

# The impact of school phobia on education psychology essay



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Phobia, which is a type of anxiety or fear, is a basic human emotion usually considered to be a response to objects or situations that threaten physical safety or emotional well-being. School phobia is a situational phobia found in early childhood whereby the child refuses to attend school due to a certain overwhelming fear. Many youngsters at some time in their school years might actually experience different forms of fears be it anxiety, phobia from games, answering a question in class, or even reading out loud in front of their peers. Furthermore, studies have shown that there are particular symptoms associated to school phobia that could vary from stomachaches, nausea, fatigue, shaking, racing heartbeats, to going on frequent trips to the toilet. Children who suffer from school phobia are exposed to panic attacks especially when the parent forces them to attend school without even realizing that there might actually be a critical problem which needs to be dealt with properly, increasing the youngster's worries and the guardian's frustrations even more.

Not only do children miss home while being away in the school setting, but they are also faced with a whole new world of brand new genuine experiences, challenges and pressures, be it social or academic; this sudden change will undoubtedly leave them feeling down, suffering from separation anxiety. Moreover, they are probably not so used to having so many rules set for them, that they will feel scared, exhausted or depressed.

School phobia, School Avoidance, and School Refusal are terms used to describe children who avoid attending school. Persistent nonattendance at school has been the subject of considerable concern among educationalists

for well over a century. Fears of the dark, birds, etc... are socially and legally more acceptable than avoidance of school.

Certainly, school phobia generates massive anxiety in both parents and teachers. School refusal symptoms occur most often on school days, and are usually absent on weekends and during the summer holidays. On the other hand, the older children who are new attendees in a new school, the situation could leave them not to adapt to the new place and environment, since they may no longer feel comfortable due to the sudden change in their friendships, teachers, and classrooms.

School phobia is also due to the feelings of insecurity; a child who is used to being at home around his/her parents all day will feel threatened or torn away from his/her beloved ones. The youngster will feel so worried and panicky that he/she will even experience fear from school buses if they had to return home in one. School phobia must be treated directly, however, if the child is severely affected, then it is best to ask for professional help such as a referral to his/her doctor or head teacher. For these reasons it was important to study this problem and find ways to solve it in order to help phobic children.

## 1. 2 Purpose of the Study:

This study talks about “ Children’s Phobia in Preschools” because it will enlighten a positive issue and it will serve the society in a positive way, by helping parents as well as teachers solve a problem which has not been given enough importance in the past years.

In order to be able to deal with children and help them with their problems and overcoming them and to be capable of reaching high objectives, one certainly need to carry out serious research and learn professional methods for dealing with certain dilemmas. In this research the researcher will be able to identify school phobia, learn more about school phobia and its nature, recognize the causes of school phobia, recognize the warning signals of school phobia, recognize the typologies of school phobia, identify the way to deal with phobic children, and identify the treatment of school Phobia.

## 1. 2 Research Questions

School phobia affects the child's education as well as his/her future. The problem usually starts with the child complaining or finding the silliest excuses just to keep him/her away from school. Some questions need to be answered such as:

-What is a phobia?

-Who is the phobic child?

-How does the child develop phobia?

-What is the role of the teachers and parents in identifying school phobia?

-How can a phobic child be helped to overcome his phobia?

## Chapter Two – Literature Review

### 2. 1- Identifying School Phobia:

Early investigations of persistent nonattendance talked only in terms of truancy; however, this simple view failed to explain the condition. Early pioneer studies found evidence that clearly linked truancy with delinquency. They realized that poor parental control, mental dullness, temperamental instabilities and broken homes were cited as important factors contributing to truancy. However; the first man to describe a form of absence that was later most commonly referred to as school phobia or school refusal was Dr. Broadwin in 1932, p 5: “ The child is absent from school for periods varying from several months to a year. The absence is consistent. At all times the parents know where the child is. He is near the mother or near the home. The reason for the truancy is incomprehensible to the parents and the school.”

This classical description has practically become the very definition of school phobia. Other findings by Partridge (1939) noted a group of children he labeled as psychoneurotic. These children appear to differ from other truants in that they were obedient, reasonably well-adjusted and liked school. He regarded them as victims of an emotional bond between parent and child. In other words, these children suffer from a different type of school phobia, which is mainly derived from a poor or nil relationship of the parents with the child. It is basically then, an emotional problem that causes absences.

