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School Phobia: A Review of Some Issues

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Introduction

It is now quite well established that children, usually said to be suffering from school phobia (Johnson *et al*, 1941), or school refusal (Morgan, 1959), have great difficulty in attending school as a result of a neurotic disturbance, and that this is quite distinct from truancy, which is more often part of an anti-social or conduct disorder (Warren, 1948; Hersov, 1960a).

School phobia is a condition which involves more than a simple fear of school. Johnson *et al* (1941) claimed that the essential problem lay in an unresolved mutual dependency relationship between mother and child, with arousal of intense separation anxiety at the prospect of school attendance. This view has been supported by subsequent researchers. Hersov (1960 a, 1960 b), for example, concluded that the school phobic's difficulties resulted from an affective disorder, with anxiety reactions occurring more frequently than depressive, and with fear of separation from home as the most common underlying factor.

Skytner (1974) claims that differences in symptomatology and outcome have been accounted for mainly in terms of differences in the child's general level of development and personality integration. For example, Coolidge *et al* (1957) speak of two sub-groups, "neurotic" and "characterological", the former being younger with the disorder appearing to come on dramatically in a relatively normal child who remained socially active, despite obvious emotional upset, after the onset of the problem. Those in the latter subgroup were more severely disturbed generally, with poor peer relationships and a more gradual onset of the school attendance difficulty. Kahn and Nursten (1962) add a third, still less integrated, "psychotic" group as well.

"School Phobia"

Wallinger (1959) claims that the term "school phobia" is a misnomer because the syndrome is not really a fear of going to school but a fear of leaving the maternal protection. Miller (1961) and Clyne (1966) suggest that the term "phobia" unnecessarily limits the field of investigation. Eysenck and Rachman (1965) believe that the term "school phobic" should only be used in connection with anxiety primarily related to some aspect of the school situation, whilst "separation anxiety in a school situation" should be used when the main difficulty is leaving home. Others, for example Morgan (1959), Barker (1971) and Frommer (1972), prefer the term "school refusal". Nevertheless, the term "school phobia" is still widely used in the educational psychology literature.

Criteria

Berg *et al* (1969) in their study diagnose a child as suffering from school phobia if he shows the following features:

1. Severe difficulty in attending, or refusal to attend, school.
2. Severe emotional upset — shown by symptoms such as excessive fearfulness, undue tempers, misery, or complaints of feeling ill without obvious organic cause on being faced with the prospect of going to school.
3. Staying at home with the knowledge of parents, when he should be at school, at some stage of the disorder.
4. Absence of significant anti-social disorders such as stealing, lying, wandering, destructiveness, and sexual misbehaviour. (It has been repeatedly emphasized in the literature that, unlike typical truants, school phobics do not have anti-social problems. See, for example, Partridge, 1939; Hersov, 1960a).

Origins

Nichols and Berg (1970), reviewing the studies on which explanatory hypotheses of the origin of school phobia may be based, suggest that reliable data is scant. However they feel that evidence can be found of certain broad characteristics of the school phobic group, viz.,

1. The mothers of school phobic children are, typically, "overprotecting" towards their child. Fen (e.g. Kahn, 1958; Nursten, 1958; Morgan, 1959).
2. The school phobic has a mean I.Q. and school achievement level (prior to onset) of at least average level. Several studies report above average I.Q. (See, e.g. Hersov, 1960a).
3. Peak onset occurs between the ages of 11 and 13 in Britain, but somewhat earlier in the United States. (See, e.g. Leventhall and Stills, 1964).
4. The emotional upset shown by school phobic children has been characterized mainly as timidity and fearfulness, particularly away from home, and also tempers and defiance, especially at home (Partridge, 1939; Johnson *et al*, 1941; Klein, 1945; Warren, 1948; Waldfogel *et al*, 1957; Morgan 1959; Hersov, 1960b).

Family Patterns of Relationship

In Hersov's study (1960b), the mean age of the mothers of the phobic children was 43.8 years (range 33-55 years) and of the fathers 47 years (range 35-64 years); i.e. they were older than might, by chance, be expected, a factor which may have accounted, in part at least, for the extent of dependence and passivity. In relating the child's behaviour patterns with parental attitudes, three main types of parent-child relationships emerged:

1. An over-indulgent mother and an inadequate passive father, dominated at home by a wilful, stubborn and demanding child who is most often timid and inhibited in social situations away from home.

2. A severe, controlling and demanding mother, who manages her children without much assistance from her passive husband. The child is most often timid and fearful away from home and passive and obedient at home, but may become stubborn and rebellious at puberty.
3. A firm, controlling father who plays a large part in home management and an over-indulgent mother closely bound to and dominated by a wilful, stubborn and demanding child, who is alert, friendly, and outgoing, away from home.

