities as parents and teachers described the school-avoidant students. They were: Type One, willful toward parents but timid in other relationships; Type Two, passive and obedient in all
relationships, including parental ones; Type Three, willful in all relationships; and Type Four, friendly and outgoing generally, but willful toward parents. In her study, 77% of the children and adolescents were categorized into Type One and Type Two. The studies indicated that the children and adolescents may act willfully toward their parents but have passive behavior outside the home.

A review of the literature concluded that the incidence of school-avoidance behavior was equally distributed between the sexes (Clyne, 1966; Fuerst, 1969; Kelly, 1973); there was no relationship to social class or the number of siblings in the family (Clyne, 1966). The ages ranged from early childhood through adolescence; the students may have previously experienced regular school attendance and academic success (Berg, 1970; Kelly, 1973; Marine, 1973).

Theories of School-avoidance Behavior

This subsection describes the various explanations for school-avoidance behavior which have been referred to in the literature as school phobia, school refusal, and separation anxiety. Explanations are grouped on a continuum that proceeds from the psychoanalytic and psychodynamic models to the learning theory explanations and the contributions of psychopharmological researchers.
The psychoanalytic model described the school-phobic child as overly dependent on the attached parent figure (Klein, 1945; Berg, Nichols, & Pritchard, 1969). This dependence created a hostile attitude in the attachment person and the child (Coolidge et al., 1957; Coolidge et al., 1962; Davidson, 1961; Johnson et al., 1941; Talbot, 1957; Waldfogel et al., 1957). The repressed hostility felt by the attachment adult increased because of the demands made by the child; the child's anxiety was a result of his or her unconscious resentment due to the dependence. According to psychoanalytic theory, going to school increased the child's anxiety (Johnson et al., 1941). The fear and anxiety was displaced onto the school and developed as a neurotic fear (Broadwin, 1932; Coolidge et al., 1957; Johnson et al., 1941; Millar, 1961; Suttenfield, 1954; Talbot, 1957; Waldfogel et al., 1957). The anxiety was controlled by avoiding what the child perceived was a fearful school environment.

From the perspective of the psychoanalytical model, Eisenberg (1958) stated that "school phobia has been shown to be a variant of separation anxiety" (p. 717). Estes et al. (1956) defined separation anxiety as a "pathologic emotional state in which the child and parent, usually the mother, are involved in a mutually hostile dependent relationship characterized primarily by an intense need on the part of both
to be in close physical proximity to each other" (p. 682). The psychoanalysts viewed school phobia as a childhood neurosis. The fear of school was a fear of abandonment that may be experienced by the attachment figure and the child. Pioneers in this work, Johnson et al. (1941) stated the adult attachment figure(s), usually the mother, had unresolved dependency relationships with their mothers; therefore, the mother had a difficult time coping with her child’s anxiety. The reluctance to go to school was produced by an unresolved mother/child relationship. This dependency produced acute anxiety in the child and increased the anxiety level in the mother when it came time to break the separation ties. The interaction was a two-way relationship with child and mother experiencing separation anxiety.

Eisenberg (1958) further elaborated that in the mother-child symbiotic relationship, each individual communicated in an unconscious manner that they did not want to separate from each other. The child thought the mother did not want him or her to leave the home and the mother viewed the school as a harsh environment to send her child. The mother and child depended upon the other for comfort and reassurance.

According to Coolidge et al. (1962), the mother was not capable of giving emotional support to her child when she felt she had not received the love from her mother. Her lack of
fulfillment was projected onto the child who displaced the anger to school to control his or her feelings of aggression and dependency.

The psychoanalytic model stressed the unresolved dependency needs of the mother. The mother and child repressed their hostilities and the child developed a fear of separation which inhibited his or her ego development. This fear became displaced upon the school, the child clung to the mother, and the cyclical pattern was initiated.

Leventhal and Sills (1964) rejected the theory of school phobia by arguing that school phobia would occur at an earlier time than it does and that the child's independent behavior from the mother in other areas was successful even in the severe cases of school phobia. They believed that the school-avoidant students "overvalue themselves and their achievements and then try to hold onto their unrealistic self-image" (p. 686). When threatened by performance relative to other students in the school environment, they became anxious and maintained their omnipotence by retreating to an indulgent mother who gratified their sense of power by removing the barrier of attending school.

Coolidge et al. (1957) referred to the school phobic's sense of power within the family dynamics and Waldfogel et al. (1957) referred to the child's manipulative powers. Radin
(1968) wrote about the repeated cycle of the child who anxiously returned home to avoid the threat to the omnipotent self-image and ventilated his or her feelings of anger on the parent(s). A rubric of his theory was that the cycle led to an escalation of school-related anxiety and symptoms were exacerbated.

The psychodynamic model stressed that parents fulfilled their need for gratification through their child by enhancing his or her sense of omnipotence. The child was confronted in the school environment by the reality of the limits of this grandiose attitude. The cycle was repeated as the child retreated home where the parent(s) reinforced the power of the child. A tenet of the psychoanalytic and psychodynamic theories emphasized the deficiencies in the parent-child interactions. These models differed as the psychoanalytic theory focused on the separation of the child and mother which may have involved the passing of the syndrome from one generation to another (Kelly, 1973). The psychodynamic theory hypothesized that school phobia was the result of a disturbed personality interacting within a disturbed family constellation.

The learning theorists offered an alternative to the dynamic models. An early paper was Watson and Rayner's (1920) classical conditioning study of the development of emotional
fear in Little Albert, a nine-month-old boy in which he learned to avoid a previously neutral stimulus. The approach of learning theory included searching for the traumatic events in the child's background which may have fear associated with avoidance behavior.

Garvey and Hegrenes (1966) explained the learned maladaptive pattern of behavior as an intense fear of losing his or her mother when this fear is paired with a neutral stimulus. In their paper, they described 10-year-old Jimmy who had a fear of losing his mother. The mother told him that some day she would be dead and not be there to help him when he needed assistance. The signal of losing mother was paired with the neutral stimulus. School, the neutral stimulus, became the conditioned stimulus which elicited the response of fear. When Jimmy became too fearful, he refused to attend school. Remaining at home with mother reinforced the reduction of the fear. Other reinforcements included play time, toys, and affection.

Bandura (1969) offered a modeling and operant conditioning theory. The child observed family members avoiding certain events, assumed these avoidance behaviors, and was reinforced for the avoidance. The social cognitive theory as advanced by Bandura (1969) involved a triadic model. In reciprocal determinism, interaction occurred between the
individual’s behavior and the external environment. Modeling was defined as learning by observing others. Phobias and fears were learned by observational and enactive performances of the behavior.

Evidence of operant (subsequent reinforcement of responses) and classical (stimulus-response) conditioning are apparent in the learning theory approach. The behavioral explanation focused on the incidents at school which posited that aversive incidents in the school environment were a component for the existence of phobic behavior concerning the school. These events included a lack of peer interaction, academic failure, and an inability to participate in sporting events. The student remained home where he or she gained reinforcement while avoiding anxiety.

A fourth model was the contribution of psychopharmacological researchers (Gittleman-Klein & Klein, 1973, 1988; Rabiner & Klein, 1969) who conceptualized school-avoidance behavior as depression or panic disorder. Their research on drug treatment indicated that an anti-depressant, Imipramine, acted to reduce the panic attacks the school-avoidant children experienced.

Agras (1959) suggested school-avoidance behavior be considered a “masked depression”; there was an increased incidence of depression among the mothers of the participants.
in his study and the co-morbidity of alcoholism and depression among the fathers.

The psychoanalytic theory operated from the premise of analyzing the intrapsyche emotions; whereas, the learning theory dealt with observed maladaptive behaviors rather than an examination of the underlying dynamic strivings of the individual. The psychodynamic model mediated tenets from the psychoanalytic and behavioral models.

Treatment Paradigms of School-avoidance Behavior

The majority of authors (Coolidge et al., 1957; Eisenberg, 1958; Glasser, 1959; Klein, 1945; Leventhal, Wineberger, Stander, & Stearns, 1967; Rodriguez et al., 1959; Suttenfield, 1954) from the varied theoretical models argued that a component of a successful treatment program was an early return to school. Eisenberg (1958) and Rodriguez et al. (1959) suggested using court action to enforce the student to return to school.

Berryman (1959) advocated a gradual procedure for returning the child or adolescent to school. The parent drove the student to school and he or she could observe the school while remaining in the vehicle. In the next step, the student would attend school for part of the day without the parent.
The final goal was the student attending school all day without the parent.

Conversely, a few authors (Talbot, 1957; Hersov, 1960; Davidson, 1961; Greenbaum, 1964; Radin, 1968) did not agree with the idea of returning the student immediately back to school. Talbot (1957) emphasized, "Our initial step for all age levels is to relieve all pressures on the child for school attendance, thereby freeing the parent and school personnel as well. When the 'tug of war' is over, treatment can begin" (p. 292). Talbot stressed intensive psychotherapy with the mother and/or child was necessary before action was to be taken. The purpose was to psychologically help the mother to let go of her child.

Paramount in the psychoanalytic approach was analysis and insight therapy to build ego strength. Waldfogel et al. (1957) treated the mother on an individual basis to help her with unresolved dependency, inner conflicts, and hostility. Coolidge et al. (1957), Davidson (1961), Johnson et al. (1941), and Waldfogel et al. (1959) included the mother when treating the cycle of family pathology. Johnson (1957), Coolidge et al. (1957), Lippman (1956), Malmquist (1965), and Skynner (1974) included the parents and the child in the family therapy to restore family equilibrium. Kelly (1973) stated that the objective of the therapy was to relieve the
avoidance symptoms and once the student was in school, resolve
the neurosis. In most circumstances, the father's role was
viewed as failing to meet the wife's emotional needs.
Dependent upon the severity of the phobia, the student may
have required hospital care for intense individual and group
therapy (Berg, 1970; Weiss & Burke, 1967).

The psychodynamic approach recognized the complicity of
the family members and their influence on the student's
academic and social environment in order to understand the
student's avoidant behavior. Leventhal and Sills (1964)
reported that once the environmental information had been
evaluated, the mental health professional focused on the
child's fantasies. They recommended applying pressure
gradually and a confrontation, if necessary, to get the
student back in school. Insight therapy was recommended by
Radin (1968) to interrupt the cycle of dependence in the
family dynamics. Subsequently, the fears associated with
school would be alleviated.

Eysenck (1960) postulated that the neurosis was
eliminated when the symptoms were expended. His consideration
was indicative of the position of the learning model authors
(Garvey & Hegrenes, 1966; Kennedy, 1965; Lazarus, Davison, &
Polefka, 1965; Patterson, 1965). They applied the learning
principles such as desensitization, shaping, implosive
therapy, counterconditioning, and reinforcement by approximations to eliminate maladaptive behaviors which are learned. Lazarus et al. (1965) applied classical conditioning in the form of systematic desensitization such as short visits to the school to treat the fear and operant conditioning techniques such as the token system for staying in school. Garvey and Hegrenes (1966) utilized a 12-step in vivo desensitization method for 20 days within the school environment with a 10-year-old male student. A two-year follow-up indicated the phobia had not returned.

Kennedy (1965) used a rapid treatment program with six components: (a) good professional relations to ensure cooperation in the identification and treatment of the child and adolescent with school phobia, (b) avoidance of any discussion regarding somatic complaints, (c) forced school attendance, (d) a meeting with the parents to involve them in the program and to assist them to deal with resistance from the child or adolescent, (e) an interview with the child or adolescent to encourage him or her to go forward when faced with the fear, and (f) follow-up to support the parents in the endeavor to return the student to school. His treatment paradigm achieved a 100% remission rate with 50 children who presented with Type One school phobia.
Patterson (1965) introduced a treatment paradigm applying the principles of reinforcement with a 7-year-old phobic boy. A series of anxiety stimuli were gradually increased until there was an adaptive change in the student's behavior. Primary and secondary reinforcers were applied when the boy demonstrated an adaptive behavior by using "twenty bags of M & M's and ten hours of staff time" (p. 283). In a three-month follow-up, the boy was attending school and no evidence of the fear of school was reported. In contrast with psychoanalytic and psychodynamic treatment programs, Patterson did not treat the underlying dynamics; only the symptoms were addressed. Also, the parents' involvement was considered a necessity as they became the change agents to reward the child's new behavior. This differed from the analytic approach which considered the parents neurotic.

Classical and operant conditioning approaches were used by Lazarus et al. (1965) to attend to the phobic behavior of a 9-year-old boy. A progressive hierarchy of in vivo desensitization was the primary strategy, followed by reinforcement for the behavior to stay in the school environment. The boy continued to make progress 10 months following termination of treatment.

Implosive therapy which was based on the principles of classical conditioning was used successfully by Smith and
Sharpe (1970). The therapist used images to induce the anxiety in the absence of the actual anxiety-inducing environment. Extinction in the pseudo-situations led to the reduction of the anxiety in the actual situation. After six sessions, an adolescent male returned to school and became involved in social interactions.

Bandura (1969) saw self-regulation to eliminate deviant behaviors as the goal of therapy. His cognitively mediated treatment approach included vicarious modeling utilizing live or filmed models, visualization techniques, and systematic desensitization.

In the comparative study of Blagg and Yule (1984), 30 students received behavioral treatment, 16 participants received inpatient treatment, and 20 received psychotherapy and home tutoring. The majority of the participants were in the age range from 11 to 16 years old. Behavior therapy included contingency plans to ensure maintenance of school attendance, in vivo flooding, and follow-up with frequent contacts with the family and school staff. The hospital-treatment approach provided physical separation of the child and parents, therapeutic milieu, educational consultations, occupational therapy, and pharmacological treatment. The appropriate school was prepared so the child had a successful return. In the home tuition and psychotherapy group, a
child-guidance clinic provided counseling for the family; a tutor was provided for the student. The average length of behavioral treatment was 2.53 weeks, compared to 72.1 weeks for home tuition and 45.3 weeks of in-patient treatment. Ninety-three percent of the students in the behavioral group attended school regularly after a one-year follow-up to the termination of treatment. Only 10% of the home tuition group and 37.5% of the hospital treatment group were successful in attending school. The behavioral treatment was more expedient and economical than the other two treatment programs.

Marine (1973) advocated a treatment program that included intervention by the school staff and residential treatment led by a psychiatric team. The treatment was specific to the broad spectrum of severity in school-avoidance behavior.

In a review of 30 case studies diagnosed as school phobia, Davidson (1961) stressed school professionals needed to provide individual tutoring and help the student maintain his or her academic success. Kessler (1966) wrote that the classroom teacher may need to "seat the phobic child close to herself, meet him at the door, modify toilet or lunch rules for him, and above all, accept him on whatever terms are necessary" (p. 240). Waldfogel et al. (1959) urged the teacher to intervene when he or she suspected an incipient school phobia in a student. In 25 of the 26 cases studied,
the return to school was resumed within a few weeks when treatment began promptly. Their results also found that the school-avoidance behavior persisted for months or years when treatment was delayed beyond a semester.

Hsia (1984) suggested a family systems model with the therapist encouraging the parents to force the child to return to school. Parents may think they have lost the "power" with their child and the therapist "lends" them the permission to use their power to return the child or adolescent to school.

Another family-systems approach stressed the role of the family as the strongest influence on the child and adolescent. Pfeiffer and Tittler (1983) stated "in many families, an inordinate amount of stress is felt and expressed by one particular child, often a child who is constitutionally vulnerable to dysfunction" (p. 168).

Cognitive therapy, as used by Mansdorf and Lukens (1987), was an approach of determining the beliefs and self-statements parents were making regarding their child’s or adolescent’s behavior. This was followed by substituting appropriate self-statements. The child or adolescent used self-statements and "mapped out" ways of coping with anxiety. This paradigm assisted the parents in a child management program. They combined operant and cognitive procedures with the parents and
the child or adolescent to eliminate the block to pursuing effective prescribed procedures for self-control.

Various therapeutic treatment programs have been reported in the literature. The psychoanalytic model provided an understanding of the early trauma; whereas, learning theory provided a systematic approach to symptom removal. A common theme in the models was to return the student to school in the most expedient manner.

Overview of Self-esteem

Self-esteem has been the subject of studies supporting the relationship of positive self-esteem with academic achievement, motivation, gender, and socioeconomic status (Coopersmith, 1967; Phillips, 1984). High positive self-esteem has been viewed as a prerequisite for an individual's success in life (Simon & Simon, 1975). Individuals with high self-esteem were described as having a belief in their own competence and a sense of belonging. Minimal school achievement, powerlessness, and a feeling of alienation have been linked with low self-esteem (Roundtree, 1979).

According to Rubin, Dorle, and Sandige (1976) and Simon and Simon (1975), students who felt good about themselves achieved at higher levels. The purpose of their studies was to explore the relationship between self-esteem and academic
achievement. Children and adolescents who experienced academic success were more likely to exhibit high self-esteem. A delayed assessment of school-avoidance behavior may exacerbate the difficulty of going to school which may further diminish a person’s self-esteem; the cycle may become self-perpetuating (Mitchell, 1969).

William James (1890) defined the Self as a purposeful study; however, no standard definition exists for the construct of self-esteem (Crandall, 1973). James, in *The Principles of Psychology* (1890), described the self as comprised of four distinct parts: the spiritual self, the physical self, the material self, and the social self. The ego served as the unifying entity in an individual’s personality. His definition of the self was "the sum total of all he can call his" (p. 291). Being of conscious origin, the self had a quality of self-preservation. Diggory (1966) classified an aspect of the self as self-esteem. In addition, Cottle (1965) positioned self-esteem along a continuum with positive and negative points.

Nathaniel Branden (1969), in *The Psychology of Self-Esteem*, delineated self-esteem as two interrelated components: a sense of personal efficacy or self-confidence in one’s cognitive ability; and a sense of personal worth or an
affirmation of a happy life. "It is the conviction that one is competent to live and worthy of living" (p. 104).

Rosenberg (1965) and Coopersmith (1967) defined self-esteem as an evaluative component. Coopersmith (1967), in his seminal work on self-esteem, stated:

By self-esteem we refer to the evaluation which an individual makes and customarily maintains with regard to himself; it expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful and worthy. (pp. 4-5)

According to Rosenberg (1965), an individual with high self-esteem was basically satisfied with the type of person he or she was, acknowledged his or her faults and hoped to overcome them.

Rosenberg’s (1965) model of social identity was based on social labeling and biological group membership. He found environmental, sociopsychological, and significant others to be factors in self-esteem; different factors within each may have a different value to individuals. Components, such as gender, were permanent, whereas others, such as age, change automatically. Aspects, such as achievement, were dependent upon the motivation of the individuals. Biological, familial, and societal components were influenced by developmental stages. Rosenberg’s principle of selectivity stated individuals developed high self-esteem by selecting what they achieved, but individuals cannot always choose others
significant to them. Interests and goals formed in the early childhood years may not be attainable if the individuals do not have the talent necessary to fulfill an ambition such as being a musician.

In Rosenberg’s (1965) theory, each individual had a hierarchy of self-components in the personal value system. The qualities at the core were those in which the individual excelled. The goals which could not be attained assumed a lesser role. The biological, familial, societal, and individual aspects of the social identity contributed to the self-esteem either in a positive or negative habitue. An individual chose to accept, ignore, or change the goals. The areas of incompetence were separated from the core of the hierarchy and became unrelated to the individual’s self-esteem.

In The Antecedents of Self-Esteem, Coopersmith (1967) described four types of experiences that were sources of self-esteem. The individual needed to feel: (a) a sense of significance with the acceptance of others, (b) competent in his or her unique way of achieving, (c) power in his or her ability to interact with other people and have a say in what he or she does, and (d) virtuous.

A nexus of Coopersmith’s theory was the development of a child’s sense of his or her self from the moment of entry into
the world. These early childhood experiences were important because at some time preceding middle childhood, the individual arrived at a general appraisal of his or her worth, which remained relatively stable and enduring over a period of several years. This self-esteem level may alter, according to Brennan (1985); an individual’s level of self-esteem may rise and fall frequently during the life span with regard to the expectancies of success.

Erickson (1959) described the stage of industry versus inferiority as a time when a child with few successes developed a sense of inferiority and experienced academic difficulties. The child’s developmental abilities and experiences synthesized during adolescence to give a sense of identity formation. Quoting Erickson (1959):

The sense of ego identity, then, is the accrued confidence that one’s ability to maintain inner sameness and continuity is matched by the sameness and continuity of one’s meaning for others. Thus, self-esteem ... grows to be a conviction that one is learning effective steps toward a tangible future, that one is developing a defined personality within a social reality which one understands. (p. 89)

Furthermore, the adolescent developed an understanding of reality as he or she recognized that one’s way of dealing with life may be a variation of the manner in which other individuals may successfully deal with life’s challenges. Erickson stated that identity formation proceeded in a gradual, uneventful way.
Personality theorists (Allport, 1937; Maslow, 1968; Jourard, 1957; Rogers, 1951) developed definitions of the construct of self-esteem in different ways. Phenomenologically, they agreed with James' conception of the self in which the knower and the known were the same person. There was less agreement if the construct of self-esteem should be viewed as a global entity as defined by Allport (1937) or multidimensional as originally defined by William James.

Self-theorists (Adler, 1930; Maslow, 1968; Rogers, 1951) have believed in the importance of self-esteem. Writing from the field of humanism, Rogers (1951) hypothesized in his self-theory that an individual had an inherent tendency to develop his or her capacities in the ways that maintained or enhanced the organism. The self had distinct properties. As the self strived for consistency, the individual reacted in ways that were consistent with the self. Experiences that were not consistent with the structure of the self were perceived as threats. Rogers (1951) stated, "a portion of the total private field gradually becomes differentiated as the self" (p. 497). An awareness of the "me" developed as the infant interacted with his or her environment. Values were symbolized as images and words and they became attached to the individual's perceptions. Awarenesses were an organized
gestalt composed of the thoughts of the "me" and the perceptions of the "me" in interactions with other people and the environment.

Adler (1930) described the unity of self and continuity as the basis for an individual's sense of identity and self-esteem; each person developed a unique plan of life. In Adler's theme of a life plan, the individual overcame a defect or compensated for it. The term "inferiority complex" described real or imagined social, physical, or psychological inadequacies. The dynamic force within all individuals was the striving toward superiority and perfection. Adler wrote, 'Whatever premises all our philosophers and psychologists dream of—self-preservation, pleasure principle, equalization—all these are but vague representations, attempts to express the great upward drive' (p. 398) The motive in human development was a will to power, a striving for superiority.

Maslow (1968) organized human needs into a hierarchy of relative prepotency of physiological, safety, belongingness and love, esteem, and self-actualization needs. The survival needs such as hunger and thirst were among the most powerful of the needs. As these needs were met, less powerful needs such as shelter and self-esteem became motivators to be fulfilled. The highest need was self-actualization. The basic lower needs were satisfied before higher level needs
became motivators. Maslow (1970) described several factors that influenced self-esteem: respect and approval from other people, actual capacity, achievement and success, and acceptance of acting upon our own inner nature. He postulated that affirming oneself and a willingness to understand limitations and successes was one of the most important factors in maintaining a balanced life.

