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SCHOOL PHOBIA REVISITED

ABSTRACT: School phobia is the pronounced fear reaction of a child who is experiencing significant anxiety and suffering. Often, the mother of a phobic child has hampered his development by making him markedly dependent upon her. The child's needs have not been met in a consistent fashion and he has failed to develop a personal sense of security. The fear of separation from his mother is further complicated by a feeling of hostility towards her. This develops because of the mother's ambivalent handling of the child. The school becomes the focal point of his anxiety and hostility. Understanding the dynamics which underly this problem assists the counsellor or teacher to work more effectively with the child in the resolution of his problem. A warm accepting teacher is required. He must be one who can set firm and consistent yet reasonable limits for the child. Therapy is recommended for the child and his parents.

The so-called "age of the psychologist and the counsellor" has witnessed the demise of some traditional teacher attitudes and behaviors. Many teachers still loudly expound the fact that they are teachers and not psychologists — the implication being that, intuitively, they can quite adequately handle any situations that might arise in their classrooms. However, the average teacher with a modicum of psychology is probably aware of the complex and unique qualities of his students and himself. Unfortunately, for every teacher behavior successfully modified, the counselling psychologist finds a deeply entrenched, inappropriate response to a classroom situation.

Failure to understand school phobia often leads to the assumption that an involved child is "simply spoiled." The feeling is expressed that he should be forced to conform to the administrative policies of the school and the expected behavioral patterns of the classroom. School phobia, as Carr (1970) pointed out in her excellent review of the literature, is different from the oft observed reluctance of children to leave the security of their homes and begin regular attendance at school. The child who experiences school phobia often exhibits a pronounced, observable fear reaction which may reach panic levels. Trembling and complaints of nausea and headache reflect very significant anxiety and suffering. A fear of school is often accompanied by other phobic reactions. These may involve such things as animals, noises, and buildings. It is the intent of this paper to propose a set of dynamics which could underly the difficulty and to identify some approaches which counsellors and teachers may use in their efforts to assist the child who manifests symptoms of school phobia.

DESCRIPTION OF THE PROBLEM

It would be erroneous to assume that a description and labeling of a child's behavior, however accurately this were done, would adequately explain the problem and lead to its solution. It is the opinion of the writer that counsellors and teachers can help the child with school phobia only after they have developed an understanding

of the deviant behavior involved and its relationship to a particular child. To acquire a significant understanding of the child and his problem, the educator must inquire into the experiences and interpersonal relationships in his life which may have caused phobic behavior. A child's first experiences and most significant learning environment are provided by his family. Generally speaking, parents have well defined life styles. These involve ways of satisfying needs and coping with problems. A number of clinicians feel that the basic cause of school phobia is to be found here. (Chapel, 1967; Suttentfield, 1962; Waldfoegel, Coolidge, & Hahn, 1957).

Normal development of a child is enhanced by an emotionally responsive, accepting, and consistent mother. Some mothers, however, are excessively preoccupied with their own conflicts and use their children in meeting their own need satisfactions. Such relationships are not conducive to the creation of environmental situations which facilitate desirable developmental patterns in children. In the case of the child with school phobia, emotional development often is seriously hampered because he has become markedly dependent upon his mother. Instead of a secure feeling and a consequent growth of his individuality as his needs are consistently met, the child's autonomy is seriously restricted. He has little opportunity to develop self-dependence and becomes compliant, unassertive, and fearful of any separation from his mother. She dictates practically everything he does. In addition, mothers of phobic children are often "ambivalent" in treating their children. The unpredictability of their relationships makes it impossible for children to learn the ground rules and expectations of their mothers because they are constantly changing them. A predictable environment is a basic condition for developing a sense of trust and safety. Ambivalent treatment of the child produces intense anxiety which becomes detached from the parent-child relationship. It assumes a school-centered aspects and is evidenced as a neurotic fear (Suttentfield, 1962).

The importance of an examination of a child's basic personality composition and the nature of his relationship with his mother is stressed. It often provides the counsellor with indications as to specific methods which could be employed in working with the child. It assists the counsellor in predicting the relative success of environmental manipulation within the confines of the school as a help to the child.

