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SCHOOL PHOBIA

In the past few years there has been an increasing concern with the effect of elementary school on children from all socio-economic levels. Many new programs have been developed – among them head start programs, ungraded schools, and open-area schools. From a counselor's point of view these are interesting and exciting developments. There are, however, still many recurrent problems with elementary school children, for children have unique reactions no matter what the school is like. One such problem is the phenomenon usually called school phobia.

School phobia (or school refusal) is the term used to differentiate absence from school because of emotional disturbance in the child and truancy (Kahn & Nursten, 1962). This is a particular type of phobia in that it is not really a fear of school *per se* but a fear of separation from a parent, usually the mother (Chapel, 1967). Widely varying degrees of emotional disturbances may be associated with it, ranging from transient anxiety states which reflect a developmental or environmental crisis, to severe character disorders, which border on psychosis (Coolidge, Willer, Tessman, & Waldfogel, 1960).

The exact incidence of school phobia was not found in the literature. However, reference to an increasing incidence was made by Eisenberg (1958a) when he reported a seven-fold increase from 1948 to 1958. Approximately 30 of every 1000 disturbed children admitted to his clinic in 1958 were diagnosed as having school phobia. This increase may have been because both school personnel and pediatricians had become more aware of this syndrome, but it nevertheless indicates a prevalent problem among school-age children. In the field of education, school phobia presents a challenging problem to all school personnel. A student with any emotional disturbance may require special education facilities for a short or long period of time.

Teachers, counselors, principals, and school nurses should all be aware of the early symptoms and be prepared to initiate the necessary arrangements for referral and treatment. Waldfogel, Coolidge, and Hahn (1957) stated that these children "require the development of highly specialized tutorial programs, consistent with the dynamic understanding of the individual child and his needs, and timed to correlate with his therapeutic progress (p. 770)." This type of program should be arranged to be held in the school or some neutral location, not in the home (Eisenberg, 1958b).

The purpose of this paper is to review the various aspects of school phobia – its characteristics, causes, and treatment – and to discuss the ways in which the school can, through early detection and the use of special classes, assist in the prevention of severe school phobia.

CHARACTERISTICS

Early recognition of school phobia is important for successful treatment. It has been found that there is a direct relationship between the age

of the child and the severity of the disturbance (Coolidge et al, 1960). It may occur in pre-school, elementary, or high school, and its occurrence has been noted even at the college level (Sperling, 1967). Investigators have found that adolescents who develop school phobia have shown symptoms at an earlier age (Coolidge et al, 1960). Unlike most childhood psychiatric disorders school phobia is no less common in boys than in girls (Eisenberg, 1958a; Waldfogel, Coolidge, & Hahn, 1957) and a few studies have reported more girls than boys (Hammer & Kaplan, 1967). Sibling position may be relevant to school phobia. Talbot (1957) found that seventeen of twenty-four cases were either only children or the youngest child in the family, while Waldfogel, Coolidge, and Hahn (1957) found it more prevalent in either child of two-children families.

The child develops somatic symptoms involving gastro-intestinal complaints and/or physical symptoms such as leg pains and headaches (Glaser, 1959; Kennedy, 1965; Waldfogel et al, 1957; Methven, 1968). These often develop early in the morning, prior to leaving for school, and the child is able to convince the parent that he is ill and cannot attend school. Sometimes these acute anxiety attacks occur during school hours necessitating the child to return home. A distinction between truancy and school phobia should be made. The truant child is a child who stays away from school without permission and returns home at the end of the school day, whereas the school phobic child stays in the house, near to the parent all day. The school phobic child develops a morbid fear of school attendance (Kennedy, 1965).

Leventhal and Sills (1964) describe these children as overvaluing themselves and their achievement and state that they try to hold on to an unrealistic self-image. When they are threatened they suffer from anxiety and retreat to another situation (home) where they can maintain their "narcissistic self-fictions." These children remain on the periphery of group activities, overreact to mild criticism (Weiss & Cain, 1964), often are poorly coordinated and have not learned to apply themselves to activities and games (Lippman, 1964). These children have developed unrealistic power beliefs (Leventhal & Sills, 1964), a strong sense of right and wrong, a tendency to internalize problems, and a need to do well (Greenbaum, 1964). For the most part it is agreed that they are usually of average or above average intelligence (Johnson, Falstein, Szurek, & Svendsen, 1941; Talbot, 1957; Eisenberg, 1958b; Waldfogel et al, 1957). This was questioned in one follow-up study, but conclusive evidence was not found (Coolidge, Brodie, & Feeney, 1964).