One of the most crucial aspects of self-esteem as it related to achievement was the sense of competence, a feeling derived from actually bringing about an authentic outcome. Coopersmith (1967) advocated the following conditions to enhance the development of self-esteem:

- total or nearly total acceptance of the children by their parents, clearly defined and enforced limits, and the respect and latitude for individual action that exist within the defined limits. In effect, we can conclude that the parents of children with high self-esteem are concerned and attentive toward their children, that they structure the worlds of their children along lines they believe to be proper and appropriate, and that they permit relatively great freedom within the structures they have established. (p. 236)

Because self-esteem was related to individual differences, many theorists have been interested in researching the antecedents of self-esteem. Children's self-esteem developed as they discovered their weaknesses and strengths; they became more self-critical and were capable of comparing their accomplishments to other students. As the
children grew into adolescents, they became capable of abstract thinking and introspection.

The research literature had supporting evidence that schools played an important role in the development of students' self-esteem. Lecky (1945) built a theory around the construct of self-consistency to which he related school performance as one area of significance. When patterns of behavior were established, it was difficult to break these patterns even if they were negative; people acted consistently. He stressed that low academic achievement may be related to the students' conception of their self as being unable to learn the material. In his study, Lecky observed that students made the same number of errors in spelling per page whether the subject matter was difficult or easy. The individuals spelled as if there was an upper limit to their ability.

Attribution theory held that children interpreted the many environmental cues that provided them with information about themselves. Parents and teachers gave children and adolescents different messages, and consequently, they developed a constellation of psychological qualities into their sense of self (Berk, 1991). In her study using factor analysis, Harter (1983) found in early childhood a dichotomy of either a good or bad standard being attached by the
children to different skills. However, the children did not discriminate competence in different skill areas such as academics, physical ability, or social success; the perception of doing well in one area was fused subsequently with other areas. Shavelson, Hubner, and Stanton (1976), in their hierarchical model, described the middle elementary years as the period of development of general self-esteem with academic, social, and physical self-esteem evaluations. Relationships with parents and peers became important; physical ability and physical appearance now co-existed. As the students grew into adolescence, job performance and romantic interests were added.

Cross-sectional studies suggested the self-esteem level became markedly lower during the elementary years (Nicholls, 1978; Stipek, 1984). Kindergartners, first, second, and third graders rated their classmates and their own "smartness." All students provided assessments of each classmate's abilities that correlated with the teacher's perceptions. The self-ratings of the kindergartners and first graders disclosed no relationship with teacher ratings; the students rated themselves most favorable. By second grade, student self-ratings reflected the teachers' perceptions. In essence, by this age, the children reflected the opinions of those in their environment (Stipek, 1984). Children age seven and
under perceived their abilities as high and underestimated the difficulty of a task. The children, in repeated failures, kept working for longer periods of time in comparison with older children who did not continue to work (Rholes, Blackwell, Jordon, and Walters, 1980). Nicholls (1978) reported that children in early elementary school perceived all positive events as coalescing together; the children believed students could succeed if they continued to work, and a smart student was the one who tried and exerted more effort.

A characteristic of early childhood has been the inability to use complex reasoning to validate the successes and limitations. Ruble, Boggiano, Feldman, and Loebl (1980) found the ratings of second graders were consistent with the ratings given to them by their peers and teachers. The purpose of their study was to examine age-related changes in the role of peers in children's self-evaluations in an achievement context. During the middle elementary years, the students attributed success to high ability and insufficient effort to failure. The authors concluded that as children incorporated information about their performance from significant other people, their self-esteem level adjusted to a more realistic level and correlated with teacher ratings, examination scores, and observations of behavior. The children used social comparison in their self-evaluations.
Learned-helplessness students developed an attributional pattern in which failures were explained as a lack of ability. Ability was viewed as a fixed characteristic so this pattern contributed to low expectations of success. These children exhibited decreased persistence when faced with challenging tasks and impaired performance following failure. In their longitudinal study, Fincham, Hokoda, and Sanders (1989) found third-grader learned-helplessness students maintained this attitude over time and did less well than their peers by fifth-grade. Parsons (1983) reported the learned-helplessness students selected less challenging classes. Dweck, Davidson, Nelson, and Enna (1978) studied fourth and fifth graders who received feedback after failing an assignment. The children who received negative evaluations that implied the failure was due to limited competence, attributed their poor performance to an attitude of having less capability than those students who were told that insufficient effort was involved. Furthermore, girls who received positive evaluations from parents and teachers when they were successful had a reinforced effort but when they failed the negative feedback denigrated their ability; the reverse was true for boys.

In a naturalistic study with children between the ages of 5 and 11 years, Rholes et al. (1980) led the students to believe they were performing poorly in finding hidden pictures
in the first four of five drawings. The older children became
discouraged and, on the last drawing, spent less time studying
the pictures than the younger children.

In their research, Clemes and Bean (1981) found children
with high self-esteem took responsibility for their behavior
and contributed their share of the work. They were
enthusiastic about new challenges, and were positive about
themselves and their influence on the environment. Children
with low self-esteem avoided difficult challenges. They did
not feel valued by significant others. Blame was projected
onto others rather than accepting responsibility for their own
actions, and they were defensive and easily led. The three
main adult attitudes for helping children and adolescents
develop high self-esteem as posited by the authors included:
a sense of uniqueness, a sense of power, and a sense of
connectiveness.

Harter (1983) stated self-esteem was a multidimensional
construct rather than a unitary entity; the global component
represented an independent construct rather than additive
aspects of the specific components. Academic, physical, and
social competence were considered specific components.
Harter’s model stated the specific components of self-esteem
became more differentiated over the life span. In early
childhood, academic, social, and physical competence
overlapped; these areas became more independent in adolescence. In her factor analysis and correlational study, Harter found physical and social competence factors were closely related to global self-esteem for her sample of students. Byrne and Schneider (1988) found global self-esteem correlated with cognitive and social factors. In both studies, correlations among specific factors became progressively weaker across age groups; therefore, the specific aspects of self-esteem became more differentiated with age.

The research of Rosenberg (1965) and Coopersmith (1967) revealed that low self-esteem created anxiety. Individuals with low self-esteem experienced anxiety when they were uncertain of their attitudes and perceptions of themselves. They lacked a frame of reference to help them evaluate new experiences. According to Rosenberg, adolescents with low self-esteem tended to put on a facade. Horney (1950) described the students with low self-esteem as being vulnerable and sensitive to criticism. They exhibited anxiety when scolded or blamed.

Purkey (1970) wrote:

Competitive evaluations, which ignore varying sociological backgrounds and individual differences in ability, often begin in the first grade and continue throughout school. "Grading on the curve" is popular, and competition among students is encouraged. Students
are encouraged to enhance themselves by demonstrating their superiority over their fellow students. (pp. 40-41)

He further argued that academic success or failure appeared to be as deeply rooted in concepts of the self as it was in measured ability.

In 1992, the American Association of University Women Educational Foundation commissioned a study of major findings on girls and education to assess self-esteem, interest in math and science, and career goals for 9-to 15-year-old girls and boys. The study interviewed 2,400 girls and 600 boys about their educational experiences. The research findings were reported in The AAUW Report: How Schools Shortchange Girls. Sixty percent of the elementary school girls said they were "happy the way I am" in contrast to 67% of the boys. The self-esteem of the girls and boys decreased by the time they entered high school, but the difference between the girls and boys was much greater: Only 29% of the girls--compared to 46% of the boys--stated they were "happy the way I am." The declining sense of self-esteem in girls translated into inhibited actions and abilities. They felt inferior to boys, lost interest in math and science classes, and their voices were not heard as frequently as the boys in the classroom. Teachers reinforced the girls' behavior of not speaking up by not recognizing the female students as frequently as they responded to the boys. African-American girls sustained
higher levels of self-esteem than white girls as the black culture emphasized assertiveness and independence.

The 1992 AAUW findings suggested family and teachers, not peers, had the greatest impact on self-esteem. Academic performance of adolescent women correlated highly with student-teacher relationships. There was a strong correlation between self-esteem and interest in math and science. The young women's self-esteem deteriorated as they developed the feeling that they were not capable of learning these subjects. Girls internalized the decline by thinking they had a lack of ability. Boys stated that math and science were not useful. Self-esteem was linked with studies in math and science and career aspirations. Students who liked the math and science subjects aspired to be professionals and possessed a higher level of self-esteem. Students with a high level of self-esteem were enrolled in math and science classes: These young women and men liked themselves, felt good about their school marks and lessons, and had good feelings about their family relationships.

Rogers and Gilligan (1988) found young girls have striking capacities for self-confidence, courage and resistance to harmful norms of feminine behavior as well as a detailed and complex knowledge of the human social world. . . . Up until the age of eleven or twelve . . . girls are quite clear and candid about what they think and feel and know. (pp. 42-43)
In MOVING INTO ADOLESCENCE: The Impact of Pubertal Change and School Context, Simmons and Blyth's (1987) research found the transition from one school level to another was important. Girls' self-esteem was enhanced if there was only one transition rather than two. The authors reported:

compared to their K-8 peers in Grade 6, the K-6 girls show slightly higher self-esteem, and both genders rate themselves higher in intellectual and athletic competence and to some extent, in looks.

All of these advantages disappear abruptly the next year when the same children suddenly become 'bottom dogs' in a large, impersonal junior high school. (p. 226)

The K-6/JH/SH females "never recover from the seventh-grade drop in self-esteem . . . they respond more, not less, negatively to the transition into senior high school than does the cohort who has to make only one change at a more mature age (p. 227)."

Offer (1969) conducted a modal adolescent study of 73 boys selected from two high schools. The majority of adolescents expressed a universal sense of competence in their abilities to function in school. They looked forward to more independence and freedom as they approached new responsibilities.

The California state legislature created the California Task Force to Promote Self-Esteem and Personal and Social Responsibility. The members of the task force (1990) concluded that if families and schools could help improve
people's self-esteem, the state would save money on welfare, drug abuse, and racial tension. They further stated the absence of self-esteem goes to the root cause of violence, addictions, crimes of greed, and other social ills that plague society. The states of Arkansas, Hawaii, Maryland, and Virginia followed with similar campaigns that recognized the importance of self-esteem.

The research cited in this section indicated that self-esteem was a learned perception. Adults who were significant to the students had an important influence on the development and reinforcement of the students' self-esteem. Jersild's (1952) thesis was that children and adolescents had more capacity for learning to deal constructively with the adversities and realities of life than adults assumed. He asserted that teachers mediated values from the culture and influenced the students' development.

Paraphrasing Goethe, treat individuals as if they were what they potentially could be, and you may help them realize their possibilities.

Overview of Qualitative Research

The qualitative research model was developed by anthropologists and sociologists and emerged as a methodology in education in the 1960s (Goetz & LeCompte, 1984). Bogdan
and Biklen (1982) discussed the historical context of qualitative research in education:

As part of their typical research process, qualitative researchers studying education solicited the views of those who had never felt valued or represented. Qualitative research methods represented the kind of democratic impetus on the rise during the sixties. The climate of the times renewed interest in qualitative methods, created a need for more experienced mentors of this research approach, and opened the way for methodological growth and development. (p. 20)

Qualitative research gained acceptance in the last 20 years as researchers wanted in-depth studies on issues inside the structure of schools and to listen to the perspectives of all participants in the school community (Seidman, 1991).

Various labels were used to describe the qualitative method of inquiry: the Chicago School, field research, naturalistic, ethnographic, subjective, the inner perspective, ecological, postpositivistic, ethnomethodological, descriptive, field studies, phenomenological, symbolic interactionist, case study, and qualitative (Ary, Jacobs, & Razavieh, 1990; Bogdan & Biklen, 1982; Borg & Gall, 1989).

The characteristics of qualitative research as described by Bogdan and Biklen (1982) include:

1. Qualitative research has the natural setting as the direct source of data and the researcher is the key instrument

2. Qualitative research is descriptive
3. Qualitative researchers are concerned with process rather than simply with outcomes or products.

4. Qualitative researchers tend to analyze their data inductively.

5. "Meaning" is an essential concern to the qualitative approach. "Meaning" requires individuals to reflect on their experiences and the interaction of their past events with the details of their present experiences within the context in which they live (Seidman, 1991). The meaning-making process is putting experiences into language (Vygotsky, 1987).

Eisner (1991) delineated six features qualitative studies display:

1. Qualitative studies tend to be field focused
2. The researcher is the instrument
3. Qualitative studies have an interpretive character
4. Qualitative studies use expressive language and voice in the text
5. Qualitative studies provide a uniqueness of the case through attention to the particular qualities
6. Qualitative research provides coherence, insight, and instrumental utility

Researchers may come to understand the details of people's experiences from their point of view and the context in which
they exist to formulate interconnections among the shared meanings.

Goetz and LeCompte (1984) formulated a continuum of four "assumptive modes" to contrast qualitative and quantitative research methodology: induction to deduction, generation to verification, construction to enumeration, and subjectivity to objectivity. The qualitative research methods are related to the inductive, generative, constructive, and subjective.

Researcher as the Instrument

The qualitative method relies on the researcher as the instrument. Guba and Lincoln (1981) list the major qualities of the researcher as instrument to: (a) have the capacity to be responsive, (b) be adaptable, (c) view systems as holistic entities, (d) develop a base to include propositional and tacit knowledge, and (e) seek that which is unique. Additional qualities include empathy, attentive listening, and skills in observing, analyzing, and processual immediacy. Lincoln and Guba (1985) define processual immediacy as "the ability of the human instrument . . . to process data just as soon as they become available, to generate hypotheses on the spot, and to test those hypotheses with respondent in the very situation in which they are created" (p. 194). The researcher may use methods such as interviews, observation, and document analysis to collect the data.
Case Study Approach

According to Stake (1988), the case study approach focuses on a bounded system . . . under natural conditions—so as to understand it in its own habitat. What is being studied is the case. . . . It has character, it has a totality, it has boundaries. . . . It is not something we want to represent only by an array of scores. (p. 256)

The case study is the vehicle directed toward the emic (participants' constructions) inquiry (Lincoln & Guba, 1985).

Some advantages of the generalization of case studies for readers is that they provide accessibility to individuals and places that people may not have the opportunity to experience, seeing through the researcher's eyes and vicariously experience another perspective, and decreased defensiveness and resistance to learning (Donmoyer, 1990). Another advantage of the case study approach is the depth of presentation of thoughts, emotions, behaviors, and the participant's environment; conversely, some critics state the case study may lack breadth as the number of individuals may not be representative of the population (Ary et al., 1990).

Studies may be qualitative by degrees and may "employ both literary and quantitative forms of representation. There is no reason why several forms of representation, including the quantitative, cannot be combined in the conduct of a study that is dominantly qualitative in character, or vice versa"
(Eisner, 1991, p. 41). Quality and quantity are needed in research; they may complement each other. The qualitative inquiry is distinguished by the common exploration of researchers to describe and record the element of shared meaning and observations with optimism and caution, and perhaps, substance not discovered previously.
CHAPTER III
METHODOLOGY

Introduction
This study was designed to examine the course of school-avoidance behavior. The first section of Chapter III explains the methods used and includes: (a) the selection of participants in the study, (b) design, (c) data collection, (d) data analysis, (e) instrumentation; the second section elucidates the procedure for measuring the relationship between the levels of self-esteem and school-avoidance behavior.

Selection of Participants in the Study
Participants in the study consisted of 10 students (5 females, 5 males) aged 7 to 17 years old enrolled in eight public schools in a midwestern state, their parents, and their teachers or school counselors. The students represented rural, urban, and suburban areas of the state. Each of the students who participated in the study had experienced a minimum of 10 days absenteeism from school that was not explained by a major physical illness. The Iowa State University Human Subjects Review Committee approved the research study. (See Appendix B.)
The students in this study were selected by the logic of theoretical sampling (Glaser & Strauss, 1967) rather than statistical sampling theory. The theoretical sampling approach emphasized the selection of participants because they possessed specific characteristics of the substantive concern to the focus of this study, rather than on the basis of representing a larger group. The school-avoidant students selected helped identify and describe the salient characteristics of school-avoidance behavior.

Access to the participants was made by the researcher contacting local mental health professionals to inform them of the purpose of the study and the need for participants. Consent was obtained from the potential participants by the mental health professionals before the researcher made the initial contact. The professionals were active in private practice, mental health centers, and educational settings.

The researcher made telephone calls to the potential participants for the purpose of making contact and establishing an appointment time and place at the convenience of the participants. A contact visit, in person, was made by the researcher to further establish mutual rapport, explain the nature of the study, and the participants' role in the research study. Informed consent was obtained during the
contact visit. The researcher orally covered the various aspects of the study.

The main points covered in the informed consent were as follows: (a) the participants were informed of the researcher's address, telephone number, professional credentials, and affiliation as a student at Iowa State University; (b) the researcher was available to them by telephone or written correspondence if they had questions or concerns; (c) the participants were informed that they could withdraw at any time during the study; (d) pseudonyms would be substituted in the dissertation and any subsequent publications to ensure confidentiality; (e) the audiotapes would remain in the physical possession of the researcher and be destroyed upon acceptance of the dissertation; (f) participants were free to participate or not participate in the research study without prejudice to them. The children's legal guardians were asked to sign the consent form as children cannot give informed consent (Department of Health and Human Services, 1981). Parents were asked to give written consent for access to school records and permission to interview the participants' teachers or school counselors. No remuneration was offered to the participants in the study. The participants were informed that the researcher would interview them for a minimum of 30 minutes and a one-hour
interview each for their parents and teachers or school counselors. Informal thank-you notes were given to each of the students, their parents, and the school representatives.

Criteria for participation consisted of: (a) extreme difficulty in attending school and absenteeism from school for a minimum of ten days; (b) associated symptoms of emotional upset, psychosomatic complaints, sleep disturbance, and tantrums; (c) student remaining at home with the knowledge and permission of parent(s); (d) the absence of significant anti-social problems such as persistent lying, wandering from home, stealing, or destructiveness.

The diagnostic criteria used for separation-anxiety disorder, a specific form of school-avoidance behavior as reported by the American Psychiatric Association (1987), are as follows:

A. Excessive anxiety concerning separation from those to whom the child is attached, as evidenced by at least three of the following:
   (1) unrealistic and persistent worry about possible harm befalling major attachment figures or fear that they will leave and not return
   (2) unrealistic and persistent worry that an untoward calamitous event will separate the child from a major attachment figure, e.g., the child will be lost, kidnapped, killed, or be the victim of an accident
   (3) persistent reluctance or refusal to go to school in order to stay with major attachment figures at home
   (4) persistent reluctance or refusal to go to sleep without being near a major attachment figure or go to sleep away from home
(5) persistent avoidance of being alone, including 'clinging' to and 'shadowing' major attachment figures
(6) repeated nightmares involving the theme of separation
(7) complaints of physical symptoms, e.g., headaches, stomachaches, nausea, or vomiting, on many school days or on other occasions anticipating separation from major attachment figures
(8) recurrent signs or complaints of excessive distress in anticipation of separation from home or major attachment figures, e.g., temper tantrums or crying, pleading with parents not to leave
(9) recurrent signs of complaints of excessive distress when separated from home or major attachment figures, e.g., wants to return home, needs to call parents when they are absent or when child is away from home

B. Duration of disturbance of at least two weeks
C. Onset before the age of 18
D. Occurrence not exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or any other psychotic disorder. (pp. 60-61)

Physical symptoms were investigated by a physician to rule out a physical cause for the school-avoidance behavior before the child or adolescent was accepted as a participant in the research study.

According to Seidman (1991), there were two criteria to determine the number of participants in a research study to gain maximum variation. The first criterion was sufficiency; the study had sufficient numbers to reflect the range of participants and sites that constituted the population. Secondly, the saturation of information was at a point where the researcher was not hearing new information. Quoting Seidman (1991):
'Enough' is an interactive reflection of every step of the interview process and different for each study and each researcher. The criteria of sufficiency and saturation are useful, but practical exigencies of time, money, and other resources also play a role, especially in doctoral research. (p. 45)

Design

The design of this study was a case study of the students who were experiencing school-avoidance behavior. Yin (1984) defined the features of a case study as follows:

A case study is an empirical inquiry that:
investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used. (p. 23)

Stake (1988) wrote:

The principal differences between case studies and other research studies is that the focus of attention is the case, not the whole population of cases. In most other studies, researchers search for an understanding that ignores the uniqueness of individual cases and generalizes beyond particular instances. They search for what is common, pervasive, and lawful. In the case study, there may be or may not be an ultimate interest in the generalizable. For the time being, the search is for an understanding of the particular case, in its idiosyncrasy, in its complexity. (p. 256)

In this descriptive study, the students were identified and selected because they were experiencing school-avoidance behavior. An objective of this study was to describe the real-life context of the school-avoidant students, their parents, and their educators.
In Bronfenbrenner's (1979) ecological model of human development, the mesosystem was defined as the children's and adolescents' interconnections among their immediate settings. The researcher studied the relationships of the school-avoidant students' homes and their schools and the people who function in these settings. The macrosystem referred to the values, rules, and customs of a culture that influenced experiences and interactions; the researcher was cognizant of similarities and differences permeating the environments of the participants.

Data Collection
The data collection period was during the months of May and June, 1992. The day, time, and location of the audiotaped interviews were conducted at the convenience of the students, parents, teachers, and school counselors. The researcher went to the homes of the 10 students and their parents during after school and after work hours to conduct the interviews. Ten mothers and two fathers participated in this study. Three teachers and six school counselors were interviewed in their respective school settings during school hours. Two of the school-avoidant students in this study attended the same school and were assigned to the corresponding counselor.

The length of the interview varied according to the developmental stages and the environments of the participants.
Audiotaped interviews with the students ranged from 30 to 120 minutes; the parents', teachers', and counselors' interviews ranged from 60 to 180 minutes. The researcher focused on verbal and nonverbal communication during the visits to the homes and school settings. The observation of nonverbal gestures included facial expressions, sounds, postures, arm and leg movements, gross and fine motor coordination. Notice was made of the students' spatial relationship and interaction with their parents. Contextual information included school-attendance records, written communication with the parents, psychological testing, progress marks, and the grading system utilized in each school.

The researcher used, primarily, open-ended questions. The major task was to build upon and explore the participants' responses to the questions. The goal was to have the participants reconstruct their experiences of going to school, not going to school, and not wanting to go to school. The semi-structured, open-ended interview approach allowed the researcher to match the task demands of the interview to the students' developmental level (Hodges & Cools, 1990). The interview protocol included questions requesting students to describe their experiences of going to school and/or the lack of interaction with the school environment. (The questions are listed in Appendix C.) According to Patton (1983), the
students' behavior became meaningful and understandable when placed in the context of their lives and the lives of those around them. There was little possibility of exploring the meaning of an experience without context. The school-avoidance behavior became part of a 'story' in each student's life.

Mishler (1991) stated that telling stories was one major way that human beings had devised to make sense of themselves and their world. "The story is both the participant's and the interviewer's. It is the participant's words, but it is crafted by the interviewer from what the participant has said" (Seidman, 1991, p. 92). The etymology of the word 'story' is the Greek word *histor*, which means one who is wise and learned (Watkins, 1985). Aristotle wrote that every story had a beginning, a middle, and an end (Butcher, 1902). Students reflected upon their experiences to create oral stories of their personal experiences using details to create beginnings, middles, and ends to achieve awareness and wisdom into their lives. At the root of in-depth interviewing was an interest in getting the school-avoidant students, their parents, and their educators to construct their own meaning of their experiences.

