

ABSTRACT

AN EXPLORATORY STUDY ON MENTAL HEALTH AND ATTITUDE TOWARDS PSYCHOTHERAPY AMONG GROWN HOMESCHOOLERS AND HOMESCHOOLING PARENTS

By

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The present study explores the adult homeschooling population in the United States. It examines several aspects of the culture, including their demographics and mental health characteristics, behavior, and attitude. The purpose of this study is to provide Marriage and Family Therapists (MFTs) with current and accurate information about this group in order to provide culturally appropriate mental health treatment for homeschoolers. The study had 1,052 respondents who had either been homeschooled as a minor, or homeschooled their children. The results indicated that several common assumptions about the homeschool culture are inaccurate, that homeschoolers as a group are well below clinical cut-off scores for anxiety and depression, and that several significant differences exist within the subcultures of the homeschooling population. The implications for MFTs, limitations of the study, and ideas for future research are discussed.

AN EXPLORATORY STUDY ON MENTAL HEALTH AND ATTITUDE TOWARDS
PSYCHOTHERAPY AMONG GROWN HOMESCHOOLERS AND
HOMESCHOOLING PARENTS

A THESIS

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CHAPTER 1
OVERVIEW OF THE STUDY

Introduction

There are a growing number of families in the United States who are choosing to forgo mainstream public and private educational systems and provide educational opportunities for their children themselves. Although the figures are not precise, it is clear that the number of homeschoolers in the United States is increasing (Bielick, 2008; Lines, 1991; Ray, 2004b). As the overall population grows, the opportunity for individuals to form affiliations within the larger group grows also. Subgroups revolving around specific educational philosophies and methodologies are born and solidify inside the expanding population. Homeschoolers exist as a culture within the United States, and are currently an under-researched and misunderstood one (Cogan, 2010; Fields-Smith & Williams, 2009). It is now important to understand not only the overall picture of what homeschooling entails, but also be aware of the nuances within the subcultures of this growing group. The studies that exist typically research school-aged-children, however the number of adults who are involved with and identify as part of this culture is increasing as well (McReynolds, 2007; Meighan, 1989; Russo, 1999). The demographics of the homeschooling population are also shifting. What was once thought of as a white, middle-class, Christian prerogative (Cogan, 2010) is now expanding to include a broader

range of ethnic, socio-economic and religious diversity (Dumas, Gates, & Schwarzer, 2010).

As the number of homeschoolers increase, so too does the likelihood that Marriage and Family Therapists (MFTs) will encounter this culture in their practices. Understanding any culture is important for MFTs to provide beneficial, individualized, compassionate, empathetic, and impactful treatment (Pedersen, 1990), and understanding homeschoolers is no exception. Increased knowledge about a culture's lifestyle, experiences, demographic makeup, and mental health needs benefits the individuals providing treatment, individuals seeking treatment, and even keeps societal health care costs at a minimum (Anderson & Cranston-Gingras, 1991; Atkinson, Morten, & Sue, 1989; Cuijpers et al., 2007).

Statement of the Problem

The homeschooling population in the United States is increasing every year (Bielick, 2008; Lines, 1991; Ray, 2004). Despite growing numbers, researchers have found it difficult to study this population due to low response rates to questionnaires and difficulty locating homeschoolers (Collom, 2005). Current existing research does not necessarily encompass the homeschool population as a whole, which is evidenced by contradictory findings. For example, one study shows that approximately 90% of homeschoolers are doing so for religious reasons (Cogan, 2010) while others cite more diversity and non-religious reasons for choosing homeschooling (Dumas et al., 2010). More research is needed to further develop an understanding of the entirety of the homeschooling culture. Additionally, the majority of the research conducted regarding homeschoolers has been done on children who are of age to be enrolled in a public school

system. There are very few researchers studying adults who were homeschooled as children or parents who homeschool their children (Ray, 2004a). More research needs to be done on adults who identify as being a part of this population, whether they were homeschooled themselves as children or if they homeschool their own children.

Homeschoolers are richly diverse in their ethnic, religious, and socio-economic makeup. Even more varied are their reasons for homeschooling, their educational methodology and philosophies. Homeschoolers have formed a unique culture, with unique needs, and strikingly unique subgroups within the larger population (Dumas et al., 2010). It should be the goal of therapists who wish to better serve this growing population to familiarize themselves and further understand the individual needs of this culture (Anderson & Cranston-Gingras, 1991). Beyond being able to individualize therapeutic services for greater benefits and impact, therapists should also understand this culture with enough competence in order to act as advocates for homeschoolers to other service providers which may play a part in the individual's mental health (Atkinson et al., 1989). Many homeschoolers chose this educational lifestyle in order to emphasize individualized education (Ray, 2004b). When providing mental health services, therapists should be cognizant of this motivation to homeschool, and educate themselves about the culture in order to avoid providing treatment that attempts to have the homeschooled client fit within a uniform treatment plan (Anderson & Cranston-Gingras, 1991). Additionally, therapeutic rapport, a key aspect for beneficial treatment, is based on empathy from the therapist. With a greater understanding of the homeschooling culture, philosophies, lifestyle and experiences, therapists can increase their empathy towards this population and thereby increase the benefits of therapeutic treatment

(Anderson & Cranston-Gingras, 1991). The population of homeschoolers in the United States is growing 7-15% each year (Jones & Gockler, 2004), which makes it all the more likely for a therapist to encounter individuals from this population as their clientele.

Due to the insufficient research about the growing number of grown homeschoolers and parents of homeschoolers, Marriage and Family Therapists find themselves with limited information about this population. MFTs are trained to provide counseling and psychological services to individuals, couples, children, and families, and would benefit from a greater understanding of the depth and breadth of this culture. (Fields-Smith & Williams, 2009). Although several studies exist which measure important mental health aspects of homeschooled children, or homeschoolers entering college, there are fewer studies done relating to adults within the homeschooling culture (Ray, 2004a). General levels of depression, anxiety, overall happiness and values have not been measured for adults within this population using measurement tools that have been also used with the general population. Noticeably absent are studies which compare sub-cultures of homeschoolers within the larger population. MFTs would benefit from a greater understanding of the mental health of this population, and an understanding of the necessity for expanding the concept of culture to include the nuances within the larger group in order to develop individualized treatment and best practice standards (Pedersen, 1990).

The benefits of individualizing treatment based on well-researched knowledge about a population goes beyond the individual seeking treatment. Identifying patterns of mental health needs can in fact help keep the cost of health care low. If mild psychological distress goes untreated, it can evolve into a more severe mental illness.

There are a large number of individuals with unmet psychological needs (Centers for Disease Control and Prevention [CDC], 2011). There is an estimated 10.5 million individuals aged 18 and older who reported their needs of psychological treatment going unmet. This is 4.8% of the population. Of these adults, 4.8 million had not received treatment at all, while 5.6 million had received some form of treatment or counseling in the past but felt that it was insufficient (CDC, 2011). As far back as 1978, a President's Commission on Mental Health published that 15% of the American population was in need of mental health services but that only 3% were actually seeking it out (Kushner & Sher, 1991). This is not only detrimental for the individual and their family, but it also creates a burden on national health care and the nation's economy (Cuijpers et al., 2007). People who do not seek out psychological treatment for psychological disorders have a pattern of over-using medical facilities, creating unnecessary stressors on the national health care budget (Cuijpers et al., 2007). If individuals had a more positive attitude towards seeking therapy and utilized the appropriate services sooner, more people would find themselves able to prevent more serious psychological distress. For example, if an individual sought treatment at the onset of depressive symptoms, they may be able to reduce the likelihood that it evolves into a depressive disorder and reduce costs (Cuijpers et al., 2007). As the number of homeschooled adults increases in the United States providing appropriate mental health care becomes a greater necessity at a national level.

Purpose of the Study

The purpose of this study is to explore the demographics of grown homeschoolers and parents of homeschoolers in the United States, measure their mental health characteristics, including levels of depression, anxiety, overall happiness, prioritization of character strengths, and to understand their attitude towards seeking psychotherapy. The information gathered from this study will benefit MFTs by providing information needed to individualize treatment to better serve this particular culture. The homeschooling population will also be served by gaining access to mental health care that provides culturally-appropriate and empathetic treatment.

Exploring the homeschooling population demographics for both grown homeschoolers and parents of homeschoolers is an important piece of research in order to fully describe and understand the diversity and complexity of this group and its subcultures. There are several studies which portray specific sub groupings of the homeschooling population, such as young adults entering college (Cogan, 2010) or Christian school-aged children (Knowles, 2010). This study will attempt to paint an overall picture of the adult homeschooling population within the United States, including grown homeschoolers and parents of homeschoolers. Similarly, no studies have gathered data regarding the depression, anxiety, overall happiness, or value rankings of the adults within this culture using measurement tools which have also been utilized for the general population. This study will assess these factors for grown homeschoolers, parents of homeschoolers, the group as a whole, and pay special attention to any subgroup that shows a clinically significant number on the measurement scales.

Attitude towards seeking professional psychotherapy will also be measured in order to better understand what barriers exist within this population for seeking therapy. This study will explore the patterns that emerge within specific subcultures of the adult homeschooling population.

With the information gathered by this study, MFTs will have an increased knowledge of the homeschooling population and be better equipped to provide individualized, compassionate, and beneficial treatment. If there are clinically high levels of psychological distress, the information gained in this study will help provide the basis for future investigations. The same can be said if there are clinically significant levels of psychological well-being. Ultimately, the information gathered with this study can be used to help MFTs increase their cultural competency; homeschoolers to be better served; and use the patterns that may emerge as direction for further investigations.

The research questions this study will address are: (1) what are the demographic characteristics of grown homeschoolers and parents of homeschoolers in the United States? (2) What are the mental health characteristics of grown homeschoolers and parents of homeschoolers in the United States? (3) What is the general attitude towards seeking professional psychotherapy of grown homeschoolers and parents of homeschoolers in the United States? (4) How can this information benefit MFTS to better serve this population? By answering these questions we will be able to better understand how MFTs can individualize their treatment for the homeschooling population.

Operational Definitions

Anxiety: Anxiety will be defined as scores obtained on the State-Trait Anxiety Inventory – Form Y State Subscale. Questions about their momentary and recent anxiety will be asked. Higher scores indicate higher levels of anxiety (Spielberger, Gorsuch, & Lushene, 1970).

Culture: Culture will be defined as a group of people with shared values, beliefs, issues, patterns, meanings, and accumulated experiences (Smith, Rodriguez, & Bernal, 2010).

Depression: Depression will be defined as scores obtained on the Center for Epidemiologic Studies Depression Scale (CES-D). Higher scores indicate the presence of more symptomatology, but does not indicate the presence of a depressive disorder (Radloff, 1977).

Homeschooling: Homeschooling will be defined as a broad umbrella term for people who choose not to utilize the public school system or the standard private school system. This may include a variety of methods and philosophies, such as utilizing charter schools, independent study programs, unschooling, or school-at-home.

Homeschooled adults: Homeschooled adults will be defined as individuals over the age of eighteen who self-identify as being grown homeschoolers (homeschooled as children) or parents of homeschoolers (raised their own children as a homeschooler).

Grown homeschooler: Grown homeschoolers will be defined as individuals who were homeschooled as children and are now over the age of 18. Grown homeschoolers may include individuals who also have children of their own. They were included in this group because of their involvement in the homeschooling culture as a minor.

Homeschooling parents: Homeschooling parents will be defined as individuals who are homeschooling or have homeschooled their children, and were not homeschooled themselves as minors.

Unschooling: Unschooling is defined as the philosophy and lifestyle of removing the conventions of schooling, eliminating requirements and assignments, and entirely replacing those with an enriching environment and parental support for children to pursue their interests and passions with conscious trust and support from their parents (Dodd, 2008).

School-at-home: This is a method of educating children at home, in which parents replace teachers and provide curriculum and other standard measures of instruction and testing that mirror their public-schooled counterparts (Homeschool.com, 2010).

Psychotherapy: According to the Mayo Foundation for Medical Education and Research (2011), psychotherapy uses communication and a variety of interventions with a therapist, counselor, psychologist or other type of mental health practitioner to deal with mental health issues. It can refer to a wide range of therapeutic approaches and philosophies. For the purposes of this study, “psychotherapy” is synonymous with “therapy,” and “counseling.”

Marriage and Family Therapists: According to the California Association of Marriage and Family Therapist (CAMFT; 2007), Marriage and Family Therapists (MFTs) are individuals who have received 3000 hours of experience, a master’s degree, have undergone strenuous supervision, and have passed two rigorous exams in order to provide counseling services to individuals, couples, families, and groups. MFTs may

work with children, adults, and in a variety of settings in order to help mental health concerns such as mental illness, emotional distress, or relational problems. MFTs may work in private practice or in a variety of other locations, such as community agencies (CAMFT, 2007).

Homeschool support groups: Homeschool support groups will be defined in this study as a gathering of homeschooling parents and/or their children, who meet semi-regularly to play, talk, and share resources with little to no pre-set curriculum or agenda.

Homeschooling organization: A homeschooling organization will be defined as any agency or organization that has a large membership of homeschoolers. This may include, but is not limited to Independent Study Programs (ISPs), grassroots organizations, political defense leagues, martial arts studios, theater groups, writing groups, charter schools, state-wide advocacy groups, national advocacy groups, and religious organizations.

CHAPTER 2

LITERATURE REVIEW

Introduction

The homeschooling population is growing by leaps and bounds each year, yet so much about this culture is unknown (Bielick, 2008; Collom, 2005; Fields-Smith & Williams, 2009; Lines, 1991; Ray, 2004). What is understood is that homeschooling has a variety of methods and philosophies, ranging from “school at home,” which closely mimic compulsory education, to families that have decided to eschew standardization in any way (Knowles, Marlow, & Muchmore, 1992; Morrison, 2007; Ray, 2004). Although there has been research conducted on school-aged children who are homeschoolers (Dumas et al., 2010; McReynolds, 2007) the research conducted about grown homeschoolers or parents of homeschoolers is minimal (Ray, 1994).

As the number of homeschoolers grows as it has been predicted to do (Bielick, 2008), the likelihood that therapists will encounter this population as clientele is increasing. For counselors working within the diverse society of the United States, it is important to understand specific needs of a culture rather than attempting to provide conformed treatment (Anderson & Cranston-Gingras, 1991). Using expanded criteria of culture will include homeschooling as a culture worthy of understanding and will benefit both the population and the counselors attempting to

provide treatment for their mental health needs (Pederson, 1990). Depression and anxiety have the distinction of being two of the most common mental health issues that treatment is sought for (Hertzog, Van Alstine, Usula, Hultsch, & Dixon R, 1990). Many studies exist that measure depression rates among the United States population, including studies relating to age and location (Goldney, Fisher, & Wilson, 2000; Hertzog et al., 1990; St. John, Blandford, & Strain, 2006). Such studies do not exist for grown homeschoolers or parents of homeschoolers. Several studies regarding anxiety have been conducted with homeschoolers, but are limited to students entering the college arena (White, 2007). Widespread international studies have been conducted on the interrelated topics of strength of character and happiness and have found patterns that appear to be universal and essential for society (Park, Peterson, & Seligman, 2006). It is unknown if homeschooled adults will follow the same response patterns.

