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School Phobia: Its Classification and Relationship to Dependency*

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We have studied 29 school phobic youngsters (14 boys and 15 girls), of mean age 12 years 10 months (S.D. = 14·7 months) shortly before admission to an adolescent psychiatric in-patient unit. The diagnosis was made when there was severe difficulty in attending school, severe emotional upset at the prospect of having to go to school, staying home during school hours with the parents' knowledge and absence of significant anti-social disorders. Information was gathered from the patient and one parent, usually mother. Most youngsters had completely refused to go to school (23) and the remainder went occasionally with great reluctance; this seemed to depend on the attitudes of parents, school and medical agencies. Psychoses, gross physical illness, truancy, and neurotic disturbances other than school phobia resulting in absence from school were excluded. The cases were classified, reliably, into 19 'acute' (11 boys, 8 girls) and 10 'chronic' (3 boys, 7 girls) school phobics. This was done on the criterion of previous severe reluctance to attend school: at least 3 years of trouble-free attendance led to a classification as 'acute', the remainder were 'chronic'. The mean age of the acutes (13 years 1 month) was significantly higher ($P<0·001$) than that of the chronics (12 years 3 months). In the acutes, the school phobia had been present 5 months (S.D. = 3·5 months) on average in the boys, and 1 year 5 months (S.D. = 16·5 months) on average in the girls; which was a significant difference ($P<0·02$). The mean time between onset of symptoms and complete refusal was 3·5 months [boys—2 months (S.D. = 2 months) girls—6 months (S.D. = 9 months)]. The following features did not show significant differences between the acutes and chronics: social class of the patient's father (the typical social class was 5a on the Hall and Jones Scale of Occupational Prestige for Males), the mean age of mother when the child was born, the number of only or youngest children in the family, birth complications, the number of severe illnesses, accidents and operations added to separations from mother in the first decade, missing some school without the parents' knowledge, suicidal gestures, the occurrence of symptoms on transfer to secondary school, somatic symptoms, frank mental illness in parents and I.Q. (W.I.S.C. total score); 4 acute cases had symptoms coming on following a bereavement.

A *questionnaire* (checklist) was devised to measure *dependency* on mother: it comprised sections dealing with 'assistance', 'affection', 'approval' and 'inability to act alone'; this was administered to the mothers about the time of admission and covered the previous 3 months; it was reliable. The mean total dependency score ($P<0·001$), the mean affection score ($P>0·001$) and the mean inability to act alone score ($P<0·05$) were all significantly higher in the chronics than the acutes; the mean assistance score was significantly higher in the acutes ($P<0·02$).

A *weekend preference for person and place* form was constructed so that patients and their mothers could independently indicate where they had been and who they had been with during the previous weekend at home on leave from the unit. Each weekend was divided into 10 periods of time; batches of 10 weekends were analysed at a time. There was a remarkable degree of correspondence between the assessments of child and mother. Six out of the 11 acutes spent 60 per cent or more of their weekends on leave in the company of their mothers compared with 5 out of 6 chronics (not significantly different); 5 out of 6 chronics spent more than 60 per cent of their weekends at home compared with 3 out of 11 acutes (significantly different, $P = 0·04$).

A third measure of dependency was the *person preference test* which was administered to the children during their stay in the unit. It consisted of cards combining 5 person categories: *mother*, *father*, *friend*, *local children* and *alone*, with three situation categories: *at home*, *out in the neighbourhood* and *out for the day*. The 15 cards were sorted into 5 boxes with labels ranging from *I like this a lot* to *I hate this*. There was a satisfactory test-retest reliability. Combining the three situations, the chronics scored significantly higher than the acutes in preference for mother ($P<0·01$), father ($P<0·01$), a friend ($P<0·05$) and being alone ($P<0·01$).

On the Junior Eysenck Personality Inventory, the

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mean N score of the chronic patients was significantly higher than the acutes ($P<0.05$). The mother's N scores on the Eysenck Personality Inventory, Form A, did not differ significantly between the acute and chronic groups, but their E scores were significantly lower in the chronics ($P<0.001$).

On the Bristol Social Adjustment Guides (residential care), after a month in the unit and assessed by social therapists, the chronics had significantly higher total scores of adverse items ($P<0.05$) and D scores ($P<0.05$) than the acutes. On the Bristol Social Adjustment Guides (school) assessed by a unit teacher, the chronics scored higher than the acutes in the case of the total score and D score, but only the U score reached significance ($P<0.05$).

Discussion and Conclusions

The literature on school phobia has paid scant attention to the problems of diagnosis, differential diagnosis and classification. We decided to classify our group of school phobic children on the basis of previous severe reluctance to attend school, as this seemed to be a relevant feature in the aetiology; thus Moore (1966) found that 18 per cent of a sample of normal London primary school children had 'some degree of chronic aversion from school'. The acutes and chronics were not found to differ significantly on various variables, some of which had been shown to be of importance in school phobia (Hersov, 1960). We therefore confidently attributed the differences found in investigating dependency to the classification. 'Assistance' was used for the sort of dependency concerned with dressing, washing and other things done for the child, i.e. *task-oriented dependency* as opposed to *person-oriented dependency* (Bandura and Walters 1963). 'Approval' was equated with asking for reassurance rather than seeking attention. 'Affection' referred to maternal attachment as observed in very young children (Berg 1966). 'Inability to act alone' was concerned with restricted independent movement away from home. The hypothesis that the chronic group is characterized by a greater attachment to mother and lesser freedom of movement away from home than the acute group was supported by the *dependency questionnaire*, the *weekend preference for person and place* and the *person preference sorting task*.

The aim of this investigation was to go further than many studies reported in the literature that described a state of excessive dependency of child on mother in school phobia, and using a group of school phobic youngsters to measure various sorts of dependency and to relate them to a classification of the condition based on aetiological considerations.

There was some evidence that the chronic group was more psychiatrically disturbed than the acutes. Compared to population norms, both girls (Junior E.P.I.) and their mothers (E.P.I.) in the chronic group were abnormally neurotic and introverted; this was not so in the acute group although the mothers were unduly neurotic.

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