Schultz (1967) stated that it was never possible to understand another perfectly; we had to enter the
consciousness of another and we had to be that other person. There may be limits on the understanding of the students and their experiences, but the researcher can try to understand their actions.

In Mishler's model (1991), interviewing allowed the researcher to place behavior within the context of the students' environment and provided an access to understanding the meaning of their behavior. A caveat from Greenspan and Greenspan (1991) was the basic concept that the less the researcher intruded in the interview, the more the children told their stories. They explained:

For a variety of reasons that are not altogether clear, most children will, if given the chance, let you know what is going on in their personality—both structurally, in terms of how well they can handle reality testing, impulse control, and the like, and experientially, in terms of thoughts, fantasies, and feelings. (p. 148)

The 10 school-avoidant students completed the Self-Esteem Index in the presence of the researcher. Parents provided information about their children's and adolescents' medical, psychological, and developmental history. (See Appendix A.)

Data Analysis

The unit of analysis was the complex patterns that were observed. In the case study method, Stake (1988) gave an explanation for the analysis:

One thing common to all authors and users of case studies is the search for patterns. All researchers are
interested in regularity, consistency. Even in the most unique of person, even in the most unique curricula, . . . there are patterns. The researcher is seeking . . . patterns of meaning. (p. 259)

A preliminary review of the audiotaped interviews was initiated as the interviews were completed to ensure that protocol was followed although formal analysis of the data was not begun until all interviews were completed. The questions were consistently included in the interviews although follow-up and elaboration questions varied for individual students, parents, teachers, and school counselors.

Each student's, parent's, teacher's, or school counselor's interview was transcribed verbatim. A word frequency count was conducted using the computer-assisted program, Rightwriter, copyrighted by Que Software, Sarasota, FL 33577.

The steps in the analysis of the 10 sets of protocols included:

1. Each interview was divided into two half sections to observe how they were consistent. A correlation-factor analysis was done for each student. The purpose was to view the frequency of the words used in the interviews. The data consisted of the words and how often they were used. The researcher looked at how often the word(s) occurred and how frequently words co-occurred.
2. A master list of all words was made for the correlational analysis by collapsing the word frequency count across all sources.

3. Common adjectives (such as a, an, the), conjunctions, prepositions, and single frequency content words were eliminated from the master list.

4. The words from the master list were used to identify specific passages that directly or indirectly described the student's perception of the experience. These statements became the unit of analysis for subsequent coding development.

A framework for the computer-assisted analysis was as follows:

1. Interviewed the students, parents, teachers, and school representatives
2. Collected raw data vis-a-vis audiotapes
3. Transcribed raw data
4. Entered raw data for word frequency count
5. Divided each interview into two roughly equal sections
6. Pooled all words from all sources into one overall list
7. Deleted prepositions, single frequency words, and noun modifiers
8. Prepared master list of words used to describe one student
9. Performed correlational and factor analysis
10. Searched for categories
11. Reflected categories back to the data, actual source statements
12. Collapsed or differentiated categories
13. Conceptualized relationships of categories
14. Evaluated individual student interviews
15. Coded transcript for presence or absence of categories
16. Reported the data

Utilizing the coding formation process described by Glaser and Strauss (1967), the process began with the first unit of analysis as a member of an initial category. The second unit of data was then compared to the first, and was either included or not included in the first category. The procedure was iterated until the data were categorized. Categories were collapsed or differentiated throughout the analysis as relationships among the data were identified or reconceptualized. Each interview transcript was reviewed and coded for the presence or absence of evidence indicating a student had experienced each category that had been identified. "What emerges is a synthesis of what the
participant has said and how the researcher has responded" (Seidman, 1991, p. 100).

The researcher conducted 40 hours of audiotaped interviews. This component of the research was triangulated with evidence from parents, teachers, or school counselors to establish the validity of the school-avoidant students' self-perceived outcome. The use of parent and teacher or school counselor interviews, and behavioral indices contributed to the understanding of the experiences the students reported, and the multiple sources of evidence further encouraged the convergent lines of inquiry (Yin, 1984). The body of this dissertation did not allow for explicit illustrations of concerns as voiced by the school-avoidant students, their parents, and educators. The identified concerns and directly related recommendations are addressed in Chapter V.

The canons of reliability and validity were addressed by Goetz and LeCompte (1984). Reliability was concerned with the replicability of the study; validity was concerned with the accuracy of the conclusions of the study. Bogdan and Biklen (1982) stated that qualitative researchers distinguished reliability as a match between what they documented as data and what actually transpired in the environment under study; this was in contrast to consistency across different
observations. "Data collection that relies on tape recorders . . . strengthens the reliability of results" (Goetz & LeCompte, 1984, p. 220). According to Goetz and LeCompte (1984) comparability and translatability established external validity. "Comparability" referred to the extent the components of the study were described. "Translatability" pertained to the extent the researcher utilized theoretical definitions and research methods that may be understood by other researchers.

The researcher utilized the case-study tactics to enhance reliability and validity as suggested by Yin (1984). Multiple sources of information were used for evidence of the school-avoidant students' experiences. Interviews with the parents and school representatives presented their perceptions of the school-avoidant students' behavior. A tactic to enhance reliability was the use of the case-study protocol and the development of a case study data base. Evidence was provided by multiple sources: interviews, direct observations of the interaction of the students in their environments, document and record analysis in the form of school attendance, marks, and psychological testing. Multiple resources were useful in providing dimensions to the data from the participants' perspectives. To further establish credibility, the researcher presented the interpretations and categories to the
participants for the purpose of clarifying and/or appending information they provided.

Instrumentation

The researcher was the instrument that collected, analyzed, and interpreted the data (Guba & Lincoln, 1981). In-depth interviewing affirmed the role of the human interviewer as the instrument (Seidman, 1991). "Rather than decrying the fact that the instrument used to gather data affects this process, we say the human interviewer can be a marvelously smart, adaptable, flexible instrument who can respond to situations with skill, tact, and understanding" (Lincoln & Guba, 1985, p. 107).

The researcher has interviewed children, adolescents, and adults for 15 years in a counseling setting and is a National Certified Counselor and a National Certified School Psychologist. Prior to the establishment of the counseling and consultation practice, the researcher was a teacher at the elementary and adult levels of education and served on the board of directors at a child guidance center, mental health center, child development department of a community college, and a private pre-school. Studies in interviewing and critiqued videotaped interactions with clients were interwoven in the researcher's master's degree program in counseling.
The qualities of the researcher as the instrument as stated in the literature included the ability to listen, clarify and paraphrase what the participant had said in a clear manner, and ability to keep a perspective while observing and analyzing information (Guba & Lincoln, 1981).

An aspect of this study was to examine the range of self-esteem levels of the children and adolescents with school-avoidance behavior.

Definition of Self-esteem

Self-esteem is the way the students value and perceive themselves. Self-esteem is a learned characteristic that is acquired inferentially. It grows out of life experiences and is based in large measure on the comments, perceptions, and actions of the people around them. Of particular consequence are the things that the students experience with or are told by the important people in their lives-family members, friends, teachers, and classmates. (Brown & Alexander, 1991, p. 3)

Hypothesis

School-avoidant children and adolescents had a lower level of self-esteem than children and adolescents who were accepting of the school environment.

The independent variable was school attendance or school avoidance. The experimental group was composed of school-avoidant students. The control group was composed of students who were accepting of the school environment. The participants and the control group were matched according to
gender and grade from the same school. The teacher or school counselor selected the students who participated in the control group. Control-group criteria included attendance records, grades, and the students' attitude toward school. The dependent variable was the measure of self-esteem as measured by the scores on the Self-Esteem Index.

Instrument

The instrument was the Self-Esteem Index, a norm-referenced measure of the way students from the ages of 8 years 0 months, through 18 years 11 months, perceived and valued themselves. The academic scale measured self-esteem in school, education, academic competence, intelligence, learning, and other scholarly pursuits. The family scale measured self-esteem at home and within the family unit. The interpersonal scale addressed the quality, importance, and nature of relationships and interactions with individuals outside the family unit. The personal scale contained statements about one's physical appearance and personal attributes such as distinctive traits of body, character, conduct, temperament, and emotions. Overall self-esteem was measured by the self-esteem quotient. The four Self-Esteem Index scales each yielded a standard score and percentile ranks. Individual or group administration time was approximately 30 minutes.
Subjects in the Self-esteem Index normative sample were tested between October 1988 and October 1989. The normative sample included 2,455 subjects ranging in age from 8.0 through 18.11 years and residing in 19 states. Subjects were tested individually and in groups according to the administration protocol. Individual students and classes of students were selected randomly to participate in the norming of the Self-esteem Index. Statistically significant reliability coefficients in the .80s and .90s were evidence of the Self-Esteem Index's internal consistency reliability when appropriate age controls were applied. Ten of the 11 coefficients reported for the total test reached or exceeded .90 (Brown & Alexander, 1991).

Test Statistic

The test statistic was the Student's t distribution used to test whether self-esteem scores differed as hypothesized between school-avoidant students and school-acceptance students.

Summary

Chapter III explains the selection of the 10 school-avoidant participants in this study, the design of a case study of the students who were experiencing school-avoidance behavior, the data collection process utilizing audiotaped
interviews, and the analysis of data using a computer-assisted program. In section two, the procedure for measuring the relationship between the levels of self-esteem and the school-avoidance behavior of the students was delineated.
CHAPTER IV

ANALYSIS OF DATA

Introduction

Chapter IV is organized into three sections. In the first section the case studies of the 10 students provide the following information about the students: (a) the demographics of the students, (b) school attendance, (c) the students' developmental and medical history, (d) school history, and (e) students' interests. The following research questions are addressed:

1. What are the characteristics of school-avoidance behavior as exhibited by the school-avoidant children and adolescents?

2. What is unacceptable about the school environment to the school-avoidant students?

3. What are the parents' patterns of interaction with their school-avoidant children and adolescents and with the school environment?

4. What are the attitudes and perceptions of the educators who are involved with the school-avoidant students?
5. What strategies are used by the teachers and school counselors in the intervention process of school-avoidance behavior?

6. Do school-avoidant children and adolescents have a lower level of self-esteem than students who are accepting of the school environment?

The second section addresses research question six and the findings. The third section presents the factor analysis data and the generalizations of this study.

Ten Case Studies

Table 1
Demographics of the Criterion Group of School-avoidant Students

<table>
<thead>
<tr>
<th>Case Study</th>
<th>Name</th>
<th>Age</th>
<th>Grade</th>
<th>Sex</th>
<th>Days of School Missed</th>
</tr>
</thead>
<tbody>
<tr>
<td>01: Emily</td>
<td>15 09 F</td>
<td>129</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02: Luke</td>
<td>17 10 M</td>
<td>61</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03: Kate</td>
<td>16 10 F</td>
<td>94</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04: Thomas</td>
<td>10 04 M</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05: Shannon</td>
<td>13 06 F</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06: Craig</td>
<td>13 07 M</td>
<td>70</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07: Beth</td>
<td>12 06 F</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08: Don</td>
<td>17 11 M</td>
<td>28</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09: Becky</td>
<td>15 09 F</td>
<td>88</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10: Charles</td>
<td>07 kdg. M</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Emily: Case Study One

Identification

Emily was a 15-year-old female enrolled in the ninth grade in a rural high school. She was absent from school for 129 days during her ninth-grade school year. Emily resided with her parents on an acreage. The petite adolescent was neatly groomed. Emily spoke fluently about her experiences; she appeared serious and did not smile.

Family history

Emily’s mother and father shared responsibilities in operating the family-owned business in the county seat town. Emily worked as a secretary for the family business during the summer months. Her older brother and sister lived in the community with their families. Emily enjoyed long conversations and playing board games with her mother. She described her mother as loving and caring and their relationship as very good. Playing golf and the guitar were activities Emily engaged in with her father. She viewed her father as "funny, short tempered, and makes more of a situation than it really is" (Interview, May 1992).

As a young child, Emily viewed the family as being perfect and thought everyone in the family always agreed. Her older siblings’ friends were her friends. The discipline
approach the parents used with Emily was to speak firmly as "her gentle nature does not require us to be harsh" (Interview, May 1992).

School history

Emily attended one school system from kindergarten. In the ninth grade, she ranked as the student at the ninth-grade level in her high school with the highest scores on the Iowa Tests of Educational Development. Throughout her elementary and junior high years, the scores on her Iowa Tests of Basic Skills were consistently in the 98th and 99th percentile range. Her academic record showed predominantly A and B grades. She was in the talented and gifted program through eighth grade; no program for the gifted was available at the high school level.

Developmental and medical history

Developmental milestones were met at the appropriate times. The medical history was void of any major problems until Emily developed an ulcer during her eighth-grade school year. She complained of headaches, feeling sick to her stomach, feeling hungry after eating, tiring easily, having chest pains, and experiencing dizziness. Her fears included going to school, being in crowds of people, leaving home, and being the center of attention. She stated, "I build up a lot
of nervous energy. I feel smothered and have to get out of the situation as soon as possible and get rid of all the energy" (Interview, May 1992). Emily further stated that she wanted to overcome the feeling of nausea when she was nervous, feel less anxious in crowds, and stop thinking about things that depress her. She denied the use of alcohol, illegal drugs, or tobacco.

A family member was treated for panic disorder; Emily consulted with a counselor about her school-avoidance behavior.

Interests

Emily's interests included photography, painting, reading, listening to music, sports, and out-of-doors activities. She drew plans for a flower garden, went to the nursery and purchased the plants, and tended the garden to fruition. Emily preferred meeting adults and interacting with people older than she.

Research questions

What are the characteristics of school-avoidance behavior as exhibited by Emily?

Events in school that had a bearing on Emily's school-avoidance behavior included anxiety about taking final
examinations and achievement tests. She stated she did not enjoy speech class or lecture classes when the student’s role was to take notes. She related her favorite classes were English, computers, and history; her least favorite were math and physical education. In junior high, Emily reported she did not like moving from class to class each hour of the day. She expressed her dislike of leaving home in the morning to go to school, entering the school building, going to school dances, after-school meetings, plays, class trips, or going back to school after a vacation or on Monday mornings. Emily confirmed she enjoyed free time, recess, having lunch with other students, and doing her homework.

Emily’s mother stated she and her husband cannot get Emily to go to school; she does not want to leave home. The parents were pleased with Emily’s excellent performance in school. However, in the last four years, tests seemed stressful for Emily. At the beginning of sixth grade, Emily went to school the first week; then she did not want to go in the mornings. Emily’s mother said this was perplexing to them as this was the "little girl in grade school who could not wait to go to school; she wanted to be in school all the time" (Interview, May 1992). Quoting Emily’s mother:

It was such a turnaround to have her not wanting to go at all. Later she told me that starting with sixth grade, they made all these changes hour after hour. First, they were in English with this teacher, then history with
another teacher. She didn't like changing from class to
class. She didn't like changing from teacher to teacher,
which is different from grade school. Basically, I
bodily took her into the school and just shoved her in
there, or took her to the counselor's office crying. I'd
say probably by the middle of the year, she sort of
adjusted. It was a puzzle to my husband and I because in
grade school she was in a talented and gifted program at
the grade school level but they had no classroom for the
children to use. So they would send them on a bus to the
junior high once a week for the whole afternoon for this
talented and gifted program. So I thought it was going
to be a breeze for Emily because she was already used to
the building. She knew where the principal's office was.
She knew where to find the bathroom. I remember one
morning I went to put her in the car to take her to
school. She ran out to the barn and shut the door
saying, 'I'm not going. I'm not going.' I said, 'Yes,
you are' and I drug her to the car. (Interview, May 1992)

What is unacceptable about the school environment to Emily?

Emily explained her change of attitude toward school as
she progressed through her academic years:

I enjoyed school in elementary. Also, I was in the
talented and gifted class. We could work on a project as
long as we wanted and could spend time in the library.
In the gifted and talented class, I was with many
older kids. We had individual classes if we wanted it.
I did not like it when I had to go back to the regular
classroom and the teacher telling us what to do. It was
not interesting. The kids were disruptive. I want
hands-on experiences. I hated my lecture classes.
(Interview, May 1992)

According to Emily's mother, Emily had difficulty making
changes in life styles; she liked things to stay the same.
"As Emily has grown older, she doesn't like students in the
classroom who don't pay attention to the teachers. She likes
to learn, to study, and views that as the main reason to go to
school" (Interview, May 1992). Emily’s mother described Emily as being stubborn, and having the attitude that her way of doing was best. She also described Emily as overly fearful of becoming ill, but she had a gentle, kind, loving personality, and was a self-starter with a sense of humor. “She does not have to be told what needs to be done” (Interview, May 1992).

During the fall of Emily’s eighth grade school year, her father had health problems which restricted him to their home for a month. About the time of his recovery, Emily complained of her stomach hurting and she did not go to school; she said she was afraid she would become ill at school. The doctor made a diagnosis of an ulcer. Emily’s mother explained:

Emily is one who likes to keep problems to herself and solve them herself but admits she doesn’t know how to go about it. I feel it was my error in the past since she never complained. I felt she was coping with everything and there were no problems. (Interview, May 1992)

The school-avoidance behavior continued to be present as related by the Emily’s mother:

As a ninth-grader she finds it degrading to have to be riding on a school bus and she is not quite old enough to have a driver’s license, so well, Mom can take her. It’s no problem. We would get clear to the front door and she would be ready to go. She would get up every morning during this whole period of time when it was getting increasingly more difficult to stay in school. She would get up every morning, get ready to go to school, take her shower, have her work done, but then she would either say just as we were walking out the door, ‘I can’t go’ or else we would get in the car and get clear to the school and she couldn’t go. On other occasions she would go and
come home after the first hour or during the first hour. She would call and say, 'Mom, I just can’t stay at school today.' (Interview, May 1992)

What are the parents’ pattern of interaction with Emily and the school environment?

Emily’s teachers reported to her parents their appreciation of Emily in the classrooms as the educators knew they could count on her for classroom discussion and listening to the comments of other students. The parents were cooperative and worked with the teachers and school counselor to improve Emily’s school attendance.

What are the attitudes and perceptions of the educators who are involved with Emily?

The school counselor’s initial contact with Emily was in the ninth grade. She noted that Emily had attendance problems commencing with sixth grade; she was absent for 18 days in sixth grade, 24 days in seventh grade, and 16 days in eighth grade. The school counselor iterated:

It was a pattern of more absences than usual but coupled with good grades and good achievements, it was not anything you would notice that much. With this kind of pattern we would assume the kid had allergies or something, something physical. (Interview, May 1992)

The counselor reported on remarks from Emily’s teachers:

Her teachers just love her. I mean, this kid, she wants to know. She asks questions. She is focused. She is
pleasant. She wants to go beyond the assignment. I mean this kid is a perfect student for the teachers. I think very much a pleaser to adults but not necessarily to other kids. (Interview, May 1992)

The school counselor perceived Emily’s school-avoidance behavior as:

I think she is somewhat withdrawn from other kids. I don’t see her with the kind of typical friendship where the girls gossip and talk. She is pretty much held to herself and I think she relates a lot better to adults than to other students her own age. I feel like her mom is her best friend which is not typical of this age group. Emily very, very much took ownership of the problem. I guess one of the things that concerned me is that Mom also kind of took ownership of the problem. I just didn’t know how much. (Interview, May 1992)

**What strategies are used by the school counselor in the intervention process of Emily’s school-avoidance behavior?**

The school counselor arranged for Emily to take correspondence courses to earn her high school diploma through a midwestern university. Emily was responsible for doing the course work and sending it to the university. The examinations were administered by the counselor at the school or in the counselor’s home.

Emily’s response to the arrangement was, "I’m guiding my education. I am learning the way I want to learn" (Interview, May 1992). Emily’s mother felt the school did not provide Emily with the educational program she needed when she entered
seventh, eighth, and ninth grades; Emily was not going at her own pace.

Luke: Case Study Two

Identification

Luke, a slender 17-year-old male in the tenth grade, attended a rural reorganized school district. Luke appeared diffident, head hung low, and spoke in a whisper. It was difficult to make eye contact with Luke at the beginning of the interview; he did smile at the closure. His mother, stepfather, younger sister, and he lived in a small community 10 miles from the county seat town where the high school was located. Luke missed 61 days of school during his tenth grade year, and he dropped school before the end of the school term was completed.

Family history

Luke's parents were divorced when he was four years old. Two older brothers lived and worked in the community. His mother worked as a hospital X-ray technician; the stepfather worked as a carpenter. Luke had minimal interaction with his biological father: "I go over there once in a while if there is something going on over there like a birthday or something. That is about the only time I ever go over there. He has a short temper" (Interview, May 1992). Luke described his
relationship with his stepfather as "pretty good" (Interview, May 1992). His relationship with his mother was described as affectionate, "we hug and kiss each other. . . . I get along good with Mom" (Interview, May 1992). They played sports together, board and card games, had long talks and walks, went shopping and to the movies. Luke’s mother described him as sensitive, friendly, and a hard worker. She and his stepfather had a fair amount of agreement on how to discipline Luke.

School history

Luke attended the same school district from kindergarten until he refused to attend school in the tenth grade. Luke’s grades were predominantly in the average range. His Iowa Tests of Basic Skills were in the 76 percentile range. He made the decision to temporarily drop out of school three weeks prior to the end of his tenth-grade school year.

Developmental and medical history

Developmental milestones were met at the appropriate times. Luke had pyloric stenosis surgery when he was 16-days old. He has a history of convulsions. At the age of 13, Luke was treated for depression. Luke continued to be treated at a local mental health center for refusal to go to school; no medication was prescribed. He lost 10 pounds in one month,
wanted to sleep 12 to 14 hours a day, and lost interest in his favorite activities. There was no prior family history of mental or emotional problems. Luke denied the use of alcohol, illegal drugs, or tobacco.

**Interests**

Music, cooking, sports cars, art, and American Indian history are some of Luke’s interests. He and his mother attended archeological digs for Indian artifacts; he had a collection of American Indian arrowheads. Luke worked for a farmer after school and on week-ends. "I never miss work" (Interview, May 1992).

**Research questions**

*What are the characteristics of school-avoidance behavior as exhibited by Luke?*

Luke spent his days at home when he temporarily dropped out of school; at four o’clock in the afternoon he reported to the farmer for work, came home at nine o’clock in the evening, and went to sleep around midnight.

He described his interaction with the school environment as, "I get along with my teachers and classmates. I hate going back to school each Monday morning and after vacations. I don’t like doing homework" (Interview, May 1992). Although
he did not like English, mathematics, or science classes, he did enjoy history, art, physical education, and auto mechanics.

As Luke reflected upon his school-avoidance behavior, he recounted:

I liked school until I got in about sixth or seventh grade. It got boring. I don’t think the teachers make it too interesting. Some of them do--like my world history teacher makes it interesting. He will have us do projects about ancient Greece. And auto classes because we have four engines in the shop and all we do is mostly hands on. (Interview, May 1992).

What is unacceptable about the school environment to Luke?

Luke summarized one of the reasons he did not want to go to school as "my girlfriend's old boyfriend wanted her back and she dumped me to go back to him" (Interview, May 1992). He stated they had classes together and it was difficult to face the former girlfriend. He contemplated suicide by "thinking of different ways, but inside I knew it wouldn't be worth it" (Interview, May 1992).

Luke's mother stated wrestling was the only activity that held his interest in going to school. She further commented about his refusal to go to school:

Some parents give ultimatums. 'If you don't go to school, you're not going to live here.' I don't really see that as an option. I just see that as creating another problem that you have to solve on down the line. So I had enough faith in Luke that he will go back to
school in the fall and he is going to have to work hard to make this up. (Interview, May 1992).

