“School refuser” is an always-already negative child identity. The term is used to categorize children or adolescents who appear to dislike and fear school (or aspects of school) and persistently refuse to attend or attend very unwillingly. Given that school attendance is generally considered a necessary social good, regular and anxious refusal to attend is usually understood as problematic, maladaptive behaviour. Typically, the problem is discursively linked to certain psychiatric disorders, such as separation anxiety disorder and depression. This paper critically considers the significance of the usual understanding of school refusal as pathological and school refusers as maladjusted individuals.

Introduction

School refusal is usually characterized by high levels of anxiety. School refusers may exhibit somatic symptoms on school days, including nausea, vomiting, headaches and shaking, but typically recover on weekends, during school holidays and when they are permitted to stay home from school (Fremont, 2003; Salemi & Brown, 2003). Such physical symptoms generally distinguish the school refuser from another category of school avoiders, truants.1 Both of these categories of child have been understood by researchers and clinicians as possibly having pathological responses to school, but while truancy is often understood as a behaviour problem associated with antisocial tendencies, school refusal is generally seen as reflecting an emotional or psychological disorder, with prominent anxiety symptoms (Heyne & Rollings, 2004). As a psychological “disorder”, school refusal presents an obligatory case for treatment.

Anxious school avoidance was categorized as “school phobia” more than 60 years ago (Johnson et al., 1941). Johnson and co-workers defined school phobia as a fear of school caused by the child’s and mother’s separation anxieties. Separation anxiety theory, while maintaining a privileged position for many years, no longer monopolizes perspectives on school refusal, although separation anxiety disorder is certainly seen to be one common form of psychopathology associated with school refusal (Masi et al., 2001; Egger et al., 2003). The majority of researchers and clinicians now understand school refusal as a maladaptive and heterogeneously determined childhood/adolescent behaviour which requires corrective attention.
through therapy or some other intervention (see, for example, Kearney, 2001; Heyne & Rollings, 2004).

**Our Project**

Interested in the widespread acceptance of psychological narratives about school refusal and motivated by one of the author’s (Stroobant’s) own childhood experiences of school refusal, we decided to explore former school refusers’ self-understandings. Rather than attempt to merely explain their understandings with reference to the dominant psychological/therapeutic framework, we approached these school refusers’ recollections as discourse available for a range of different interpretations.

It is difficult to know how many children in New Zealand are “school refusers”; virtually no research exists on school refusal in New Zealand. Many school refusers probably find themselves working in the school counsellor’s office or are home schooled or enrolled with The Correspondence School of New Zealand Te Kura-a-Tuhi. Others will simply drop out, leave school for “medical” reasons or are classified as “truants”.

Our research subjects, despite in some cases not attending school for long periods, had gone on to higher education. Although they had all rejected schooling to some degree, they all became high achievers in formal education. All seven informants were female university students. Their experiences cannot therefore be understood as representative of school refusers in general, but they offer perspectives which contribute to ways of thinking about school refusal. For a start, their voluntary entry into post-school education raises questions about the diagnosis of internal pathology related to attending educational institutions. Although all the interview subjects were women, we do not address questions of gender in this paper. Anxious refusal to attend school appears to occur equally in both sexes (King & Bernstein, 2001). (The fact that our subjects were all women may reflect the high proportion of women in the social sciences departments where advertisements calling for research subjects were posted.)

In examining these women’s school refusal we have sought not simply to document their reported school experiences and their interpretations of these. We have also attempted to identify the meanings that the subjects use to explain their school refusal, taking into account the effects of publicly available meanings. In addition, we suggest an alternative, positive interpretation of school refusal that queries the dominant understandings of school refusers as needing identification and treatment. In taking this approach we work outside the parameters of the usual debate in this field, where the key questions are typically: what is the “real” cause of school refusal and, how can we best identify, assess and treat school refusers? Instead, we ask why school refusal must necessarily be understood in negative and therapeutic terms.
The Psychological/Therapeutic Approach

As stated above, contemporary school refusal is typically understood as a complex, maladaptive childhood/adolescent behaviour associated with psychopathology of some kind. This “psychological/therapeutic” approach to school refusal has several tenets.