Finally, many cultures' attitudes towards seeking professional therapy have been researched, as help-seeking behavior is an important element for the mental health field to consider (Kushner & Sher, 1991). Examples of cultures whose attitude towards seeking psychological help have been studied include African-Americans (Sanders-Thompson, Bazil, & Akbar, 2004), Greek-Americans (Bagourdi & Vaisman-Tzachor, 2010), lesbians (Leong & Zachar, 1999), and college students (Fischer & Turner, 1970). These groups have yielded results illustrating specific factors that may influence their attitude towards seeking professional mental health care. Each study has helped to indicate the importance of expanding on this knowledge for more cultures, and continuing to isolate the factors that may influence their attitude. With greater understanding of cultures' mental health needs, mental health care providers will be

better able to adapt their own practices to the individual client, rather than asking the client to mold themselves to standardized treatment. This will broaden the range and scope of psychological services and who can benefit from them (Surgenor, 1985). Will homeschoolers follow the trends relating to gender, age, and socio-economic status, or will new patterns or barriers emerge? It is vitally important to get more information regarding this growing population in order to provide individualized treatment to an underrepresented culture.

Homeschooling

History and Definition of Homeschooling

Homeschooling is the choice to educate children at home rather than in a public or private school (Lips & Feinberg, 2009) with the parent responsible for their child's education (Cogan, 2010). This is a broad definition which encompasses a large variety of methods and philosophies. In addition, the decision to homeschool can affect the family on a larger scale, past the scope of education (Kuhn, 1996). Beyond the lack of compulsory education, there is no other overarching standards or organization that further defines homeschoolers (McReynolds, 2007).

Until the time of the Industrial Revolution, homeschooling was not considered unusual and in fact it was the norm for parents to be in charge of their children's education (Neuman & Aviram, 2003). In the 1870's school attendance became mandatory in the United States and lead to institutionalized education the way it is understood today (Basham, 2007). As the numbers of homeschoolers decreased due to compulsory education laws, homeschooling became a movement and educational statement (Knowles, 1992). This movement followed five distinct steps to lead to the

current homeschooling climate. First, reasons for being unhappy with the school system surfaced and spread across a growing number of families. Second, conflict began between the school systems and the increased number of homeschoolers. Third, these conflicts began to be handled at a court-level and the school system and homeschooled families began cooperating while laws and roles were better defined. Fourth, homeschoolers began to group together and form support systems as they were forced into the minority role by the educational authorities. Lastly, homeschoolers continued to separate into groups depending on further developed educational philosophies and homeschooling methods and homeschoolers began to identify with particular educational approaches within the larger label of homeschooling (Knowels, et al., 1992).

Philosophy

The philosophies and methods of homeschoolers are varied and diverse (Neuman & Aviram, 2003). The methodology a family chooses typically reflects the educational philosophy the family has embraced (Neuman & Aviram, 2003). The decision to homeschool in and of itself is viewed as a philosophical decision by many parents. The decision reflects autonomous thought, new awareness, responsibility and increased control over their choices and lifestyle (Neuman & Aviram, 2003). Two schools of thoughts have emerged from the literature regarding homeschooling philosophies, which have created a spectrum that most homeschooling families are located somewhere on. The first is a philosophy in which families closely mirror the path of traditionally-schooled students, while reaping the benefits of increased control over time and content. These families may follow specific curriculum, engage in testing and grading, and follow subject matter using textbooks, tests, and other methods that could be found in a school

setting (Dumas et al., 2010). This philosophy is in stark contrast with the philosophy of families who consider themselves “unschoolers.” This philosophy is based on the understanding that children are born with an innate curiosity and natural desire to learn and grow (Dennison, 1969; Hern, 1996; Holt, 1972; Illich, 1971; Lewellyn, 1997; Mercogliano, 1998; Neill & Lamb, 1992). Unschoolers follow the passions and interests of the family members with no pre-set curriculum, subject differentiation, pre-set agenda, or standardized timing or expectations (Morrison, 2007). Neuman and Aviram (2003) describe this as an easy-going approach in which parents take a relaxed stance on formal education and let learning happen naturally as the family lives their everyday lives. In place of standardized curriculum, there comes an individualized path of learning which allows for rich exploration for both the children and adults in an unschooling family (Morrison, 2007).

Homeschooling Methods

Homeschoolers may fall anywhere on the spectrum between using standardized educational methods to unschooling. They may also utilize a variety of different learning methods. According to the 2001 U.S. Census, these methods may involve using curriculum, Independent Study Programs (ISPs), charter schools, tutors, internships, college courses, textbooks, distance learning courses, support groups, interest-based groups (such as theater or martial arts), parent-operated cooperatives, or more (Bauman, 2001). Some families, in reference to their philosophy, utilize structure and borrow many materials from more traditional educational styles (Dumas et al., 2010). In a study conducted in 2004, 25% of homeschooled respondents utilized textbooks and traditional educational methods (Ray, 2004a). Some families intentionally individualize curriculum

to reflect the child's learning style. Others utilize parents less as teachers and more as resources, and are holistic in their approach to education (Zeise, 2009). Other families utilize opportunities in the community, such as field trips, volunteering, or internships, lectures, theater, or college classes (Dumas et al., 2010; Russo, 1999). In a study conducted by the National Center for Education Statistics (2006), 41% of homeschooled respondents utilized distance learning, and approximately 20% utilized instruction via mass media such as television, radio or video. When given a variety of choices, 34% of respondents in a 2004 study had engaged in multiple methods of education (Ray, 2004a).

Prevalence

Several estimates of the number of homeschoolers in the United States exist. According to the National Center for Educational Research, 850,000 school-aged children were being homeschooled in 1998. As of 2001, that number had been estimated to have increased to 3,000,000 (National Center for Education Statistics, 2006). That is approximately 2.2% of the population of school-aged children in the entire United States (Kreager, 2011). Bielick (2008) estimated 1.5 million school aged children were being homeschooled as of 2009. That figure does not include the number of parents who are involved in this population as adults. As the growing number of children who were homeschooled mature and become adults, they become a large portion of the population that also necessitates research and further study.

Homeschool Demographics

Data about the demographic makeup of homeschooling families in the United States points in several different directions. Several studies indicate that homeschoolers are diverse in ethnicity, religious, and socio-economic status (Collom, 2005; Dumas et

al., 2010; Uecker, 2008). Studies show that homeschoolers now exist in a diverse number of groups, such as people with disabilities (Banner, 2007; Norwich, Griffiths, & Burden, 2005), minority and immigrants (Dyson, 2001; Reese & Gallimore, 2000), and people from low socio-economic status (Abrams & Gibbs, 2002). There are other studies that show that there are definite patterns within homeschoolers, such as the study that shows that 75% of homeschoolers consider themselves Christian (Van Galen & Pitman, 1991). Some studies show that although the majority of homeschoolers attend religious services, there are a growing number of other religions being represented in the homeschooling population (Ray, 2004b). Other statistics show that the majority of homeschooled families have married couples as the head of the household (Lips & Feinberg, 2009; Ray, 2004) and have large family sizes (Ray, 2004b). Currently, White students are homeschooled more frequently than other ethnicities, but the numbers among minority homeschoolers are also increasing (Lips & Feinberg, 2009; Ray, 2004b). An estimated 61,500 school-aged children with ADHD were being homeschooled as of 2004 (Duvall, Delquardi, & Ward, 2004), and both genders are homeschooled at an equal rate (Ray, 2004b). The annual household incomes of homeschooling families range depending on the study. Eighteen to just over 30% of homeschooled families have annual household incomes of \$25,000 or less, 32-44% with incomes of \$25,000-\$50,000, 2.5-19% with incomes of \$50,000-\$75,000, and approximately 17-13% with incomes over \$75,000 (Dumas et al., 2010; Ray, 2004b). The large range in number indicates a lack of cohesive information. Similarly, the statistics regarding the educational level of homeschooling parents is perfunctory, showing only that 47.4% have a college degree (National Center for Education Statistics, 2006) and that homeschooled adults have

college education at a higher rate than the general population in the United States (Ray, 2004b).

Legalities

In 1923 the United States Supreme Court officially ruled in favor of the existence of homeschooling (Kreager, 2011), although it did exist prior to that decision. It was decided that it was a parent's constitutional and fundamental right to make educational choices for their own children (Dumas et al., 2010). Since that time, each state has held its own debate regarding the legality of parent's rights to educate their own children. Homeschooling is legal in each of the United States, but each state has its own levels of regulation (Dumas et al., 2010). Some states require families to apply for exemption from their compulsory educational laws. Others require annual testing, or participation in an organization or group, such as mandated enrollment in a charter school (Kreager, 2011).

Reasons for and Benefits of Homeschooling

An important element in understanding the homeschooling culture and increasing the empathy of therapists is to get a grasp of the benefits of homeschooling and the reasons why a family chooses this lifestyle. Benefits of and motivations for homeschooling fall under many categories: dissatisfaction with schools, opportunity for increased interaction between family members, desire to instill family's values, academic success, social and emotional well-being, ability to individualize treatment, and to better educate underserved populations. The research done relating to these motivations and benefits of homeschooling should be taken into account as this study progresses in order

to help make connections between the mental health patterns that emerge and possible correlations.

According to the Department of Education's National Center for Education Statistics (Bielick, 2008), 85% of families surveyed expressed dissatisfaction with the school they were assigned to locally as a concern, 68% were dissatisfied with the actual instruction within the school, and 72% wanted to be able to instill their own values not taught in school (religious or otherwise). Some parents tout violence in schools (Bauman, 2001; Masland & Ross, 2003), and other concerns about the school environment (Jones & Gloeckner, 2004; Uecker, 2008). Some parents choose to homeschool due to negative experiences they, themselves, had as school-aged children (Neuman & Aviram, 2003). If these negative experiences were with school counselors, or other supposed advocates for the students, then it may impact their attitude towards seeking therapy and warrants further research. Homeschooling has been found to be more than the absence of negative school-related elements, but the presence of positive benefits, such as the increased chances to spend time with the family (McReynolds, 2007; Neuman & Aviram, 2003). Another motivation and benefit of homeschooling is the ability for parents to instill more of their own values in their children. For some parents, these values are religious (Bielick, Chandler, & Broughman, 2001; Dumas et al., 2010; McReynolds, 2007; Uecker, 2008), for others they are not (Bielick et al., 2001). Other studies have found homeschooling has academic benefits. Homeschoolers have an increased acceptance to college (Cloud & Morse, 2001; Golden, 2000; McReynolds, 2007; Richman, 1999), and attend college at a higher rate than their non-homeschooled peers (Richman, 1999). In fact, Stanford University accepted double the percentage of

homeschoolers, 27%, than applicants who had attended compulsory education (Golden, 2000). Once in college, homeschooled students have also been found to have higher grade point averages (Golden, 2000). Homeschooler have also been found to have higher scores on tests which measure achievements such as the SAT and ACT. (Golden, 2000; Ray, 1994; Rudner, 1999). An interesting element, which is not found in the public school system, is that these academic successes appear to know no socio-economic or racial boundaries, and appear to benefit the population indiscriminately (Dumas et al., 2010; Russell, 1994). There are emotional benefits of homeschooling, in addition to the academic successes. Homeschoolers have been found to have a better sense of self (Taylor, 1987), increased leadership skills (Montgomery, 1989), more investment in their community (McReynolds, 2007), and equal or better scores on socialization measures (Duvall et al., 2004; Medlin, 2000b). Increased community and civic involvement has been found among homeschooled youth and adults as evidenced by their higher percentage of voting, membership in social organizations, and involvement in community service (Cogan, 2010; Ray, 2004). Homeschoolers have the benefit of utilizing community resources during times when their schooled counterparts cannot, and can further individualize their education in this way. This ability to individualize has the benefit to help every homeschooler, but has special benefits for children with disabilities. Children with attention deficit hyperactivity disorder benefit from homeschooling (Duvall, Delquadri, & Ward, 2004), as do children with other disabilities (Dumas et al., 2010). Public schools often do not have the ability or resources to provide the necessary attention for each child, with or without disabilities. Homeschooling provides this opportunity, and many parents feel that this affords them flexibility and freedom that

increases the other benefits of homeschooling (Dumas et al., 2010; Gudrais, 2005).

There are also benefits for specific cultures in this increased opportunity to individualize education. In one study of Black homeschoolers, the ability to teach in an environment away from bias, prejudice, racism, and discrimination was ranked as an important factor in their motivation to homeschool. Being able to control and adjust their educational materials to better represent their ethnicity was an important benefit (Fields-Smith & Williams, 2009).

It is important to reiterate that these studies have followed small samples of the homeschooling population, and do not, as of yet, necessarily paint a representative picture of the whole culture. Additionally, they are measured using homeschoolers who are, at their oldest, in their first four years of college (Golden, 2001), and the long-lasting benefits for older adults in the homeschooling culture have not been measured.

Mental Health

Studies show that homeschooled adults find their lives to be exciting, satisfying, successful, and happy (Ray, 2004); however, these have not been measured using standard tests of happiness or strengths that have also been used on the general population. Among homeschooled children, self-concept, using the Piers-Harris Children's Self Concept Scale (Kelley, 1991; Romanowski, 2006), and assertiveness was the same as for schooled children (Medlin, 2000). In another study, self-esteem among homeschooled girls was found to be higher (Sheffer, 1995). No such research has been done for adults. These findings contrast with the studies conducted on the mental status of youth who drop out of school. These youth have been found to have a range of negative measures of self-concept and health (Clark et al., 2010; Grunbaum, 2000;

Grunbaum & Base-Engquist, 1993). The differences between the findings of homeschoolers and those of students considered to be drop outs is an important distinction and requires further study. Homeschoolers do have some mental health risks. Many homeschoolers endure feeling like a minority, dealing with negative perceptions and comments from friends, family members, and even strangers. Dealing with judgment, both overt and covert, can have an impact on adult homeschoolers (Fields-Smith & Williams, 2009). Despite the potential benefits of homeschooling, adults who homeschool their children also have feelings of being overwhelmed by their decisions to bear the responsibility for the entirety of their children's education, and anxiety relating to choosing an unconventional educational path so different than the majority of the general population (Fields-Smith & Williams, 2009). The lack of further identifiable mental health risks may be because homeschoolers are wary of speaking negatively about their experiences, due to the widespread lack of knowledge about the culture. As therapists and people who are not homeschoolers learn more about this culture, it is possible that homeschoolers will feel safer to divulge mental health needs that are not currently being expressed or addressed.