Luke's mother did not see any difficulty with school attendance until Luke entered sixth grade which was the beginning of junior high in his school system. She stated, "My experience is that junior high is a big downfall" (Interview, May 1992). Quoting Luke's mother:

Why if there is a child that has a problem with the school or a personal problem and has missed some days of school, why do they just say you cannot come back? If they are not a trouble maker or causing problems in school, I think it is real tough to learn to handle adult problems when they are still children, but they are at the age where they start having adult relationship problems and it is real hard to get through that. (Interview, May 1992)

What is the parent's pattern of interaction with Luke and the school environment?

In providing guidance for Luke, his mother felt that she could not find any direction or interest to help him. She would make a different decision today about her children's education as she "would home teach. The kids tell me the teachers don't make it interesting. I don't know if they are trying to lecture and teach out of books" (Interview, May 1992).

What are the attitudes and perceptions of the educators who are involved with Luke?
The school counselor assigned Luke to a teacher for a class to help students who need individualized attention. This teacher assisted students with assignments and provided a support system to help them stay in school. The class met during the third period of the school day.

The teachers reported Luke did not volunteer questions or information in the classroom and spent time alone. He completed his tasks, followed instructions, was clean and well-groomed. Luke was not violent and followed the rules.

Luke participated in wrestling; he belonged to no organizations. The counselor observed Luke got along with his peers but there was a distance; his mood was one of sadness.

The school counselor viewed Luke’s assets and liabilities as being “academically successful despite being involved with a much less successful peer group; his liabilities are his inability to take ownership for success and not attending school regularly” (Interview, May 1992).

What strategies are used by the school counselor in the intervention process of Luke’s school-avoidance behavior?

The counselor reinforced the family’s decision to seek professional counseling for Luke and encouraged him to return to school in the fall. The school staff emphasized an open-door policy and their assistance to ease his return.
Kate: Case Study Three

Identification

Kate, a 16-year-old tenth grader, attended a suburban area high school. She was absent 94 days during her tenth grade of school. Kate resided with her mother and two adult sisters in a suburban community. She was immaculately dressed, and spoke in a soft voice. Kate was open and would answer questions about her school-avoidance experiences, but she did not initiate a conversation.

Family history

Kate’s parents were divorced when she was 15 years old. Her mother was a teacher and her father an accountant. Kate did not want contact with her father; she had a difficult time sharing feelings with him. Kate expressed to her mother that she felt lonely, dumb, and that people did not like her. Two older sisters lived at home. An older brother lived in another suburb and had a business where Kate worked during the summer. She and her mother went bicycle riding, shopping, and walking together.

School history

On the Iowa Test of Educational Development, Kate’s composite score was 76 on the national percentile norms. The Iowa Test of Basic Skills administered in eighth grade placed
Kate at the percentile rank of 64 using national fall norms. She had grades of As, Bs, and Cs during her ninth grade year; the grades were Ds and Fs in tenth grade. She missed 27 days of school during her ninth grade year and 16 days during her eighth grade school year.

Developmental and medical history

Kate was born two weeks premature; however, developmental milestones were met at the appropriate times. She had a history of pneumonia and asthma. She attended an in-patient adolescent treatment program for 60 days in order to treat the school refusal during her tenth grade school year. Kate shared her fears about answering in class because she was afraid of sounding dumb, being criticized by anyone, and being yelled at in front of a class. She did not feel comfortable going to school. She denied use of illegal drugs, alcohol, or tobacco.

Interests

Kate's interests included reading, bicycling, tennis, softball, writing, computers, and music. She enjoyed writing poetry; one of her poems was published during her ninth grade year of school. Kate stated her goal was to become a pharmacist or a doctor.
Research questions

What are the characteristics of school-avoidance behavior as exhibited by Kate?

Kate entered an adolescent in-patient treatment program during her tenth grade school year because she had anxiety about attending school. She believed the anxiety onset originated in sixth grade when other students made fun of her hair style. She used excuses such as stomachaches to stay home and avoid school but the real reason was "because I didn't feel like I looked my best that day. In seventh grade I started staying home more. In eighth grade I went to a new school and people were not as critical of each other" (Interview, May 1992).

What is unacceptable about the school environment to Kate?

Kate explained she did not go to school in ninth and tenth grades if she felt she did not look perfect. "In the mornings I just take my time and make it so that I look just perfect. Every day I feel like I have to look perfect" (Interview, May 1992).

Kate felt the teachers called attention to her on numerous occasions. In seventh and eighth grades, the teachers called on Kate for the answers to their questions
when she did not raise her hand; when the teacher left the room, "they would make me watch the class. It was embarrassing because when the teacher came back, I had to give a report" (Interview, May 1992).

What is the parent’s pattern of interaction with Kate and the school?

Kate missed three weeks of kindergarten when she broke her leg. Her mother finally told Kate, "Well, crutches or not, you have this cast and it’s cute and you can just go to school anyway. So I just bodily took her to school. I made her go anyway" (Interview, May 1992).

Kate’s mother described Kate’s school-avoidance behavior as:

In seventh grade it was just a battle every day trying to get her to go to school. She just thought everybody hated her. She hated her school. In the morning, sometimes she would get half dressed. Sometimes she would just piddle around. She would be in the shower for two hours. But on some mornings she would get dressed and then she would go in and comb her hair, put her make-up on. I always thought, ‘You’re just nuts.’ She would just take her powder and she would powder herself for hours. I would say, ‘Hurry up.’ Then all of a sudden she just burst into tears and screamed, ‘Well, I’m too ugly and everybody hates me and I hate this school and I’m not going.’ One day I talked her into going in the car. About halfway down the street she started bawling and said, ‘I’m not going.’ My car has automatic locks. So I had my finger on the lock and she was all the time trying to jump out of the car. I thought, surely by the time I’m sitting out in front of the office somebody will see her and she will stop this awful bawling. She was having a royal tantrum,
screaming her head off. She said, 'Why are you doing this to me? I’ll kill myself.' (Interview, May 1992).

According to Kate’s mother, on many occasions she came home from her teaching position at noon and found Kate in bed. Kate insisted everyone hated her. The ball team members told Kate’s mother they liked Kate and thought she was too quiet.

Kate’s mother described an aspect of the relationship between Kate and her father:

Her father does not call to see how she is doing. He entered her work place one day last summer, grabbed her by her throat, and said, ‘Well, you better be playing ball. I don’t want to hear that you are quitting.’ She has said at different times, ‘Well, Dad doesn’t care if I live or die. All he cares about is if I play ball. Her dad always criticized. Nothing was good enough. (Interview, May 1992)

Kate’s mother described the progression of Kate’s school-avoidance behavior. "She has had the same routine for the past two to three years, just with little symptoms. There was always some physical symptom, a stomachache, headache, sore throat" (Interview, May 1992).

**What are the attitudes and perceptions of the educators who are involved with Kate?**

The counselor reiterated Kate had attended approximately one-third of the school days on the school campus during her tenth grade year. Teachers reported Kate was quiet in the classroom, did not appear confident, did not feel comfortable
in school, and did not perform to ability in academic subject areas. The counselor noted intelligence and sensitivity as Kate's assets. "She was very pleasant, but you just had to probe to get answers out of her. Then it was very short, like with a small sentence with just a few words or just a one or two word answer" (Interview, May 1992). The counselor stated:

Apparently there are some deep-seated things there that are bothering her. She is just not communicating at all. The teachers have commented that she does good work when she is there and knows what is going on. I think the only companionship maybe she has was with her mother. Mom usually excused her. So basically she enabled her to miss. She always looked pretty good when she was in here but she looked depressed. There must have been things beyond the verbal abuse because to have a young lady like Kate who is not homely at all, a very attractive young lady, and dresses neatly and things of that nature, for her to be depressed--hopefully, the hospitalization will find some of those and help her get through this. She is unhappy. (Interview, May 1992)

**What strategies are used by the school counselor in the intervention process of Kate's school-avoidance behavior?**

The school counselor coordinated the school assignments from Kate's teachers and the communication regarding her progress with the staff when she attended the adolescent treatment program. The school gave Kate credit for the classes she completed at the hospital school. The clinical educational consultant with the treatment program was supportive of Kate and made contacts with the counselor to keep her in school following discharge.
Identification

Thomas was a 10-year-old male in the fourth grade in a rural school. He lived on the family farm with his mother, father, and a younger brother. He missed 12 days of school during the fourth grade. Thomas was quiet and spoke softly. He was neatly dressed and appeared confident during the interview in the family’s farm home.

Family history

Thomas’ father was a farmer and his mother had a part-time position as a librarian. His parents were college graduates. The family was preparing for the birth of another child. His grandparents lived in the same community and helped with the nurturing of the children. Thomas spoke with respect toward his parents. "I get along real good with Mom and pretty good with Dad" (Interview, May 1992). His mother stated Thomas could be stubborn and did not listen sometimes; his best characteristics included being intelligent and he had a loving, kind, sensitive disposition.

School history

The cumulative record revealed Thomas received satisfactory marks in all his academic subjects. He attended the same school for the past five years. There was no
evidence of any attendance problems prior to this school year according to the record; the days absent ranged from three to five per year.

**Developmental and medical history**

Thomas had lung congestion after a difficult delivery; he was placed in an incubator for the first 48 hours following delivery. At 14 months, he had febrile convulsions. The developmental milestones were met at the appropriate times. Thomas had pneumonia when he was seven years old. Medication was prescribed for his allergies. The family history showed Thomas’s father received short-term psychiatric care for one episode of exogenous depression. The family consulted a psychiatrist about Thomas’s refusal to attend school.

**Interests**

Thomas stated he liked to play ball and help with the farm chores. He joined a 4-H club. He had many friends and enjoyed having them stay overnight. Thomas liked his school bus driver.

**Research questions**

*What are the characteristics of school-avoidance behavior as exhibited by Thomas?*
Thomas complained of feeling hungry after eating, his legs hurt, and he tired easily. His knees shook and he felt wobbly. Thomas was satisfied with his work in school although he did not think he learned much in fourth grade. He described his feelings about fourth grade:

I liked school before this year. The mornings are what I dread the most. I never look forward to eating lunch because I always feel sick to my stomach because I know the teacher will make me eat stuff I don’t want to. After that, the rest of the day was fine. . . . Miss . . . threatened to hit me. I got sick on the field trip. She said if I didn’t act like the other kids she was going to hit me. I don’t like to eat lunch because I am afraid I will get sick and vomit and be embarrassed in front of my classmates. (Interview, May 1992)

Thomas described the fourth grade classroom he would most like to be involved in as "one that the students pretty much can decide what to do and the teacher is there to just teach and not watch every move" (Interview, May 1992).

**What is unacceptable about the school environment to Thomas?**

Thomas always enjoyed school; there was never a problem prior to fourth grade. His mother explained:

I think he looked forward to going to fourth grade but then this all started with his teacher and it gradually kept getting worse until it must have been November when all this rebellion about going to school started. That is when I knew that there were problems going on. Basically, I think it probably started from day one. It just accelerated. We went to conferences and heard this awful conference, all these problems with my child. I had always heard little scuttle-bug that this teacher had a tendency to pick on boys--that she had a tendency to single out one or two kids and make the year difficult.
for them. But we basically started getting telephone
calls from her and notes telling us that Thomas was doing
wrong all the time. It's pure hell. (Interview, May
1992)

What are the parents' pattern of interaction with Thomas and
the school?

At the fall conference, the teacher told the parents
Thomas did not want to eat. His parents were aware Thomas was
vomiting in the morning prior to boarding the school bus.
Thomas came home one day and told his parents the teacher
said, "If you don't eat your lunch today . . . I'm going to
kick your rear end" (Interview, May 1992).

The teacher sent notes and made telephone calls to the
parents telling them their son was a "misfit." Thomas' mother
stated, "I'm not one to immediately say the teacher is wrong.
I thought, my gosh, there really must be a problem with
Thomas. So I was telling him not to give her a hard time"
(Interview, May 1992).

Thomas did not eat breakfast in the morning, vomited,
missed the bus, and did not talk about his feelings toward his
teacher with his parents. His mother described fourth grade
as:

an awful year in my life. I got to the point where I
hate to sit down at the table here at noon because I know
the phone over there is going to ring and it will be her
calling about something. He didn't eat his green beans
today. (Interview, May 1992)
The fourth grade teacher taught in the school system for 26 years. His mother described the characteristics of the teacher as using the same method of teaching for the last twenty-six years. Perfect handwriting! She wants perfection, and I imagine that is why some of those kids don’t meet up to her standards. When we were first getting notes and telephone calls, I’m not one to immediately take sides with either one. I have always tried to be a little bit fair. You know, let’s get both sides of the story, find out what is going on. I would tell Thomas to try and get along with her. Maybe you are doing something that is really irritating her. But as we got into this problem more and more, I realized the problem was with the teacher. She was causing much of the problem. I don’t know what her criterion is—why she picks on who she does. She has picked on teachers’ kids. I don’t think she is afraid to go after anybody. She just decides she doesn’t like the kid. I felt like a villain sending him out the door into this lion’s den, but I knew he had to go to school. I finally realized, ‘Hey, if I don’t stick up for my child, nobody is going to, and it is my job to get this problem alleviated. (Interview, May 1992)

Thomas’s father spoke with school board members about the situation with the fourth-grade teacher. The parents did not get help from the principal who reprimanded Thomas for his conduct. His mother expressed the lack of power the parents felt in this situation.

No matter how much evidence or whatever they had on her, I don’t think they would be able to get rid of her. But every year there is a child that is essentially destroyed—and a family. Nobody wants to rock the boat with this woman. We are just farm folks. We don’t make waves. We don’t rock the boat. We are just rural folks. (Interview, May 1992)
What are the attitudes and perceptions of the teacher who is involved with Thomas?

The teacher viewed Thomas as an intelligent boy who was doing well academically. However, she felt he had an emotional problem that was basically concerned with lunch and riding on a bus for field trips. The teacher stated he did not eat lunch and at the beginning of the year he cried and became upset during the lunch period. As the school year progressed, Thomas started crying during the morning session. The teacher perceived the situation with Thomas as:

during the morning he would cry, lay his head on his desk, rest his head on his arm, complain about going out for recess, and complain about not feeling well. He could make himself sick and vomit at any time. I suggested that he eat at least one thing on his lunch tray and there were days when he refused to eat anything and then went home and told his parents he had eaten. I even sent notes home telling his parents what he had eaten and they did not get them. He would tell me he had eaten breakfast and I would find out by contacting the parents that he had not eaten anything. He did not want to go to a school seven miles away for a program on rope-jumping. He did not want to go out for recess, did not want to eat and he cried. His classmates are wondering what is wrong and have been trying to persuade him to eat some food. He still joins with them in playing basketball during recess, but I'm wondering how much longer they will accept him as some are beginning to make fun of his crying and actions. He is at the point where I am beginning to wonder how long he will continue to make academic progress and how long his physical status will remain as it is. (Interview, May 1992)
What strategies are used by the teacher in the intervention process of Thomas' school-avoidance behavior?

There was no intervention process by the teacher or the administrative staff. The parents sought professional help to get through the year; they contemplated sending Thomas to a parochial school in a community 30 miles from their farm. They elected to stay in the school system and get through the year.

Shannon: Case Study Five

Identification

Shannon was a 13-year-old female who lived with her mother and a 6-year-old sister in low-rent housing. She attended sixth grade in a school located in a rural county seat town and missed 20 days of school. Shannon was open about discussing her experiences, smiled, and was cooperative. She was dressed neatly and had good eye contact.

Family history

Shannon's parents were divorced when she was two years old; she had no contact with her biological father. Her mother worked four hours a day as a cook. An older sister chose to live with relatives and attended high school in the same district.
School history

The present school system was the fourth district Shannon had attended; retention was in the first grade. According to Shannon’s cumulative record, she scored in the average range of intelligence on the Wechsler Intelligence Scale for Children-Revised administered to her in the fourth grade. In addition, the following grade equivalents were recorded for the Woodcock-Johnson Tests of Achievement administered in the fourth grade: Total Reading grade score at second grade, eighth month; Total Math at third grade, ninth month; General Knowledge at second grade, eighth month; and Total Written Language at third grade, three months’ level. At the Individualized Education Program staffing, the recommendation for her learning disability was to provide a resource person for one period per day. No support services were recommended. The record noted that Shannon was not disruptive in the classroom.

Developmental and medical history

Developmental milestones were met at the appropriate times; the record showed a normal developmental physical growth; visual, auditory, speech, fine and gross motor skills were within the normal range. Shannon weighed 160 pounds and was 5 feet, 6 inches tall. There was no evidence of any major illness. Shannon denied the use of any illegal drugs, alcohol
or tobacco. Her mother had a history of treatment for depression. Shannon saw a mental health therapist for her school-avoidance behavior during her sixth grade school year.

**Interests**

Shannon did not participate in any school or community organizations. She liked to play basketball on the court beside the family living quarters; she described herself as a sports fanatic.

**Research questions**

*What are the characteristics of school-avoidance behavior as exhibited by Shannon?*

Shannon liked school previous to the sixth grade. She explained her feelings about sixth grade:

> I kind of felt nervous because of the teacher. She would get on my case all the time. She would make me stay in the room after everybody went to lunch because I missed a certain amount of problems on the math or something. I would have to stay in the room while everybody else ate lunch. (Interview, May 1992)

The teacher disciplined Shannon by requiring her to remain after school for 15 to 30 minutes to finish her math assignment. Shannon added:

> By January, she got on my case all the time. She turned into being a real witch. I started crying. I told my mom. She told me she was going to talk to the principal. She told him if he didn’t start having that teacher treat
the kids right or something that she was going to have her kid taken out of school. (Interview, May 1992)

Shannon cried at school, did not eat her lunch, and complained of a stomachache. As Shannon explained, the symptoms were further exacerbated by

getting into harder math and I can’t do it that fast. I told her I needed more time to do my math. She didn’t listen to me. She just wouldn’t listen that I needed more time so I would sit back down and ask someone else to help me. (Interview, May 1992)

What is unacceptable about the school environment to Shannon?

Shannon’s mother stated Shannon’s teacher "picked on her. The teacher would not let her eat lunch with her class. Shannon always complained of her stomach bothering her. She would make up all kinds of excuses so she wouldn’t have to go to school" (Interview, May 1992). Shannon’s mother did not hear positive statements about Shannon or her work at the parent-teacher conference. According to Shannon’s mother, Shannon’s fifth grade teacher enjoyed her in the classroom and thought she was "a great person" (Interview, May 1992).

Shannon stated she had a fear of failing in school, did not like entering the school room and talking with her teacher. "My hands shake and feel sweaty. I feel sick to my stomach" (Interview, May 1992). She liked math, English, social studies, science, and reading but did not enjoy music, art, or physical education.
What is the parent's interaction with Shannon and the school environment?

Shannon's mother told the teacher, "I'm tired of you verbally and mentally abusing my daughter. I'm going to do something about it" (Interview, May 1992). According to Shannon's mother, she went to the principal but he would not do anything. Shannon's mother had strong feelings about taking action to get her daughter out of the situation.

I said I would go to jail first. I wasn't going to put her through it. So, I was going to transfer Shannon once and told her she wasn't going back to that school. She said, 'No, I want to stay here and try to make a go of it.' Well, the teacher laid off her for awhile; then, all of a sudden it started again. I said, 'That's it. You're not going back.' (Interview, May 1992)

Shannon wanted to force herself to go to school; she wanted her teacher's approval. When she was home, she played basketball, interacted with other children in the area, and appeared fine.

Shannon's mother expressed her opinion of the teacher as:

If you are not high class and you're not smart she doesn't want anything to do with you. Two kids were taken out of her class in one year's time. See that makes her look bad. Because one day another little boy said to her, 'Miss , You have all the smart kids in your class.' She said, 'No, All but three, my Shannon, B. J., and Billy.' (Interview, May 1992)

Shannon's mother appealed to the school board; they granted Shannon permission to transfer to another school in the district in the seventh month of the academic year.
Shannon lived three blocks from the original school so she could walk; the new school was two miles from her home which required her mother to drive her each morning and afternoon.

Shannon liked her new teacher. Her grades went from failing to average marks. Shannon's mother described the difference in Shannon as "now she is up and ready to go to school before I'm even out of bed to take her. No tummy aches! She eats her lunch now" (Interview, May 1992).

What are the attitudes and perceptions of the teacher who is involved with Shannon?

The teacher at the school where Shannon transferred to perceived Shannon's mother as bellicose and a parent who did not value education. She described Shannon as:

- a frequent absentee. In this planet she is a child that is loaded with apathy. She doesn't really care. I see no peer development at all. There is really no focus on education in the home at all. They are living in a housing development so priorities are a little bit skewed. I think she really wants friends, but I don't believe she has the vaguest idea of how to do it. (Interview, June 1992)

The teacher further commented on her perceptions of Shannon's home environment:

She is sometimes helpful, coming up to me and saying, 'Can I do that?' and I say, 'Yes.' I guess I don't believe this girl really really knows what love is. I think that she wants to do things for you because maybe she wants you to respond by loving her. (Interview, June 1992)
The teacher stated Shannon rarely raised her hand, did not volunteer questions or information, and was not relaxed in the classroom. She felt Shannon had low ability but could compensate by putting more effort into her work.

At times she works hard at tasks. Often times she has a wall that is impossible to get through. It's almost a superior attitude that school can't do anything for her. She's just putting in her time. Her mother is a contributing force in her attitude. (Interview, June 1992)

As the researcher tried to draw out positive statements about Shannon, the teacher leaned back, smiled, and related:

The only thing I saw responsive in her was two days ago. We were getting some papers, and she was in early in the morning and there was a decision we had to make about what we do with this particular thing. I looked at her and said, 'What do you think?' and she really responded to that. Now, don't ask me why unless she thought maybe I did value that she could think. (Interview, June 1992)

What strategies are used by the teacher in the intervention process of Shannon's school-avoidance behavior?

The teacher spoke about her philosophy of education for Shannon (who was failing previous to her transfer) and the other children in similar situations.

Well, I am responsible to make sure that she learns and I have to grade her on that. I give them review sheets for tests. I hold study sessions before and after school. Once in awhile she took retests because she failed the first test. And when she did study for them, she didn't do badly. I do that with kids that have trouble. I just want them to have success. (Interview, June 1992)
Craig: Case Study Six

Identification

Craig, age 13, was in the seventh grade in an urban school. He was absent from school for 70 days in his seventh grade academic year. Craig lived with his mother and younger sister in an apartment in the city. During the interview, Craig appeared sullen and spoke softly. He hung his head as he fidgeted with his hands, and he had tears in his eyes at various times.

Family history

Craig's parents were divorced when he was five years old. His biological father, a self-employed carpenter, lived 200 miles from the family. Craig stated his father had a problem with alcohol; he had sporadic contact with his father. His mother was a nurse who worked the day shift at a local hospital. Craig's mother heard Craig say, "I'm a failure. I feel like killing myself." (Interview, May 1992). She described Craig as "kind and has a good personality" (Interview, May 1992).

School history

Craig attended kindergarten and first grade in a rural school district before he transferred to the urban school in second grade. His marks were A and B grades until fifth grade
when he received failing grades. The Iowa Tests of Basic Skills administered in sixth grade ranked him at the 71 percentile on the composite score using the national norms. Craig was placed with a resource teacher in fifth grade; he attended regular classes with the resource teacher in the room.