First, school refusal has a complex aetiology. It has long been acknowledged by clinicians and researchers that school refusal behaviour is not fixed but is multidimensional, and changes over time in response to internal and external variables such as maturity, school pressures and adult and peer behaviour (Kearney, 2001). In an attempt to capture the dynamic and diverse nature of school refusal, clinicians and researchers have devoted much time and energy to carefully defining and distinguishing different types of school refusal. For example, in School refusal behavior in youth: A functional approach to assessment and treatment (Kearney, 2001), Kearney identified four distinct functional subcategories. These are: “youth who avoid stimuli that provoke general negative affectivity”; “youth who escape aversive social or evaluative situations”; “youth who refuse school for attention”; “youth who refuse school for tangible reinforcement outside of school”. In contrast, Egger et al. (2003) divided children who avoid school into three groups: “anxious school refusers”, “truants” and “mixed school refusers” (children with both anxious school refusal and truancy). And in their review of the past 10 years of school refusal research, King and Bernstein (2001) suggested three primary clinical groups: “phobic”, “separation-anxious” and “anxious/depressed” school refusers.

These attempts at categorizing school refusers highlight the ways school refusal is now understood, not as a unitary syndrome with a single underlying cause (i.e. separation anxiety) but as a collection of problem behaviours that are symptomatic of a heterogeneous range of disorders including, for instance, separation anxiety disorder, social phobia, simple phobia (see also Evans, 2000). Contributing family- and school-related factors such as family crises and school bullying have also been identified in the literature (for a summary see Paige, 1993). Indeed, family dysfunction or stress is thought to be a key contributing factor in the aetiology and maintenance of school refusal behaviour (King & Bernstein, 2001). As a result of this consensus on multiple problems or disorders contributing to school refusal behaviour, modern assessment and treatment plans advocate a “multifaceted” approach which includes exploration of family relationships and educating and involving the parents as much as possible.

Second, school refusal is generally agreed to be a serious and distressing problem that is likely to have detrimental and long-term psychological, social and academic consequences for the individual who remains untreated (Fremont, 2003). School refuser children are generally constituted as unhappy individuals who are “missing out” (Berwick-Emms, 1987) and in need of adult help and understanding. The newspaper advertisement publicizing “Youth Anxiety 2000”, a New Zealand conference (held in Auckland) on anxiety, phobic and compulsive disorders, features a row of school bags with one missing and asks the question: “Does your child...
suffer?’ (emphasis added). Parents and teachers are therefore under some moral obligation to intervene for the child’s sake. The school refuser’s “abnormality” is not limited to her/his refusal to attend school. In keeping with the dominant view that school refusal is frequently associated with intrapsychic disorders, the school refuser is often portrayed as overly dependent, hypersensitive, unrealistic, anxious and depressed (Salemi & Brown, 2003).

In her self-help book for anxious teenagers, Scary thoughts, Read (the co-founder of The Phobic Trust of New Zealand) discussed the (fictional) case of a 16-year-old boy named Craig ‘who found going to school extremely scary and distressing’ (Read, 2000, p. 36). Read stressed that Craig’s fear is not “normal” but phobic (i.e. excessive and irrational): “You may be thinking that Craig was just shy... Craig was abnormally shy... Normal shyness is different” (p. 38). Craig, like his real-life counterparts, had crossed the line that divides the “normal” from the “pathological” individual.