Depression

Depression, which may involve negative symptoms such as decreased positive emotions, decreased sense of meaningfulness, and a decrease in happiness and engagement (Seligman, Rashid, & Parks, 2006) has been found to be an indicator of poor quality of life (Goldney et al., 2000). Many studies measure the depression levels of the adult population in the United States. Sadly, the numbers are high. Approximately 9% of the 235,067 adults who responded in 2006 and 2008 were considered depressed and

3.4% met the criteria for major depression (CDC, 2011). Age has a positive correlation with depression, and women had higher rates of major depression than men. Marital status, health insurance coverage, and employment status were also measured. Non-Hispanic whites were less likely than Non-Hispanic blacks, Hispanics, and non-Hispanic persons of other races to report depression. Education was also a factor, and those with some college reported less depression than people with less education (CDC, 2011). Depression is the most frequently cited mental health issue for older adults (Hertzog et al., 1990) and yet there is contradictory research conducted which states that depression is more likely to be found in younger adults (Clark, Aneshensel, Frerichs, & Morgan, 1981). Depression is found in individuals in both rural and urban areas (St. John et al., 2006). There is no research related to the measurement of depression among adult homeschoolers in the United States. Although it has not been researched, it is possible that feeling misunderstood by friends, family and society, and feeling overwhelmed by the decision to homeschool may impact homeschooled adults levels of depression. Whether or not this culture will mimic the larger population in depression rates has yet to be determined, as do any patterns that may emerge within the subcultures of homeschooling.

Anxiety

Another important aspect of mental health is anxiety. Approximately 40 million adults in the United States suffer from an anxiety disorder. This is 18% of the population (National Institute of Mental Health, 2009). Two types of anxiety are typically measured; state anxiety, which is a passing or transient emotion, and trait anxiety, which is long lasting and enduring (Kvall, Hilde, Nordhus & Engedal, 2005). Anxiety levels of

many ages and populations have been measured, including adolescents, young adults, and geriatric patients (Hishinuma, 2001). Christian homeschoolers entering college as freshman have been measured and were found to have less anxiety than similar schooled peers (White, 2007). This study was done on a select group of homeschoolers and does not necessarily reflect the levels of anxiety of the group. The symptoms of anxiety measured were also related specifically to the issues related to entering college. Further research is needed to measure adult homeschoolers state and trait anxiety, especially considering the possibility that being under scrutiny for being educators and parents, being different, and being a minority culture may increase anxiety symptoms.

Overall Happiness

Research is slowly increasing on the general topic of happiness, thanks in large part to the work of the Positive Psychology movement (Seligman, 2011). Happiness is important to study as it has been connected to increased coping skills, lower morbidity, and lower mortality (Fredrickson, 2001; Pressman & Cohen, 2005; Salovey & Rothman, 2000). Happiness and positive emotions can be an antidote to symptoms and feelings of depression (Seligman, Rashid, Parks, & Acacia, 2006). Although happiness can seem like a vague and unmanageable term, researchers have determined three elements to creating happiness. These are an increased level of engagement and involvement in one's life, pursuing meaning utilizing strengths and talents, and increased positive emotion (Seligman et al., 2006). Happiness is often used as a barometer of success, especially among homeschoolers (Ray, 2004a) and is therefore important to investigate. In 2006, approximately 33.5% of 2,828 participants responded that they were very happy, and 55.9% stated that they were pretty happy (Stevenson & Wolfers, 2008). This study also

uncovered several trends within the levels of happiness. Factors that impact happiness include income, ethnicity, education, and leisure resources (Stevenson & Wolfers, 2008). Whether or not this is true for homeschoolers, who have crossed demographic barriers in other areas, remains to be seen. This study may uncover unusual patterns among homeschooler's levels of happiness due to the potential benefits of homeschooling. Homeschoolers have listed flexibility of time and scheduling, focus on values and meaning, and emphasis on exploring individual's passions and strengths as benefits of their educational lifestyle. Unschoolers in particular have a focus on fostering their innate drive to learn and explore their strengths (Morrison, 2007). The ability to remain engaged and in a state of flow (Csikszentmihalyi, 1990) is one of the motivations for many unschoolers to continue this lifestyle, as is the freedom and explore and create meaning for them without an authority figure attempting to standardize it (Dennison, 1969; Hern, 1996; Holt, 1972; Illich, 1971; Lewellyn, 1997; Mercogliano, 1998; Morrison, 2007; Neill, 1992). One study shows that adult homeschoolers reported high levels of happiness, but no distinction was made between educational philosophies or subcultures (Ray, 2004a).

Character Strengths

An estimated 72% of the homeschool population is doing so because of the chance to instill values in their children according to the Department of Education's National Center for Educational Research (2003). Good character is important for both individuals and society (Park, Peterson, & Seligman, 2006). The focus on strengths and other elements of positive psychology has been growing in the field of mental health, and several researchers have studied the importance of character strengths and have even

determined a ranking of the most important character strengths in different societies (Park, Peterson, & Seligman, 2006). These studies account for the vast number of societies that exist within the United States, and have also been conducted on a global level. With this diversity in mind, Peterson and Seligman (2004) have developed a measurement tool for 24 character strengths. Examples of these character strengths include kindness, fairness, honesty, modesty, teamwork, bravery and industry. Interestingly, in an online survey which included results from 83,576 individuals in the United States, the rankings of the importance of character strengths was similar across the 50 United States. Kindness, fairness, honesty, gratitude, and judgment were ranked as the most commonly valued self-described strengths. The lowest was prudence. Love, hope, gratitude, curiosity and zest are five values directly linked to overall well-being (Park, Peterson, & Seligman, 2006). Although homeschoolers may have been among the thousands studied, they were not researched as a culture in and of themselves. Will homeschoolers follow the same rankings as the rest of the United States? Understanding where homeschoolers rank values, especially these five in particular, will provide more information regarding the well-being of this population. Measuring strength of character will be particularly interesting due to the number of homeschoolers who have stated that instilling their family's values in their children is one of their primary motivations for homeschooling (Collom, 2005).

Attitude Towards Seeking Professional Psychotherapy

Professionals in the mental health arena have been studying help-seeking behavior for decades. According to Leong & Zachar (1999), 437 studies were published on this topic between 1991 and 1995. This clearly indicates a desire to understand the

knowledge, attitude, and behaviors leading to individuals and populations seeking treatment. Special consideration has been made of how culture impacts attitudes regarding mental health (Sanders-Thompson et al., 2004). Also of note are the barriers preventing people from seeking therapy. These barriers include economic inability, stigma of mental health problems, unsatisfactory or negative prior experience with mental health professionals, and lack of knowledge on both parts (Sanders-Thompson et al., 2004). Many cultures have been studied in order to understand their attitude towards seeking professional psychological help, and over time, several factors have been accumulated which are generally acknowledged to influence this attitude. Factors include gender (Leong & Zachar, 1999), culture (Bagourdi & Baisman-Tzachor, 2010), socio-economic status (Sanders-Thompson et al., 2004), and stigma (Leong & Zachar, 1999). Studies within specific cultures have found that African Americans are less likely than White Americans to seek psychological help (Sanders-Thompson et al., 2004), lesbians are more likely than non-lesbian Caucasian females to seek psychological help (Morgan, 1992), men are less likely than women to seek psychological help (Leong & Zachar, 1999), and Greek Americans are unlikely to seek psychological help (Bagourdi & Vaisman-Tzachor, 2010). Help-seeking attitudes have been found to be significantly influenced by the culture the individual identifies with (Bagourdi & Vaisman-Tzachor, 2010). What, then, is the attitude towards seeking therapy among homeschoolers? This is an important question to answer in order to begin to understand how to better serve this population. As specific cultures are studied, and as their numbers in the United States increase, it is more and more important that mental health practitioners avail themselves of the research relating to these populations in order to attempt to decrease some of these

barriers and make beneficial treatment available to underserved populations. Attitude towards seeking therapy also has a significant impact on the success of treatment (Grencavage & Norcross, 1990). As of yet, there have been no studies regarding the homeschooling population's attitudes towards seeking psychotherapy. In a study of lesbian culture's attitude towards seeking therapy, it was determined that as a culture their emphasis on personal exploration and questioning conventional societal roles may play a role in their positive attitude towards seeking psychological help (Morgan, 1992). Homeschoolers, it can be said, are similarly self-evaluative and also play the role of the minority questioning the majority's rules, roles, and mandates. This may impact their attitude towards seeking therapy. Conversely, the negative experience that many homeschoolers may have experienced, or at least are hoping to avoid by not attending compulsory education may also impact their attitude towards seeking therapy. Negative experiences may include damaging interactions with school counselors or other school authority figures, and may impact their attitude towards seeking further help. Finally, many of the benefits of homeschooling have been found to cross socio-economic and ethnic barriers. However, attitude towards seeking psychotherapy has been found to have distinct patterns within those demographics (Fischer & Turner, 1970). Attitude towards seeking therapy among homeschoolers could also disregard socio-economic and ethnic lines like some benefits of homeschooling, or it is possible that these demographics will be distinct as with other studies relating to attitude towards therapy. Homeschoolers have been found to be very involved with their community and social organizations and it is possible that this involvement may have an impact on their help-seeking behavior and attitude. The desire for individualized education and self-accountability may register as a

negative attitude towards utilizing therapeutic treatment. Many questions regarding adult homeschoolers attitudes towards seeking therapy require investigation.

CHAPTER 3
METHODOLOGY

Introduction

The purposes of this study is to gain a better understanding of the homeschooling culture and the nuances of its subcultures in order for MFTs to become better educated and able to serve this culture with more individualized treatment. This study will also measure homeschooled adult's levels of depression, anxiety, overall happiness, and values rankings in order to better understand the needs of this population and identify any patterns within the group. Finally, it will assess homeschooled adults' attitude towards seeking professional therapy in order for MFTs to understand potential barriers in help-seeking behavior that this culture possesses.

The following exploratory analysis will be conducted: (1) This study will explore the homeschooling characteristics of grown homeschoolers and homeschooling parents. (2) This study will explore prior experience with mental health services among grown homeschoolers and homeschooling parents. (3) This study will explore the overall depression levels of grown homeschoolers and homeschooling parents. (4) This study will explore the overall anxiety levels of grown homeschoolers and homeschooling parents. (5) This study will explore the overall happiness levels among grown

homeschoolers and homeschooling parents. (6) This study will explore prioritization of character strengths among grown homeschoolers and homeschooling parents.

The following hypothesis will be tested: (1) Does age have a positive influence on the attitude towards seeking professional mental health services among grown homeschoolers? (1b) Does age have a positive influence on the attitude towards seeking professional mental health services among homeschooling parents? (2) Does income have a positive influence on attitude towards seeking professional mental health services among grown homeschoolers? (2b) Does income have a positive influence on attitude towards seeking professional mental health services among homeschooling parents? (3) Does gender influence attitude towards seeking professional mental health services among grown homeschoolers? (3b) Does gender influence attitude towards seeking professional mental health services among homeschooling parents? (4) Does prior contact with counseling services have a negative influence on attitude towards seeking professional mental health among grown homeschoolers? (4b) Does prior contact with counseling services have a negative influence on attitude towards seeking professional mental health among homeschooling parents? (5) Does level of formal education have a positive influence on attitude towards seeking professional mental health services among grown homeschoolers? (5b) Does level of formal education have a positive influence on attitude towards seeking professional mental health services among homeschooling parents? (6) Does the number of years as a homeschooler have a negative influence on attitude towards seeking professional mental health services among grown homeschoolers? (6b) Does the number of years as a homeschooler have a negative influence on attitude towards seeking professional mental health services among

homeschooling parents? (7) Does a high score on the STAI-s have a positive influence on attitude towards seeking professional mental health services among grown homeschoolers? (7b) Does a high score on the STAI-s have a positive influence on attitude towards seeking professional mental health services among homeschooling parents? (8) Does a high score on the CES-D have a negative influence on attitude towards seeking professional mental health services among grown homeschoolers? (8b) Does a high score on the CES-D have a negative influence on attitude towards seeking professional mental health services among homeschooling parents? (9) Does a high score on the OHQ have a positive attitude towards seeking professional mental health services among grown homeschoolers? (9b) Does a high score on the OHQ have a positive attitude towards seeking professional mental health services among homeschooling parents?

Subjects

Subjects were comprised of 1,052 participants between the ages of 18 and 66 who identified themselves as someone who was a grown homeschooler as a minor, or who was a homeschooling parent. Table 1 represents the descriptive characteristics of all of the participants. The participants were split between two groups, the grown homeschoolers had 315 responses and the homeschooling parents had 737 responses. The 86 individuals who responded as both grown homeschoolers and homeschooling parents were counted only once and included in the grown homeschooler group due to their experiences as part of the homeschooling culture as a minor. The 1052 participants ranged in age from 18-66 years old ($M = 38.06$, $SD = 10.05$). Among the homeschooling parents the ages ranged from 22-66 ($M = 42.46$, $SD = 7.16$). In the group who were

grown homeschoolers, the ages ranged from 18-62 ($M = 27.77$, $SD = 8.12$). In the whole sample 9.9% are male, and 88.3% are female, in the group of homeschooling parents 5.2% were male, and 93.6% were female. In the group of grown homeschoolers, 21.0% were male and 75.9% were female.

The participants came from a variety of ethnicities. Of the 1052 responses, there were White/Caucasian (88.4%), Hispanic/Latino (3.9%), Asian-American/Pacific Islander (1.5%), and other/multi-ethnic (3.1%). Of the homeschooling parents there were White/Caucasian (88.9%), Hispanic/Latino (3.7%), Asian-American/Pacific Islander (1.8%), and other/multi-ethnic (3.1%). Of the grown homeschoolers there were White/Caucasian (87.3%), Hispanic/Latino (2.2%), Asian-American/Pacific Islander (1.0%), and other/multi-ethnic (3.2%).

The subjects represented several marital statuses. Of the 1052 responses, there were married (74.7%), divorced (3.5%), single (17.3%), and domestic partnership (2.9%). Of the homeschooling parents, there was married (91.7%), divorced (3.8%), single (1.6%), and domestic partnership (1.9%). Of the grown homeschoolers there was married (34.9%), divorced (2.9%), single (54.0%), and domestic partnership (5.4%).

The participants represented a wide range of religious affiliations. Out of the total number of participants there were Christian (26.3%), Unaffiliated (19.9%), Atheist (13.4%), Agnostic (12.3%), and other (which included Baha'i, Buddhist, Catholic, Hindu, Jehovah's Witness, Mormon, Muslim, Quaker, Pagan/Wiccan, and non-religious; 24.1%). Out of the homeschooling parent responses there were Christian (28.0%), Unaffiliated (19.7%), Atheist (12.9%), Agnostic (11.8%), and other (which included Baha'i, Buddhist, Catholic, Hindu, Jehovah's Witness, Mormon, Muslim, Quaker,

Pagan/Wiccan, and non-religious; 24.0%). Out of the grown homeschoolers responses there were Christian (22.5%), Unaffiliated (20.3%), Atheist (14.6%), Agnostic (13.3%), and other (which included Baha'i, Buddhist, Catholic, Hindu, Jehovah's Witness, Mormon, Muslim, Quaker, Pagan/Wiccan, and non-religious; 24.4%).

Participants were asked about their strength of religious affiliation. Of the total group of responses, 31.4% responded with no religion, 14.9% with not very strong, 17.2% with somewhat strong, and 31.8% with strong. Of the 737 homeschooling parents, 30.7% responded with no religion, 14.5% responded with not very strong, 16.1% responded with somewhat strong, and 33.9% responded with strong. Of the 315 grown homeschoolers, 33.0% responded with no religion, 15.9% with not very strong, 19.7% with somewhat strong, and 27.0% with strong.