Developmental and medical history

Developmental milestones were met at the appropriate times. Craig was six foot, one inch tall, and weighed 160 pounds. Craig’s mother stated he had two abnormal electroencephalographs when he was 12 years old. He did not have petit or grand mal seizures nor a change in behavior; the neurologist made a diagnosis of absentee seizures. Craig attended an in-patient adolescent treatment program at age 13 for refusal to go to school. Medication was prescribed on a temporary basis for depression. He denied the use of illegal drugs, alcohol or tobacco.

Interests

Craig did not participate in school or community activities. He enjoyed art and music classes; he studied a musical instrument. Craig stopped playing competitive sports because he felt he did not do well and could not handle the
competitive attitude. His mother encouraged him to study automobile mechanics as he liked to build things.

Research questions

What are the characteristics of school-avoidance behavior as exhibited by Craig?

Craig stated he could not get on the school bus. When his mother drove him to school, he could not get out of the car to enter the school building. He described his stomach as feeling "icky and my legs feel weak. I start getting dizzy and feel like I'm going to fall over. I breathe fast, my heart beats fast—lasts until I leave. My body shakes." (Interview, May 1992). This feeling of stomachache and dizziness started in sixth grade and became worse in seventh grade. According to Craig’s mother, he clung to her with a tight grip as they entered the school building.

What is unacceptable about the school environment to Craig?

Craig said, "I don’t like all of these teachers. They threaten me. They don’t listen to me" (Interview, May 1992). Craig wanted to be placed in a classroom with one teacher; he did not like the change of classrooms for each period of the school day.
According to Craig's mother, he liked to work at his own pace. She explained:

He had a math teacher last year who let the kids take the unit tests at the beginning, and if they could do them, they didn't have to do that unit in math. The teacher let him work into the seventh and eighth grade books. He got an A in math. So when he got to seventh grade he had already done the book, and this seventh grade teacher wanted him to do it again. He told me, 'I'm not doing it. I've already done it.' They thought about putting him in an advanced math class, but then they thought the class was too full and he wouldn't be able to handle it. There has been nobody that has really challenged him. There was a science project and he had to build an atom. He sat down with his Styrofoam and he did this wonderful project. He got an A plus on it. (Interview, May 1992)

What is the parent's interaction with Craig and the school environment?

Craig's mother felt his school-avoidance behavior began in fourth grade; he went to school the first quarter, but he had difficulty going during the winter months. She thought it could be a seasonal depression because Craig improved during the spring; she had no problems with him during the summer. She described the steps she took to get help for Craig:

He wasn't talking with his friends. He just wanted to sleep. He went from the bed to the floor in the living room with his sleeping bag. He would stay there all day. He never changed out of his pajamas. He didn't want to go shopping with me which wasn't typical for him. I asked that he be hospitalized in November. In March he tried to go back to school. They started him on a four week program where he could go to one class and then work it up to a full day. He got up to half days and then wouldn't go when it came time to go full days. He could tolerate half days but not full days. He was at the
point of being hysterical. He just didn’t understand why nobody understood he couldn’t go. It made him dizzy, lightheaded, and sick to his stomach. (Interview, May 1992)

According to Craig’s mother, she tried to discuss his learning style and asked the teachers to individualize his education. She told the teachers:

He doesn’t like repetitive work. He gets it on the first or second problem and he understands it. I tried during fourth and fifth grade to tell them not to give him thirty problems at a time. It overwhelms him. He looks and thinks, ‘Oh, look at all these problems. I’ve got fifteen minutes to do it’. Then he sits there and worries that he is not going to get it done in fifteen minutes and he takes ten minutes worrying about what he is going to do. He doesn’t stop until it is done. He is a perfectionist. It is never good enough. If he can’t do it like this then he is not going to do it at all. I tell the teachers and they look at me like I’m crazy. They feel Craig doesn’t try, but they don’t know him or live with him. (Interview, May 1992)

In assessing himself, Craig stated he “would like to know how to motivate myself. Sometimes I start and finish or I start and don’t finish. I want to work to learn how to finish what I start” (Interview, May 1992). Quoting Craig’s mother:

I think they have waited too long. There is nothing to be motivated for. He likes to learn. He likes to learn about cars and how to put cars together. They don’t show the practical end of it. You need math because when you put a car engine together you need to know how to do that or you need spelling because when you write the order form to send it in to order these car parts, you have to be able to spell them. They don’t do this. There is no practical tie in. (Interview, May 1992)

Mother described the school environment she wanted for Craig as
more hands-on stuff. I would like to see the grading system different. When he gets Ds and Fs, he never wants to try again. He feels he can't do it—the 'why should I try it' attitude. I would like smaller classrooms with more individual attention. They did a unit in English on King Arthur; they role played it and he likes that. (Interview, May 1992)

What are the attitudes and perceptions of the school counselor who is involved with Craig?

The school counselor worked with Craig for three years. The rationale to place Craig with a resource teacher in the regular classroom was to assist Craig with the extra one-on-one help. However, he did not raise his hand to receive the extra help from the resource teacher.

The school counselor described Craig's ability as measured by the Iowa Test of Basic Skills as "always at or above grade level. He is a passive kid in the classroom; he is not violent" (Interview, June 1992).

The school counselor explained one reason Craig was failing in some of his classes was due to the lack of understanding by some teachers on how Craig learns. An example was "his science teacher is one of these that you sit your feet on the floor and back against the seat and do what you are told the first time and you keep your hands folded" (Interview, June 1992).
The counselor saw leadership ability as one of Craig's assets. He saw inconsistency in his school work and a tendency to dominate the home and school situation as a liability. The counselor expressed concern about the lack of a positive male figure in Craig's life.

What strategies are used by the school counselor in the intervention process of Craig's school-avoidance behavior?

The school counselor supported Craig's mother in seeking psychiatric consultation and cooperated with the staff associated with the adolescent treatment program for Craig's school refusal. The school gave Craig credit for the assignments completed at the hospital school.

Beth: Case Study Seven

Identification

Beth was a 12-year-old female who lived with her mother and younger sister in a suburban home. She was enrolled in the sixth grade in a suburban middle school; Beth was absent for 20 days during her sixth grade school year. She was neatly dressed, spoke in a soft voice, and was cooperative.

Family history

Beth's family moved to this suburb in August of her sixth grade school year. Her mother stated they moved to get away
from Beth’s biological father. A nine-year-old sister lived with their father and stepmother in an adjoining state. The parents were divorced when Beth was 10 years old. Beth stated she did not get along well with her father; she did see him once a month for a week-end. She did not get along well with her stepmother either “as I never really wanted her to be my step-mom” (Interview, May 1992).

Beth’s mother worked part-time outside the home before the divorce; she worked 50 hours per week to support herself and her daughters following the divorce. Beth felt she and her mother had a good relationship. Her mother coached her softball team and taught her Sunday School class. They played darts and ping-pong, watched movies and television, went bicycling together, and had long talks.

Beth’s father visited her school one time and requested a copy of the report cards to be sent to him.

School history

Beth’s record showed satisfactory marks. She scored in the 79 percentile on the Mental Ability Test. The remarks entered on her record by her sixth-grade teachers noted Beth had inconsistent effort, needed to follow directions, and the material she was studying was at the sixth grade level.
Developmental and medical history

Beth’s auditory problems were corrected in early childhood; however, the auditory problems caused a developmental speech delay. The other developmental milestones were met at the appropriate times. Beth stated her fears were: getting bad marks in school, having her mother go away overnight, and being yelled at by her father. She complained of nausea, abdominal pain, arm and leg pains, and difficulty with sleep. Beth saw a therapist for her school-avoidance behavior.

Interests

Beth’s interests included collecting panda bears, playing volleyball, basketball, softball, and going fishing and camping.

Research questions

What are the characteristics of school-avoidance behavior as exhibited by Beth?

Beth had difficulty leaving home in the morning for school, riding or walking to school, going into the school building, going into the classroom, and talking to her teacher. She was nauseated, dizzy, had ringing in her ears,
her hands shook, and she complained of pain in her arms and legs.

**What is unacceptable about the school environment to Beth?**

Beth thought of her mother when she was in school. She explained:

I worry about Mom when she goes out at night. I would like to tell Mom that when she promises something to keep it. Like if she says she is going to the bar around 12:00, so that is like between 12:00 and 12:15, then she will stay until like 1:00. Then I don't know what has happened to her, and I will get really worried. If she is back at the time she tells me then I don't worry. I have like an alarm set in my head. So I just wake up, and if she is there I just go back to sleep. I sleep in her bed until she gets home, and then she will carry me to my own bed. I worry about Mom. When she sees a guy, she ends up getting hurt all the time all over again. This has happened since my Dad moved out. So I don't want to see that happen. (Interview, May 1992)

**What is the parent's pattern of interaction with Beth and the school environment?**

Beth’s mother stated Beth was slow getting ready for school. She did not walk to school; her mother drove her. "One time I made her walk and it was a real big force. We got into a big argument" (Interview, May 1992). Beth’s mother expressed her feelings about Beth and her sister:

If she could she would sleep with me every night. This started four months ago. I don't know if they are afraid that Dad is going to pull something, like he keeps threatening that he is going to do. He tells them he is going to take them away from me. They might be afraid of
that and they have to get all they can of me. They need to get as much as they can now. (Interview, May 1992)

Beth’s mother described the relationship between Beth and her father:

We even had one of the teachers at school tell her father to quit calling her stupid because she wasn’t stupid. When they were little and they would fight, he would tell them that if they didn’t shape up he was going to leave them. He did! They still feel that. They still remember that. (Interview, May 1992)

Beth’s mother took one night a week to go out with her friends; she left the house around eight o’clock. She explained:

They are always ready to say, ‘Go ahead, Mom, go on out.’ She refuses to go to sleep. I come home around midnight, and she is crabby and cranky and says, ‘Oh, you are 5 minutes late or you’re 15 minutes late,’ or ‘How come you didn’t call me?’ and ‘I was worried about you.’ She just turns into my Mom. They are both in my bed when I come home because there is a TV up there and the phone in my room and the bed. Which I feel is real safe. They are right by the phone, and I carry a beeper whenever I go out. Well, if it hits 12:00 and I’m not home, the beeper goes off about 5 times. Then I get in the door and it is, ‘how come you weren’t home at the time you said you were going to be home?’... But she will start crying and saying, ‘I was so worried about you and where have you been?’ She is taking on the parent role. (Interview, May 1992)

Beth’s mother attended the parent-teacher conferences, but did not discuss Beth’s reluctance to attend school. She felt one of Beth’s teachers was too rigid in her approach with Beth. Beth would dispose of her school papers at school because of the remarks written on them by the teacher, and she did not want her mother to see her papers.
What are the attitudes and perceptions of the school counselor who is involved with Beth?

The school counselor’s initial contact with Beth was at the beginning of her sixth-grade school year when she enrolled. The counselor expressed concern about Beth and her school progress. He stated:

The teachers said she was withdrawing in the fall. But Mom, I think is paying a little bit more attention to the situation and Beth realized that Mom does really care quite a bit about her. But I do feel the Mother is doing the best she can in a difficult situation. A lot of the things Mom has seen, we haven’t seen here at school in terms of not wanting to come to school. We know that it is probably true, but we haven’t seen it here. (Interview, May 1992)

The school counselor added:

Beth is a quiet, reserved child. She has adequate skills but not really motivated to learn. She is more withdrawn and keeps her feelings locked inside. Her energy level is what I consider extremely low but she is usually pretty bright eyed—If the dad can become a little more supportive—I don’t know if he understands the trouble that kids go through when parents split up like that. He has got to be more supportive of the mom. I have just seen so many of these divorces with the dad gone, but he wants to still maintain control of the kids. (Interview, May 1992)

What strategies are used by the school counselor in the intervention process of Beth’s school-avoidance behavior?

The school counselor held weekly team meetings with the teachers at each grade level. He commented on the approach he
would use in the future with Beth and other students in a similar situation.

Well, the interventions we would have in a situation like that would just be to visit with them. I would just spend more time with her. The teachers would probably do that more than me because in our setup here we have a situation where the teachers can provide more individual attention to kids. I imagine . . . she would be one of the kids next year that I would put on the team program with teachers who are willing to do that type of thing. Some are willing and others are not. (Interview, May 1992)

Don: Case Study Eight

Identification

Don was a 17-year-old male who lived with his parents and his 14-year-old brother. He attended a rural school district in the county seat town where the family resided. Don was in the eleventh grade; he missed 28 days of school in that year. The six-foot, one inch teenager had good eye contact and articulated his feelings forcibly; he expressed anger. Don also worked at a restaurant for three hours during the evening shift.

Family history

Don’s parents attended school and were married in this community. The father’s work took them to another state for 10 years until the company closed. The family returned to the community to reestablish and find work. His father drove 50
miles to his work; his mother worked for a doctor in the community. Don described his relationship with his father as having "a conflict for a long time. I just never said anything. I just got tired of it. Well, I hated him a lot. I just never told him" (Interview, May 1992). The relationship with his mother was good; they expressed affection for each other.

School history

This was the third school district Don attended; the first was a school in another state. He attended a suburban school during his ninth grade; he enrolled in college preparatory classes where he excelled. The current school system did not offer a college preparatory curriculum. Don failed algebra in tenth grade; however, he passed in eleventh grade. The Iowa Tests of Basic Skills administered in the tenth grade ranked Don at the 60 percentile in his composite score using national norms.

He liked his social studies, history, industrial arts, and physical education classes. He earned an "A" in his foreign language class. He did not like art or music classes.

Developmental and medical history

Don's developmental history was within the normal range. He had asthma; no medication was prescribed. He denied the
use of any illegal drugs, alcohol or tobacco. Don saw a therapist at the local mental health center for his school refusal; his parents were also involved in family counseling.

**Interests**

Don enjoyed fishing, camping, and cooking. He enjoyed his work at the local restaurant; his goal was to become a manager. Don played football, golf, and baseball in the ninth grade; he dropped the school-sponsored sports because he did not get to play. He did not belong to any school or community organizations.

**Research questions**

*What are the characteristics of school-avoidance behavior as exhibited by Don?*

Don was discouraged about his grades. He related:

I couldn't keep my grades up. I could keep them up for a bit, but then I fell behind from being sick and being gone a couple of days. Just from then on out, my grades went down the tubes. I just never got caught up. I tried to get caught up, and they would be doing new stuff while I was still getting caught up on the old stuff. Some teachers tried to help me to catch up. The others said, 'You've just got to do it on your own or whatever.' They couldn't help me get caught up. (Interview, June 1992)

Don had difficulty sleeping, was eating less, and cried or felt like crying.
He did not look forward to going to school any day. Don felt one way to take care of his problem was to drop out of school. "I wouldn't have to worry about the grades if I dropped out of school. If I dropped out of school my parents wouldn’t let me live here and that would get rid of my family problems" (Interview, June 1992).

Don did not attend school dances, participate in the school plays, or trips. He liked the social times with other students as during the lunch period. He further commented "I’m a pain to a lot of people. I speak up when I am right. I do not have a good sense of humor. I can take the punishment if given. I do not like school" (Interview, June 1992).

**What is unacceptable about the school environment to Don?**

Don appreciated the teachers who went through the chapters carefully and thoroughly. He explained:

All my problems were arising at school. You have to understand it before you can go on but they don’t see it that way. They just see it as making their schedule, getting through this book by the end of the year. It doesn’t matter if you learn it or not. That is what a lot of teachers are like. They have got to make it to the end of the book by the end of the year. (Interview, June 1992)

The parents were critical of the school system and the mandatory school attendance laws. Don’s father spoke:
It looks like the laws are screwed up between age 16 and age 18. That 16 to 18 year old bracket is lost. I think they should be required to stay in school until they are 18 or 19 years old. (Interview, June 1992)

What are the parents' patterns of interaction with Don and the school environment?

Don's parents used several methods such as grounding, removal of privileges, taking driving privileges away to get Don to school; nothing worked. His parents resorted to "a lot of talking. You've got to go. You've only got so many days left--just mind games to get him back" (Interview, June 1992). Don's parents saw him as quiet and reserved at this time in his life. This was a change in behavior as "he used to be real outgoing and friendly. He has been quiet for about a year" (Interview, June 1992).

The teachers told the parents Don was a pleasant and polite student who did not assert himself in the classroom. The parents were concerned about the direction the school system was taking with its educational programs and the caliber of educators. Don's father voiced his view:

Teachers that were good teachers to us when we were in there, they don't teach anymore. They are at the bank. They are self-employed. They have their own business. They didn't fit into the system. The good ones left. The good ones leave. (Interview, June 1992)

The parents voiced their concern about the sports program in the school system. Don's father stated:
You see 80 some odd kids standing on the side lines, and the coach is still playing the same 12 kids, and they are losing by 48 or they are winning by 48, and he still plays the same 12 kids. (Interview, June 1992)

The parents participated in the little league programs as coaches and fund raisers.

The parents did not agree on how to discipline Don. The mother used verbal communication and tried to keep Don talking to her so she could listen to him and lend her support; she described Don as being sensitive. The father used physical force to get Don to school.

Don's mother's perception of why Don was not going to school was "it is his way of trying to say, 'Hey, I want control of my own life' (Interview, June 1992).

**What are the attitudes and perceptions of the school counselor who is involved with Don?**

The school counselor said Don was a quiet student who did not volunteer questions or information in the classroom. It was apparent that Don was not comfortable at school. The counselor further explained:

If there was a kid in this school that I thought would commit suicide, he is the one. I spent an hour with him yesterday. Dad was in here. I think there has been use of violence in the home. Don is not sure of himself. He has little confidence in his ability. He doesn't handle competitive situations very well. He follows the rules of the school ... is physically attractive. I don't have an hour to spend with kids, but I took the time to see him because I thought he was at a low point. He is
depressed. By the way Dad talked, there was physical violence used to get Don to school. It has come to that. (Interview, June 1992)

What strategies are used by the school counselor in the intervention process of Don's school-avoidance behavior?

The counselor supported the family's decision to seek professional help at the local mental health center. The school staff encouraged Don to remain in school and graduate the following year; he had three requirements to complete.

Becky: Case Study Nine

Identification

Becky was a 15-year-old female who resided with her parents and 7-year-old sister in a suburb. She was enrolled in the ninth grade in a suburban school district. Becky missed 88 days of school during her ninth grade academic year. The petite adolescent was neatly groomed. She spoke rapidly in a high-pitched voice. She was proud of the family home and took pleasure in giving a tour and showing her room.

Family history

Becky's father was a military professional in the community; her mother worked as a consultant in a hospital. Becky stated she got along well with her father. She viewed him as "very understanding, funny, one in a zillion, and he's
kind of my hero" (Interview, May 1992). Becky was fearful of disappointing her father. He was not often at home because of his professional responsibilities. Becky described her mother as caring, helpful, works a lot, and was not outgoing. Becky viewed their relationship as "arguing a lot" (Interview, May 1992).

School history

Becky attended preschool and an urban school prior to transferring to a suburban school for her eighth grade school year. Her mother remarked that her school performance was "excellent in the past but quite poor since the transfer" (Interview, May 1992). Becky missed 38 days of school in the eighth grade. On the Iowa Test of Educational Development administered in the ninth grade, Becky earned a percentile rank of 66 on the composite score using national fall norms. The Iowa Tests of Basic Skills placed Becky's overall achievement among eighth grade students nationally above average as shown by her composite percentile rank of 76.

Developmental and medical history

The developmental milestones were met at the appropriate times. Becky suffered an abdominal burn at the age of three. She had dust and cat allergies; she wore corrective lenses. The school-avoidance problem started in the eighth grade.
Becky complained of gastrointestinal pain, headaches, vomiting, difficulty falling asleep, and tiring easily. Becky attended counseling sessions with a therapist during her eighth grade school year. She enrolled in an adolescent behavior disorder program during the second semester of her ninth grade school year. The family was also involved in therapy sessions.

Her fears included going to school, failing in school, asking the teacher to repeat instructions, and being yelled at in front of a class. Becky was proud she said "no" to a group of students when they pressured her to do something she did not want to do. She denied the use of any illegal drugs, alcohol, or tobacco.

**Interests**

Becky’s interests included playing the violin, reading, shopping, and being with her best friend who attended her former urban school. She loved to talk on the telephone with her friends from her former school. She worked in her father’s office as a file clerk during the summer. She did not attend athletic events, school plays, or dances and did not belong to any organizations. She liked her math, English, history, art, and science classes; she did not enjoy physical education.
Research questions

What are the characteristics of school-avoidance behavior as exhibited by Becky?

Becky did not want to attend school when she was in the eighth grade. She often went late under protest; Becky was escorted to school by one of her parents during her ninth grade school year and the last semester of her eighth grade academic year. She stated, "I don’t want to be at school. I don’t feel like I belong at this school. I’m not as confident as I used to be; I’m more self-conscious" (Interview, May 1992). She described her symptoms as nausea, head felt tight and heavy, legs felt stiff, breathing was rapid, and the nerves were twitching in her stomach and legs. She squeezed her hands together and clenched her teeth.

The family relocated to the suburban community during the summer prior to her eighth grade year. Becky did not want to make new friends. During the first winter of the family’s relocation, her father was called to active duty. According to Becky, her relationship with her father remained ideal while she and her mother argued during the father’s absence. When Becky’s mother pushed Becky to go to school, she would lock herself in the bathroom. Becky threatened to cut her wrists with a nail file. She wrote a note on tissue, "Mom
will be happy when I’m gone" (Interview, May 1992). Her mother described Becky as withdrawn, angry, and making an occasional suicide threat.

As reported by Becky’s mother, Becky’s anxiety-related symptoms included feeling self-conscious, nervous, and worrying. She felt unloved and worthless. Other symptoms as described by her mother included sadness, fatigue, being argumentative, demanding attention, disobedience, tantrums, screaming, and she was aggressive toward her mother. Becky appeared confused and was unable to concentrate and to complete her schoolwork.

What is unacceptable about the school environment to Becky?

Becky spoke these thoughts about school:

I get really nervous and anxious. I guess I feel really overwhelmed by everything when I go to school. When my dad left I just like entered a depression and I just felt more numb all the time and I didn’t really know how I felt for a long time. There were days when we [Mother and Becky] would fight in the kitchen for a couple of hours and I would tell her [Mother] I didn’t want to go and she would try and talk me into it. Then I would lock myself in the bathroom for awhile. I felt really numb though when I was there, inside. It was the beginning of eighth grade and I went everyday and I was making friends, and I really fit in. But then my dad left. I just felt like part of me kind of died. I started feeling numb all the time then. I missed my friends. (Interview, May 1992)

Becky had a history of successful social and school adjustments. She stated:
Junior high was the best. I didn't want to miss any school in junior high. I really had a lot of friends, and I was beginning to find out who I really was in junior high. I got along with everyone almost. I loved school. (Interview, May 1992)

Becky expressed her apprehensive feelings about attending school during her ninth grade school year.