Third, the necessity of professional treatment is assumed. For most practitioners rapid and appropriate treatment is essential as “chronic” and “persistent” school refusal is commonly associated with a serious decline in functioning, including delayed learning, academic deterioration, the inability to establish appropriate peer relationships and mood disorders. A multifaceted, collaborative team approach is generally advocated. This may involve the family doctor, parents, school staff and mental health professionals. Treatment usually involves some combination of therapies and interventions aimed at changing behaviour and cognitions, teaching new skills and providing support, for instance exposure-based treatments, relaxation training, cognitive behavioural therapy and social skills training (Fremont, 2003). Quick and early intervention by therapists and counsellors, and ignoring the child’s somatic symptoms, are central components of intervention best practice (see Paige, 1993; Evans, 2000; Fremont, 2003). While medications such as antidepressants and stimulants are prescribed to school refusers, drug therapy is usually confined to severe cases (where an associated psychiatric disorder has been identified) or used in conjunction with other therapies (Fremont, 2003). Careful classification is said to allow for individualized and prescriptive treatment (Evans, 2000). For example, children identified within Kearney’s functional model (above) as refusing school “to avoid a general sense of negative affectivity” may receive treatment that includes “child-based psychoeducation, somatic control exercises, and re-exposure to the school setting” (p. 98). In contrast, children who refuse school for “tangible reinforcement outside of school” may experience “family-based therapy... communication skills training, peer refusal skills training” and be escorted to school and/or classes (Kearney, 2001, p. 98).

Finally, a return to school is generally considered to be an important component of successful intervention (as well as the primary objective). Wanda Fremont (2003), director of the State University of New York child and psychiatric residency programme, is unequivocal: “The primary treatment goal for children with school refusal is early return to school” (p. 1557). The return to school may or may not involve forced school attendance. Where a forced (or rapid) return is not possible or
appropriate, desensitization approaches involving a graduated return to school (e.g. half days, limited participation, completing school work in the counsellor’s office) are often used instead. Home tutoring or home schooling is rarely considered an acceptable educational alternative for school refusers.

**Critical Responses**

Few theorists have attempted to critique the psychological/therapeutic approach to school refusal. Notable exceptions are Pilkington and Piersel (1991) and Knox (1989, 1990), who did not accept that children and adolescents who refuse school are necessarily suffering from an affective, anxiety or adjustment disorder. They suggested that in some cases school refusal behaviour may be a perfectly rational and adaptive response by a distressed individual to an aversive school environment. However, while they sought to be critical of contemporary approaches to school refusal, these authors remained within the dominant paradigm. That is, they understood school refusal as a problematic set of behaviours which need to be addressed and corrected. They suggested that school refusers need to be researched, explained, debated and responded to “therapeutically”, even if this only means home schooling until the fears subside.

So even while contesting dominant theories about school refusal (especially regarding aetiological and treatment factors), Knox and Pilkington and Piersel failed to reconsider in any radical way the dominant assumption that school refusal is a ‘real’ and detrimental childhood disorder. In other words, both the standard approaches and those which critique these serve to problematize the school refuser and in the process they normalize the school attender. School non-attendance, understood as abnormal, irrational, pathological behaviour, assumes its flip side: the assumption that going willingly to school is normal, rational and healthy behaviour. It is against this latter, socially constructed norm that school refusers are measured and identified as individuals possessing various “problem behaviours” and “psychiatric disorders” which require treatment.

In sum, both the traditional literature on “school phobia”, which seeks the causes of school refusal in pathological mother–child relations, and the more recent literature, which takes a “functional” or “multifaceted” approach or seeks explanations in “aversive school environments”, focus our attention on answering the question “why doesn’t the child want to attend school?” Such a focus obscures the (perhaps more interesting) question “why assume that the child should want to attend school?” Why explain school refusal at all?

**Self-understandings**

The normalization of school attendance and the pathologization of avoiding school were clearly evident in the self-understandings of the school refusers we interviewed. Even those school refusers critical of the discourses associated with the
psychological/therapeutic approach or who had well-developed counter-theories of their own regularly mobilized negative psychological narratives, usually highlighting individual or family “pathology”. This is hardly surprising; as Foucault has helped us understand, it is not possible for the individual to “step outside” power’s influence. People’s various and complex viewpoints (including their likes, dislikes, attitudes, fears, experiences and reality) are produced through power’s invisible, pervasive and ceaseless operation through regimes of social truths and meanings (Foucault, 1980). Via the shared available meanings which make (sense of) our experience, power penetrates us at the deepest level and “makes” us who we are (whether we realize it or not). In this view, it might be expected that all individuals, including those who vigorously refused school as children, will have internalized, at least to some extent, dominant meanings about the value of school attendance.