## 2. 2- The Clinical Presentation of School Phobia:

The clinical representation of school phobia has been extremely well described by Hersov in 1977: “ The problem often starts with vague

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complains of school or reluctance to attend progressing to total refusal to go to school or to remain in school in the face of persuasion, entreaty, recrimination and punishment by parents and pressures from teachers, family doctors and education welfare officers.

The following are the best ways to tell whether the child is or is not school phobic: Severe difficulties in attending school, often amounting to prolonged absence, severe emotional upset shown by such symptoms as excessive fearfulness, undo tempers, misery, etc. Staying home with the knowledge of the parents when should be at school at some stage of the course of the disorder. Absence of significant anti-social disorder such as stealing, lying, and wandering. Children suffering from psychosis, gross physical illness, asthma, truancy and neurotic disorders other than school phobia are not considered suitable for investigation on the subject. All other factors need to be ruled out.

## 2. 3- Causes:

Peer difficulties, learning problems, depression, or parents who are overly anxious about these perceived physical ailments are common causes of school avoidance. Separation anxiety is another common diagnosis for school phobia but there can be other problems, too. School phobia is usually a symptom of other problems. If physical causes have been ruled out and the behavior is continuing, then parents might want to have an evaluation by a psychiatric specialist.

A school-phobic child is usually afraid of leaving home in general, rather than afraid of anything in particular at school. For example, he may experience

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homesickness when staying at a friend's house. Often the first test of a child's independence comes when he must attend school daily. Aside from poor attendance, these children usually are good students and well behaved at school. The parents are typically good parents who are conscientious and loving. Such parents are sometimes overly protective and close, and the child finds it difficult to separate from them (separation anxiety). He may lack the self-confidence that comes from handling life's normal stresses without his parents' help.

Sometimes a change of schools, strict teacher, hard tests, a learning problem, or a bully may appear to be causes of child's fear of going to school. But such factors may be only part of the problem, and your child should still go to school while these problems are being resolved.

## 2. 4- Symptoms of School nonattendance warning signals

Children who fear school send warning signals that are hard to ignore. Mysterious illnesses that surfaced as excuses to escape school in the lower grades resurface in middle school, resulting in tardiness, cut classes, and unfinished homework assignments. Often a child's normal living patterns, including eating, sleeping, and school success, are disrupted.

## 2. 5- Typologies of School Phobia

Many people have attempted to classify phobia; however, Coolidge, Hahn, and Peck (1975), in a study of 21 cases, presented evidence of two types of school phobia that they called "neurotic" and "characterological". The neurotic group was mostly young girls. The primary conflict in this group

seemed to be centered on the child's " symbiotic tie" to the mother. The characterological group consisted mainly of older boys who were regarded as being generally more disturbed.

This comparison was developed by Kennedy. He included parental characteristics and communication patterns to differentiate between the two different types. Another very interesting finding was that of Yule, Hersov and Treseder in the 80's; they found that there may be sub-types of school phobia and they outlined a crude classification based on likely treatment implications.

Separation anxiety at first school entry complicated by poor parental management. It is argued that in such cases some form of in vivo (carried out inside a living organism, like in a test or experiment) desensitization is the most appropriate first step. School phobia occurring in a vulnerable child following a major change in schooling: usually, the problem is sparked off or started by additional home-related anxieties. Systematic desensitization alongside attention to practical issues in the child's " physical and social environment" is likely to be the most effective treatment option.

## 2. 6 Theories of School phobia:

### 2. 6. 1 Psychoanalytic Theory

It was obviously advanced by Freud in the early 1900s and subsequently modified and interpreted by others such as Klein, Arieti, Sperling, and Renik. As we all know, Freud developed his theory of personality development by proposing three interacting structures; the id, ego, and super-ego. The id



referred to impulsive, instinctual trends within the personality concerned with the satisfaction of the basic emotional needs, in other words it referred to the libido. Freud argued that phobias arose from conflict of psychic energy (libido). However, later psychoanalysts felt that aggression and dependence also played a role in phobias.

According to the psychoanalytic theory, this is how it develops: An early, poorly resolved dependency relationship between mother and child.

Inadequate fulfillment of the mother's emotional needs, usually because of a poor marriage. A temporary threat to the child's security causing a transient increase in the child's dependency needs. Exploitation of this situation by the mother. A similar relationship between the mother and her own mother.