I worry that I know I can't leave no matter what. I know the nurse won't send me home, and no one will come and pick me up. So then I usually go to the bathroom, and I get all worried. I try and calm myself down so that I can think right. I just don't want to leave the bathroom at all because I get really worried. Sometimes, the teacher, way later on, would know I was hiding in the bathroom, so they would look for me and take me to my classes. I was up in front of the class because I had to take a test and I don't know if it's because I was kind of shaky. I started shaking really bad, I didn't really drop my pencil, but I felt like it was going to drop. I was just shaking really bad and was really nervous. I felt like my blood pressure just went through my head. It just hurt and felt really heavy. It went away after two-and-a-half minutes or so. (Interview, May 1992)

Becky and her parents worked with the school staff to keep Becky in school. The therapist consulted with the family and the school counselor to provide a private space for Becky at school. Becky explained:

We made a deal with the school. Put me in a room where I could get my homework done, so I could be in the school environment. Just so I could get myself back together again—that worked really good. I mean I was getting better. Then they put me in a room in the office or something, but everyone knew I was there. That was the hard part because it was the same room where people used the phone, and so everybody thought I had in-school suspension or they just thought I was there, and they didn't know why I wasn't in my classes. I just started going to my classes one by one--not all together. Then it ended up... I went to all of my classes for 3 weeks in a row. I was on time for all of my classes. I
gave 2 speeches in the three weeks. The people started to kind of respect me in a way because I was back into all of my classes. It was like they just knew I was improving. (Interview, May 1992)

Then Becky regressed to the point where she could not leave her home environment.

I just know I want to be there. I feel happier at home, too. I keep making bad impressions at school, and it's making it harder for me to go back because of all the impressions I have made. First of all, when I didn't go to my classes people knew I was skipping my classes, and so I kind of had the reputation as me being the 'gyp bird', and I'm just the girl whose dad went to war and she got really depressed. I'm the girl who couldn't go to her classes and the girl who has problems and the girl who was in that room for awhile and we don't know why. I think it scares people because of all the different impressions I give off, and I'm not like that at all. It's hard. Mainly it is the kids my own age that I'm afraid of. I mean I'm not afraid of them, I'm just afraid of what they will be thinking. I have been feeling kind of sad, but I don't know why I'm sad. I just know I'm really sad. I have been crying all the time, too. I haven't been able to sleep at all. I really never want to kill myself or anything. There are times when I just want to go away for awhile, I guess. I don't feel like I want to die or anything because I don't want to die. I just want to go away for awhile. Like when my mom picks me up in the car I just relax all of a sudden. I'm just more outgoing all of a sudden. (Interview, May 1992)

Becky's parents told her she could not return to her former school; they did not want to pay the tuition or provide the daily transportation. They also felt she should learn to adjust to new situations. Becky described her idea of a school she would like to attend.

I want to go someplace where there aren't a lot of cliques--some place where people can like me for who I am, and I don't have to put on an act to fit into a
clique or something--just some place where I can feel more free, I think; not dependent on anyone. I want teachers to respond to me like any other student. I like a free feeling. I can let go of everything and all of my worries. Now I just feel like I don’t have any room to grow or anything. I have become so self-conscious ever since I’ve been at that school because they just judge you so much there. I’ve never been as self-conscious as I have been now. I’ve been afraid to go. (Interview, May 1992)

What is the parent’s pattern of interaction with Becky and the school environment?

Becky’s mother stated the school-avoidance behavior started subtly. She explained the progression of Becky’s behavior.

Refusing to ride the school bus was probably the biggest issue. I took her to school. Maybe initially I thought something had happened on the bus because she didn’t want to go on the bus. In eighth grade . . . she spent a lot of time in the nurse’s office. I know that from the minute I talked to her in the morning until the time she went to bed at night it would be a constant struggle. We had a real personality conflict. She resented the fact that we moved. She resented the fact that she had no more friends. She thought her father left her. How could her mother let this happen to her. (Interview, May 1992)

Becky’s grades were lower in the eighth and ninth grades.

Quoting her mother:

I kind of attributed that to what she was going through with her dad being gone, and she had so much on her mind it was probably very difficult for her to concentrate. So, she went from A’s and B’s. Then in eighth grade she was getting C’s. Well, it progressed, and we were seeing D’s and incompletes—a lot of incompletes. She just was so afraid in eighth grade because junior and senior high school were all in the same building. She was afraid of
what was going to happen the next year. She was afraid of making friends because she hadn't really made any. I think she had maybe two people that she ever talked about at home, and to my knowledge she didn't call them. They didn't call her. (Interview, May 1992)

Becky's mother discussed the change in Becky's behavior when she transferred to the new school in eighth grade.

It was like night and day. It was like somebody turned a switch on. It didn't happen overnight but it happened very quickly. I looked at her and said who is this. It can't be Becky. The change was so drastic. If I just let her get up by her alarm clock, she'd be late, but if I tried to wake her she'd be late plus instantly hostile. Then the door locking would begin. She'd lock her bedroom door, lock the bathroom door, just to make sure Mom couldn't get in there to get her to get her out. The first couple of times I bodily removed her and put her in the car. I couldn't do that. It wasn't my nature. It wasn't right. I knew she had to be at school because I didn't want to get arrested. I didn't know she was hiding in the bathroom at school until I started getting these phone calls, 'Is Becky home today? She missed her first two classes.' Then they would find her. (Interview, May 1992)

Becky's mother commented on the school's approach to the handling of Becky's school-avoidance behavior.

I don't know if force is the answer because she took all the punishment they gave her. I just think they prolonged this much, much longer than they would have for any other student, and I don't think that was good for her either. It set her apart from the other students. They put her in a special room, but that was to help her finish her work. (Interview, May 1992)

Becky's mother stated her idea of a school for her children:

I think a smaller classroom size would be nice. I think a smaller teacher to student ratio. I think 15 is good. . . . Maybe a longer school year so that so much doesn't have to be crammed into a limited time. To me a coach is a coach. He shouldn't be teaching. If he is a teacher he should be teaching. If he is a coach he should be a
coach. It shouldn’t be a sideline to him. He can’t devote enough time to both things. Wouldn’t it be nice if they could all look at your child like they were the most important little thing in the world, like I really care about this child. I want to make sure this child does well and had no concerns, no worries. Let’s recognize needs, and interests, and encourage talents. (Interview, May 1992)

Becky described her family as the Leave It to Beaver ideal television family. She viewed the family unit as perfect and not having any problems. Her mother told Becky:

Oh, we’ve always had trouble. It’s just that you weren’t in the triangle before. You were there. Dad and Mom were there. Now you’re right here and you’re into all this that you don’t need to be into. She has realized that our family is not perfect. We have hurdles we are going to have to overcome. Family therapy is helping. I think we’ve decided that we’ve all been trying to protect Dad. Becky has always been afraid to tell him certain things because she would be afraid of disappointing him. She was honest with him when he would confront her, but for her to volunteer something that might harm him emotionally—no way would she do that. She would protect her Dad. (Interview, May 1992)

*What are the attitudes and perceptions of the school counselor who is involved with Becky?*

Becky’s school counselor cooperated with the family and made many attempts to assist Becky in her adjustment to her new school. However, the school counselor became exasperated. Quoting Becky’s counselor:

She has got to give it a chance to fit in. She avoids things--this stomach stuff, the pain and different things. I think she avoids eating here because she doesn’t want to get sick. One day she was just a basket case with me being upset about the fact of her stomach.
She really had a fear that there was something seriously wrong. We would get her crackers and milk and things because she would be afraid in the morning. She wouldn't eat breakfast because she was afraid she would get sick. So she then avoided the cafeteria during lunch, and that is a good time to socialize. (Interview, May 1992)

The counselor also worked with Becky to get her homework completed. She viewed Becky as a very bright girl who "gets it the first time. She has a neat little personality that I really like" (Interview, May 1992).

**What strategies are used by the school counselor in the intervention process of Becky's school-avoidance behavior?**

The school counselor spent more time with Becky than with other students in her caseload. She worked with Becky, her parents, the therapist, and communicated with the adolescent treatment program staff. The counselor iterated her work:

Something I did decide to do with Becky was that I was going to walk her to classes, and that must have just really taken hold with her because she suddenly did start going to classes. It was going to take a day or two that we were either going to make it or break it. And it worked. She was going to class then. But things then just started building up, the day that we had her in the front office. She was so upset and crying. . . . She has told me how hard she was on her mother during the war, threatening suicide and different things just to get at her mom because her dad was gone and Mom was the person to aim all this toward. She feels bad about some of those things. Mom tends to an enabler. . . . I would often give her hugs. I would give her the positive stroking and things. I would tell her I cared. She always knew I cared. (Interview, May 1992)
Becky and her school counselor had a good relationship; the counselor emphasized trust and honesty. When Becky hid in the school building and did not attend classes, the counselor escorted her to a room where she remained until school was dismissed.

But, boy, when we got upset she was here every night. When she got out the first night it was like, are you upset with me? What I thought of her was of the utmost importance to her. She didn’t want me to be mad at her. I told her I wasn’t really mad, a little upset though. I told her I was a little upset that she did this to me. I have a real thing when my kids lie to me. I let them know that I will go to bat for them, but don’t lie to me. Tell me the way it is. (Interview, May 1992)

After she invested many hours to help Becky, the counselor wanted to tell the parents "these are going to be the guidelines. She can either be here and be in class or you are going to have to find an alternate form of education for her" (Interview, May 1992).

Charles: Case Study Ten

Identification

Charles was a seven-year-old boy who lived with his mother and two younger brothers, aged five and four, in a suburban home. He attended morning kindergarten in a suburban school district; he was absent 12 days. Charles showed the researcher his play room which was strewn with toys; he was cooperative.
Family history

Charles' mother filed for divorce from his biological father; she expected the divorce to be final by the end of the school term. Charles' mother and father attended the parent-teacher conferences and the school activities. His parents were professionals in the community. His father left early in the morning and arrived home late in the evening; his mother tried to limit her work schedule to eight hours per week day. Relatives assisted in the daily care of the boys. The mother disciplined with withdrawal privileges for hurtful behavior; she rewarded caring, sharing, and fulfilling requested tasks with praise, hugs, kisses, smiles, laughter, and reading books to the children. Charles' mother involved the children in the cooking of the evening meal with appropriate tasks for them to contribute; they also sang while they worked together. His mother described Charles as happy, had a sense of humor, was intelligent and eager.

School history

Charles attended pre-school for two years prior to attending kindergarten. His kindergarten teacher stated Charles showed leadership, cooperative, cognitive, and problem-solving skills. His marks were satisfactory; he knew his letters and numerals but struggled with writing them. His teacher stated his motor skills were low. She observed
Charles closely for dyslexia; he had a difficult time with writing and held his crayons tightly. Charles wrote from the right to the left side of the paper. Charles’ father described himself as dyslexic. At the emotional level, the teacher saw Charles happy at school and not getting upset; he had a sense of humor.

**Developmental and medical history**

The developmental milestones were met at the appropriate times. Charles had asthma; medication was prescribed for him on an as needed basis. He was hospitalized at the ages of three and six for his asthma. Charles did not want to go to school. He complained of abdominal pain on school days; he had no complaints and was well on nonschool days.

**Interests**

Charles enjoyed video games, reading books about dinosaurs and stars, and riding his bicycle. He played with his two brothers and the children in the neighborhood. Developmentally-appropriate play equipment was placed in the family’s backyard.

**Research questions**

*What are the characteristics of school-avoidance behavior as exhibited by Charles?*
Charles rode the bus to and from school. He complained, "I just don't want to ride the bus because there is this boy that his dad smokes and it gets onto him and then it gets to me. . . . He sits beside me and the smoke gets to me" (Interview, June 1992). The student Charles referred to was a sixth-grade student. Charles was afraid of him because "he looks at you like he is going to beat you up and you hardly even did anything . . . or said anything" (Interview, June 1992). He pointed to a seven-foot tree in the family's backyard to emphasize how tall the student appeared to him.

Charles was aware his parents were getting a divorce. He explained that divorce "means my Mama or the Dad is going to stay with the children and they're not going to live with each other any more. That is all I think about is being divorced . . . being without Dad" (Interview, June 1992).

What is unacceptable to Charles about the school environment?

According to Charles' mother, he complained of feeling ill and did not want to ride the school bus. She added, "He has said, 'My stomach hurts. I can't go to school. Listen to my lungs,' during the last three months" (Interview, June 1992). His mother listened to his lungs and said, "Your lungs are nice and clear. You can go to school. I think he would work himself into it" (Interview, June 1992).
What are the parents' patterns of interaction with Charles and the school environment?

Charles' mother stated the school-avoidance behavior started when Charles learned his parents were getting a divorce. His mother took him to school under duress. He would complain of feeling ill as soon as he awakened and continued until he got on the bus or an adult drove him to school. According to Charles' mother,

On school mornings he will say, 'My stomach doesn't feel good. I just don't want to go to school. I don't feel good enough to go to school.' The symptoms are gone on week-ends. It took me three months to figure out what was going on. He doesn't show any anger or any sorrow about the divorce. No crying. No acting-out behavior. He holds it inside; then he will explode. He cries and says things aren't fair and life is awful. So he lets it build up, and then it comes out as a volcano erupts. (Interview, June 1992)

Charles' mother experienced illness during the spring. She added, "I was sick and came home from work and I've never done that. So he saw that. He had not seen me as ill as I was during that time" (Interview, June 1992).

Charles felt a responsibility to stay with his mother when she was ill. In a spontaneous moment, he said, "I stayed home from school to take care of my mama. She was sick" (Interview, June 1992).

Charles' mother expressed her perceptions regarding him and how he was coping with the family situation.
I think he is under so much stress right now that in his mind the ride on the school bus has become the real reason. He had to have a focus. I mean, he was dealing with this fine all year long. This kid has not come in from a new place. It hasn't just started overnight. I think it was just too much, and this was where he was jumping on it. (Interview, June 1992)

One night when Charles complained of a stomachache and was having difficulty going to sleep, his mother tried to choose the right words to make him feel comfortable and to put him at ease with the family situation. Going to his bed and holding him, she told Charles, "I promise you that I will not marry someone who does not love you as much as I do" (Interview, June 1992).

**What are the attitudes and perceptions of the teacher who is involved with Charles?**

Charles' teacher showed concern and understanding for Charles and the family situation. She had excellent rapport with his parents; she and Charles' mother visited frequently about his progress. The teacher described Charles as "getting along very well with the other children. They adore him. Everybody wants to be Charles' friend. Everybody wants to be Charles' partner. They always want to work with Charles. He is making excellent progress" (Interview, June 1992). She noticed he had less enthusiasm for school during the second term.
What strategies are used in the intervention process of Charles' school-avoidance behavior?

As the kindergarten teacher stated, "These separation anxieties can be a nightmare" (Interview, June 1992). Charles' mother said, "If we had another month of school, I would be bodily taking him to school. But we have the summer ahead of us and we will handle this in the fall" (Interview, June 1992). Charles did well once he arrived at school for the half-day session. He was driven to school the last three weeks of his kindergarten year.

Research Question 6

The alternate experimental hypothesis was: School-avoidant children and adolescents have a lower level of self-esteem than students who are accepting of the school environment. This corresponded to the statistical null hypothesis of no difference in mean levels of self-esteem for school-avoidant versus school-accepting students.

A comparison was made to determine the difference between school-avoidant students and students who were accepting of the school environment on the self-esteem score obtained from the Self-Esteem Index. A Student's t-test was applied to these data (Table 2), and a significant difference was found
between the students with school-avoidance behavior and the control group \( (t = 3.98, df = 18, p < .001) \). Accordingly, the statistical null hypothesis was rejected and the alternate hypothesis accepted: School-avoidant students did have a lower level of self-esteem than school-accepting students.

Table 2

<table>
<thead>
<tr>
<th></th>
<th>Experimental</th>
<th>Control</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem Quotient</td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Total</td>
<td>229.00</td>
<td>21.52</td>
<td>259.90</td>
<td>11.76</td>
</tr>
<tr>
<td>Academic Competence</td>
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<td>9.66</td>
<td>64.50</td>
<td>6.52</td>
</tr>
<tr>
<td>Familial Acceptance</td>
<td>59.90</td>
<td>10.80</td>
<td>69.30</td>
<td>5.74</td>
</tr>
<tr>
<td>Peer Popularity</td>
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<td>7.58</td>
<td>62.80</td>
<td>6.00</td>
</tr>
<tr>
<td>Personal Security</td>
<td>60.00</td>
<td>6.62</td>
<td>64.30</td>
<td>4.81</td>
</tr>
</tbody>
</table>

The finding of this dissertation was opposite to the beliefs and attitudes as expressed by Leventhal and Sills (1964) and Coolidge, Tessman, Waldfogel, and Willer (1962) in the literature review. This conclusion was checked and verified by rereading the Self-Esteem Index Examiner’s Manual (Brown & Alexander, 1991) to ascertain if lower scores
translated into a lower level of self-esteem and the test protocols were reviewed to see if the individual test items were marked differently by the experimental and control groups of students. The researcher ignored the fact that Charles was five months of age younger before the norms were valid; he was developmentally capable of responding to the questions. This opinion was affirmed by his parents and teacher.

These data agreed with information provided by the students and their parents, teachers, and counselors on their perceptions of the self-esteem levels of the school-avoidant students. Luke commented on his level of self-esteem as he progressed through school, "Elementary was probably pretty good but in junior high it just didn’t matter" (Interview, May 1992). Shannon’s teacher stated Shannon’s "lack of positive self-esteem makes a very bad situation" (Interview, June 1992). Thomas’ mother saw his level of self-esteem "go down. I don’t think he has any self-esteem anymore" (Interview, May 1992). Kate’s counselor described Kate’s self-esteem as "very low. Otherwise, most kids that age . . . bubble with personality. She does not at all" (Interview, May 1992). Craig’s mother responded with a similar statement regarding Craig, "Oh, I don’t think he has any. I mean he doesn’t have any successes in school" (Interview, May 1992). Don’s father commented Don’s self-esteem "is not very good right now. I
think it used to be fairly good" (Interview, June 1992). Becky's mother perceived Becky as feeling the people she counted on had failed her and at this time in her life Becky had "no self-esteem" (Interview, May 1992).

The researcher feels confident these statistical test results obtained in this dissertation and the subjective statements from the students, their parents, and educators do in reality advance the notion that school-avoidant students have a lower level of self-esteem than students who are accepting of the school environment.

**Factor Analysis**

The following tables contain the means, standard deviations of the content words, and the rotated factor loadings for the 10 school-avoidant students. The correlation matrix was factor analyzed and two factors were extracted and then rotated. Factor loadings under .30 were not listed.

Table 3 contains the means, standard deviations of 440 content word frequencies. Factor loadings are also given for school-avoidant student Emily. Emily's content word list is in Appendix D.

Table 4 contains the means and the standard deviations of 266 content word frequencies. The loadings are also given for school-avoidant student Luke.
### Table 3
Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings For School-avoidant Student Emily
(n = 440 words)

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
<th>S.D.</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self 1</td>
<td>.09</td>
<td>.33</td>
<td>.38</td>
<td>.66</td>
</tr>
<tr>
<td>Self 2</td>
<td>.10</td>
<td>.49</td>
<td>.30</td>
<td>.74</td>
</tr>
<tr>
<td>Mother 1</td>
<td>1.63</td>
<td>1.99</td>
<td>.62</td>
<td>--</td>
</tr>
<tr>
<td>Mother 2</td>
<td>1.51</td>
<td>2.02</td>
<td>.60</td>
<td>-.33</td>
</tr>
<tr>
<td>Counselor 1</td>
<td>1.36</td>
<td>1.89</td>
<td>.65</td>
<td>--</td>
</tr>
<tr>
<td>Counselor 2</td>
<td>1.14</td>
<td>1.60</td>
<td>.61</td>
<td>--</td>
</tr>
<tr>
<td>[Percent variance]</td>
<td>--</td>
<td>--</td>
<td>29.70</td>
<td>19.20</td>
</tr>
</tbody>
</table>

### Table 4
Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Luke
(n = 266 words)

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
<th>S.D.</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
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<td>Self 1</td>
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<tr>
<td>Self 2</td>
<td>1.35</td>
<td>2.30</td>
<td>.76</td>
<td>--</td>
</tr>
<tr>
<td>Mother 1</td>
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<tr>
<td>Mother 2</td>
<td>2.46</td>
<td>4.61</td>
<td>.88</td>
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</tr>
<tr>
<td>Counselor 1</td>
<td>.20</td>
<td>.49</td>
<td>--</td>
<td>.95</td>
</tr>
<tr>
<td>Counselor 2</td>
<td>.10</td>
<td>.36</td>
<td>.51</td>
<td>.45</td>
</tr>
<tr>
<td>[Percent variance]</td>
<td>--</td>
<td>--</td>
<td>47.20</td>
<td>17.30</td>
</tr>
</tbody>
</table>
Table 5 contains the means, standard deviations of 219 content word frequencies, and rotated factor loadings for school-avoidant student Kate.

Table 6 contains the means, standard deviations of 211 content word frequencies. Factor loadings are also given for school-avoidant student Thomas.

Table 7 contains the means, standard deviations of 233 content word frequencies and factor loadings for school-avoidant student Shannon.

Table 5
Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Kate
(n = 219)

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
<th>S. D.</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
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<tbody>
<tr>
<td>Student 1</td>
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</tr>
<tr>
<td>Student 2</td>
<td>.84</td>
<td>1.75</td>
<td>.56</td>
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<tr>
<td>Mother 1</td>
<td>2.16</td>
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<td>.76</td>
<td>.35</td>
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<tr>
<td>Mother 2</td>
<td>2.07</td>
<td>2.84</td>
<td>.70</td>
<td>--</td>
</tr>
<tr>
<td>Counselor 1</td>
<td>1.22</td>
<td>2.37</td>
<td>.34</td>
<td>.89</td>
</tr>
<tr>
<td>Counselor 2</td>
<td>.61</td>
<td>1.34</td>
<td>--</td>
<td>.95</td>
</tr>
<tr>
<td>[Percent Variance</td>
<td>--</td>
<td>--</td>
<td>48.30</td>
<td>17.70</td>
</tr>
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</table>
Table 6
Means, Standard Deviations of Content Word Frequencies, and
Rotated Factor Loadings for School-avoidant Student Thomas
(n = 211 words)

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
<th>S. D.</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
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<tbody>
<tr>
<td>Self 1</td>
<td>.14</td>
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<tr>
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<tr>
<td>Mother 1</td>
<td>1.90</td>
<td>2.56</td>
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<td>.58</td>
<td>--</td>
</tr>
<tr>
<td>Mother 2</td>
<td>2.09</td>
<td>2.70</td>
<td>.55</td>
<td>.71</td>
<td>--</td>
</tr>
<tr>
<td>Teacher 1</td>
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<td>.74</td>
<td>.70</td>
<td>-.47</td>
<td>--</td>
</tr>
<tr>
<td>Teacher 2</td>
<td>.18</td>
<td>.62</td>
<td>.61</td>
<td>-.53</td>
<td>--</td>
</tr>
</tbody>
</table>

[Percent variance -- -- 33.30 23.30]

Table 7
Means, Standard Deviations of Content Word Frequencies and
Rotated Factor Loadings for School-Avoidant Student Shannon
(n = 233 words)

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
<th>S. D.</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self 1</td>
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<td>2.75</td>
<td>.79</td>
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</tr>
<tr>
<td>Self 2</td>
<td>1.45</td>
<td>2.41</td>
<td>.83</td>
<td>--</td>
</tr>
<tr>
<td>Mother 1</td>
<td>1.06</td>
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<tr>
<td>Mother 2</td>
<td>.85</td>
<td>1.42</td>
<td>.67</td>
<td>--</td>
</tr>
<tr>
<td>Teacher 1</td>
<td>.75</td>
<td>1.38</td>
<td>--</td>
<td>.90</td>
</tr>
<tr>
<td>Teacher 2</td>
<td>1.02</td>
<td>1.51</td>
<td>.33</td>
<td>.60</td>
</tr>
</tbody>
</table>

[Percent variance -- -- 3.00 .87]
Table 8 contains the means, standard deviations of 306 content word frequencies. Factor loadings are also given for school-avoidant student Craig.