The seven women interviewed for this project were recruited through advertisements for “former school refusers” at our local university. All volunteers had failed to attend school or had difficulty attending school for substantial periods of time. At the time of interview five women had completed Bachelors degrees and four of these had embarked on graduate work. Five participants were in their twenties, one in her thirties and one in her fifties.

The women were uniformly critical of school or aspects of their school experience. Despite this, as mentioned above, during the 1–2 hour conversation each woman used various psychological discourses to “explain” her school refusal. These discourses included the following.

The Pathological Family

Most indicated that they believed family characteristics, such as stress, parental divorce, moving house or child-rearing behaviour, had contributed to their school refusal:

things at home weren’t going particularly well, like we were building a house, and it was incredibly traumatic and mum was getting quite sort of stressed out and sick... (Elizabeth)

this was another reason why I never got settled anywhere, because we moved every single year. Sometimes I think it was just my family and we were fucked-up and all these things. (Ruth)

The Hypersensitive (Girl) Child

In a strongly gendered analysis of the problem, all the women described themselves as “shy”, “anxious”, “highly strung” or “sensitive” children. For example:

I put it [refusing school] quite largely down to temperament. That I have a high anxiety nature. (Anna)
I was a very withdrawn kid, like I was quite shy and probably relating to people wasn’t that easy for me. (Kate)

The Abnormal and Inferior Child

Most described themselves as “different” or “abnormal” (in a negative sense) at some point during their interview:

I definitely thought I was different... I thought that generally [other children] looked better and they coped better and they were, sort of, just ‘better’... that I think was probably something to do with me being a little bit socially isolated, ’cause I was a weirdo... (Kate)

I felt different in the fact that I couldn’t make friends easily... and then at College it was I’m different because I’m so shy. (Anna)

Transmission of Dominant Meanings

“Psychological” explanations for school refusal appear to have been primarily communicated to the school refusers (directly or indirectly) via their families, peers, schools and counsellors (or other “caring professionals”). As Elizabeth put it: “my mother's reaction... it made me aware... it was a big deal me not going to school and that it was really, really socially abnormal”. For Louise it was the school counsellor’s construction of her school refusal that determined how Louise would be understood and treated by parents, peers and school personnel:

[The school counsellor] said that [the school anxiety] was post-viral and that it was related to my glandular fever in that there was post-viral anxiety and depression. And that it was part of when somebody gets really sick around the teenage years when they're trying to separate from their parents. She said that in actual fact I've regressed because of my illness. Because you're more dependent when you're ill and so she said that was part of it. That I was becoming more dependent on my parents...

The school counsellor's interpretation of Louise’s “school anxiety” drew on theories of “adolescent development”, “regression”, “individuation” and “separation anxiety”. It was evident from some of Louise’s statements that she also incorporated these (probably gendered) psychological meanings into understanding her school refusal: “I think that I am probably prone to anxiety and especially... the age I was at being a teenager...”. Such pathologizing stories about individual anxiety are validated through an appeal to science and medicine (psychiatry and psychology in this case) and enjoy a large measure of social acceptance as “truth” or “common sense”. School refusers such as Louise who encountered pathologizing explanations may eventually internalize these and come to believe that there is something “wrong” with them.

The women reported that teachers and psychologists, as well as their peers, positioned them as “illegitimate absentees”, “school phobics” and “waggers”. As
Diane put it: “I think there was a bit of a feeling that I was probably a bit of a wimp, a bit of a hypochondriac”. Diane described her classmates’ reaction when she returned to school after a lengthy (unexplained) illness:

there was a bit of a funny feeling when I went back after the three months off sick because again it was a non-specific kind of thing . . . I know now that it was probably M.E. . . . When I went back to school, my desk had been moved and my group of friends seemed to be quite cool towards me for quite some time . . . That became OK. But it wasn’t OK in the first little while and I felt that quite strongly that it wasn’t OK. Almost as though I’d done something a bit naughty, a bit wrong.