Expression of hostility to the child, not only making him more dependent, but also by direct inhibition of any opportunity for the child to express aggressive or hostile feelings... and also seductive behavior towards the child. Moreover, Development of strong hostility toward the mother, largely unconscious, and express by exploitation of the mother's guilt toward him and also by fears of the mother's safety cause by unconscious destructive wishes, thus forcing him to be with her to assure himself of her safety (Chiland and Young, 1990).

The theory implied by this line of reasoning involves bringing the unconscious conflicts into open within the context of a therapeutic relationship. The conflicts are analyzed and a more mature way of satisfying dependency needs is sought. There has been great disagreement among psychotherapists, however, about whether the mother and child should be separated or treated together and how quickly a child should be made to confront reality and return to school.

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## 2. 6. 2 Self Concept Theory:

Leventhal and Sills point out that many of the descriptive findings associated with school phobia do not seem to support an explanation based solely on separation anxiety. They emphasize that many of these children maintain normal lives outside school hours. They proposed that the main feature relevant to school phobia is the finding that:

“ These children commonly over-value themselves and their achievements and then try to hold on to their unrealistic self-image. When this is threatened in the school situation, they suffer anxiety and retreat to another situation where they can maintain their narcissistic self-image. This retreat may very well be a running to a close contact with mother.”

So, in other words, what Leventhal and Sills thought is that children with a superiority complex, when put down in any way, would avoid going to school and would rather stay in a safe environment. The treatment emphasized by self concept theorists involves bringing the home and school environment into balance. The parents need to be more realistic and her teachers more accommodating and at the same time the child needs confronting with reality by returning him to school as soon as possible. The therapist deliberately precipitates a crisis by forcing the family to address the issue of immediately returning the child to school. The therapist uses this situation therapeutically by helping the parents to resist the child's manipulative demands and win the power struggle. Anticipation and detailed planning is called for to ensure that the parents are successful.

## 2. 6. 3 Learning Theory:

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The principles underlying behavioral treatment are derived from learning theory. Learning theory has evolved from experimental studies in the laboratory. There theories explaining how phobic behavior is learned to compete for attention: Respondent, Conditioning, Operant Conditioning, and the Two-Stage Theory of Fear and Avoidance.

Respondent Conditioning Theory: Phobic are regarded as conditioned fear and avoidance responses to specific stimuli. Repetition of the feared situation in association with the newly created phobic stimuli will strengthen the fear and avoidance responses to the stimuli.

Operant Conditioning Theory: its main principle is that behavior is influenced by its consequences. Behavior that is rewarded is likely to occur more often whereas behavior that is punished will decrease in frequency. On the basis of this theory, one can argue that phobias and associated behaviors like temper; tantrums are maintained through positive reinforcements in the child's environment.

Two-Stage Theory of Fear and Avoidance: Suggested that fear could motivate behavior and was not merely a conditional reaction to stimuli associated with pain. He further argued that fear reduction became an operant reward for avoidance of the noxious stimulus.

A wide variety of behavioral techniques have been developed arising out of classical and operant paradigms as well as social learning theory, however, although behavioral approaches concern themselves with the immediate problem of returning the child to school, arguments surrounding the

preparation for and the timing and pacing of the return parallel those in the <https://assignbuster.com/the-impact-of-school-phobia-on-education-psychology-essay/>

psychodynamic camp. Increasingly therapists employ a mix of approaches tailored to take account of the unique range of child, family and school related issues that may be involved in any one case.

Nonattendance at school is not a distinct, but rather, it is comprised of multiple syndromes; prominent examples are truancy, childhood phobia, and separation anxiety disorder. An intriguing aspect of school nonattendance syndromes is that their form and features are modeled by the varying contributions of causative factors, including genetic endowment, brain dysfunction, family psychopathology, and individual symptoms. This makes school nonattendance an especially useful model for the study of the development of psychopathology in childhood (Martin and Greenwood, 1995). .

This suggests that the study of this group of disorders from socioeconomic and cultural viewpoints would provide a new understanding of the disorders and their causes, and how cultural influences on the development of the child are mediated. Children's rejection of school will in turn bring society's rejection of children. The society has a great role this whole issue, since children will not be able to overcome the phobia so easily if the society shows rejection and disapproval.