Florida State University's Human Development Clinic, on the basis of Coolidge (1957) and the Judge Baker Clinic group developed a list of ten differential school phobia symptoms for Type I – "neurotic crisis type" and Type II—"the way of life phobia." Symptoms of Type I were: presenting illness the first episode; Monday onset, following illness on previous Thursday or Friday; acute onset; prevalent in lower grades; concern expressed about death; physical health of mother questionable – actually ill or child thought so; communication between parents good; mother and father well adjusted in most areas; father competitive with mother in household management; and parents achieve understanding of dynamics easily. On the

basis of seven out of ten of these symptoms a logical and empirical differential diagnosis was made (Kennedy, 1965). Since this paper is concerned mainly with elementary school the Type II symptoms for the more serious type will not be discussed.

CAUSES

School entry is a period of rapid change for both the parent and the child and a degree of tension or anxiety may arise at this time. This may be the first time that the child has been separated from his mother and separation anxiety may become a difficult problem (Johnson, et al, 1941; Coolidge et al, 1960). A dread of the entire school situation or more specific aspects such as the teacher, peers, subject matter, and tests may also be a cause (Waldfogel et al, 1957; Sarason, Davidson, Lighthall, Waite, & Ruebush, 1960).

A mother's most important function is to foster the development of social feelings through a genuine loving relationship. She must encourage the extension of these feelings towards others. Failing this the child will have a hard time to develop his social feelings. If the mother is not a truly social being or if she is a "fellow man" for the child only and not for others, she ties the child so closely to herself that she undermines his further development (Adler, 1963).

The interpersonal relationships within the family constellation have been found to be quite clearly involved – often the mother has unsolved dependency needs and conflicts of her own which stem from a neurotic relationship with her own mother (Eisenberg, 1958b; Johnson et al, 1941). The anxiety of the mother may be too intense and constant, resulting in an unhealthy, neurotic, over-conforming reaction of the child (Colm, 1966). "Whenever there seems to be an opportunity the child will compulsively comply with her defensive, magic ways of coping with her anxieties and fail to develop as a person on his own. The child's compulsive compliance with his mother may be aimed at controlling and avoiding the break through of his own panic (Colm, 1966, p. 57)."

Because there is so much ambiguity in the home from the child's point of view the occurence of a stressful or traumatic event, a physical illness, or a change in schools may precipitate a reorganization of the child's defences and the development of a school phobia.

Leventhal and Sills (1964) hypothesize that there are seven conditions which lead to the development of school reluctance or school phobia. These are – overestimation of power, avoidance of threat, use of helplessness, approach towards self-enhancement, use of mother (occasionally father), need for school success, and incidents threatening ego failure.

TREATMENT

Following Johnson's description of school phobia (1941) there have been a number of different methods tried in the treatment of these children. Two schools of thought have evolved as to whether the child should be forced to return to school immediately (Suttenfield, 1954; Eisenberg, 1958b, Waldfogel et al, 1957; Kennedy, 1965) or if they should return to school when they are ready to return (Kahn & Nursten, 1962; Greenbaum, 1964; Sperling, 1967; Radin, 1968; Methven, 1968). Various methods of treat-

ment have been used over the years. In the earliest reports the researchers used mainly a case study and observational method (Suttenfield, 1954; Talbot, 1957; Eisenberg, 1958b). These were aimed at a symptomatic cure in which the psychiatrist tried to strengthen the ego by lessening the anxiety. In 1958, the Judge Baker Guidance Clinic developed a multi-disciplinary approach where the clinic's staff worked directly with the school personnel and the child in the school setting.

In the past few years a number of therapists have used one of the therapies based on learning theory such as operant conditioning or desensitization as a basis for treatment (Lazarus, Davison & Polefka, 1965; Chapel, 1967; Patterson, 1965; Garvey & Hergrens, 1966). In each of these instances the techniques of gradual approach to the school and a reward system were successful. However, most of these studies dealt with a very limited number of students.