While Diane believed that she had been genuinely sick, apparently her school friends did not think it was “O.K.” to miss school without a “legitimate” (medically validated) illness.

As a university student, Kate’s view of her school refusal as pathological may have been reinforced during her study of psychology, where explanations of children’s behaviour generally refer to the developing individual and their own unique personality, cognitive processes, past experiences, relationships and so on. Kate appeared to attribute her school refusal to early environmental influences on personality and, therefore, she reasoned “early intervention” may have prevented her school refusal:

if I was going to say that something needed to be done, I would say that it would need to be done further back . . . probably by the time I got to kindergarten, I was going to be like that. So maybe it’s something much younger than that that needs to be changed.

Another psychology student, Anna, had learned about “self-esteem” and saw this construct as relevant to her childhood experience:

The anxiety at school was . . . probably because I’d already become anxious. And the whole low self-esteem thing that I had from home would have influenced my ability to make friends. And because I couldn’t make friends I became more anxious. So it’s all interacting. But, yeah, I had very low self-esteem.

In the face of various forms of intervention and pressure from parents, doctors, teachers and counsellors, some of the women who had for many years actively refused school eventually returned to school with little (obvious) resistance. Although they still disliked school and/or were unhappy there, they appear to have come (to some extent) to accept that school attendance was inevitable and necessary. At the age of 15 Elizabeth returned to school voluntarily after 5 years of determined refusal:

I sort of felt some sense of needing to be doing what I was meant to be doing I think, I don’t know . . . I felt like I wanted to actually be some sort of normal, well normal in inverted commas, person because the whole fantasy realm for me had disintegrated . . . My main feeling was I hate school so much but what’s wrong with me because I should actually be going.
Paradoxically, while the psychological discourses about school refusal often function in negative and constraining ways for school refusers and their families, they can also be experienced as empowering and enabling. For Louise, being diagnosed with “post-viral anxiety and depression” felt liberating. Her diagnosis meant she could avoid medication, punishment, forced school attendance and any other unpleasant intervention or treatment. In fact, it opened the way for her to enjoy far more freedom and flexibility than her peers, a lightened workload and increased support from staff:

the school counsellor, she informed all of my subject teachers that I was to be allowed to get up and leave whenever I wanted and that I was to just sign out. . . . I could tell that the school counsellor had spoken to them because I had a couple of teachers come up to me and say you know you’re doing really well. . . . I just wouldn’t go to school or I just wouldn’t go that day, to that particular subject . . . there were no questions asked. . . . I was just allowed to go home if I wanted to. I could leave class whenever I wanted to. I didn’t really have to do any of the work . . .

Not surprisingly, Louise has a positive attitude towards the intervention: “I found I was helped . . . I found the school counsellor was very sympathetic and supportive”.

Louise understood the school counsellor’s intervention as giving her “a bit more freedom”, but she ended up complying more fully with the school’s expectations. That is, the intervention functioned to reconstitute her as a more self-controlled and well-regulated individual (in terms of school participation) while maintaining an illusion of allowing her more autonomy:

I’d go [to school] half way through the day whereas before I’d stay home the whole day because I didn’t have an excuse for not going. . . . so in that way that intervention freed me up a bit more to be at school longer . . .

The “caring talking approach” taken by most contemporary counsellors and psychologists is understood as progressive and more “humane” than other treatment approaches, such as punishment. However, caring is not necessarily a radical alternative to non-progressive treatments which manipulate and control individuals. School refusers who are “treated” sympathetically and with understanding for their “disorder”, rather than punished or ignored for it, may simply be more inclined to internalize dominant meanings and interpretations of school refusal and, therefore, willingly comply with treatment programmes and, ultimately, return to school voluntarily. Modern, acceptable forms of normalization may be played out or enforced not through negativity, but through understanding.