## 2. 7- Psychodynamic Treatment of School Phobia

Early treatment of school phobia was largely psychoanalytically based. Two studies were mostly implemented, the traditional psychodynamic treatment and the family therapy.

Traditional Psychodynamic Studies, these studies are interpreted as those focusing treatment on the individual child or the mother-child relationship. The analytic treatment was focused entirely on the child, but they realized the importance of treating both the mother and child. Treatment with respect to the father was felt to be most efficiently handled by helping the mother clarify and restructure her feelings about her husband rather than dealing with the father direct. The dilemma in this study is whether the child should or shouldn't return to school immediately. Studies showed a slight difference in percentages when it came to decide which method was more effective, hence it remains undecided (Blagg, 1987).

#### Family Therapy (By Skynner):

These approaches transcend the parent-child dyad in addressing the entire family system. School phobia is regarded as symptomatic and sometimes protective of faulty family functioning. Treatment approaches consistently emphasize the importance of early return to school although the manner by which this is achieved varies greatly from therapist to therapist.

Skinner refers to his approach as a conjoint family psychotherapy. The central problem within school phobia is seen as the "parents" failure to help their child relinquish omnipotent demands for exclusive possession of the mother. Skinner argues that school phobic children are protected from the challenges of reality by their mothers. Skynner claims that bonds within these families run vertically from parent to child with a consequent weak relationship between spouses.

The main elements are stressed in this treatment: The whole nuclear family is included in treatments as well as other family members where necessary. An emphasis is placed upon non-verbal communication and confrontation of the parents over the hidden rule system. Attention is directed to the “ here and now” of family interactions although past events may be considered as and when they arise

There is a focus on an early return to school. An effort is made to weaken the mother-child bond and strengthen the marital bond. In the more straightforward cases, interpretation of the problem develops insight in parents enabling the family to marshal its own resources and solve the problem. Skynner advocates the use of medicine to help in the confrontation stage. In addition, excessively timid pupils are helped by attendance at psychotherapy groups. Only minimal attention is paid to school factors

Skynner feels that school phobia is best understood as a psychosocial problem rather than a purely medical intra-psychic or even intra-familial disorder. It is interesting to note that the early traditional study emphasize the importance of the conformation of the feared situations; however, the later studies favored immediate, even forced, return to school.

## 2. 8 Behavioral Approaches and Treatment of School Phobia:

The behavioral approaches are divided into three: treatment based on classical conditioning, treatment based on operant conditioning paradigm and treatment based on social skills training.

**Systematic Desensitization:** This approach involves working the child through carefully graded fear hierarchy starting with the least feared situations, building up to most feared situations. At each stage the child is helped overcome any anxiety by concentrating on a behavior that is antagonistic to the anxiety.

**Emotive Imagery:** It is a technique that some behavior therapists have found to be very powerful. They use normal relaxation procedures in conjunction with systematic desensitization. In this approach the therapist develops imagined scenes that conjure up feelings of excitement, self-assertion and general “ positive effect” as means of inhibiting anxiety.

**Flooding or implosion:** These procedures involve immediate confrontation of the maximally feared situation without any careful preparation via graded exposure to less threatening circumstances. The subject is maintained in the intense feared situation until the anxiety shows visible signs of waning on the classical extinction model. The assumption here is that the subject feels anxiety as a result of prior classical conditioning the vivid presentation of the condition stimuli and the absence of any primary unconditioned stimuli will eventually lead to the extinction of the anxiety response (Sharpe, 2000).

**Operant-based treatment approaches** are concerned with changing the reinforcement contingencies affecting an individual’s behavior. It involves maximizing the incentives for being in school by building into the school program extra positive reinforcement and minimizing incentives for remaining at home during the school day by removing positive reinforcement (like greater personal freedom, extra adult attention):

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This treatment is based in reinforcement. Natural reinforcement is added in the individual's life in preference to the introduction of more artificial reinforcement like sweets. Nevertheless, in certain cases, tangible reinforcements may be necessary in the early stages of the treatment program.

Many children who suffer from school phobia have major problems in relationships with bodes language and posture. It is true that many children may need sheltering from ridicule but others need help in improving their bodily skills. This treatment involves attention in many areas such as: Body posture especially the subjects stiffness and lack of mobility in the trunk and limbs. Nervous mannerisms such as giggling, facial grimacing, and tone of voice, eye contact