Participants represented a range of annual household income. Of the total responses they responded with; below \$20,000 (9.5%), \$20,001-\$40,000 (15.4%), \$40,001-\$60,000 (15.6%), \$60,001-\$80,000 (15.6%), \$80,001-\$100,000 (15.0%), and above \$100,000 (20.1%). Of the 737 homeschooling parents they responded with; below \$20,000 (3.7%), \$20,001-\$40,000 (11.5%), \$40,001-\$60,000 (17.6%), \$60,001-\$80,000 (18.6%), \$80,001-\$100,000 (15.3%), and above \$100,000 (25.4%). Of the 315 grown homeschoolers they responded with; below \$20,000 (23.2%), \$20,001-\$40,000 (24.4%), \$40,001-\$60,000 (10.8%), \$60,001-\$80,000 (8.6%), \$80,001-\$100,000 (14.3%), and above \$100,000 (7.6%).

The subjects were also asked about the highest level of formal education. Of the total group they responded with; elementary, junior, or high school (4.8%), some college, Associate's degree, or other certificate (34.1%), Bachelor's degree (39.0%), Master's

degree (17.2%), Doctorate degree (3.5%), and no formal education (1.0%). The 737 homeschooling parents responded with; elementary, junior, or high school (3.5%), some college, Associate's degree, or other certificate (25.2%), Bachelor's degree (44.2%), Master's degree (20.1%), Doctorate degree (4.3%), and no formal education (0%). The 315 grown homeschoolers responded with; elementary, junior, or high school (7.6%), some college, Associate's degree, or other certificate (44.8%), Bachelor's degree (26.7%), Master's degree (10.5%), Doctorate degree (1.6%), and no formal education (3.5%).

Participants were recruited through homeschooling organization email lists and social media and completed the survey online using SurveyMonkey.com from October 1, 2011 through November 1, 2011. They were notified that their participation was entirely voluntary, that they could withdraw from the survey at any time, and choose not to answer any questions. Participants who completed the survey were eligible to participate in a chance to win one of two \$50.00 gift certificates.

Procedure

Homeschooling organizations were found using an internet search and sent an email request first. Once IRB approval was granted, an invitation to take the survey and the instructions for completing it were e-mailed to thirty homeschooling organizations that responded affirmatively. The online survey link was also posted on the primary researcher's Facebook page. Informed consent was included as the first page of the survey instrument. The respondents could then choose whether or not to continue to take the survey. The survey consisted of 168 questions and took approximately 20-25 minutes to complete. Once the survey had been completed, respondents had the opportunity to

TABLE 1. Descriptive Characteristics of Participants

Variable	Grown Homeschoolers		Homeschool Parents		Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Grown Homeschooler					315	29.9
Homeschooling Parent					737	70.1
Gender						
Male	66	21.0	38	5.2	104	9.9
Female	239	75.9	690	93.6	929	88.3
Age						
<i>M</i>	<i>M</i> =	27.77	<i>M</i> =	42.46	<i>M</i> =	38.06
<i>SD</i>	<i>SD</i> =	8.12	<i>SD</i> =	7.16	<i>SD</i> =	10.05
18 and 19	41	13.1	0	0.0	41	3.9
20 to 29	179	56.8	21	2.8	200	19.0
30 to 39	68	21.6	231	31.3	299	28.4
40 to 49	16	5.1	361	49.0	377	35.8
50 to 59	11	3.5	115	15.6	126	12.0
60 and older	1	.3	8	1.1	9	.8
Marital Status						
Married	110	34.9	676	91.7	786	74.7
Divorced	9	2.9	28	3.8	37	3.5
Single	170	54.0	12	1.6	182	17.3
Domestic Partnership	17	5.4	14	1.9	31	2.9
Ethnicity						
White/Caucasian	275	87.3	655	88.9	930	88.4
Latino/Hispanic	14	2.2	27	3.7	41	3.9
Asian/Pacific Islander	3	1.0	13	1.8	16	1.5
Other	10	3.2	23	3.1	33	3.1
Religion						
Christian	71	22.5	206	28.0	277	26.3
Unaffiliated	64	20.3	145	19.7	209	19.9
Atheist	46	14.6	95	12.9	141	13.4
Agnostic	42	13.3	87	11.8	129	12.3
Other	77	24.4	177	24.0	254	24.1

TABLE 1. Continued

Variable	Grown Homeschoolers		Homeschool Parents		Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Strength of Religious Affiliation						
No religion	104	33.0	226	30.7	330	31.4
Not very strong	50	15.9	107	14.5	157	14.9
Somewhat strong	62	19.7	119	16.1	181	17.2
Strong	85	27.0	250	33.9	335	31.8
Annual Household Income (in US dollars)						
Below \$20,000	73	23.2	27	3.7	100	9.5
\$20,001- \$40,000	77	24.4	85	11.5	162	15.4
\$40,001- \$60,000	34	10.8	130	17.6	164	15.6
\$60,001- \$80,000	27	8.6	137	18.6	164	15.6
\$80,001- \$100,000	45	14.3	113	15.3	158	15.0
Above \$100,000	24	7.6	187	25.4	211	20.1
Level of Formal Education						
Elementary to High School	24	7.6	26	3.5	50	4.8
Some college, Associate's degree, or other certificate	141	44.8	186	25.2	327	31.1
Bachelor's degree	84	26.7	326	44.2	410	39.0
Master's degree	33	10.5	148	20.1	181	17.2
Doctorate degree	5	1.6	32	4.3	37	3.5
No formal education	11	3.5	0	0.0	11	1.0

send an email to the researcher to sign up to win one of two \$50. Amazon.com gift certificates. The gift certificate winners were randomly chosen after the survey had been closed and the winners were emailed their electronic gift certificate.

Instruments

The homeschooled adults who responded to the survey answered demographic questions in addition to completing 5 measurement tools for depression, state anxiety, prioritization of character strengths, overall happiness, and attitude towards seeking professional psychotherapy.

Depression is measured using the Center for Epidemiological Studies Depression Scale (CES-D, Radloff, & Locke, 1977). The CES-D is a 20-item self-report survey that evaluates a wide range of depressive symptoms. The instrument has high internal reliability, with Cronbach's alpha = .85-.90 across other studies (Radloff, 1977) and Cronbach's alpha = .91 for the current study. A 4-point Likert scale is used to rate the frequency of the number of times each symptom has occurred in the past week. The scale ranges from rarely or none of the time (less than 1 day) to most or all of the time (5-7 days). The potential scores range from 0-60. A score over 16 is considered an indicator of clinical symptoms of depression (Boyd et al., 1982) however this measurement tool does not diagnosis major depression (St. John et al., 2006).

Anxiety was measured using the Spielberger State-Trait Anxiety Inventory (STAI) form Y, a 40-item instrument which measures elements of anxiety both in the long-term and short-term (Spielberger et al., 1983) with 20 items for each section. The current study measures the state anxiety, with the 20-item subscale. This instrument was found to have high internal reliability. Other studies have a Cronbach's alpha = .91-.93

(Spielberger et al., 1970), while the current study has Cronbach's alpha = .94 for the State Anxiety of the current study. The survey uses a 4-point Likert scale which has a potential range of scores from 0-60, the higher score indicating symptoms of greater anxiety (Orme, Reis, & Herz, 1986). The score of 39-40 is typically seen as the identifying point for symptoms of state anxiety to be considered clinical (Addolorato et al., 1999; Forsberg & Bjorvell, 1993; Knight, Waal-Manning, & Spears, 1983).

Happiness is measured using the Oxford Happiness Inventory (Hills & Argyle, 2002). This instrument has high internal reliability, with an original Cronbach's alpha = .91 (Hills & Argyle, 2002), and with Cronbach's alpha = .92 for the current study. It is a measurement tool comprised of 29 questions, with a 6-point Likert scale. Five of the items are negatively worded. An average score of all questions is calculated, and a score of 5-6 is considered a high level of happiness. A score of 1-2 is considered not happy with a recommendation of taking the CES-D to identify potential depressive symptoms (Hills & Argyle, 2002).

Character strengths are ranked by using the Brief Strength Inventory, a shortened version of the Values in Action Inventory of Strengths (VIA-IS, Peterson & Seligman, 2004). This shortened scale has high internal reliability, with Cronbach's alpha = .70 for the original study (Peterson & Seligman, 2004), and with Cronbach's alpha = .80 for the current study. This is a 24-item measurement tool which asks questions relating to the 24 most commonly prioritized character strengths from the original version, as they pertain to the respondent in the last month. Each question is scaled on a 6-point Likert scale, and the results will yield information about the prioritization of character strengths for each individual and for the respondents as a group.

Attitude towards seeking therapy will be measured using a slightly modified version of the Attitude Towards Seeking Professional Psychological Help Scale (ATSPPHS). This instrument has high internal reliability, with Cronbach's alpha = .83 for the original study (Fischer & Turner, 1970), and = .89 for the current study. It is a measurement tool consisting of 29 questions, all using a 4-point Likert scale (0-3) to measure each item. Scores can range from 0-87. Higher scores indicate more positive attitudes towards seeking psychological help (Fischer & Turner, 1970). For the purposes of this study, any reference to psychiatry or psychiatric treatment has been phrased as therapy or psychological help.

Exploratory Analysis

Exploratory Analysis 1

This study will explore the homeschooling characteristics of grown homeschoolers and homeschooling parents. Descriptive statistics will be used to examine the results.

Exploratory Analysis 2

This study will explore the prior experience with mental health services of grown homeschoolers and homeschooling parents. Descriptive statistics will be used to examine the results.

Exploratory Analysis 3

This study will explore levels of depression among grown homeschoolers and homeschooling parents. Descriptive statistics, *t*-tests, ANOVA analysis, and Pearson's correlation will be used to examine the results.

Exploratory Analysis 4

This study will explore levels of anxiety among grown homeschoolers and homeschooling parents. Descriptive statistics, *t*-tests, ANOVA analysis, and Pearson's correlation will be used to examine the results.

Exploratory Analysis 5

This study will explore levels of overall happiness among grown homeschoolers and homeschooling parents. Descriptive statistics, *t*-tests, ANOVA analysis, and Pearson's correlation will be used to examine the results.

Exploratory Analysis 6

This study will explore the prioritization of character strengths among grown homeschoolers and homeschooling parents. Descriptive statistics, *t*-tests, and Pearson's correlation will be used to examine the results.

Hypotheses Analysis

Hypothesis 1a

It is hypothesized that among homeschooling parents, age will have a positive influence on the scores of the ATSPPHS. Specifically, the older the individual, the more positive their attitude towards seeking professional therapy services will be, and the higher the score on the ATSPPHS will be. Pearson's correlation will be used to test the hypothesis that age will correlate positively with the ATSPPHS.

Hypothesis 1b

It is hypothesized that among grown homeschoolers, age will have a positive influence on the scores of the ATSPPHS. Specifically, the older the individual, the more positive their attitude towards seeking professional therapy services will be, and the

higher the score on the ATSPPHS will be. Pearson's correlation will be used to test the hypothesis that age will correlate positively with the ATSPPHS

Hypothesis 2a

It is hypothesized that among homeschooling parents, income will have a positive influence on the scores of the ATSPPHS. Specifically, the higher the annual household income the individual reports, the more positive their attitude towards seeking professional therapy services will be, and the higher the score on the ATSPPHS will be. Pearson's correlation will be used to test the hypothesis that income will correlate positively with the ATSPPHS.

Hypothesis 2b

It is hypothesized that among grown homeschoolers, income will have a positive influence on the scores of the ATSPPHS. Specifically, the higher the annual household income the individual reports, the more positive their attitude towards seeking professional therapy services will be, and the higher the score on the ATSPPHS will be. Pearson's correlation will be used to test the hypothesis that income will correlate positively with the ATSPPHS.

Hypothesis 3a

It is hypothesized that among homeschooling parents, gender will influence the scores of the ATSPPHS. Specifically, females will have a more positive attitude towards seeking professional therapy service, and the higher the score on the ATSPPHS will be. An independent *t*-test will be used to test the hypothesis that females will have a higher mean score on the ATSPPHS than males.

Hypothesis 3b

It is hypothesized that among grown homeschoolers, gender will influence the scores of the ATSPPHS. Specifically, females will have a more positive attitude towards seeking professional therapy service, and the higher the score on the ATSPPHS will be. An independent *t*-test will be used to test the hypothesis that females will have a higher mean score on the ATSPPHS than males.

Hypothesis 4a

It is hypothesized that among homeschooling parents, individuals with prior contact with counselors will have a negative influence on the scores of the ATSPPHS. An independent *t*-test will be used to test the hypothesis that individuals who have had prior contact with counselors will have a lower mean score on the ATSPPHS than individuals who have not.

Hypothesis 4b

It is hypothesized that among grown homeschoolers, individuals with prior contact with counselors will have a negative influence on the scores of the ATSPPHS. An independent *t*-test will be used to test the hypothesis that individuals who have had prior contact with counselors will have a lower mean score on the ATSPPHS than individuals who have not.

Hypothesis 5a

It is hypothesized that among homeschooling parents, level of formal education will have a positive correlation with scores on the ATSPPHS. Specifically, individuals with higher levels of formal education will have a better attitude towards seeking professional mental health services. Pearson's correlation will be used to test the

hypothesis that level of formation education correlates positively with scores on the ATSPPHS.

Hypothesis 5b

It is hypothesized that among grown homeschoolers, level of formal education will have a positive correlation with scores on the ATSPPHS. Specifically, individuals with higher levels of formal education will have a better attitude towards seeking professional mental health services. Pearson's correlation will be used to test the hypothesis that level of formation education correlates positively with scores on the ATSPPHS.

Hypothesis 6a

It is hypothesized that among homeschooling parents, the number of years as a homeschooler will have a negative correlation with scores on the ATSPPHS. Specifically, individuals with higher years as a homeschooler will have a more negative attitude towards seeking professional mental health services. Pearson's correlation will be used to test the hypothesis that years spent as a homeschooler correlates negatively with scores on the ATSPPHS.

Hypothesis 6b

It is hypothesized that among grown homeschoolers, the number of years as a homeschooler will have a negative correlation with scores on the ATSPPHS. Specifically, individuals with higher years as a homeschooler will have a more negative attitude towards seeking professional mental health services. Pearson's correlation will be used to test the hypothesis that years spent as a homeschooler correlates negatively with scores on the ATSPPHS.

Hypothesis 7a

It is hypothesized that among homeschooling parents, anxiety will correlate positively with scores on the ATSPPHS. Specifically, individuals who score higher on the STAI-s will score higher on the ATSPPHS. Pearson's correlation will be used to test the hypothesis that STAI-s scores correlate positively with the ATSPPHS.

Hypothesis 7b

It is hypothesized that among grown homeschoolers, anxiety will correlate positively with scores on the ATSPPHS. Specifically, individuals who score higher on the STAI-s will score higher on the ATSPPHS. Pearson's correlation will be used to test the hypothesis that STAI-s scores correlate positively with the ATSPPHS.