**Resistance to Dominant Meanings**

While the psychological/therapeutic discourses were widespread in the women’s talk, they did not always accept dominant meanings about their school refusal. Their views were often a mixture of theories of individual and family pathology and more questioning or critical perspectives. Despite being told by many psychologists and
school officials that the family was to blame for her school refusal, Ruth says she and her brothers and sisters did not believe them:

we knew we weren’t bad. We thought we were a normal, loving family. We didn’t like going to school—but we knew that other people were judging us that way. … Somewhere I just decided to shut down to what they were saying, ’cause I had to, to survive, and luckily my family was incredibly supportive in a lot of ways. I remember thinking you can’t tell me that my family doesn’t love me. No, this is bullshit…. They’re wrong.

Some of the women appeared to make more “critical” sense of their school experiences using knowledge communicated to them via their university courses. Elizabeth, a sociology major, understood compulsory schooling as a form of social reproduction resulting in economic and ideological oppression of the “masses”:

I think enforced schooling of children … totally serves the interests of the state to get people into the mindset of what they’re going to have to be prepared to do for the rest of their life. Which is live a life of utter drudgery and depression …

This approach enabled Elizabeth to see her refusal of schooling as somehow justified, even as an act of radical resistance to an oppressive school system. Education studies student Ruth reconsidered her schooling experiences when she was required to write an educational autobiography for a university course: “I wrote about what had happened to me and I started to theorise, I started to understand [my refusing to go to school] … I started to understand that it wasn’t about me”.

Even when they were children, most of the women had developed theories about school which resisted the usual views they encountered. For example, Elizabeth did not accept that there was something wrong with her because she disliked school. Instead, she maintained a (resistant) belief that school was the problem:

the deputy principal, said I had school phobia. … I remember Mum telling me that she had said I had school phobia. … I remember thinking that was really stupid for some reason. … I remember thinking … that makes it my issue rather than the school’s issue.

*Interviewer: Mm, like they were saying that there was something wrong with …

… with me, rather than the fact that there was something incredibly wrong with the school. I think I said that, I said like ‘it’s not that I’m scared of the school, it’s that the school is incredibly evil’. So … it’s not my issue, it’s their issue.

Elizabeth describes her behaviour on a typical school morning:

I would say ‘I don’t feel well’ and then that would go on for about ten minutes … my mother would go totally hysterical. I would either, I’d probably get up and hide somewhere or go and run outside and just refuse, and then come back later and be sobbing hysterically and say you know ‘I’m not going’.

For most of the women resistance to school initially took a very physical form, such as hiding, crying or running away; sometimes acted out daily over long periods of time. Anna described “every day”:
I would get into the car and refuse to say a word. . . . Then I’d start just kicking the seat and screaming and throwing things around the car and punching my brother. Just totally losing it. . . . The next day it would be like ‘I don’t wanta go to school’.

While most of our informants did not, as children, theorize their resistance as heroic or subversive, some did have a sense that it was the school which was hostile and intolerable rather than that they were merely behaving badly, strangely or shamefully (although a sense of being different from other children was also strongly expressed).

In fact, in contrast to mainstream psychological perspectives, the women tended to indicate that they did not see themselves as simply “powerless victims” of a phobia or some other problem. Some saw themselves as having consciously sought to “conquer” or “outwit” the schooling system and thus may be better understood as “dissidents” rather than “victims”.

I felt that I’d got away with something that other children hadn’t been allowed to get away with. I used to feel quite good about it . . . I felt quite, um, triumphant as well, I felt I had sort of conquered the system . . . (Louise)

there was no compromise on my part, I couldn’t actually compromise, because it was just like life or death and you can’t really have a middle ground between those two . . . it was like [mum] actually did not comprehend what she was doing to me and seeing she was deluded (laughs), I really had to look after myself. I couldn’t just, I couldn’t just let her bully me into going. (Elizabeth)

I just hated going to school. I just never wanted to go. I would always go, and get myself there for the first years, then I started figuring out ways of just not going at all. (Ruth)

**Reverse and Counter Discourses**

As adults most of the women had, alongside the dominant views of school refusal, continued to develop counter-discourses or “reverse discourses” (Weedon, 1987, p. 109). These took two main forms.