Radin (1968) has advocated insight therapy which is a psychotherapeutic approach using a psychodynamic cycle which he devised. He believes that it is necessary to interrupt the continuous cycle and this interruption helps the client to resolve the conflict which perpetuates this psychodynamic cycle. Kahn (1968) also advocates treatment which is directed at the main point of the conflict.

Ney (1967) has used a combination of psychoanalytically oriented psychotherapy, behaviour therapy, and psychodrama in a family group situation.

ROLE OF THE SCHOOL

Eisenberg (1958a) indicates that school phobia is being diagnosed with increasing frequency. Since school phobia can be a paralyzing force in the child's whole life it serves to isolate him from normal experience and makes psychological growth almost impossible. The question arises – what can the school do for the school phobic child?

The most obvious contribution of the teacher would be early referral for frequent absenteeism to the counselor and the school nurse. After visiting the home and interviewing the parent the nurse would confer with the counselor who would have interviewed the child. The nurse may then refer the family to a psychiatrist via the family physician. Whatever treatment is recommended by the psychiatrist may then be carried out. Usually the school is contacted by the psychiatrist who will outline a desired program which the school is to follow in conjunction with psychiatric therapy.

A child who has developed Type I school phobia (Kennedy, 1965), whose parents are not extremely neurotic, could probably be treated in the school situation where a special class could be arranged for a period of time. This class would be such that a one-to-one relationship could be established between the child and the teacher using the techniques of a learning theory approach. With this class located in the school the child could slowly be reintroduced to his regular class. The special class teacher would also be able to assist the child in keeping up with the rest of his peer group in his studies since she would be able to discuss his program with the homeroom teacher. If the child had a learning disability she would be able to work with him in this specific area. An additional advantage would be the establishment of a greater awareness on the part of the teacher since she

would be kept informed about the child's progress and treatment. A program such as this could readily be established with a consulting psychiatrist and the counselor.

Extracurricular activities should also be considered in order to bring the school phobic child into the regular school. Radin (1968) notes that children with school phobia are generally capable of experiencing pleasure in non-school areas. This would seem to indicate that if this affect is shifted into the field of learning, the threat of failure in school is lessened and the survival threat may be eliminated.

Eisenberg (1958b) makes an interesting recommendation applicable to pre-school children suffering from school phobia. He suggests the formation of a special class in which these children, accompanied by their parents if need be, learn how to cope with separation anxiety. It is unfortunate, indeed, that there is rarely such a special class in a school. The need for this type of class seems apparent.

Early diagnosis is essential to the successful treatment of school phobia. If this is not done a vicious circle may become established. Frequent absences mean that the child is far behind his peers in his school work. This leads to feelings of frustration, which in turn lead to further withdrawal from active participation in the classroom.

With special provisions some of these children would be ready to return to their regular class up to date with their work. This would help to avoid possible failure or social promotion, either of which only frustrates the child even more.

School phobia then is an emotional disturbance which may occur at any age during a child's school career. Early diagnosis and prompt treatment have been found to give the most sucessful results. Therefore it is important that all personnel involved in educating children should be aware of the symptoms, causes, and treatment and be prepared to assist these children to overcome their handicap. Cooperation during the child's treatment period will enable the child to develop normally and to learn to cope with life.

REFERENCES

Adler, A. *The problem child.* New York: Capricorn Books, 1963.

Chapel, J. L. Treatment of a case of school phobia by reciprocal inhibition. *Canadian Psychiatric Association Journal,* 1967, **12**, 25-28.

Colm, H. *The existentialist approach to psychotherapy with adults and children.* New York: Grune and Stratton, 1966.

Coolidge, J. C., Brodie, R. D., & Feeney, B. A ten-year follow-up study of sixty-six school phobic children. *American Journal of Orthopsychiatry,* 1964, **34**, 675-684.

Coolidge, J. C., Willer, M. L., Tessman, E., & Waldfogel, S. School phobia in adolescence: A manifestation of severe character disturbance. *American Journal of Orthopsychiatry,* 1960, **30**, 599.

Eisenberg, L. School phobia. Diagnosis, genesis and clinical management. *Pediatric Clinics of North America,* 1958a, **5**, 645-666.

Eisenberg, L. School phobia: A study in the communication of anxiety. *American Journal of Psychiatry,* 1958b, **14**, 712-718.

Estes, H. R., Hylett, C. H., & Johnson, A. M. Separation anxiety. *American Journal of Psychiatry,* 1956, **10**, 682-692.