Hypothesis 8a

It is hypothesized that among homeschooling parents, depression will correlate negatively with scores on the ATSPPHS. Specifically, individuals who score higher on the CES-D will score lower on the ATSPPHS. Pearson's correlation will be used to test the hypothesis that CES-D scores correlate negatively with the ATSPPHS.

Hypothesis 8b

It is hypothesized that among grown homeschoolers, depression will correlate negatively with scores on the ATSPPHS. Specifically, individuals who score higher on the CES-D will score lower on the ATSPPHS. Pearson's correlation will be used to test the hypothesis that CES-D scores correlate negatively with the ATSPPHS.

Hypothesis 9a

It is hypothesized that among homeschooling parents, happiness will correlate positively with scores on the ATSPPHS. Specifically, individuals who score higher on

the OHQ will score higher on the ATSPPHS. Pearson's correlation will be used to test the hypothesis that OHQ scores correlate positively with the ATSPPHS.

Hypothesis 9b

It is hypothesized that among grown homeschoolers, happiness will correlate positively with scores on the ATSPPHS. Specifically, individuals who score higher on the OHQ will score higher on the ATSPPHS. Pearson's correlation will be used to test the hypothesis that OHQ scores correlate positively with the ATSPPHS.

TABLE 2. Outline of Hypotheses

H1a	Homeschool Parent: Age ↑	→	Attitude ↑
H1b	Grown Homeschooler: Age ↑	→	Attitude ↑
H2a	Homeschool Parent: Income ↑	→	Attitude ↑
H2b	Grown Homeschooler: Income ↑	→	Attitude ↑
H3a	Attitude: Homeschool Parent, Women > Men		
H3b	Attitude: Grown Homeschooler, Women > Men		
H4a	Attitude: Homeschool Parent, Prior Contact with Counselor < No Prior Contact		
H4b	Attitude: Grown Homeschooler, Prior Contact with Counselor < No Prior Contact		
H5a	Homeschool Parent: Formal Education ↑	→	Attitude ↑
H5b	Grown Homeschooler: Formal Education ↑	→	Attitude ↑
H6a	Homeschool Parent: Years as Homeschooler ↑	→	Attitude ↓
H6b	Grown Homeschooler: Years as Homeschooler ↑	→	Attitude ↓
H7a	Homeschool Parent: Anxiety ↑	→	Attitude ↑
H7b	Grown Homeschooler: Anxiety ↑	→	Attitude ↑
H8a	Homeschool Parent: Depression ↑	→	Attitude ↓
H8b	Grown Homeschooler: Depression ↑	→	Attitude ↓
H9a	Homeschool Parent: Overall Happiness ↑	→	Attitude ↑
H9b	Grown Homeschooler: Overall Happiness ↑	→	Attitude ↑

CHAPTER 4

RESULTS

The hypotheses were tested by using Pearson's correlations, independent sample *t*-tests, and ANOVA analyses. The null hypotheses were tested at a .05 significant level ($p < .05$).

Exploratory Analysis 1

In order to better understand the grown homeschoolers and homeschooling parents who responded to this survey, a series of questions regarding the characteristics of homeschooling were asked. Table 3 represents the homeschooling characteristics of the respondents. The first question asked about which homeschooling label the respondents chose to identify as. Of the total group of 1052, 54.0% identified as an unschooler, and 46.0% identified as a homeschooler. Of the 737 homeschooling parents who responded, 48.0% identified as an unschooler, and 52.0% as a homeschooler. Of the 315 grown homeschoolers who responded, 58.7% identified as an unschooler, and 41.3% as a homeschooler.

The second question asked about the number of times per week the individual attends a homeschooling support group. Of the 1,052 total respondents, 49.5% do not utilize these groups, 48.4% attend them 1-3 times per week, and 1.1% 4 or more times per week. Of the 737 homeschool parent responses, 40.4% do not utilize them, 58.1%

attend them 1-3 times per week, and 1.1% attend 4 or more times per week. Of the 315 grown homeschooler responses, 70.8% do not attend them at all, 25.7% attend them 1-3 times per week, and 1.3% attends 4 or more per week.

Another question asked about the number of times the individual utilizes community resources, which may include city recreation events, art classes, martial arts, field trips, sport teams, or scouting troops. Of the 1052 total respondents, 20.8% utilized them 0 times per week, 45.0% utilize them 1-3 times per week, and 21.4% utilize them 4 or more times per week. Of the 737 homeschooling parents who responded, 12.5% utilized them 0 times per week, 62.4% utilize them 1-3 times per week, and 24.8% utilize them 4 or more times per week. Of the 315 grown homeschooler respondents, 40.3% utilized them 0 times per week, 41.3% utilize them 1-3 times per week, and 4.8% utilize them 4 or more times per week.

The majority of homeschoolers spend at least one day per week with other homeschoolers. Out of the total group of 1,052 respondents, 19.3% do not spend time with other homeschoolers, 60.5% spend time with them 1-3 times per week, and 18.4% spend time with them 4 or more times per week. Of the 737 homeschooling parent respondents, 11.1% do not spend time with other homeschoolers, 68.7% spend time with them 1-3 times per week, and 19.4% do 4 or more times per week. Of the 315 grown homeschooler respondents, 38.4% do not spend time with other homeschoolers, 41.3% spend 1-3 times per week with other homeschoolers, and 4.8% 4 or more times.

The majority of homeschoolers also spend time each week with people who are not homeschoolers. Out of the 1,052 total responses, the largest percentage is the 49.7% of homeschoolers who spend more than 1-3 days per week with non-homeschoolers.

This group reports that 42.3% spend time with non-homeschoolers 4 or more times per week, and only 6.0% do not spend time with non-homeschoolers. Of the 737 homeschooling parent responses, 6.2% do not spend any time with non-homeschoolers, 56.9% report 1-3 times per week spent with non-homeschoolers, and 35.7% spend 4 or more times per week with non homeschoolers. Of the 315 grown homeschooler respondents, only 1.6% do not spend time with non-homeschoolers, 33.0% spend 1-3 times per week with non-homeschoolers, and 57.8% spend 4 or more times per week with non-homeschoolers.

When asked about their homeschooling history, the total group responded that they had been either a homeschooling parent or grown homeschooler 1-3 years (24.3%), 4-9 years (38.1%), or 10 or more years (30.2%). The 737 homeschooling parents reported that they had been homeschooling their children for 1-3 years (28.5%), 4-9 years (42.2%) and 10 or more years (21.7%). The 315 grown homeschoolers reported that they had been homeschooled for 1-3 years (14.6%), 4-9 years (28.6%) and 10 or more years (50.2%).

The reasons why they chose homeschooling are varied. The majority of respondents chose more than one answer. The top answer for all respondents was to individualize their children's education (whole group; 83.5%, homeschooling parents; 86.7%, grown homeschoolers; 75.9%), the flexibility of scheduling (whole group; 73.2%, homeschooling parents; 78.6%, grown homeschoolers; 60.6%), and the desire to instill non-religious values (whole group; 44.7%, homeschooling parents; 46.5%, grown homeschoolers; 40.3%).

TABLE 3. Homeschooling Characteristics of Participants

Variable	Grown Homeschoolers		Homeschool Parents		Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Homeschooling Label						
Unschooler	185	58.7	383	48.0	568	54.0
Other Homeschooler	130	41.3	354	52.0	484	46.0
Number of times per week attending homeschool support group						
0	223	70.8	298	40.4	521	49.5
1-3	81	25.7	428	58.1	509	48.4
4 or more	4	1.3	8	1.1	12	1.1
Number of times per week community resources are utilized						
0	127	40.3	92	12.5	219	20.8
1-3	13	4.1	460	62.4	473	45.0
4 or more	42	4.0	183	24.8	225	21.4
Number of times per week spent with other homeschoolers						
0	121	38.4	82	11.1	203	19.3
1-3	130	41.3	506	68.7	636	60.5
4 or more	51	4.8	143	19.4	194	18.4
Number of times per week spent with non-homeschoolers						
0	17	1.6	46	6.2	63	6.0
1-3	104	33.0	419	56.9	523	49.7
4 or more	182	57.8	263	35.7	445	42.3
Length of time as homeschooler						
1-3 years	46	14.6	210	28.5	256	24.3
4-9 years	90	28.6	311	42.2	401	38.1
10 or more years	158	50.2	160	21.7	318	30.2
Reason for choosing homeschooling						
To individualize child's education	239	75.9	639	86.7	878	83.5
Flexibility of scheduling	191	60.6	579	78.6	770	73.2
To instill non-religious values	127	40.3	343	46.5	470	44.7

TABLE 3. Continued

Variable	Grown Homeschoolers		Homeschool Parents		Total	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Unsatisfactory school resources	141	44.8	310	42.1	451	42.9
Because the homeschooling child wanted to	152	48.3	296	40.2	448	42.6
Unsatisfactory/traumatic event with school administration	93	29.5	241	32.7	334	31.7
Resources Utilized						
Homeschooling email lists	148	47.0	643	87.2	791	75.2
Homeschooling organization events	202	64.1	510	69.2	712	67.7
Homeschooling support groups	198	62.9	507	68.8	705	67.0

Most homeschoolers who responded use homeschooling email lists (whole group; 75.2%, homeschooling parents; 87.2%, grown homeschoolers; 47.0%), homeschooling organization events (whole group; 67.7%, homeschooling parents; 69.2%, grown homeschoolers; 64.1%), and homeschooling support groups (whole group; 67.0%, homeschooling parents; 68.8%, grown homeschoolers; 62.9%).

Exploratory Analysis 2

Several questions relating to the participants' histories of seeking mental health services were asked. Within the total group, the majority (53.0%) have received mental health services, 54.7% of homeschooling parents have, as well as 49.2% of grown homeschoolers. Additionally, of the total 1,052 respondents, 55.6% have a family

member who has received mental health services, 54.8% of the homeschooling parents and 57.5% of the grown homeschoolers have as well.

Referrals for mental health services were primarily through word of mouth (total group; 24.0%, homeschooling parents; 29.7%, grown homeschoolers; 10.5%), through a friend (total group; 20.3%, homeschooling parents; 23.6%, grown homeschoolers; 12.7%), and relatives (total group; 12.7%, homeschooling parents; 11.8%, grown homeschoolers; 14.9%). The results of receiving these mental health services were questioned. Of the 1,052 total participants 34.7% had a positive outcome, 4.4% had a negative outcome, and 21.3% had an incomplete or insufficient outcome. Out of the 737 homeschooling parents, 35.1% had a positive outcome, 4.3% had a negative outcome, and 23.1% had an incomplete or insufficient outcome. Out of the 315 grown homeschoolers, 33.7% had a positive outcome, 4.4% had a negative outcome, and 17.1% had an incomplete or insufficient outcome.

Results were also reported for the outcome of family members' mental health services, with the total group reporting 34.7% having a positive outcome, 4.4% having a negative outcome, 21.3% having an incomplete or insufficient outcome, and 15.9% without knowledge of the outcome. Of the 737 homeschooling parents who had family members who had received mental health services, 35.1% reported positive outcomes, 4.3% negative, 23.1% incomplete or insufficient, and 9.8% did not have knowledge of the outcome. Of the 315 grown homeschoolers who had family members who had received mental health services, 33.7% had positive outcomes, 4.4% had negative outcomes, 17.1% had incomplete or insufficient outcomes, and 30.2% were without knowledge of the outcome. Table 4 represents the mental health history of participants.

TABLE 4. Mental Health Histories of Participants

Variable	<i>N</i>	%
Have you ever received mental health services?		
Yes	558	53.0
No	490	46.6
Has anyone else in your family ever received mental health services?		
Yes	585	55.6
No	383	36.4
I don't know	81	7.7
Type of referral for mental health services		
Word of mouth	130	12.4
Friend	118	11.2
Relative	76	7.2
Outcome for individuals who received mental health services		
Positive	422	68.1
Negative	45	7.3
Incomplete or insufficient	233	37.6
Outcome for family members who received mental health services		
Positive	365	52.6
Negative	46	6.6
Incomplete or insufficient	224	32.3
Unknown	167	24.1

Exploratory Analysis 3

The total sample was divided into two groups; grown homeschoolers and homeschooling parents. The relationship between depression and age was analyzed for grown homeschoolers using Pearson's correlation and was found to have a significant negative correlation ($r = -.21, p < .001$). The relationship between depression and age was analyzed for homeschooling parents and was found to have a significant negative correlation ($r = -.08, p < .05$). The relationship between depression and annual household income was measured using Pearson's correlation. For grown homeschoolers there was no significant correlation. For homeschooling parents there was a significant negative correlation ($r = -.08, p < .001$). The relationship between depression and level of formal education was measured using Pearson's correlation. Grown homeschoolers had a significant negative correlation ($r = -.23, p < .05$), and homeschooling parents also had a significant negative correlation ($r = -.10, p < .01$).

Depression and the number of times per week respondents spent with other homeschoolers was measured using Pearson's correlation for grown homeschoolers and homeschooling parents. No significant correlations were found. Depression and strength of religious affiliation were measured using Pearson's correlation for both groups and no significant correlations were found.

Depression and anxiety levels were measured using Pearson's correlation for grown homeschoolers and homeschooling parents. A significant positive correlation was found for grown homeschoolers ($r = .70, p > .001$). A significant positive correlation was also found for homeschooling parents ($r = .68, p > .001$). Depression and overall happiness levels were measured using Pearson's correlation for grown homeschoolers

and homeschooling parents. A significant negative correlation was found for grown homeschoolers ($r = -.23, p > .001$). A significant negative correlation was also found for homeschooling parents ($r = -.27, p > .001$). The relationship between depression and the variables measured using Pearson's correlation are illustrated in Table 5.

TABLE 5. Pearson's Correlation between CES-D and Measured Variables

Variable	Grown Homeschoolers $n = 315$ r	Homeschool Parents $n = 729$ r
Age	-.21 ***	-.08 *
Annual Household Income	-.09	-.08 ***
Level of Formal Education	-.23 *	-.10 **
Number of times per week spent with other homeschoolers	-.04	-.05
Strength of Religious Affiliation	.02	-.01
STAI-s (Anxiety)	.70 ***	.68 ***
OHQ (Happiness)	-.23 ***	-.27 ***

Note: * $p < .05$ ** $p < .01$ *** $p < .001$

The mean levels of depression were calculated based on gender for grown homeschoolers using an independent sample t -test. The same calculation was made for measuring the mean scores of depression based on gender for homeschooling parents. No significant differences between the mean scores were found for either group. The mean levels of depression were calculated based on whether or not individuals identified as

homeschoolers or unschoolers, using an independent sample *t*-test. No significant difference was revealed for either grown homeschoolers or homeschooling parents.