Table 9 contains the means, standard deviations of 367 content words frequencies. Factor loadings are also given for school-avoidant student Beth.

Table 10 contains the means and standard deviations of 306 content word frequencies. Factor loadings are also given for school-avoidant student Don.

Table 8
Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Craig
(n = 306 words)

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
<th>S. D.</th>
<th>Factor 1</th>
<th>Factor 2</th>
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</thead>
<tbody>
<tr>
<td>Self 1</td>
<td>.18</td>
<td>.60</td>
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<td>--</td>
</tr>
<tr>
<td>Self 2</td>
<td>.15</td>
<td>.54</td>
<td>.76</td>
<td>--</td>
</tr>
<tr>
<td>Mother 1</td>
<td>2.84</td>
<td>4.70</td>
<td>.73</td>
<td>--</td>
</tr>
<tr>
<td>Mother 2</td>
<td>3.27</td>
<td>5.35</td>
<td>.81</td>
<td>--</td>
</tr>
<tr>
<td>Counselor 1</td>
<td>.21</td>
<td>.70</td>
<td>--</td>
<td>.85</td>
</tr>
<tr>
<td>Counselor 2</td>
<td>.13</td>
<td>.48</td>
<td>--</td>
<td>.80</td>
</tr>
<tr>
<td>[Percent variance]</td>
<td>--</td>
<td>--</td>
<td>45.20</td>
<td>19.90</td>
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</tbody>
</table>
Table 9
Means, Standard Deviations of Content Word Frequencies, and Factor Loadings for School-avoidant Student Beth (n = 367 words)

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
<th>S. D.</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self 1</td>
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<td>.89</td>
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</tr>
<tr>
<td>Self 2</td>
<td>1.41</td>
<td>3.37</td>
<td>.91</td>
<td>--</td>
</tr>
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<td>Mother 1</td>
<td>5.01</td>
<td>8.51</td>
<td>.85</td>
<td>.33</td>
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<tr>
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<td>2.30</td>
<td>4.33</td>
<td>.85</td>
<td>.35</td>
</tr>
<tr>
<td>Counselor 1</td>
<td>1.83</td>
<td>3.44</td>
<td>--</td>
<td>.94</td>
</tr>
<tr>
<td>Counselor 2</td>
<td>1.00</td>
<td>2.22</td>
<td>.37</td>
<td>.90</td>
</tr>
</tbody>
</table>

[Percent variance 72.90 15.90]

Table 10
Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Don (n = 306 words)

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
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<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self 1</td>
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<td>1.82</td>
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<tr>
<td>Self 2</td>
<td>.96</td>
<td>2.05</td>
<td>.76</td>
<td>--</td>
</tr>
<tr>
<td>Parents 1</td>
<td>2.34</td>
<td>4.60</td>
<td>.87</td>
<td>--</td>
</tr>
<tr>
<td>Parents 2</td>
<td>2.27</td>
<td>3.37</td>
<td>.86</td>
<td>--</td>
</tr>
<tr>
<td>Counselor 1</td>
<td>.06</td>
<td>.29</td>
<td>--</td>
<td>.81</td>
</tr>
<tr>
<td>Counselor 2</td>
<td>.05</td>
<td>.25</td>
<td>--</td>
<td>.82</td>
</tr>
</tbody>
</table>

[Percent variance 47.10 21.50]
Table 11 contains the means, standard deviations of 205 content word frequencies, and rotated factor loadings for school-avoidant student Becky.

Table 12 contains the means, standard deviations of 141 content word frequencies. Factor loadings are also given for school-avoidant student Charles.

Table 11
Means, Standard Deviations of Content Word Frequencies and Rotated Factor Loadings for School-avoidant Student Becky
(n = 205)

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
<th>S. D.</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self 1</td>
<td>2.97</td>
<td>6.37</td>
<td>.88</td>
<td>--</td>
</tr>
<tr>
<td>Self 2</td>
<td>2.89</td>
<td>5.70</td>
<td>.87</td>
<td>--</td>
</tr>
<tr>
<td>Mother 1</td>
<td>2.23</td>
<td>3.50</td>
<td>.52</td>
<td>.58</td>
</tr>
<tr>
<td>Mother 2</td>
<td>1.54</td>
<td>2.56</td>
<td>.68</td>
<td>--</td>
</tr>
<tr>
<td>Counselor 1</td>
<td>1.74</td>
<td>2.67</td>
<td>--</td>
<td>.84</td>
</tr>
<tr>
<td>Counselor 2</td>
<td>1.79</td>
<td>2.77</td>
<td>--</td>
<td>.76</td>
</tr>
<tr>
<td>[Percent Variance</td>
<td>--</td>
<td>--</td>
<td>48.30</td>
<td>17.70]</td>
</tr>
</tbody>
</table>

There is one general factor for all sources (school-avoidant students, parents, teachers or school counselors) for all 10 school-avoidant students; the strongest loadings are on the students' vocabulary. There is a weak second factor, loading most strongly on the teachers' and/or counselors'
Table 12

Means, Standard Deviations of Content Word Frequencies, and Rotated Factor Loadings for School-avoidant Student Charles (n = 141 words)

<table>
<thead>
<tr>
<th>Source</th>
<th>Mean</th>
<th>S. D.</th>
<th>Factor 1</th>
<th>Factor 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self 1</td>
<td>2.04</td>
<td>4.18</td>
<td>.86</td>
<td>--</td>
</tr>
<tr>
<td>Self 2</td>
<td>1.82</td>
<td>4.27</td>
<td>.74</td>
<td>--</td>
</tr>
<tr>
<td>Mother 1</td>
<td>1.60</td>
<td>2.38</td>
<td>.78</td>
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<tr>
<td>Mother 2</td>
<td>1.36</td>
<td>2.22</td>
<td>.76</td>
<td>--</td>
</tr>
<tr>
<td>Father 1</td>
<td>1.16</td>
<td>2.36</td>
<td>.85</td>
<td>--</td>
</tr>
<tr>
<td>Father 2</td>
<td>1.18</td>
<td>2.60</td>
<td>.83</td>
<td>--</td>
</tr>
<tr>
<td>Teacher 1</td>
<td>1.01</td>
<td>1.57</td>
<td>--</td>
<td>.91</td>
</tr>
<tr>
<td>Teacher 2</td>
<td>.70</td>
<td>1.42</td>
<td>.42</td>
<td>.58</td>
</tr>
</tbody>
</table>

[Percent variance 53.20 13.40]

vocabulary. Factor one reinforces the school-avoidant students' physical symptoms, their avoidance of school, the dependence on their home environment and mother/father/parents, and the internalization of the students' experiences as they relate to the school environment. Also, the students may be afraid of the school environment because of a conflict with a member of the school staff. Factor two emphasizes the teachers' and/or school counselors' professional vocabulary as they perceive their relationship with the school-avoidant students. A third factor is significant in just one case, and is specific to Thomas. The
first half of the interview with Thomas dealt with his school-avoidance behavior; Thomas talked about his responsibilities and activities associated with living on a farm during the second half of the interview. Emily's vocabulary is reflected on factor one and factor two; she dealt with her school-avoidance behavior on a thinking level. Emily's approach to understanding her school-avoidance behavior as stated by her counselor was, "She basically had a problem she wanted to solve and she would come in and talk about it, but in a very problem-solving manner. She was very business-like" (Interview, May 1992).

Analysis and Generalizations

After analyzing the vocabulary content words of the 10 school-avoidant students, the researcher formulated the following generalizations.

Analysis: Pertinent to research question number one (What are the characteristics of school-avoidance behavior as exhibited by the school-avoidant children and adolescents?) are the following generalizations concerning the school-avoidant students:

1. All 10 students complained of a physical illness.

The students complained of stomachaches as a primary reason and headaches were a secondary reason. According to Schmitt (1971), "The gastrointestinal tract has been called
the mirror of the emotions. It is the most common pathway of expression for anxiety" (p. 435). The school-avoidant children and adolescents learned to numb their feelings by tightening their muscles. As Becky so aptly described the feeling:

Sometimes real feelings are kind of mixed with me feeling numb. When I first started missing and I wanted to go home, I would call my grandma up. I would tell her I was sick. She would come pick me up. Everyone later realized I really wasn’t sick. (Interview, May 1992)

Charles’ teacher said, "I remember it well when he said, 'My stomach hurts and I don’t feel well’" (Interview, June 1992). Beth described the sensation as, "my stomach will start to hurt and churn. . . . I will get butterflies in my stomach. . . . It just feels like a knot in my stomach" (Interview, June 1992).

2. The students experienced affective symptoms of depression, anxiety, and fear.

Luke stated, "I just got real depressed and kept getting depressed. . . . I can’t eat as much as I used to. I get full a lot quicker. That’s probably because I haven’t been eating as much. I want to sleep a lot. I usually sleep all day" (Interview, May 1992).

3. The students preferred to be driven to school by their parents; they did not want to ride the bus or walk.
4. The students were not involved in extra-curricular school activities or community activities. Five students did not want to go to school but did go to work away from home.

Luke was an exception as he participated in wrestling until he temporarily left school. Thomas became a member of the local 4-H club and attended church youth activities. Beth participated in the community-supported ball program when her mother coached the team. The following five students worked outside the home: Emily did secretarial work for the family business during the summer months; Luke worked for a farmer during the week-end and after-school hours; Kate was employed in her brother's business during the summer; Don enjoyed his work at a local restaurant; and Becky assisted in her father's office doing clerical work and she occasionally did child care in the evening for the neighbors.

5. The students preferred to stay home when they were not attending school.

Becky stated, "I feel happier at home. I feel secure but I feel happy, too" (Interview, May 1992).

6. The intellectual functioning of each student was recorded as average or above average as per the school record.
7. The students were interested in learning and doing; they wanted to complete their assignments. They were creative, curious, motivated to help others, and persistent in continuing their education in an alternative way, if necessary. The students expressed shades of John Dewey's philosophy of learning by doing. Dewey (1916) wrote:

On the one hand, learning is the sum total of what is known, as that is handed down by books and learned men. It is something external, an accumulation of cognitions as one might store material commodities in a warehouse. Truth exists ready-made somewhere. Study is then the process by which an individual draws on what is in storage. On the other hand, learning means something which the individual does when he studies. It is an active, personally conducted affair. The dualism here is between knowledge as something external . . . and knowing as something purely internal. (p. 335)

8. There was no history of students using illegal drugs, alcohol, or tobacco. Parents, teachers, and counselors corroborated the fact of no known drug, alcohol, or tobacco use.

9. All 10 students and their families received professional counseling outside the school environment.

Three students entered hospital treatment programs where they lived away from home for a minimum of 30 days with no objection to leaving home. They continued their school work in the hospital school classroom with clinical teachers.
10. All students met their developmental milestones at the appropriate times.

According to the reports by the teachers and school counselors, the students were polite, followed directions, took their turn, worked independently and in groups, and they had socially appropriate behavior.

The students experienced difficulty maintaining friendships when they did not attend school. Their language skills were developmentally appropriate as they expressed their experiences, feelings, and thoughts.

Analysis: Pertinent to research question number two (What is unacceptable about the school environment to the school-avoidant students?) are the following generalizations concerning the school-avoidant students.

11. The students had difficulty changing classrooms and changing teachers throughout the school day; they preferred to have one teacher and one classroom.

12. Two students and their families felt the teacher did not treat the student fairly.

13. Students felt they did not have choices nor a voice in their educational program.

Analysis: Pertinent to research question number three (What are the parents' patterns of interaction with their school-avoidant children and adolescents and with the school
environment?) are the following generalizations concerning the parents of the school-avoidant students.

14. The parents used force, threats, bribes, and persuasion to get their students to go to school.

15. Six of the ten students were coping with their biological parents' divorce.

16. The parents related the school was not meeting the educational needs of their children or adolescents. They stated the school did not place as much value on their children or adolescents as the parents did.

17. Two parents stated their adolescents wanted to take more control of their life and destiny.

Analysis: Pertinent to research question number four (What are the attitudes and perceptions of the teachers and school counselors who are involved with the school-avoidant students?) are the following generalizations concerning the educators of the school-avoidant students.

18. The school counselors stated the parents enabled the students' school-avoidance behavior.

The school counselors expressed they felt the parents reinforced the school-avoidance behavior by calling the school for excused absences for their children or adolescents. They stated the parents were jointly responsible for students remaining at home when they need to be in school.
19. The teachers and school counselors stated the students were quiet in the classroom, did not initiate questions, did not volunteer, and were not disruptive.

20. Two school counselors observed the school-avoidant student’s best friend was the student’s mother.

Analysis: Pertinent to research question number five (What strategies are used by the teachers and school counselors in the intervention process of school-avoidance behavior?) are the following generalizations concerning the school counselors of the school-avoidant students.

21. All of the school counselors were supportive of the students seeking mental health services outside the school system.

Emily’s school counselor stated:

I don’t think I ever had anything in my schooling on school phobias—not even at any workshops or anything. Some ideas are that they could offer guidelines and eventually offer a workshop on it. . . . Especially when you start feeling helpless and you say to the parent, ‘Get professional help’, but you don’t quite know where to send them. What I would like to see sometime is a list of the various professionals . . . and some of the specialties they have so that you have something to present to the parent and say, ‘Okay, here is a list and here are some little annotated specialties that they have.’ (Interview, May 1992)

22. One school counselor arranged for the school-avoidant student to complete her high school education through an university correspondence course.
Analysis: Pertinent to research question number six (Do school-avoidant children and adolescents have a lower level of self-esteem than students who are accepting of the school environment?), this research study found the school-avoidant students have a lower level of self-esteem than the students who are accepting of the school environment.

Summary

The school-avoidant students exhibited physical and affective symptoms. The students were not involved in extracurricular activities and remained in their homes when they did not attend school. The intellectual functioning of the school-avoidant students ranged from average to above average; they wanted to be active participants in their education. There was no indication of illegal drugs, alcohol, or tobacco use. The parents of the school-avoidant students felt the education system did not meet the needs of their children and adolescents; however, the school counselors perceived the parents as reinforcing the school-avoidance behavior.

A common thread that emerged was that school-avoidance behavior was a multifaceted problem. There was a continuum of degrees of school-avoidance behavior that may start with a mild school refusal to a moderate degree of school absences to severe nonattendance. The school-avoidant students were at an educational psychosocial developmental risk if identification
was delayed and no appropriate consistent intervention was activated.
CHAPTER V
SUMMARY AND RECOMMENDATIONS

The purpose of this study was to examine the course of school-avoidance behavior and to provide information to educators and parents concerning the criteria for early identification of school-avoidance. The six research questions posed by this study were: (a) What are the characteristics of school-avoidance behavior as exhibited by the school-avoidant children and adolescents? (b) What is unacceptable about the school environment to the school-avoidant students? (c) What are the parents' patterns of interaction with their school-avoidant children and adolescents and with the school environment? (d) What are the attitudes and perceptions of the educators who are involved with the school-avoidant students? (e) What strategies are used by the teachers and school counselors in the intervention process of school-avoidance behavior? and (f) Do school-avoidant children and adolescents have a lower level of self-esteem than students who are accepting of the school environment?

A summary of the research questions and research findings are presented in this chapter. A checklist was developed to assist educators and parents in the early identification of
school-avoidance behavior. Identified concerns and recommendations conclude this chapter.

The theoretical and research-based ideas concerning school-avoidance behavior were reviewed to provide a background for this study. Psychoanalytic theory explored the internal life of the child and adolescent, his or her conflicts and drives; there was a lack of emphasis on the student's life within the context of the school environment. Behavior theory, characterized by the deterministic and mechanistic philosophy, recognized the reciprocal shaping between the student and his or her environment. Unlike the psychoanalytic and psychodynamic theories, the construct of behaviorism emphasized overt behavior with no emphasis on the unconscious domain. A single method of examining the affective domain of children and adolescents did not address the multiple populations--the families of poverty, the families of racial and cultural minorities, and the handicapped.

The participants in this study included the 10 school-avoidant children and adolescents, their parents, and their teachers or school counselors. Major findings of this study are as follows:
1. What are the characteristics of school-avoidance behavior as exhibited by the school-avoidant children and adolescents?

The behavior of the school-avoidant students was characterized by physical symptoms with no other known etiology; "school belly" was the most common symptom. They internalized affective symptoms such as depression and anxiety. The students remained in their homes when they did not attend school. Although they were not involved in school activities, half of the students worked at part-time positions on Saturday, Sunday, evenings, and during the summer. Another characteristic was the refusal of the students to ride the bus or walk to school; they insisted a parent drive them when they attended school. The school-avoidant students were physically healthy and had average or above-average intellectual functioning. They wanted to continue with their education and wanted more choices of learning environments. There was no known drug, alcohol, or tobacco use by the school-avoidant students.

2. What is unacceptable about the school environment to the school-avoidant students?

School-avoidant students did not like to change classrooms or teachers during the school day. The adolescent school-avoidant students said they wanted to be involved in the decisions concerning their educational program and to progress at their own pace.
3. What are the parents' patterns of interaction with their school-avoidant children and adolescents and with the school environment?

The parents of the school-avoidant students made attempts to get their children and adolescents into the school building by using force, threats, and/or persuasion. They sought the outside help of professional therapists in mental health centers and hospital treatment programs for their school-avoidant children and adolescents. Some parents helped their school-avoidant students find alternative educational programs to complete their education. The parents believed the schools did not live up to the parents' expectations; several parents expressed disappointment and felt there was an unsatisfactory relationship between and among the students and teachers.

4. What are the attitudes and perceptions of the educators who are involved with the school-avoidant students?

The teachers and school counselors perceived the school-avoidant students as quiet, passive, and non-violent. Generally, the school counselors felt the mothers of the school-avoidant children and adolescents enabled the students to remain at home.

5. What strategies are used by the teachers and school counselors in the intervention process of school-avoidance behavior?

The educators expressed recognition of the need to identify and assist the school-avoidant students; however,
there were no consistent identification and intervention strategies provided by the teachers and school counselors for the school-avoidant students within the school environment. The teachers and counselors supported the school-avoidant students and their families in seeking professional therapy.

6. Do school-avoidant children and adolescents have a lower level of self-esteem than students who are accepting of the school environment?

The school-avoidant students in this study had a lower level of self-esteem than the students who were accepting of the school environment.

Implications for Educators

Checklist for School-avoidance Behavior

In the process of reviewing and analyzing the collected data in this study, the following was affirmed: An approach that focuses on the interaction of multiple factors (psychological, environmental, and social) within the system is necessary in identifying school-avoidance behavior. The single factor approach focusing only on the deficits of the child or adolescent has not been a paragon in assessing school-avoidance behavior. Hence, a checklist for school-avoidance behavior was developed and may assist educators, students, and parents in the future to recognize school-avoidance behavior. (See Figure 1.)
School Avoidance Checklist

Term 1: Days present ______ Days absent ______
Term 2: Days present ______ Days absent ______
Term 3: Days present ______ Days absent ______
Term 4: Days present ______ Days absent ______
Total days present _______ Total days absent _______
No. of excused absences _____ Reason(s) _________________________
No. of unexcused absences_____

Symptoms

If three or four symptoms are present in either cluster, the student may have difficulty functioning in the classroom.

Cluster I: Depression
- ___ Weight loss/gain
- ___ Change in sleep pattern
- ___ Irritability
- ___ Crying
- ___ Decreased concentration
- ___ Decreased energy
- ___ Decreased interests
- ___ Psychomotor retardation
- ___ Slowed thinking
- ___ Feels guilty/blames self
- ___ Suicidal ideation
- ___ School belly (stomachache associated with going to school)
- ___ Other

Cluster II: Anxiety attack
- ___ Shortness of breath
- ___ Palpitations
- ___ Chest pains
- ___ Trembling or shaking
- ___ Crying
- ___ Fear of losing control
- ___ Hot flashes or chills
- ___ Choking
- ___ Increased perspiration
- ___ Numbness or tingling
- ___ Depersonalization/derealization
- ___ Dizziness or lightheaded
- ___ Difficulty with separation
- ___ Other

Figure 1. School avoidance checklist.
**School-avoidance Conflicts, Symptoms, and Behaviors**

These conflicts, symptoms, and behaviors are not exclusive of each other; they may overlap.

<table>
<thead>
<tr>
<th>Student's conflicts</th>
<th>Reactive School Refusal</th>
</tr>
</thead>
<tbody>
<tr>
<td>with parent(s)</td>
<td>Difficulty with teacher(s)</td>
</tr>
<tr>
<td>step-parent(s)</td>
<td>specific teacher</td>
</tr>
<tr>
<td>guardian(s)</td>
<td>specific class</td>
</tr>
<tr>
<td>sibling(s)</td>
<td>Difficulty with administrator(s)</td>
</tr>
<tr>
<td>separation</td>
<td>Difficulty with other school staff</td>
</tr>
<tr>
<td>peers</td>
<td>Difficulty with peers in school</td>
</tr>
<tr>
<td>school</td>
<td>Difficulty going to physical education</td>
</tr>
<tr>
<td>others</td>
<td>Learning disabilities needs not met</td>
</tr>
<tr>
<td>anxiety</td>
<td>Cultural socioeconomic needs not met</td>
</tr>
<tr>
<td>depression</td>
<td>Gifted and Talented needs not met</td>
</tr>
<tr>
<td>school bus/transportation to/from school</td>
<td>Physical maturation needs not met</td>
</tr>
<tr>
<td>other</td>
<td>Developmental disabilities needs not met</td>
</tr>
<tr>
<td></td>
<td>Exhibits depression</td>
</tr>
<tr>
<td></td>
<td>Exhibits anxiety</td>
</tr>
<tr>
<td></td>
<td>Exhibits perfectionism</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

**Truancy**

- Parents do not know student is absent.
- School does not know where to find student.
- Student may exhibit antisocial behavior.
- Student may exhibit depression.
- Student may exhibit anxiety.
- Other

*Figure 1. (Continued)*
Assessment of School-avoidance Behavior

When physical complaints are presented by the student, a medical examination may be needed to evaluate the problem prior to intervention. The assessment is conducted within the context of the student's environment (home, school, peers, and community). The questions that may be generated include: "Under what conditions does the student exhibit school-avoidance behavior?" "What are the multiple factors contributing to the student's school-avoidance behavior?" "What does the school-avoidant student need to adjust to the school environment?" A collaboration of significant persons in the child's or adolescent's environment is imperative to provide optimum recognition and care for the school-avoidant student. The role of the educator may be as a facilitative change agent. A repertoire of intervention strategies used by a multidisciplinary team to provide support and services for the student, parents, peers, and educators may include cognitive-behavioral management, family therapy, systematic relaxation and biofeedback, individual and group therapy, play therapy, music and art therapy, self-esteem programs, and pharmacological therapy.