How strong is the mother's affectional attachment to the child and how strong is her identification with him? Does the mother have a history of unresolved dependency conflicts resulting from similar problem experiences in her childhood? How concerned is she about the child's welfare? Will she allow the child to experience any deprivation, frustration, or pain? Does the mother set well defined and, perhaps, strict limits upon the child one minute only to discard them the next, substituting leniency accompanied, at times, by pleading requests? Is the mother confused by her own emotional inconsistencies — changing quickly from displays of love to behavior which is character-

ized by scolding and depreciatory remarks? When her attempts to reason with the child fail, does she resort to pleading or nagging? After using physical punishment, does she destroy any possible effectiveness of the punishment by subsequent vacillation or solicitousness towards the child?

The above type of inquiry often reveals a picture of a mother and child who are tightly bound together in a conflict which neither can resolve. An exceedingly dependent child satisfies his mother's needs, but at the same time he frustrates her. The parent believes that she is being a good mother because of her attempts to satisfy the child's every need. Her constant solicitude makes the child self-centered, dependent, and demanding. Without her, the child feels alone and helpless. He is afraid to let her out of his sight. Since the child's autonomy is seriously restricted, he will make numerous demands upon the mother. In doing so, he is perhaps emphasizing her inadequacies which, in turn, create within her ambivalence and resentment. The child cannot understand the mother's difficulty in accepting him and his demands. This creates anger and hostility within him. He cannot express his hostility toward the parent. To do so would, in his mind, mean losing her completely. He would then, he feels, be left alone and helpless.

The school creates more anxiety for the child, but, at the same time, it offers him a partial resolution of his problem. He cannot stay close to his mother and attend school. He fears that something will happen to her while he is at school. He feels that this will be a direct result of his anger and hostility towards her. The school becomes the focus of his anxiety and hostility. Extricating himself from the school, the child can relieve some of the anxiety caused by the separation from his mother. He can also reassure her that she is much needed by him. This, of course, reinforces the protective-dependency relationship and the child's hostility toward his mother.

The symptoms which accompany acute school phobia often appear suddenly. A case in point would involve the teacher discovering the child waiting outside the classroom. The child appears to be very upset and afraid. His breathing is labored and he cannot be convinced that he should enter the classroom. The understanding teacher finds a quiet corner away from the classroom where he or the counsellor encourages the child to communicate his confusion and feelings. This is a most difficult experience for the child. He expresses guilt for his unwillingness to come to class. This may be accompanied by the expression of vague feelings that something will happen to his mother, or possibly to his pet, while he is away at school.

HANDLING SCHOOL PHOBIA

While progress has been made in determining the basis for school phobia, there has been considerably less attention given to its modification. As Carr (1970) points out, school phobia may occur in a variety of personality structures and with varying degrees of severity. To provide the most effective treatment, the counsellor and

teacher should consider these factors and refer the child for psychotherapy if such assistance is thought to be indicated. However, if the problem appears to be less acute and the child is not suffering from a primary behavior disorder, a psychosis, or mental retardation, it is possible to help him stay in school and overcome his phobia. Results are generally more positive when the child's parents are included and when they agree to keep the child in school. Often the mother is unable to insist on the child's attendance and it is the father who assumes the responsibility of taking him to school. Once in school, a well planned strategy for helping the child should be put into effect. It should be based on a reasonable understanding of the child's dynamics, the relationship he has with his parents, and an assessment of the severity of the phobia.

If the child's problem is similar to that previously described, he needs the security of firm limits. His teacher must be a person upon whom he can count to set and maintain appropriate limits in a warm, approving manner. Typically, the child will attempt to test these limits as well as the sincerity of the teacher's support and acceptance. He may cry, make many demands and generally disrupt the classroom.

It is very important that the teacher be emotionally well prepared at this point to handle treatment. It is not realistic to expect that all teachers can contribute to the growth of children who suffer school phobia. When dealing with the phobic child, it is imperative that the teacher chosen for the task should not become upset by the child's tears or frantic forms of behavior. It is also important that he not grant the child's demands. It is equally important that he refrain from impatiently attempting to force the child to cease his disruptive behavior.