The mean scores of depression based on whether or not the respondent had received prior counseling was measured using an independent sample *t*-test. Among grown homeschoolers, individuals who had received prior counseling had a significantly higher mean score ($M = 13.76, SD = 10.97$) on the CES-D than those who had not ($M = 9.64, SD = 8.24$); $t(285.78) = 3.76, p = .00$, Cohen's $d = 0.42$, a small effect. Among homeschooling parents, individuals who had received prior counseling had a significantly higher mean score ($M = 10.54, SD = 9.83$) than those who had not ($M = 6.27, SD = 6.19$); $t(681.76) = 7.13, p = .00$, Cohen's $d = 0.52$, a medium effect. The mean scores of depression based on whether or not the respondent had a family member who had received prior counseling was measured using an independent sample *t*-test for both grown homeschoolers and homeschooling parents. Among grown homeschoolers, individuals who had a family member who had prior counseling experience had a significantly higher mean score on the CES-D ($M = 13.80, SD = 10.99$) than those who did not ($M = 7.94, SD = 7.14$); $t(234.89) = 5.19, p = .00$, Cohen's $d = 0.63$, a medium effect.

A one-way ANOVA test was used to test for depression level differences among different religious groups. Scores of the depression measurement scale differed significantly among the groups for grown homeschoolers, $F(15, 299) = 2.20, p = .01$. There was no significant difference among groups for homeschooling parents. Table 6 illustrates these findings.

TABLE 6. Significant Independent Sample *t*-tests Results for Depression

Group	Grown Homeschoolers <i>n</i> = 315	Homeschool Parents <i>n</i> = 729
Prior Counseling Experience		
Yes	<i>M</i> = 13.76***	<i>M</i> = 10.54***
No	<i>M</i> = 9.64	<i>M</i> = 6.27
	<i>t</i> (285.78) = 3.76, <i>p</i> < .001, Cohen's <i>d</i> = 0.42	<i>t</i> (681.76) = 7.13, <i>p</i> < .001, Cohen's <i>d</i> = 0.20
Family Member with Prior Counseling Experience		
Yes	<i>M</i> = 13.80***	<i>M</i> = 9.70***
No	<i>M</i> = 7.94	<i>M</i> = 7.07
	<i>t</i> (234.89) = 5.19, <i>p</i> < .001, Cohen's <i>d</i> = 0.63	<i>t</i> (694) = 4.19, <i>p</i> < .001, Cohen's <i>d</i> = 0.31

Note: **p* < .05 ** *p* < .01 *** *p* < .001

TABLE 7. Depression and Correlations with Measured Variables

Variable	Grown Homeschoolers	Homeschool Parents
Age	Negative ***	Negative *
Income	No significance	Negative ***
Level of Formal Education	Negative *	Negative **
Times per week spent with other homeschoolers	No significance	No significance
Strength of religious affiliation	No significance	No significance
Score on OHQ (Happiness)	Negative ***	Negative ***
Score on STAI-s (Anxiety)	Positive ***	Positive ***
Gender: Male/Female	No significance	No significance
Label: Unschooler/Homeschooler	No significance	No significance
Prior Counseling Experience: yes/no	“Yes” had higher scores **	“Yes” had higher scores **
Family Member with Prior Counseling Experience: yes/no	“Yes” had higher scores **	“Yes” had higher scores **
Difference between Religions	Difference between groups**	No significance

Note: * $p < .05$ ** $p < .01$ *** $p < .001$

Exploratory Analysis 4

The total sample was divided into two groups; grown homeschoolers and homeschooling parents. The relationship between anxiety and age was analyzed for grown homeschoolers using Pearson's correlation and was found to have a significant negative correlation ($r = -.30, p < .001$). The relationship between anxiety and age was analyzed for homeschooling parents and was found to have a significant negative correlation ($r = -.09, p < .05$). The relationship between anxiety and annual household income was measured using Pearson's correlation. For grown homeschoolers there a significant negative correlation ($r = -.17, p < .01$). For homeschooling parents there was a significant negative correlation ($r = -.09, p < .001$). The relationship between anxiety and level of formal education was measured using Pearson's correlation. Grown homeschoolers had no significant correlation, and homeschooling parents had a significant negative correlation ($r = -.09, p < .05$).

Anxiety and the number of times per week respondents spent with other homeschoolers was measured using Pearson's correlation for grown homeschoolers and homeschooling parents. No significant correlations were found for homeschooling parents. Among grown homeschoolers a significant negative correlation was found ($r = -.12, p < .05$). Anxiety and strength of religious affiliation were measured using Pearson's correlation for both groups and no significant correlations were found for homeschooling parents, however a significant negative correlation was found for grown homeschoolers ($r = -.12, p < .05$).

Anxiety and overall happiness levels were measured using Pearson's correlation for grown homeschoolers and homeschooling parents. A significant negative correlation

was found for grown homeschoolers ($r = -.23, p > .001$). A significant negative correlation was also found for homeschooling parents ($r = -.28, p > .001$). The relationship between anxiety and the variables measured using Pearson's correlation are illustrated in Table 8.

TABLE 8. Pearson's Correlation between STAI-s and Measured Variables

Variable	Grown Homeschoolers <i>n</i> = 304 <i>r</i>	Homeschool Parents <i>n</i> = 717 <i>r</i>
Age	-.30 ***	-.09 *
Annual Household Income	-.16 **	-.19 ***
Level of Formal Education	-.08	-.09 *
Number of times per week spent with other homeschoolers	-.12 *	-.07
Strength of Religious Affiliation	-.12 *	-.03
CES-D (Depression)	.70 ***	.68 ***
OHQ (Happiness)	-.23 ***	-.28 ***

Note: * $p < .05$ ** $p < .01$ *** $p < .001$

The mean levels of anxiety were calculated based on gender for grown homeschoolers using an independent sample *t*-test. The same calculation was made for measuring the mean scores of anxiety based on gender for homeschooling parents. No significant differences between the mean scores were found for either group. The mean

levels of anxiety were calculated based on whether or not individuals identified as homeschoolers or unschoolers, using an independent sample *t*-test. No significant difference was revealed for either grown homeschoolers or homeschooling parents.

The mean scores of anxiety based on whether or not the respondent had received prior counseling was measured using an independent sample *t*-test. Among grown homeschoolers, individuals who had received prior counseling had a significantly higher mean score ($M = 37.53$, $SD = 12.02$) on the STAI-s than those who had not ($M = 33.35$, $SD = 11.24$); $t(299.92) = 3.12$, $p = .01$, Cohen's $d = 0.36$, a small effect. Among homeschooling parents, individuals who had received prior counseling had a significantly higher mean score ($M = 32.36$, $SD = 10.48$) than those who had not ($M = 29.30$, $SD = 8.64$); $t(712.89) = 4.28$, $p = .00$, Cohen's $d = 0.32$, a small effect. The mean scores of anxiety based on whether or not the respondent had a family member who had received prior counseling was measured using an independent sample *t*-test for both grown homeschoolers and homeschooling parents. Among grown homeschoolers, individuals who had a family member who had prior counseling experience had a significantly higher mean score on the STAI-s ($M = 37.33$, $SD = 11.84$) than those who did not ($M = 31.63$, $SD = 10.69$); $t(177.92) = 3.85$, $p = .00$, Cohen's $d = 0.51$, a medium effect.

A one-way ANOVA test was used to test for anxiety level differences among different religious groups. There were no significant differences among groups for either homeschooling parents or grown homeschoolers. Table 8 illustrates these findings.

TABLE 9. Significant Independent Sample *t*-tests Results for Anxiety

Group	Grown Homeschoolers <i>n</i> = 304	Homeschool Parents <i>n</i> = 717
Prior Counseling Experience		
Yes	<i>M</i> = 32.36***	<i>M</i> = 37.53**
No	<i>M</i> = 29.30	<i>M</i> = 33.35
	<i>t</i> (299.92) = 3.71, <i>p</i> = .01, Cohen's <i>d</i> = 0.36	<i>t</i> (712.89) = 34.28, <i>p</i> < .001, Cohen's <i>d</i> = 0.32
Family Member with Prior Counseling Experience		
Yes	<i>M</i> = 37.33***	<i>M</i> = 31.3*
No	<i>M</i> = 31.63	<i>M</i> = 21.91
	<i>t</i> (177.92) = 3.79, <i>p</i> < .001, Cohen's <i>d</i> = 0.51	<i>t</i> (627.06) = 2.27, <i>p</i> = .02, Cohen's <i>d</i> = 0.18

Note: **p*<.05 ** *p*<.01 *** *p*<.001

TABLE 10. Anxiety and Correlations with Measured Variables

Variable	Grown Homeschoolers	Homeschool Parents
Age	Positive ***	Negative *
Income	Negative **	Negative ***
Level of Formal Education	No significance	Negative *
Times per week spent with other homeschoolers	Negative *	No significance
Strength of religious affiliation	Negative *	No significance
Score on OHQ (Happiness)	Negative ***	Negative ***
Score on CES-D (Depression)	Positive ***	Positive***
Gender: Male/Female	No significance	No significance
Label: Unschooler/Homeschooler	No significance	No Significance
Prior Counseling Experience: yes/no	“Yes” had higher scores **	“Yes” had higher scores **
Family Member with Prior Counseling Experience: yes/no	“Yes had higher scores **	“Yes “ had higher scores *
Difference between Religions	Difference between groups *	No significance

Note: * $p < .05$ ** $p < .01$ *** $p < .001$

Exploratory Analysis 5

The total sample was divided into two groups; grown homeschoolers and homeschooling parents. The relationship between overall happiness and age was analyzed for grown homeschoolers and for homeschooling parents using Pearson's correlation and was found to have no significant correlation. The relationship between happiness and annual household income was measured using Pearson's correlation. For grown homeschoolers there was no significant correlation. For homeschooling parents there was a significant positive correlation ($r = .11, p < .01$). The relationship between happiness and level of formal education was measured using Pearson's correlation. No significance was found for either grown homeschoolers or homeschooling parents.

Happiness and the number of times per week respondents spent with other homeschoolers was measured using Pearson's correlation for grown homeschoolers and homeschooling parents. No significant correlations were found for grown homeschoolers. Among homeschooling parents there was a significant positive correlation ($r = -.10, p < .01$). Happiness and strength of religious affiliation were measured using Pearson's correlation for both groups and no significant correlations were found for either. The relationship between happiness and the variables measured using Pearson's correlation are illustrated in Table 9.

The mean levels of happiness were calculated based on gender for grown homeschoolers using an independent sample *t*-test. The same calculation was made for measuring the mean scores of happiness based on gender for homeschooling parents.

TABLE 11. Pearson's Correlation between OHQ and Measured Variables

Variable	Grown Homeschoolers <i>n</i> = 315	Homeschool Parents <i>n</i> = 737
	<i>r</i>	<i>r</i>
Age	-.01	.06
Annual Household Income	.01	.11 **
Level of Formal Education	.06	.01
Number of times per week spent with other homeschoolers	.05	.10 **
Strength of Religious Affiliation	-.04	-.07
STAI-s (Anxiety)	-.23 ***	-.28 ***
CES-D (Depression)	-.23 ***	-.27 ***

Note: * $p < .05$ ** $p < .01$ *** $p < .001$

No significant differences between the mean scores were found for either group. The mean levels of happiness were calculated based on whether or not individuals identified as homeschoolers or unschoolers, using an independent sample *t*-test. No significant difference was revealed for grown homeschoolers, however the mean scores of unschooling parents was significantly higher ($M = 4.07$, $SD = 1.49$) than homeschooling parents ($M = 3.72$, $SD = 1.76$); $t(694.75) = -2.96$, $p = .00$, Cohen's $d = 0.21$, a small effect.

The mean scores of happiness based on whether or not the respondent had received prior counseling was measured using an independent sample *t*-test. No significance was found for either homeschooling parents or grown homeschoolers. The

mean scores of happiness based on whether the respondent had a family member that had received prior counseling was measured using an independent sample t-test. No significance was found for either homeschooling parents or grown homeschoolers.

A one-way ANOVA test was used to test for happiness level differences among different religious groups. There were no significant differences among groups for either homeschooling parents or grown homeschoolers. Tables 12 and 13 illustrate these findings.

TABLE 12. Significant Independent Sample *t*-tests Results for Happiness

Group	Grown Homeschoolers <i>n</i> = 315	Homeschool Parents <i>n</i> = 737
Homeschooling Label		
Unschoolers	<i>M</i> = 3.89	<i>M</i> = 4.07**
Homeschoolers	<i>M</i> = 3.74	<i>M</i> = 3.72
	<i>t</i> (313) = -.79, <i>p</i> = .43	<i>t</i> (694.75) = 2.96, <i>p</i> = .01, Cohen's <i>d</i> = 0.21

Note: **p*<.05 ** *p*<.01 *** *p*<.001

TABLE 13. Happiness and Correlations with Measured Variables

Variable	Grown Homeschoolers	Homeschool Parents
Age	No significance	No significance
Income	No significance	Positive **
Level of Formal Education	No significance	No significance
Times per week spent with other homeschoolers	No significance	Positive **
Strength of religious affiliation	No significance	No significance
Score on STAI-s (Anxiety)	Negative ***	Negative ***
Score on CES-D (Depression)	Negative ***	Negative ***
Gender: Male/Female	No significance	No significance
Label: Unschooler/Homeschooler	No significance	“Unschoolers” higher scores *
Prior Counseling Experience: yes/no	No significance	No significance
Family Member with Prior Counseling Experience: yes/no	No significance	No significance
Difference between Religions	No significance	No significance

Note: * $p < .05$ ** $p < .01$ *** $p < .001$

Exploratory Analysis 6

In order to examine adult homeschooler's ranking system of character strengths using the VIA-IS short test, a series of independent t-tests were run, comparing the mean scores for each test item between grown homeschooler respondents and homeschooling parent respondents. The top five overall character strengths for those two groups combined were gratitude, love of learning, love/attachment to others, kindness/generosity, open-mindedness and curiosity/interest. The highest ranked in the United States general population are kindness, fairness, honesty, love/attachment to others, and curiosity/interest. Grown homeschoolers ranked gratitude, love of learning, curiosity/interest, kindness/generosity, open-mindedness (in that order), while homeschooling parents ranked them as gratitude, love/attachment to others, love of learning, kindness/generosity, open-mindedness. The combined group of homeschooler, as well as the two groups individually, ranked bravery/courage as their last choice, while the general US population ranked prudence/modesty/self-regulation as their last choice. Table 14 is a visual representation of these rankings.

Hypothesis 1a

It is hypothesized that among homeschooling parents, age will have a positive influence on the scores of the ATSPPHS. Specifically, the older the individual, the more positive their attitude towards seeking professional therapy services will be, and the higher the score on the ATSPPHS will be. Pearson's correlation was used to test the hypothesis that age will correlate positively with the ATSPPHS and revealed that age is positively correlated with attitude towards seeking professional mental health services

TABLE 14. Ranking of Character Strengths

Rank	Grown Homeschoolers <i>n</i> = 273	Homeschool Parents <i>n</i> = 647	Adult Homeschoolers Combined <i>n</i> = 918	General Population
1	Gratitude (<i>M</i> = 3.68)	Gratitude (<i>M</i> = 3.78)	Gratitude (<i>M</i> = 3.75)	Kindness
2	Love of Learning (<i>M</i> = 3.66)	Love/Attachment to Others (<i>M</i> = 3.76)	Love of Learning (<i>M</i> = 3.73)	Fairness
3	Curiosity/Interest (<i>M</i> = 3.66)	Love of Learning (<i>M</i> = 3.76)	Love/Attachment to Others (<i>M</i> = 3.71)	Honesty
4	Kindness/ Generosity (<i>M</i> = 3.65)	Kindness/ Generosity (<i>M</i> = 3.74)	Kindness/ Generosity (<i>M</i> = 3.71)	Love/Attachment to Others
5	Open- mindedness (<i>M</i> = 3.61)	Open- mindedness (<i>M</i> = 3.68)	Open- Mindedness (<i>M</i> = 3.66) and Curiosity (<i>M</i> = 3.66)	Curiosity
last	Bravery/Courage (<i>M</i> = 2.23)	Bravery/Courage (<i>M</i> = 2.37)	Bravery/Courage (<i>M</i> = 2.33)	Prudence/ Modesty/Self Regulation

($r = .09, p < .05$). The results confirm the hypothesis that age is positively correlated with attitude towards seeking therapy. See Table 15 for a visual representation of this hypothesis.