Separation Anxiety Cycle

The following separation anxiety cycle (Figure 2) may be helpful for teachers to understand the dynamics of the parent
and child attachment and the developmental importance of separation. The frustration of the mother and/or father and the child or adolescent exists because of overprotection and dependence once the cycle starts. Anger exists subsequent to the frustration regardless of the original cause. To treat this dependency, it is important the cycle be broken at the overdependence and overprotection points.

![Separation anxiety cycle diagram]

Figure 2. Separation anxiety cycle.

Identified Concerns and Recommendations
for Education

The School Environment

Rousseau, Pestalozzi, Froebel, Steiner, Lozanov, Piaget, Montessori, Dewey, and many other theorists recognized that education may change and transform students. Therefore, the school environment may transform or transfix students and they may or may not progress in a positive direction. Maria Montessori (1966), in The Secret of Childhood, wrote:

The conflict between adult and child has consequences reaching out almost to infinity, like the waves that are propagated when a stone is thrown into the surface of a tranquil lake. A disturbance is started that spreads out in a circle of all directions. (p. 225)

The implications of this for education involve the learner, the construction of knowledge, and the learning process. Robert Burns (1986) suggested individuals have the capacity "to see oursels as others see us" (p. 94). The students and parents in this study offered concerns to educators about the school environment. When children and adolescents go to school, they expand their personal world view with a new diversity of abilities and activities; these impact the family. The opportunity exists for educators to learn how others see them and to extend the parameters of the school boundaries into the life of the family.
Acquisition of Knowledge

The students' passive acquisition of knowledge was a concern. John Dewey (1963) addressed this issue when he wrote:

Once more, it is part of the educator's responsibility to see equally to two things: First, that the problem grows out of the conditions of the experience being had in the present, and that it is within the range of capacity of students; and, secondly, that it is such that it arouses in the learner an active quest for information and for production of new ideas. The new facts and new ideas thus obtained become the ground for further experiences in which new problems are presented. (p. 79)

When teachers view learning as an active process, children and adolescents find meaning. Freire (1970) wrote schools should not be a place where the educational concept of "banking" takes place and the children and adolescents "are the depositories and the teacher is the depositor. Instead of communicating, the teacher issues communiques and makes deposits which the children patiently receive, memorize, and repeat" (p. 58). Carl Rogers (1983) cautioned educators about propagating the "jug to the mug" method of distributing knowledge. In Émile, Rousseau (1979) recommended that educators study their pupils more. The hands-on project learning approach that acknowledges the students' experiential background, racial, ethnic, linguistic, gender, ability, and socioeconomic class may provide a connection among the school, home, and community dimensions. The students and parents in
this study indicated they wanted a more active learning process in their classrooms with emphasis on individual uniqueness. A multicultural, anti-bias curriculum should be implemented which acknowledges that people live, play, and learn together.

Schools may assist students in learning new ways of adapting to change by helping them to build their own foundation of knowledge. New information becomes connected for the students when their past experiences and knowledge is bridged with the present acquisition of skills and experiences. Learning styles theory, feminist pedagogy, critical social theorists, Heideggerian phenomenology, cultural identity theory, humanistic and holistic theorists offer a foundation of principles and research to educators. Teachers who connect with their students "trust their students' thinking and encourage them to expand it" (Belenky, Clinchy, Goldberger, & Tarule, 1986, p. 227).

**Self-esteem**

Parents and educators are increasingly aware of the critical link of self-esteem to growth and development in the school environment. This study discovered that students who experienced school-avoidance behavior had lower self-esteem than students who were accepting of the school environment. Abraham Maslow (1970) stated the necessity of providing for
physiological and psychological needs; self-esteem is a psychological need. The students' basic needs should be met so they may accomplish their educational tasks. Teachers foster the development of the students' self-esteem through their interactions with the students and their repertoire of teaching methods. They can reexamine not only what they teach but how they teach; the attitude of the teacher helps to cultivate the sense of belonging and cognitive growth of their students.

Teachers may enhance the self-esteem of their students when they consider the broad spectrum that intelligence may encompass and move away from the traditional practice of cognitive acquisition of facts and convergent thinking. Gardner (1983) recognized the linguistic, logical-mathematical, spatial, musical, bodily-kinesthetic, interpersonal, and intrapersonal domains of intelligence. The epistemological theories, such as Piaget's epigenetic philosophy, provide a foundation for teachers to help their students learn in many ways. Self-esteem increases when teachers mediate learning from a multiple perspective mode that is appropriate for each student. The compensatory and developmentally appropriate models provide a philosophy that recognizes students as thinking, feeling, behaving, social, political, cultural, creative, and inventive human beings.
Creative expression through art, music, and creative play offers a medium for students to express their internalization of experiences.

Carl Rogers (1983) embraced the qualities of unconditional positive regard, genuineness, and caring in relationships. Teachers may use these concepts to develop the self-esteem of their students. Students may write in journals to communicate with their teachers. This may facilitate awareness of the interests, fears, anxieties, difficulties, learning pace, and learning styles of the students. Steps can be taken to help the students to stay current with their studies. An attitude of service and respect for others may be infused throughout the educational program when adults lead by example. Children's books and bibliotherapy may be an effective method for developing an understanding and appreciation of cultural diversity. A prosocial skills model encourages the development of self-esteem and a sense of belonging with love.

According to Erickson (1963), a characteristic of the school-age period was to replicate the work system of society for the child and to develop the cohesive identity of the adolescent. A caring relationship with adults was an essential element in his theory for a psychologically healthy child and adolescent. Goodlad (1983) found in his study of
1,000 schools an average of seven minutes per day was provided by teachers in one-on-one interactions with students. An implication for education is to direct attention to the larger ecological processes of the environment and to the ways in which the school environment fosters a sense of belonging through identity formation, participatory education, peer teaching, home visitation, and stress management. The influence of schools may be improved by smaller ratio of students per teacher, school-within-a-school groups, heterogeneous project work groups, multiple-age classrooms, thematic education, conflict management, and involvement by community members. A child or adolescent may be allowed to remain with the one teacher who knows and interacts well with that student to increase the constructive impact on his or her educational experience. Noddings (1984) wrote “a school can be deliberately designed to support caring and caring individuals, and this is what an ethic of caring suggests should be done” (p. 182).

**Assessment**

Teacher evaluation and grades of the students' work was another concern. A tenet of the standardized, norm-referenced testing movement and the criterion-referenced assessment model was a comparison to a fixed standard. This study indicates a need for alternative means of assessment that may include
anecdotal records, portfolios, work samples, and curriculum-based evaluation that connect the quality and quantity of the students' work to the past and present performance levels.

John Dewey (1963) admonished educators to stop, listen, and reflect as they examine new methodologies and their impact on children and adolescents. Alfred North Whitehead (1929) offered a solution "to eradicate the fatal disconnection of subjects which kills the vitality of our modern curriculum. There is only one subject-matter for education, and that is Life in all its manifestations" (pp. 5-7). Associate Justice Lewis F. Powell Jr., in his opinion in the 1979 case Ambach v. Norwich, wrote:

No amount of standardization of teaching materials or lesson plans can eliminate the personal qualities a teacher brings to bear. . . . Further, a teacher serves as a role model for his [or her] students, exerting a subtle but important influence over their perceptions and values. Thus, through both the presentation of course materials and the example he [or she] sets, a teacher has an opportunity to influence the attitudes of students toward government, the political process, and a citizen's social responsibilities. This influence is crucial to the continued good health of a democracy.

Alternatives need to be available to students and their families if a conflict between a student and a member of the school staff cannot be resolved; a transfer to another teacher, classroom, or school may be necessary and justifiable. It is paramount for parents to consider not sending their student to a school if gross hostility exists.
Hart, Brassard, and Germain (1987) proposed five categories of psychological maltreatment within the school environment: (a) discipline and control through fear and intimidation, (b) low quantity and quality of human interaction, (c) denial of opportunities for healthy risk-taking, (d) encouragement to be dependent, and (e) limited opportunities to develop competency and self-worth. These areas of maltreatment represent a threat to the student’s self-esteem and his or her sense of belonging. Punitive discipline in the school may include corporal punishment, teacher rejection, and verbal abuse.

A delineated procedural outline of reporting and guidelines should be established to foster communication between the school, parents, and social agencies. A set of standards and procedures needs to be developed to deal responsibly with reactive school refusal due to maltreatment. Every report of maltreatment needs to be immediately investigated and evaluated according to specific guidelines. Respect and consideration for all students should be the goal of every school system. A supportive community may provide encouragement to educators for their fairness and caring attitude toward every child and adolescent.

It is imperative to establish an ideology of children and adolescents that calls attention to their physical and
psychological needs. Children and adolescents need adequate nutrition, legal and medical care, and housing. They need to be valued for who they are, encouraged to know they can have power over their feelings, attitudes, thoughts, actions, and increase their ability to solve problems constructively. It is essential that parents and educators work together to provide the most effective environment for children and adolescents so they can learn about the world in many transcribed ways. It is necessary for students to have an educational atmosphere of tolerance where they can develop their abilities and learn to live and function responsibly in society.


ACKNOWLEDGEMENTS

This study has been the result of a collaborative effort of many who deserve acknowledgement. First, I would like to thank my major professor, Dr. Theresa McCormick, for her guidance, support, and encouragement. Dr. McCormick's contribution to my doctoral education is greatly appreciated. I would like to express my gratitude to Dr. Donald Schuster for his advocacy and his personal commitment to excellence in research. I want to thank the other members of my Program of Studies Committee for their interest and support in my education: Dr. George Kizer, Dr. Dominick Pellegreno, and Dr. John Littrell.

A special acknowledgement is extended to the students, their families, the teachers, and school counselors who allowed me to come into their lives and share a part of their history.

A special acknowledgement is given to Enfys McMurry and Jo Adams for their kindness and friendship gave me courage.

I would like to dedicate this study to my husband, Larry, daughters, Jennifer and Melinda, to my mother, Darlene Anderson, and in memory of my father, Oren Anderson. Their love, understanding, and confidence carried me through the completion of the study.
APPENDIX A

FAMILY, DEVELOPMENTAL, MEDICAL, AND EDUCATIONAL HISTORY
FOR CHILDREN AND ADOLESCENTS

Date __________ Person completing form ____________________
Child's name ____________________________________________
Birthdate __________ Age __________ Sex ______________
Biological ____________ Adopted ________________
Relationship to child _____________________________________
School ___________________________ Grade ______________
Address ________________________________________________
Home address ______________________ Home phone __________
Mother's name __________________________ Age ________
Education _____________________________________________
Employment __________________________ Phone ____________
Father's name __________________________ Age ________
Education _____________________________________________
Employment __________________________ Phone ____________
Stepparent(s) name ________________ Education_________
Employment __________________________ Phone ____________
If parents are divorced or separated, what was the age of
child when separation occurred? _________________________
Other children in home
Name & age __________________________ Name & age __________________________
Name & age __________________________ Name & age __________________________
Other relatives or persons living in home

________________________________________
Primary language spoken in the home __________________________
Other languages spoken in the home __________________________
FAMILY
Child lives with __________________________
Parents (agree, disagree) on how to discipline child
________________________________________
Discipline has been (lenient, strict, inconsistent, consistent) __________________________
Parents have problems of (mental illness, alcoholism, drug abuse, chronic disease) __________________________
Other children in the home have problems with (illness, emotional adjustment, grades) __________________________
PREGNATAL HISTORY
Were you under the care of a physician when you were pregnant with this child? Yes _____ No _____
Did you have difficulty with any of the following:

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Did the child’s mother smoke during pregnancy? Yes ___ No ___

Did the child’s mother consume alcoholic beverages during pregnancy? Yes ____ No _____
BIRTH HISTORY
Place of birth ________________ How many months pregnant? ___
How many hours from first contraction to birth? ____________
Child’s weight at birth ________ Length at birth _________
What type of delivery? Vaginal ________ Caesarian _________
Were you under anesthesia during childbirth? Yes ____ No ___
Was labor induced? Yes ____ No ____
Was this a breech delivery? Yes ____ No ____
Did the mother have any complications? _____________________
Did the baby have any complications? _____________________
Did this baby have breathing problems? Yes _____ No ______
Did this baby cry quickly? Yes _____ No ______
Was the baby’s color normal? Yes _____ No _____
Blue? _____ Yellow? _____
Was oxygen used for the baby? Yes ____ No ____ How long? ___
Was the baby premature? Yes ____ No _____
Did the baby go home from the hospital with the mother?
Yes ____ No _____
Was the baby normally active? Yes ____ No _____
Were there any problems with feeding? Yes ____ No _____
Was this a single birth? Yes ____ No ____ Multiple birth?
Yes ____ No _____
DEVELOPMENTAL HISTORY
Age held head up ________________ age turned over _________
Age smiled at parents __________ age crawled __________
Age sat ________________ age pulled self up ____________
Age walked with help __________
Age walked without support __________
Bottle fed? ______ breast fed? ______ age weaned? _______
Difficulty with feeding ______________________________________
Age said 3-10 words? _____ age used sentences? _____
Any speech problems? _______________________________________
Age held out arms to be picked up? _______
Shy or timid? _______ liked attention? ______
Age said "No" to everything ______________
Friendly baby? _____ affectionate? ______
Wanted to be left alone? _______
More interested in people than things? _______
Stubborn? _______
Ate well? ______ age fed self _____ temper tantrums? _____
Breath holding? __________
Age toilet trained: bowel _______ urine __________
Age helped with dressing _______ age dressed alone __________
Right or left handed _______ age when settled __________
Well coordinated _____ clumsy _____ good with hands ______
Blank spells _______ falling spells _______
Impulsiveness __________
Unusual fears _______ sleep problems _______
Rocking _______ head bumping _______
Auditory problems _______ inner ear infections _______
Asthma __________ wheezing _______
Visual problems _______ nosebleeds _______
Dental problems _______
Headaches _______ coughing _____ colds _______
Vomiting _______ nausea _______ acne _______
Rashes _______ hyperactive _______ convulsions _______
Anemia _______ rheumatic fever _______
Sucks thumb or fingers _______
Enuresis _______ encopresis _______
Complains of pain in: abdomen _____ legs _____ arms _____
Difficulty with sleep ____ too little ____ too much ______
Difficulty with eating: too little ______ too much ______
Allergies _______ If yes, please name
_____________________________________________________________________

Does your child engage in behavior that could be dangerous to others? ________________

At what age did your child have the following:
   chicken pox ______ measles ______ rubella _______
      mumps ______ tuberculosis ______ whooping cough _______
Did your child receive immunizations? ______
Age ________
Please list any, if any, medications your child has taken or is presently taking? 

Please list, if any, any surgeries or serious injuries your child has undergone?

Please list, if any, any hospitalizations for your child, dates, and purpose

Please list any fears your child may be experiencing

Please list any significant developmental milestones not listed above

Please list any diseases or pertinent medical information not listed above

EDUCATIONAL HISTORY

Please indicate if your child or adolescent currently exhibits any of the following difficulties.

_____ Difficulty with reading
_____ Difficulty with mathematics
_____ Difficulty with writing
_____ Difficulty with spelling
_____ Difficulty with other subjects
_____ Does not like and/or want to go to school

Is your child or adolescent in any type of special classes? ___
If yes, please specify what type of class? ______

Has your child or adolescent been retained in any grade? ___
APPENDIX B

IOWA STATE UNIVERSITY HUMAN SUBJECTS FORM

Information for Review of Research Involving Human Subjects
Iowa State University

(Please type and use the attached instructions for completing this form)

1. Title of Project: School Phobia

2. I agree to provide the proper surveillance of this project to ensure that the rights and welfare of the human subjects are protected. I will report any adverse reactions to the committee. Additions or changes in research procedures after the project has been approved will be submitted to the committee for review. I agree to request renewal of approval for any project continuing more than one year.

Mary Anderson Richards 5/19/92
Typed Name of Principal Investigator

Department

3. Signatures of other investigators Date Relationship to Principal Investigator

Hilena McCormick 5/19/92 Major Professor

4. Principal Investigator(s) (check all that apply)
   ☐ Faculty  ☐ Staff  ☐ Graduate Student  ☐ Undergraduate Student

5. Project (check all that apply)
   ☐ Research  ☐ Thesis or dissertation  ☐ Class project  ☐ Independent Study (490, 590, Honors project)

6. Number of subjects (complete all that apply)
   ☐ # Adults, non-students  ☐ # ISU student  ☐ 3 # minors under 14  ☐ other (explain)  ☐ # minors 14 - 17

7. Brief description of proposed research involving human subjects: (See instructions, Item 7. Use an additional page if needed.)

This research will study the perceptions of children and adolescents identified with school phobia and measure the self-esteem of these students. This is a qualitative study using the interview method and documents such as school attendance records, grades, and test results. The student's self-esteem will be measured by the Self-Esteem Index. The subjects with school phobia have been previously identified by mental health care professionals. Participation is on a voluntary basis. An audiotape interview(s) will elicit the student's perspective of his or her family, school and social relationships. Interviews will be audiotaped with a parent and a school counselor to describe his or her experiences with the school phobic student.

(Please do not send research, thesis, or dissertation proposals.)

8. Informed Consent:
   ☑ Signed informed consent will be obtained. (Attach a copy of your form.)
   ☐ Modified informed consent will be obtained. (See instructions, item 8.)
   ☐ Not applicable to this project.
9. Confidentiality of Data: Describe below the methods to be used to ensure the confidentiality of data obtained. (See instructions, item 9.)

All participants will remain anonymous. Pseudonyms will be substituted for names and locations. Every step will be taken to disguise the subjects' identity with the dissertation committee, in the dissertation and in any published materials or presentations. The audiotapes will be destroyed upon acceptance of the dissertation.

10. What risks or discomfort will be part of the study? Will subjects in the research be placed at risk or incur discomfort? Describe any risks to the subjects and precautions that will be taken to minimize them. (The concept of risk goes beyond physical risk and includes risks to subjects' dignity and self-respect as well as psychological or emotional risk. See instructions, item 10.)

There will be no physical risks to the subjects. I will take every precaution against any implicit or explicit psychological risks. The interviews may elicit emotional responses about past events that cause some degree of discomfort to the respondents. The subjects will be assured that they do not have to answer a question if they feel uncomfortable.

11. CHECK ALL of the following that apply to your research:

- A. Medical clearance necessary before subjects can participate
- B. Samples (Blood, tissue, etc.) from subjects
- C. Administration of substances (foods, drugs, etc.) to subjects
- D. Physical exercise or conditioning for subjects
- E. Deception of subjects
- F. Subjects under 14 years of age and/or Subjects 14 - 17 years of age
- G. Subjects in institutions (nursing homes, prisons, etc.)
- H. Research must be approved by another institution or agency (Attach letters of approval)

If you checked any of the items in 11, please complete the following in the space below (include any attachments):

Items A - D Describe the procedures and note the safety precautions being taken.

Item E Describe how subjects will be deceived; justify the deception; indicate the debriefing procedure, including the timing and information to be presented to subjects.

Item F For subjects under the age of 14, indicate how informed consent from parents or legally authorized representatives as well as from subjects will be obtained.

Items G & H Specify the agency or institution that must approve the project. If subjects in any outside agency or institution are involved, approval must be obtained prior to beginning the research, and the letter of approval should be filed.

F. Parents will be asked to sign the informed consent document.
Checklist for Attachments and Time Schedule

The following are attached (please check):

12. ☑ Letter or written statement to subjects indicating clearly:
   a) purpose of the research
   b) the use of any identifier codes (names, #s), how they will be used, and when they will be removed (see Item 17)
   c) an estimate of time needed for participation in the research and the place
   d) if applicable, location of the research activity
   e) how you will ensure confidentiality
   f) in a longitudinal study, note when and how you will contact subjects later
   g) participation is voluntary; nonparticipation will not affect evaluations of the subject

13. ☑ Consent form (if applicable)

14. ☑ Letter of approval for research from cooperating organizations or institutions (if applicable)

15. ☑ Data-gathering instruments

16. Anticipated dates for contact with subjects:
   First Contact
   March 23, 1992
   Contact is ongoing.

17. If applicable: anticipated date that identifiers will be removed from completed survey instruments and/or audio or visual tapes will be erased:
   The audiotapes will be erased upon acceptance of the dissertation.

18. Signature of Departmental Executive Officer
    Name: Hall
    Date: 5/4
    Department or Administrative Unit: Nursing

19. Decision of the University Human Subjects Review Committee:
    ☑ Project Approved
    ☑ Project Not Approved
    ☑ No Action Required
    Name of Committee Chairperson: Patricia M. Keith
    Date: 6-9-92
    Signature of Committee Chairperson: PMK

Approved with the understanding that a representative of the school will sign the school form indicating their approval.
APPENDIX C
INTERVIEW QUESTIONS

1. Child or Adolescent Interview
   Tell me why you do not want to attend school.
   Describe your relationship with your mother.
   Describe your relationship with your father.
   Describe your relationship with your siblings.
   Describe your relationship with your teacher(s).
   What form of transportation do you take to school?
   Tell me about your appetite, sleep patterns, interests, and friends.
   Describe the characteristics of the school you would like to attend.

2. Parent(s) Interview
   Describe the behavior of your child in the morning of a school day and the morning of a non-school day.
   Describe the mother's relationship with the child or adolescent.
   Describe the father's relationship with the child or adolescent.
   Describe the child's relationship with his or her siblings.
Describe your child's or adolescent's successes and failures in school.

3. School Counselor or Teacher Interview
   Describe your initial contact with the student.
   Describe the behavior of the student.
   Describe the intervention strategies utilized.
APPENDIX D

SAMPLE OF A WORD FREQUENCY LIST

The following content words are for student Emily with a word frequency of a minimum of two. Single frequency words, common adjectives, conjunctions, and prepositions were excluded.

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elementary employees encourage enroll environment eventually evidence exactly expect explanation extremely

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| mad      | make     | madhouse   |
| magazine | major    | majority   |
| malls    | manage   | manner     |
| many     | marks    | match      |
| material | mean     | meaning    |
| medically | mental   | met        |
| methods  | middle   | midterm    |
| mind     | minor    | minutes    |
| miss     | mom      | money      |
| month    | more     | mornings   |
| most     | mother   | move       |
| movies   | mystery  |            |

| name     | narrow   | nebulous   |
| necessarily | need    | negative  |
| neighborhood | nervous | never     |
| new      | next     | night      |
| normal   | nothing  | notice     |
| November | now      |            |
occasion  offer  office
officer   often  old
only     open   opinion
opposite options organized
orientation others  out
outdoors outlet  outside
outwardly own  ownership

pains    paper  parent
part     particular  pass
past     pattern  pay
peak     peer  people
perceived percentile  perfect
perfectionism performance  period
permit   perplexity  phobia
physical pick  picture
place    plans  plastered
play     pleasant  please
pleaser  pleasant  plus
point    pool  positive
possible practicing  preconceived
predictable predominantly  prefer
premarital prepared  present
pressure presume  pretty
prevails  principal  private
privileges problem  professional
program  project  prosecuting
psychiatrist psychologist  push
puzzle

questions  quickly  quiet
quit

raised  react  read
ready   real   realize
reason  reasonable  reassurance
recent  reclusive  recognized
record  reflect  refusal
regarding regular  relate
relationship relaxation  release
relatable religion  reluctance
remember repercussions  report
research resources  respect
responsible rest  results
retire   retreats  revolved
riding   right  road
roller   room  rough
routine  rumor  run
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