Onset and Precipitating Factors

School refusal is sometimes quite sudden in its onset, beginning quite often on a Monday morning, at the beginning of a school term, or on the day immediately following an illness.

However, more often the onset is gradual, starting with the child's increasing reluctance to attend class, and culminating in his downright rejection of school.

Frequently the major symptom is preceded by general irritability, weepiness, restless sleep, and complaints of nausea and abdominal pain in the mornings before school, and children are often described as pale, tremulous, sweating and fearful when pressure, cajolery, threats or physical force are employed to get them to school.

Hersov (1960b) found that the most common precipitating factor was a change to a new school (38% of cases), with the death, departure or illness of a parent, usually the mother, precipitating the school refusal in 18% of cases. However, no clear precipitating factor could be found in 34% of cases.

The most common reason given by children for their refusal to attend was a fear of some disaster befalling their mother whilst they were at school (34%). Hersov also found that fear of a strict, sarcastic teacher, fear of ridicule, bullying or harm from other children, and fear of academic failure, were among the reasons given. Gittelman (1976) mentions that school phobic children are unusually anxious about robbers, muggers, car accidents and illnesses, and that some are over-concerned about their own well-being, and worry about being kidnapped, or being lost by their parents.

Leventhall and Sills (1964) suggest that the school phobic child is more likely to overvalue his capacities, and that he stays away from school to keep his unrealistic self image from being shattered. On the other hand, Nichols and Berg (1970), when testing this hypothesis, found the general tendency of school phobic children was to show a lower self evaluation than similar (disturbed) children not having a school aversion. Whiteside (1974) suggests that the discrepancy might be caused by the fact that a poor self concept may masquerade as exaggerated self confidence, making the child who actually places relatively little value on himself appear to be overly self confident.

Treatment

Rodriguez and Fernandopoulle (1975) neatly state: "Treatment for the younger child consists basically of reducing the parental anxiety, obtaining school co-operation, and consistently demanding that the child return to school. Even in extreme cases, results from this approach have been very satisfactory." (p.315). It all sounds very simple.

Hersov (1960a) found certain prognostic features to emerge in his study:

1. Early treatment appears to lead to a more favourable outcome. (This is supported by Klein, 1945, and Waldfogel, *et al*, 1959).
2. A change of school without combined treatment of child and parents is invariably unsuccessful. (Gittelman (1976) suggests that change of school or class is exactly what should not be done, as school phobic children have great difficulty adjusting to a new situation, so placing the child in yet another school or class is likely to exacerbate rather than improve the situation).
3. Return to school without a concomitant improvement in social relationships, fears, and anxiety symptoms, makes a relapse more likely.

Gittelman (1976) suggests an approach to treatment which requires joint co-operation and effort from the child, the teacher and the parents, under the guidance of a specialist therapist.

The teacher has a very important role to play. Unless the teacher is prepared to tolerate the temporarily disruptive influence in the classroom when the child re-enters that class, all efforts at treatment are probably useless. The child may cry, have tantrums, or express anger at the teacher for keeping him in class. But by keeping firm and by being supportive, the teacher can allow the child to become accustomed to the classroom again.

Gittelman (1976) further suggests that teachers and others in the school should avoid actions that may aggravate the issue. In particular he mentions:

1. Arrangements should not be made for home instruction as this communicates to parents and the child that the child does not have to return to school.
2. Demands should not be increased beyond what has been agreed upon with the specialist and parents, even if the child has progressed well in his re-entry into school, as the child may perceive the classroom as a place where unpredictable demands may arise at any time, and thus become mistrustful.

Whiteside (1974) suggests that given the background of most school phobic children, ideally all the family should seek psychological help. However, as Eisenberg (1958) points out, once the child's return to school is achieved, many parents lose any interest in further investigation of the problem.

Conclusion

It is probable, of course, that most children have at some time or other experienced one or more of the symptoms of school phobia without requiring any assistance. Many children have suffered from mysterious pains in the stomach, have refused to get dressed for school, or have walked to school and then refused to go in. Most, however, overcome their fears and anxieties, although Moore (1966) claimed that 18% of a sample of normal London primary school children had "some degree of chronic aversion to school".

But the child who is suffering from severe school phobia is suffering visibly from great psychic discomfort. To relieve the anguish of school phobia is a task requiring co-operation from specialist help, parents, teachers and child. In this co-operative task the need for a sympathetic and understanding teacher is vital.

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