*School Refuser as Insightful Nonconformist*

While the women sometimes accepted the ways that dominant discourses positioned them as “sensitive”, “anxious” or “different”, in taking up this subject position they revalued or reinterpreted it. This can be understood as “reverse discourse”. Reverse discourse is subversive in that it seeks to reappropriate and revalue a traditionally marginal or devalued subject position such as “school refuser”, often in the same vocabulary and using the same categories by which it was disqualified. Most of the women saw their “difference” or “sensitivity” as an indication that they were more insightful, brave, open-minded, realistic or independent than the “normal” individual. Erica argued that anxious, sensitive children are both more realistic and have a greater facility for critical reflection on social life:
I think that ‘highly anxious/over sensitive’ children are actually the more realistic children, who have realistic expectations of what life is going to deal to them and what school’s actually going to be like. Rather than these sort of moronic people who... have absolutely no faculty of reason and they can’t actually see that it’s all sick. And they’d rather just join in.

Elizabeth thought that many young people go to school only

because they cannot even imagine an alternative. It’s like they’re not actually intelligent enough [laughs] or brave enough to say no. ... I was a magical child, set apart from birth to inhabit a totally different realm [laughs] ... to quote Colonel Kurts [from Apocalypse Now] ‘I was beyond their petty, lying morality’.

Some of the school refusers, knowing that absence from school required a legitimated excuse, used symptoms of illness to manipulate the situation in their own interests. They admitted that they had used “groundless” somatic complaints to avoid school, thus allowing themselves, for the moment at least, to be positioned as typical school phobics/school refusers. However, in contrast to advocates of the psychological/therapeutic approach, the women seemed to think that this was reasonable and legitimate behaviour:

if I was sick, then that would be a legitimate reason to stay home so I would often just say that either I’d been sick during the night or that I felt sick, not well enough to walk to school. ... I guess I had that in the back of my mind the whole time, that if this [school] didn’t work out, that I could go onto Correspondence, but I had to work out a way of getting onto it ... legitimately. (Louise)

School is Not Good or Necessary

Some of the women explicitly rejected dominant ideas and assumptions about school attendance as a social and personal good. They questioned the common sense assumption that school attendance was “beneficial” and “necessary”. Instead, they claimed that school actually constituted a dangerous or harmful environment. For example, Elizabeth described school as a “war zone” and likened it to “being in hell”:

I remember telling my friend that I could not imagine hell being any worse than school. It actually felt literally like being in hell ... it was like I was being dropped in the middle of a war zone and was going to be picked up at the end of the day, and just because there was this sort of pretence of everything being normal it was OK. ... It was utterly depressing and there’s nothing positive I can take from those years whatsoever.

Louise believed that refusing school in fact had positive educational outcomes for her: “I passed Bursary [by Correspondence], and I don’t think I could have done it through school”. According to Ruth, forced school attendance was not about providing good educational opportunities, but a way of controlling and managing children, thus making life easier for adults: “my going to school was not about me and what was good for me. It was about what made their lives easier, it was about fitting in and toeing the line ...”.
Mobilizing powerful contemporary ideas about the centrality of trust, risk and safety, some of the women argued that school was an “unsafe” environment:

I do actually think that if I had stayed in the situation it probably would have ended up us being beaten up at some stage, which I was not prepared to let happen to me just because social convention dictated that I should be at school … (Elizabeth)

From the very first day of school it was not safe. I learned that school was not a safe place. People are going to make you stay there, they’re going to physically restrain you … (Ruth)