Garvey, W. P., & Hergrens, J. R. Desensitization techniques in the treatment of school phobia. *American Journal of Orthopsychiatry,* 1966, **36**, 147-152.

Glaser, K. Problems in school attendance: School phobia and related conditions. *Pediatrics,* 1959, **23**, 371-383.

Greenbaum, R. S. Treatment of school phobias — theory and practice. *American Journal of Psychotherapy,* 1964, **18**, 616-634.
Hammer, M., & Kaplan, A. M. *The practice of psychotherapy with children.* Illinois: The Dorsey Press, 1967.
Johnson, A. M., Falstein, E. I., Szurek, S. A., & Svendsen, H. School phobia. *American Journal of Orthopsychiatry,* 1941, **11** 702-711.
Kahn, J. H. School. phobia *Acta Paedo-psychiatrica,* 1968, **35**, 4-10. (Abstracts)
Kahn, J. H., & Nursten, J. P. School refusal: A comprehensive view of school phobia and other failures of school attendance. *American Journal of Orthopsychiatry,* 1962, **32**, 707-717.
Kennedy, W. A. School phobia: Rapid treatment of fifty cases. *Journal of Abnormal Psychology,* 1965, **70**, 285-289.
Lazarus, A. A., Davison, G. C., & Polefka, D. A. Classical and operant factors in the treatment of a school phobia. *Journal of Abnormal Psychology,* 1965, **70**, 225-229.
Leventhal, T., & Sills, M. Self-image in school phobia. *American Journal of Orthopsychiatry,* 1964, **34**, 685-695.
Lippman, H. S. Discussion of Weiss and Cain paper. *American Journal of Orthopsychiatry,* 1964, **34**, 113-114.
Methven, R. J. School refusal. *New Zealand Medical Journal,* 1969, **68**, 98-101.
Ney, P. G. Combined therapies in a family group. *Canadian Psychiatric Association Journal,* 1967, **12**, 379-385.
Patterson, G. R. A learning theory approach to the treatment of the school phobic child. In L. Ullman & L. Krasner (Eds.), *Case studies in behavior modification.* New York: Holt, Rinehart, and Winston, 1965.
Radin, S. S. Psychotherapeutic considerations in school phobia. *Adolescence,* 1968, **3**, 181-194.
Sarason, S. B., Davidson, K. S., Lighthall, F. F., Waite, R. R., & Ruebush, B. K. *Anxiety in elementary school children.* New York: John Wiley & Sons, 1960.
Sperling, M. School phobias. Classification dynamics and treatment. *Psychoanalytical Studies of the Child,* 1967, **22**, 375-401.
Suttenfield, V. School phobia: A study of five cases. *American Journal of Orthopsychiatry,* 1954, **24**, 368-380.
Talbot, M. Panic in school phobia. *American Journal of Orthopsychiatry,* 1957, **27**, 286-295.
Waldfogel, S., Coolidge, J. C., & Hahn, P. The development, meaning and management of school phobia. *American Journal of Orthopsychiatry,* 1957, **24**, 754-776.
Waldfogel, S., Tessman, E., & Hahn, P. A program for early intervention in school phobia. *American Journal of Orthopsychiatry,* 1959, **29**, 324-332.
Weiss, M., & Cain, B. The residential treatment of children and adolescents with school phobia. *American Journal of Orthopsychiatry,* 1964, **34**, 103-112.

LA PHOBIE DE L'ECOLE

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L'élève qui souffre de cette phobie, par opposition à celui qui fait l'école buissonière, est absent à cause d'un trouble émotionnel. Un examen de la littérature sur ce sujet montre que la difficulté peut se produire avant l'entrée dans l'école aussi bien qu'à l'école primaire, secondaire, ou même à l'université. La cause en est souvent la grande inquiétude qui résulte de la séparation de la famille, et une étude de la situation familiale révèle des rapports très compliqués entre les différents membres de la famille. On a suggéré deux méthodes opposées comme traitement — on peut forcer l'enfant à retourner immédiatement à l'ecole, ou lui permettre d'y retourner quand il est prêt.

La fin de cet article concerne une discussion du rôle de l'école, en retourner immediatement à l'ecole, ou lui permettre d'y retourner quand il soulignant l'importance d'un diagnostic immédiat et d'un traitement rapide.