Hypothesis 1b

It is hypothesized that among grown homeschoolers, age will have a positive influence on the scores of the ATSPPHS. Specifically, the older the individual, the more positive their attitude towards seeking professional therapy services will be, and the higher the score on the ATSPPHS will be. Pearson's correlation was used to test the hypothesis that age will correlate positively with the ATSPPHS and revealed that age is positively correlated with attitude towards seeking professional mental health services ($r = .12, p < .05$). The results confirm the hypothesis that age is positively correlated with attitude towards seeking therapy. See Table 15 for a visual representation of this hypothesis.

Hypothesis 2a

It is hypothesized that among homeschooling parents, income will have a positive influence on the scores of the ATSPPHS. Specifically, the higher the annual household income the individual reports, the more positive their attitude towards seeking professional therapy services will be, and the higher the score on the ATSPPHS will be. Pearson's correlation was used to test the hypothesis that income will correlate positively with the ATSPPHS and revealed that income is positively correlated with attitude towards seeking therapy ($r = .18, p < .001$). The results confirm the hypothesis that income is positively correlated with scores on the ATSPPHS. See Table 15 for a visual representation of this hypothesis.

Hypothesis 2b

It is hypothesized that among grown homeschoolers, income will have a positive influence on the scores of the ATSPPHS. Specifically, the higher the annual household income the individual reports, the more positive their attitude towards seeking professional therapy services will be, and the higher the score on the ATSPPHS will be. Pearson's correlation was used to test the hypothesis that income will correlate positively with the ATSPPHS and revealed no significant correlation between the two.

Hypothesis 3a

It is hypothesized that among homeschooling parents, gender will influence the scores of the ATSPPHS. Specifically, females will have a more positive attitude towards seeking professional therapy services and the higher score on the ATSPPHS. An independent *t*-test was used to test the hypothesis that females will have a higher mean score on the ATSPPHS than males. The results did not reveal any significant relationship.

Hypothesis 3b

It is hypothesized that among grown homeschoolers, gender will influence the scores of the ATSPPHS. Specifically, females will have a more positive attitude towards seeking professional therapy services and the higher score on the ATSPPHS. An independent *t*-test was used to test the hypothesis that females will have a higher mean score on the ATSPPHS than males. The results confirmed that females had a significantly higher mean score ($M = 60.27, SD = 11.27$) than males ($M = 54.76, SD = 10.26$); $t(99.14) = -3.53, p = .00$, Cohen's $d = -0.5$, a medium effect. The results confirm

the hypothesis that females have a more positive attitude towards seeking professional therapy services than males, among grown homeschoolers.

Hypothesis 4a

It is hypothesized that among homeschooling parents, individuals with prior contact with counselors will have a negative influence on the scores of the ATSPPHS. An independent *t*-test was used to test the hypothesis that individuals who have had prior contact with counselors will have a lower mean score on the ATSPPHS than individuals who have not. The results revealed a significantly higher mean score among those who had prior contact with counselors ($M = 64.12, SD = 11.69$) than those who had not ($M = 56.77, SD = 12.16$); $t(594.35) = 7.75, p = .00$, Cohen's $d = 0.62$, a medium effect. Based on the results the hypothesis was rejected.

Hypothesis 4b

It is hypothesized that among grown homeschoolers, individuals with prior contact with counselors will have a negative influence on the scores of the ATSPPHS. An independent *t*-test was used to test the hypothesis that individuals who have had prior contact with counselors will have a lower mean score on the ATSPPHS than individuals who have not. The results revealed a significantly higher mean score among those who had prior contact with counselors ($M = 62.06, SD = 11.25$) than those who had not ($M = 56.04, SD = 10.29$); $t(269.94) = 4.62, p = .00$, Cohen's $d = 0.56$, a medium effect. Based on the results the hypothesis was rejected.

Hypothesis 5a

It is hypothesized that among homeschooling parents, level of formal education will have a positive correlation with scores on the ATSPPHS. Specifically, individuals

with higher levels of formal education will have a better attitude towards seeking professional mental health services. Pearson's correlation was used to test the hypothesis that level of formation education correlates positively with scores on the ATSPPHS and revealed that homeschooling parents with higher levels of formal education had a positive correlation with scores on the ATSPPHS ($r = .15, p < .001$). The results confirm the hypothesis that level of formal education has a positive correlation with attitude towards seeking professional mental health services. See Table 15 for a visual representation of this hypothesis.

Hypothesis 5b

It is hypothesized that among grown homeschoolers, level of formal education will have a positive correlation with scores on the ATSPPHS. Specifically, individuals with higher levels of formal education will have a better attitude towards seeking professional mental health services. Pearson's correlation was used to test the hypothesis that level of formation education correlates positively with scores on the ATSPPHS and revealed that grown homeschoolers with higher levels of formal education had a positive correlation with scores on the ATSPPHS ($r = .13, p < .05$). The results confirm the hypothesis that level of formal education has a positive correlation with attitude towards seeking professional mental health services. See Table 15 for a visual representation of this hypothesis.

Hypothesis 6a

It is hypothesized that among homeschooling parents, the number of years as a homeschooler will have a negative correlation with scores on the ATSPPHS. Specifically, individuals with more years as a homeschooler will have a more negative

attitude towards seeking professional mental health services. Pearson's correlation was used to test the hypothesis that years spent as a homeschooler correlates negatively with scores on the ATSPPHS. No significant results were found, so the hypothesis is rejected. See Table 15 for a visual representation of this hypothesis.

Hypothesis 6b

It is hypothesized that among grown homeschoolers, the number of years as a homeschooler will have a negative correlation with scores on the ATSPPHS. Specifically, individuals with higher years as a homeschooler will have a more negative attitude towards seeking professional mental health services. Pearson's correlation was used to test the hypothesis that years spent as a homeschooler correlates negatively with scores on the ATSPPHS. No significant results were found, so the hypothesis is rejected. See Table 15 for a visual representation of this hypothesis.

Hypothesis 7a

It is hypothesized that among homeschooling parents, anxiety will correlate positively with scores on the ATSPPHS. Specifically, individuals who score higher on the STAI-s will score higher on the ATSPPHS. Pearson's correlation was used to test the hypothesis that STAI-s scores correlate positively with the ATSPPHS and revealed a significant negative correlation ($r = -.12, p < .01$). Based on these results the hypothesis cannot be confirmed. See Table 15 for a visual representation of this hypothesis.

Hypothesis 7b

It is hypothesized that among grown homeschoolers, anxiety will correlate positively with scores on the ATSPPHS. Specifically, individuals who score higher on the STAI-s will score higher on the ATSPPHS. Pearson's correlation was used to test the

hypothesis that STAI-s scores correlate positively with the ATSPPHS and revealed no significant correlation. Based on these results the hypothesis cannot be confirmed. See Table 15 for a visual representation of this hypothesis.

Hypothesis 8a

It is hypothesized that among homeschooling parents, depression will correlate negatively with scores on the ATSPPHS. Specifically, individuals who score higher on the CES-D will score lower on the ATSPPHS. Pearson's correlation was used to test the hypothesis that CES-D scores correlate negatively with the ATSPPHS and revealed a significant negative correlation ($r = 0.13, p < .01$). The results confirm the hypothesis. See Table 15 for a visual representation of this hypothesis.

Hypothesis 8b

It is hypothesized that among grown homeschoolers, depression will correlate negatively with scores on the ATSPPHS. Specifically, individuals who score higher on the CES-D will score lower on the ATSPPHS. Pearson's correlation was used to test the hypothesis that CES-D scores correlate negatively with the ATSPPHS and no significant correlation. The results cannot confirm the hypothesis. See Table 15 for a visual representation of this hypothesis.

Hypothesis 9a

It is hypothesized that among homeschooling parents, happiness will correlate positively with scores on the ATSPPHS. Specifically, individuals who score higher on the OHQ will score higher on the ATSPPHS. Pearson's correlation was used to test the hypothesis that OHQ scores correlate positively with the ATSPPHS and revealed a

significant positive correlation ($r = .13, p < .01$). The results confirm the hypothesis. See Table 15 for a visual representation of this hypothesis.

Hypothesis 9b

It is hypothesized that among grown homeschoolers, happiness will correlate positively with scores on the ATSPPHS. Specifically, individuals who score higher on the OHQ will score higher on the ATSPPHS. Pearson's correlation was used to test the hypothesis that OHQ scores correlate positively with the ATSPPHS and did not reveal any significant results. The results cannot confirm the hypothesis. See Table 15 for a visual representation of this hypothesis.

TABLE 15. Pearson's Correlation between ATSPPHS and Measured Variables

Variable	Grown Homeschoolers <i>n</i> = 273	Homeschool Parents <i>n</i> = 645
	<i>r</i>	<i>r</i>
Age	.12 *	.09 *
Annual Household Income	-.06	.18 ***
Level of Formal Education	.13 *	.15 ***
Number of times per week spent with other homeschoolers	-.16 *	.07
Strength of Religious Affiliation	-.08	-.07
OHQ (Happiness)	.01	.13 **
STAI-s (Anxiety)	-.02	-.13 **
CES-D (Depression)	-.08	-.13 **

Note: * $p < .05$ ** $p < .01$ *** $p < .001$

TABLE 16. Attitude Towards Therapy and Correlations with Measured Variables

Variable	Grown Homeschoolers	Homeschool Parents
Age	Positive *	Positive *
Income	No significance	Positive ***
Level of Formal Education	Positive *	Positive ***
Times per week spent with other homeschoolers	Negative *	No significance
Strength of religious affiliation	No significance	No significance
Score on STAI-s (Anxiety)	No significance	Negative **
Score on OHQ (Happiness)	No significance	Positive **
Score on CES-D (Depression)	No significance	Negative **
Gender: Male/Female	“Female” had higher scores **	No significance
Label: Unschooler/Homeschooler	No significance	“Unschoolers” had higher scores *
Prior Counseling Experience: yes/no	“Yes” had higher scores **	“Yes” had higher scores **
Family Member with Prior Counseling Experience: yes/no	“Yes” had higher scores **	“Yes” had higher scores **
Difference between Religions	Difference between groups *	Difference between groups *

Note: * $p < .05$ ** $p < .01$ *** $p < .001$

TABLE 17. Hypotheses Results

<i>H1a</i>	<i>Homeschool Parent: Age ↑</i>	→	<i>Attitude ↑</i>	<i>r = .09*</i>
<i>H1b</i>	<i>Grown Homeschooler: Age ↑</i>	→	<i>Attitude ↑</i>	<i>r = .12*</i>
<i>H2a</i>	<i>Homeschool Parent: Income ↑</i>	→	<i>Attitude ↑</i>	<i>r = .18***</i>
H2b	Grown Homeschooler: Income ↑	→	Attitude ↑	No significance
H3a	Attitude: Homeschool Parent, Women > Men			No significance
<i>H3b</i>	<i>Attitude: Grown Homeschooler, Women > Men</i>		<i>Females M = 60.27</i> <i>Males M = 54.76</i> <i>p = .00</i>	
H4a	Attitude: Homeschool Parent, Prior Contact with Counselor < No Prior Contact		Yes <i>M = 64.12</i> No <i>M = 56.77</i> <i>p = .00</i>	
H4b	Attitude: Grown Homeschooler, Prior Contact with Counselor < No Prior Contact		Yes <i>M = 62.06</i> No <i>M = 56.04</i> <i>p = .00</i>	
<i>H5a</i>	<i>Homeschool Parent: Formal Education ↑</i>	→	<i>Attitude ↑</i>	<i>r = .15***</i>
<i>H5b</i>	<i>Grown Homeschooler: Formal Education ↑</i>	→	<i>Attitude ↑</i>	<i>r = .13**</i>
H6a	Homeschool Parent: Years as Homeschooler ↑	→	Attitude ↓	No significance
H6b	Grown Homeschooler: Years as Homeschooler ↑	→	Attitude ↓	No significance
H7a	Homeschool Parent: Anxiety ↑	→	Attitude ↑	<i>r = -.12*</i>
H7b	Grown Homeschooler: Anxiety ↑	→	Attitude ↑	No significance
<i>H8a</i>	<i>Homeschool Parent: Depression ↑</i>	→	<i>Attitude ↓</i>	<i>r = .13*</i>
H8b	Grown Homeschooler: Depression ↑	→	Attitude ↓	No significance
<i>H9a</i>	<i>Homeschool Parent: Overall Happiness ↑</i>	→	<i>Attitude ↑</i>	<i>r = .13*</i>
H9b	Grown Homeschooler: Overall Happiness ↑	→	Attitude ↑	No significance

Note: *Italicized* lines indicate confirmed hypothesis

TABLE 18. Summary Data for all Scales: Grown Homeschoolers

Name of Scale	<i>N</i>	Mean	Std. Dev.	Min.	Max.	Cronbach's Alpha	Items	Scale
CES-D (Depression)	315	11.64	9.89	0	52	.91	20	0-3
STAI-s (Anxiety)	304	35.41	11.80	20	69	.94	20	1-4
OHQ (Happiness)	315	3.82	1.68	0	5.9	.92	29	0-3
ATSPPHS (Attitude towards therapy)	273	59.12	11.19	30	84	.89	29	1-6

TABLE 19. Summary Data for all Scales: Homeschool Parents

Name of Scale	<i>N</i>	Mean	Std. Dev.	Min.	Max.	Cronbach's Alpha	Items	Scale
CES-D (Depression)	729	8.61	8.63	0	55	.91	20	0-3
STAI-s (Anxiety)	717	30.98	9.80	20	72	.94	20	1-4
OHQ (Happiness)	737	3.90	1.63	0	5.9	.92	29	0-3
ATSPPHS (Attitude towards therapy)	645	60.86	12.45	30	85	.89	29	1-6

CHAPTER 5

DISCUSSION

Implications

This study addressed four research questions: (1) What are the demographic characteristics of the adult homeschool population in the United States? (2) What are the mental health characteristics of the adult homeschool population in the United States? (3) What is the general attitude towards seeking professional psychotherapy of the adult homeschool population in the United States? (4) How can this information benefit MFTs to better serve this population?