An effective counsellor performs a number of important functions in his efforts to keep a child in school. Initially, of course, a decision has to be made concerning the child's continuing attendance at school. The counsellor will often consult the school psychologist or psychiatrist realizing that many children with school phobia require therapy. The intensity of the child's reaction and the degree of anxiety displayed towards school are important factors to consider in making any decision concerning the course of action to be taken. Prior to consulting the school psychologist, the counsellor can ascertain answers to these questions: How well can the child handle his anxiety? How well does he settle down after he reaches school? What behaviors are evidenced when he is upset? What patterns mark his participation in classroom activities? The child who is less severely disturbed displays symptoms which are not well defined. His fear or phobic reactions are not generalized to objects other than the school. He is highly manipulative. After the initially disruptive phase which occurs when he enters school, the child with less severe disorders adjusts well to classroom activities which are associated with firm limitations.

Once a child is in school, the counsellor, through a series of daily contacts, can provide opportunities for the child to verbalize his

feelings. Often the support and individualized attention which he is able to give to the phobic child is one of the main factors which will help the child to remain in school. The teacher, too, will rely on the counsellor's support to help him create and maintain a consistent program for the child. It is most important that the teacher have an appropriate outlet for his frustrations. This will better enable him to accept the phobic child and afford the child the approval that he needs.

The realization that the separation of mother and child is an intimate part of school phobia suggests several measures which could help to maintain the child in school. The counsellor and teacher may attempt to reassure the phobic child that his mother will be all right while he is at school. It is not unusual to observe a marked increase in composure after some forms of reassurance are given. Such reassurance could, perhaps, take the form of a phone call made by the child to his home and a short talk with his mother. Before this plan is suggested to the child, the counsellor should make sure that the mother will be at home when the telephone call is made and she is cautioned against suggesting that the child come home.

An interview with the child's parents often reveals conflicting parent-child relationships. The separation which occurs when a child begins school may be just as difficult for the mother as it is for the child. If this appears to be the case, it suggests that the mother should be encouraged to seek psychotherapy. Such a suggestion, however, may meet with considerable resistance if it is perceived as a threat to the dominance-dependency relationship. In general, parents have a positive feeling about their child rearing methods and they are understandably reticent to admit that they may have contributed in some way to the child's problem. If parents react negatively to the suggestion that they seek therapy, it would be well for the counsellor or teacher involved to bear in mind that any resulting parental criticism or hostility reaction should not be looked upon as a personal affront. Parental efforts to keep a child in school must, at all times, be respected. The counsellor and teacher should continue helping the child to maintain contact with and adjust to the anxiety-provoking situation. In time, most parents realize that their efforts alone are inadequate. It is at this time that an alert professional person may suggest referral for assistance.

RESUME: La phobie scolaire est une réaction de crainte prononcée chez un enfant qui éprouve beaucoup d'anxiété et de malaise. Souvent, la mère d'un tel enfant a nui à son développement en le rendant trop dépendant d'elle. Les besoins de l'enfant n'ont pas été satisfaits avec une régularité suffisante et il n'a pu développer un sens personnel de sécurité. La peur d'être séparé de sa mère se complique d'un sentiment d'hostilité à son endroit. Ceci se développe parce que la mère est ambivalente dans son comportement avec l'enfant. L'anxiété et l'hostilité de l'enfant se centrent graduellement sur l'école. Une compréhension de la dynamique sous-jacente à ce problème est de nature à aider le conseiller ou le professeur dans leur effort pour solutionner le problème de l'enfant. Il est nécessaire que le professeur accepte l'enfant et lui manifeste une compréhension chaleureuse. Il doit être capable d'agir avec fermeté et constance tout en restant à l'intérieur de limites raisonnables. On recommande la thérapie pour l'enfant et ses parents.

REFERENCES

- Carr, M. School phobia. *Canadian Counsellor*, 1970, 4, 41-46.
- Chapel, J. L. Treatment of a case of school phobia by reciprocal inhibition. *Canadian Psychiatric Association Journal*, 1967, 12, 25-28.
- Suttenfield, V. School phobia: A study of five cases. *American Journal of Orthopsychiatry*, 1962, 32, 707-718.
- Waldfogel S., Coolidge, J. C., & Hahn, P. The development, meaning and management of school phobia. *American Journal of Orthopsychiatry*, 1957, 24, 754-776.