Another Account

Our account of school refusal and those accounts of the school refusers we spoke with suggest it is possible to approach “school refusal behaviour” in a range of ways. A predominant focus on “causes”, “functions” and “treatments” of school refusal behaviour fails to capture the dynamic, transformative, and sometimes liberatory, nature of school refusal. Shoko Yoneyama (1999) a Japanese researcher in the field of school refusal, argued that the classifications commonly associated with school refusal as a phenomenon may simply constitute different stages in the process of children’s refusing or questioning school. From Yoneyama’s perspective, differences in school refusers’ symptoms, behaviour and reasons for avoiding school are a reflection of an ongoing psycho-social process of self-questioning, critical reflection and re-evaluation through which school refuser children are moving. According to Yoneyama, school refusal in Japan, or トーキョーホイ, is widespread (a “mass exodus”; Yoneyama, 1999, p. 186) and has its origins in the rigidly competitive, authoritarian and conformist Japanese education system and culture. While these same conditions do not apply typically in New Zealand and Australia, Yoneyama’s analysis is useful to this discussion. Yoneyama appeared to construct the トーキョーホイ process as a kind of “sacred journey” or “quest for enlightenment”. Like ascetic monks or prophets, トーキョーホイ students are said to be segregated from normal society, spending much time in solitude and experiencing “agonies” of the mind and body. トーキョーホイ is reconstructed by Yoneyama as a kind of “trial” or “ordeal” that ultimately, and ideally, becomes a path to redemption (de-alienation, healthy non-conformism and, ultimately, social reform) for Japanese students and Japan’s school system. The value of Yoneyama’s work for us lies in her assumption that school refusal is not an always-already negative phenomenon; that it may be a process of thoughtful and adaptive child responses to sometimes dehumanizing, hostile and demanding institutions which compulsorily constrain and regulate all children.

Conclusion

While we spoke with only a narrow sample of ex-school refusers for this study, their insights into their experience of resisting school provide a complex story of resistance and compliance which belies any simple understanding of the issue of active school
avoidance. Each of the seven participants in this research mobilized dominant psychological/therapeutic discourses about their school refusal. This occurred even though school refusers are predominantly constructed negatively within these discourses, as unhappy, disturbed, hypersensitive and often unpopular children. If these were the only meanings of school refusal taken up by the women an identity as a “school refuser” could be seen as relatively demoralizing and disempowering. However, the women did not hold consistent or wholly negative theories about school refusal. Rather, they used a number of different, competing and contradictory discourses to explain their school experiences. These included (to a greater or lesser extent) subordinate meanings about school refusal that legitimated and justified their school refusal behaviour as rational, just, positive and insightful. They resisted the ways dominant discourses sought to define, construct and contain them. The women engaged in many different forms of resistance, including physical violence, running away, pretending to be sick, arguing, refusing to accept the ways others defined them, consciously repositioning themselves and rejecting common beliefs and assumptions, and were often successful in their primary objective (avoiding school). Such resistance is subversive in that it suggests ways of being and doing (i.e. forms of subjectivity and identities) that do not conform with dominant social norms and expectations and which question “common sense” assumptions about school and school attendance. This may be why, as the psychological/therapeutic literature points out, school refusers are less inclined to return to school the longer they have been absent; they discover other (rewarding) ways of “being” that do not include being a school attender. A critical examination of the largely unexamined claim underlying most of the school refusal literature, that “school is good and necessary”, destabilizes popular approaches to this resistant child behaviour and the identities which accompany it.

Notes
1. Some recent literature has questioned whether school refusal and truancy are in fact mutually exclusive (e.g. Egger et al., 2003). Egger and colleagues, clinician-researchers at the Duke University Medical Centre in Durham, North Carolina, suggest that some children demonstrate behaviours consistent with both anxious school refusal and truancy.
2. Advertising for volunteers only at the University obviously restricted subjects to those who had sought tertiary education. As it was not our intention to survey a wide range of school refusers or to consider the outcomes of their refusal, but rather to explore possible “readings” of that experience, we did not go further afield for volunteers, for this small study.

References