Demographic Characteristics

Several of the demographic findings of the current study may have implications for MFTs' treatment of the homeschool population; specifically those that contradict older literature and defy outdated assumptions. This study found that the homeschooling population consists of families of highly diverse religious beliefs, and is not in fact dominated by members of the Christian faith. Interestingly, nearly half (46%) of the respondents identified as Unaffiliated, atheist and agnostic, while only 26% identified as Christian. The remainder was divided between a large number of other religious beliefs. This study revealed that homeschoolers' annual family incomes are evenly spread over income levels, with approximately half of the respondents below \$60,000,

and approximately half of the respondents over \$60,000. This shows that homeschoolers may face economic barriers to receiving treatment, similar to those of other low-income groups and therapists should be aware of this potential obstacle. Because formal education has been found to be positively correlated with attitude towards seeking professional therapeutic services, it is interesting to note that the vast majority of homeschoolers have some experience with higher levels of formal education, with 60% having earned a Bachelor's, Master's, or Doctorate degree.

It is important for therapists to understand the homeschool culture in order to provide appropriate treatment. Homeschoolers and unschoolers have very different philosophical underpinnings regarding learning and parenting. This study showed that over half of the respondents identified as unschoolers; individuals who have a philosophy and lifestyle of removing the conventions of schooling, eliminating requirements and assignments, and entirely replacing those with an enriching environment and parental support for children to pursue their interests and passions with conscious trust and support from their parents (Dodd, 2008). MFTs should therefore become familiar with this philosophy. One commonly held belief about homeschoolers is that they are isolated and separate themselves from their community. If so, this behavior would constitute a barrier to seeking professional mental health services. However, this study shows that homeschoolers are very likely to use community resources with 78% of participants reported that they used community resources at least once per week. In addition, contrary to popular belief, homeschoolers are not isolated as evidenced by the number of times they reported spending time with other homeschoolers and non-homeschoolers each

week. Nearly 80% reported that they spent time with other homeschoolers at least once per week, and 92% spent time with non-homeschoolers at least once per week.

Despite prior literature claiming that religion was the primary reason individuals chose to begin and continue homeschooling, this study revealed that there were several other reasons. The reason with the highest responses was the desire to individualize the child's education. The implication for therapists is that this desire for individualization may impact therapeutic treatment. Therapists who are aware of this desire in the homeschool population can work to ensure that their treatment is also individualized and show their understanding of their homeschool client's wants and needs. The results relating to the resources that homeschoolers utilize may also have implications for therapists and agencies, in terms of how to better reach this clientele, and perhaps what types of therapy to offer. The majority of homeschoolers utilize email lists (75%), homeschool organization events (68%) and homeschooling support groups (67%). Email lists can be used to their maximum potential by therapists seeking out this population, and the frequent use of homeschool organization events and support groups indicate that homeschoolers already participate in activities and workshops that may be easily transferrable to a group therapy setting. Therapists, for example, can offer their services to homeschool support groups that already exist in order to enhance the therapeutic benefits of having a trained MFT involved.

TABLE 20. Myths

	Grown Homeschoolers	Homeschooling Parents
Homeschoolers are predominately Christian	Christians 23% Unaffiliated 20% Atheist 15% Agnostic 13% Other 24%	Christian 28% Unaffiliated 20% Atheist 13% Agnostic 12% Other 24%
Homeschoolers have high SES	Below \$20,000 23% \$20,001-\$40,000 24% \$40,001-\$60,000 11% \$60,001-\$80,000 9% \$80,001-\$100,000 14% Above \$100,000 8%	Below \$20,000 4% \$20,001-\$40,000 12% \$40,001-\$60,000 18% \$60,001-\$80,000 19% \$80,001-\$100,000 15% Above \$100,000 25%
Chosen for religious purposes	8 other reasons with higher response rates	8 other reasons with higher response rates
Homeschoolers are isolated	8% use community resources 1/week or more 46% spend time each week with other homeschoolers 90% spend time each week with non-homeschoolers	85% use community resources 1/week or more 72% spend time each week with other homeschoolers 92% spend time each week with non-homeschoolers

Mental Health Characteristics

This study also asked questions regarding the history of mental health services the individuals and their families had received prior to taking this survey; whether or not as a group homeschoolers are already availing themselves of mental health services; and what the outcomes were are important pieces to bettering treatment for this population. When asked if they had ever received mental health services, the responses were almost evenly

split between yes and no. When asked whether a family member had, the majority said yes (56%). Individuals who had sought treatment for themselves reported mostly positive outcomes (68%) however, 45% also reported negative, incomplete, or insufficient outcomes to therapeutic treatment. Participants reported a slight majority in positive outcome for family members who had received mental health services (53%), and 39% reporting a negative, incomplete, or insufficient outcome to their treatment. This prior experience may influence their current attitude towards seeking therapy.

Several specific mental health issues were examined in detail; depression, anxiety, overall happiness, and values. If homeschoolers were found to have significant trends in any of these areas it would be important for therapists to know in order to adapt treatments, build resources, and effectively market their services. Homeschoolers appear to have fewer depressive symptoms than the general population. The results of the CES-D in the general population have found approximately 21% to have scores of 16 or higher, which is the current cut off score for mild depressive symptoms (Radloff, 1977). This study found that 18% of homeschoolers are within the same range of scores. It is generally accepted that age and depression have a positive correlation among the population. This study found that, among homeschool adults, there is a significant negative correlation. Homeschoolers who spent more time with other homeschoolers reported fewer depressive symptoms. Therapists may want to use this information to encourage clients to utilize homeschool support groups or organizations if this is a therapeutic issue.

Individuals who had a family member who sought therapeutic services in the past were found to have significantly higher levels of depressive symptoms than those who

had not. When treating individuals in this situation, therapists may want to consider conceptualizing treatment in a systemic fashion, paying attention to family relationships, lifestyle stages, and other family systems issues, as it is revealed in the current study that the mental health of the family members has a significant relationship with the individuals' level of depression. Individuals who had received mental health services and had positive outcomes had significantly lower depressive symptoms than those who had negative, incomplete, or insufficient experience. It is important for therapists to recognize that the perception of a client's therapeutic outcome may have a relationship with their depressive symptoms.

Implications for therapists exist within the scope of the mental health issue of anxiety. Overall, homeschoolers were found to have mean scores far below the clinical cut-off of 39-40. For individuals who had been homeschooled as children, anxiety decreased with age. Therapists may want to consider anxiety levels when working with younger homeschooled clients. Those who had prior mental health services had significantly higher anxiety levels than those who had not. Individuals who sought therapy showed higher symptoms of anxiety, so therapists may want to be aware that anxiety may come up as a therapeutic issue for homeschool clients who seek treatment.

Grown homeschoolers and homeschooling parents were found to have overall happiness levels that mirror the general population. Unschoolers had a higher mean score on the OHQ, showing more indicators of happiness. Individuals who had prior therapeutic treatment had slightly higher levels of happiness; this is a positive outcome for therapists, who can glean from this that therapeutic services appears to increase client's happiness. Individuals who had prior therapeutic treatment with a positive

outcome actually had higher levels of happiness than those who had never received mental health treatment at all.

When looking at rankings of character strengths, it was found that homeschoolers and unschoolers as a group did not mirror the general population, and had different rankings when compared to each other. Therapists may want to pay attention to these differences in value-rankings as it provides a great deal of information about which characteristics are important to each group. For example, both groups of homeschoolers rank “love of learning” in their top five values, yet it does not appear at all in the top five for the general US population. When conceptualizing treatment, MFTs may want to keep this value in mind as it may impact even what therapeutic theory or methods the practitioner decides to work with. Theories that emphasize client doing work on their own, seeking their own information, and educating themselves may be more effective with this group than on the general population.

Attitude Towards Seeking Therapy

For the most part, age, income, gender, prior contact with mental health providers, and formal education all influence scores on the ATSPPHS positively, in a way which mirrors that of the general population. The age, income, prior contact, and level of formal education correlate positively with attitude towards psychotherapy, and females have a significantly higher score than males in the current study with one exception. Grown homeschoolers did not have a significant positive correlation between income and attitude towards seeking therapy. This may indicate more research is needed to find out what, if any, the relationship between income and attitude towards seeking therapy for this group is.

The current study found that for individuals who had been homeschooled as children, the length of time they were homeschooled for had a slight negative effect on attitude towards seeking professional therapy. Those who have been homeschooled themselves may have developed biases, prejudices, or resistance towards mental health services. There may be value in considering ways to approach the homeschool population in order to overcome the possible biases or resistance.

Although as a group homeschoolers exhibit less anxiety than the general population, it will still be advantageous to understand that according to the current study, people who exhibit more symptoms of anxiety also have a more negative attitude towards seeking therapeutic services. In reaching out to the homeschooling population, therapists may want to keep this trend in mind in order to reach individuals with high levels of anxiety who may benefit from therapy. The same holds true for individuals who exhibit higher levels of depression; they are less likely to have a positive attitude towards seeking therapy. Therapists may want to pay attention to their methods of reaching out to potential clients while keeping this in mind.

Further Implications for MFTs

If therapists are going to effectively treat this population they need to have realistic information about what the population is like. Conventional wisdom regarding homeschoolers is not necessarily an accurate guide to what the population is actually like. For example, many people believe that homeschoolers are conservative Christians, homeschooling primarily for religious reasons, which was not found to be accurate. The reason for many of these inaccurate perceptions of the homeschooling culture may be found in the way prior research has been conducted. Therapists conducting future

research about homeschoolers should be aware of who the researcher was sampling, and what funding they were receiving. For example, it may be possible that several studies which claim that homeschoolers are predominately Christian may only be making their survey available to members of closed groups, and may only be sampling members of religious homeschool organizations. The current study is unable to claim that it is a perfectly accurate representation of the homeschooling population due to a lack of statistics about the entire homeschool population, however due to the high numbers and variety of demographic responses it has received; readers can see that all attempts have been made to have a representative sample.

The current study did not reveal any levels of depression or anxiety that appear to have a clinically significant pattern across this population. However, all of the elements that were measured point to a fairly positive attitude toward seeking therapy among homeschoolers. MFTs may want to consider expanding their treatment to include other clinical issues in addition to depression and anxiety. For example, MFTs could expand their treatment for homeschoolers to include issues such as interpersonal relationships, family systems, adjustment to new situations, or lifestyle transitions that appear for most families.

It is possible that homeschoolers may sometimes avoid therapy because they are living an alternative lifestyle and may be concerned that the therapist will not support their choices. Based on the current study homeschoolers have slightly less depression and anxiety than the general population. This study has revealed varying levels of depression, anxiety, and happiness within sub-groupings of the homeschool population. MFTs may want to keep in mind that there are many variables which may impact their

homeschooled client's mental health. Therapists need to exercise caution in attributing causal relationships between mental health issues, which brought the person to therapy, and the fact that they are a homeschooler. This study shows that as a group homeschoolers do not have levels of clinical psychological distress above the general population's, which may indicate that homeschooling itself does not constitute a barrier for mental health. Because of general misconceptions about the homeschooling population characteristics, despite a generally positive attitude towards the idea of seeking therapy, some of the reasons a homeschooler might hesitate to actually seek is due to fear of being misunderstood, which may have negative ramifications leading to at best a negative outcome of therapy, or at worst, a negative interaction with social services. MFTs may want to be sensitive to their own gaps in knowledge about this culture, as well as the fact that many other agencies they may work in conjunction with may also have outdated or poorly informed knowledge. Homeschoolers should not have to educate every helping agent in the community about their culture. MFTs have an ethical obligation to educate themselves, dispel myths, and individualize treatment for a population that could benefit.

Limitations

Several limitations exist in regards to the current study. First, although there were respondents from 46 of the United States, several states far outweighed others in terms of number of participants. These responses were in proportion to distribution of homeschoolers throughout the states. Most respondents were Caucasian, so future studies should identify trends for other ethnicities. Respondents used an online survey to participate, which means that there may be a portion of the population who did not have

the chance to participate if they do not have access to a computer or internet services.

The researcher recommends future studies to attempt to reach this sub-sect of the homeschool population. Additionally, it is possible that the inherent limitations in a self-report study are exacerbated by the fact that this is a population which is misunderstood in many ways, and may feel the need to answer more positively than they really feel in order to prevent further negative scrutiny.

Future Directions

This exploratory study created many opportunities and areas for future research. In regards to finding out more about homeschooler's attitudes towards mental health, studies could be conducted which examine their prior history with the field in greater detail. For example, asking questions specifying the details of the outcome of their past therapeutic services would be beneficial in order to further define "positive, negative, incomplete and insufficient." Other questions could be asked which would benefit therapists directly, such as "as a homeschooler, what qualities do you want in a therapist? What has prevented you from seeking therapy now or in the past?" and "What would you want a therapist to know about homeschooling?" This researcher suggests that qualitative studies may also benefit the field in order to see what types of themes emerge and may lead to further research questions. Additionally, this study showed a potential bias among adults who had been homeschooled as children, further research could be conducted to continue to isolate the reasons for this and how it might impact the field of marriage and family therapy. This study did not reveal clinically significant distress in depression or anxiety however future studies may want to measure other issues that frequently appear in marriage and family therapy. For example, research could be

conducted with homeschoolers about their interpersonal relationships, family transitions, lifestyle changes, adjustment, attachment, and resilience. This study showed in several areas that there were significant differences between those who identified as homeschoolers and those who identified as unschoolers. Further research could be conducted on the differences between these two groups in many other areas. Similarly, this study consisted only of adults in the United States. More information might emerge when studying homeschoolers on an international level. This may also reveal more information regarding homeschooling among other ethnicities and cultures. The current study had a high number of White/Caucasian respondents; however there were other responses as well. Future studies may want to look at how identification in another cultural group, such as ethnicity, religion, or geographic location may impact their mental health and attitude towards seeking therapy. In addition to further research from the homeschooler perspective, it would be beneficial to both the homeschooling population seeking treatment and MFTs to research MFTs knowledge, attitude, and behavior towards homeschoolers.

Conclusion

This study found that many beliefs held by the general public as well as published materials about homeschooling are inaccurate. For example, this study finds homeschoolers to be very involved with other people in the community. Also they are homeschooling for a variety of reasons beyond religious values. Within the homeschooling population, there are differences between the groups of people who identify as homeschoolers versus those who identify as unschoolers. There are also differences between the individuals who are grown homeschoolers and those who are

homeschooling parents. Both groups utilize community resources in a way that may enhance the benefits of therapeutic treatment. Anxiety and depression levels were found to be below the general population's, and homeschoolers were found to be generally happy. Individuals, who had experienced therapy at all, with both negative and positive outcomes, were found to be happier than those who had not. Homeschoolers differ from the general population in the fact that they rank love of learning among their top valued character strengths. This has implications for the type of theory and practice MFTs utilize with their homeschool clients. Homeschoolers mirrored the general population in that age, income, gender, formal education, and prior contact with mental health providers have positive relationships with attitude towards seeking therapy. There are a large number of future studies that this exploratory research could prompt, including measuring other types of mental health characteristics, international homeschoolers, and delving further into the differences between unschoolers and homeschoolers. Above all, this study has shown that there are inaccuracies about this population and it is an ethical obligation for MFTs to educate themselves, to be able to provide culturally appropriate and individualized treatment for the homeschool population.

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