

## Separation anxiety and school phobia: A diagnostic analysis and propositions of the therapeutic work

Anna Gawel-Mirocha  
University of Silesia in Katowice

### Introduction

The main aim of the research described in this article was to show the diagnostic difference in the occurrence of anxiety disorders among children individually taught at home and to highlight that art therapy classes can be regarded as an alternative form of work with children affected by these disorders. Diagnosis of anxiety disorders has a huge impact on determining the therapeutic conditions of children affected by anxiety disorders.

### The concept of separation anxiety and school

Anxiety resides in the essence of life and in the world of human experience it is a very common phenomenon. In other words, “the covert or overt anxiety in all its kinds and intensities accompanies humans throughout their whole life” (Łopatkowa, 1992. p. 107). Under the influence of anxiety our perception is distorted, that is what threatens us, becomes extremely clear against the background of the rest which becomes invisible. Furthermore, due to anxiety particular detail becomes exaggerated, focuses on itself the whole interaction with the environment and becomes its centre point (Kepinski, 2001).

It can be stated that both anxiety and fear are necessary experience that is important in our lives. For example, non-pathological symptoms of anxiety can inform us about threatening danger. “If life were a paradise, we could live without anxiety and pain. However, because life presents many dangers, every living creature must have an alarm system that signals an approaching danger and avoiding it” (Kepinski, 2002. p. 25).

It is worth distinguishing between *anxiety* and *fear* here. *Fear* and anxiety are apparently identical emotions, however, they are different. Fear is defined as an emotion reflecting the state of danger as well as the feeling of worry in a dangerous situation or in a moment of its recollection (Sillamy, 2002). While *anxiety* is described as an unpleasant, intensely felt state of malaise, caused by a vague impression of an unspecified and imminent threat to which a person

feels defenceless and powerless (Ransburg, 1993). In general, when we feel fear, we do not realise what is happening to us outside or inside. We are able to feel some of these internal signs (emotional components) in the form of nausea, tremor, strange sensation in the stomach, or tingling of the skin. In addition, we can feel terror, horror, panic (Ransburg, 1993).

Fear and anxiety has an adaptive function by preparing the living creature for a possible danger, and in the same way by helping him/her to avoid potential threats. Anxiety is understood as a natural reaction to the perceived danger that allows a person to prepare for a fight or escape. Therefore, it fulfils a very important function in people's lives, because it activates appropriate adaptation mechanisms that support coping with a difficult situation. One of the many anxiety disorders that may appear in a child is fear of school, which is called school phobia. Phobia is a set of anxiety reactions that are out of control. School phobia is a particular form of emotional disorder, manifested by the reluctance or refusal to attend school due to experiencing panic anxiety in the school-building (Ransburg, 1993. p. 34).

Knowledge about anxiety and phobic mechanisms has been gathered since the beginning of psychoanalysis, in particular by *Freud* (2000) and *Fenichel* (1945). In the strict sense, phobia is a selective, anxious avoidance referring to some kind of object or situation, such as a tram, storm, crowd or other (Freud, 2000). In this research context, the school would be the object of phobia. Typical symptoms of school phobia and growing anxiety can appear before going to school usually accompanied by vegetative symptoms of anxiety, stopping completely when parents allow to stay at home or not to go to school. In search of the causes of situation mentioned above, clinicians diagnosing anxiety disorders among children most often focus on eventual, anxiety-generating events that have occurred at school, problems with learning, problems in the classroom, phenomena such as extortion, violence, etc. These phenomena are additionally publicised by the media, which creates a specific atmosphere around them. So it can be said from the behavioural side that, with this understanding, the anxiety that occurs before going to school is the result of classical conditioning (Seligman, 2003).

From the psychodynamic perspective, it is worth distinguishing here fear as a consequence of trauma, which is associated with more or less traumatic experience, interrupting the so-called anti-stimulus protection of ego, and signal anxiety. In this perspective, phobia is a neurotic disorder associated with an unconscious internal conflict, most often related to aggressive or sexual drive, which can only be indicated when three or four defence mechanisms coexist:

displacement, externalization<sup>1</sup>, sometimes also symbolization and avoidance (Glita, 2010). In this perspective, school phobia is a neurotic disorder associated with an unconscious internal conflict, most often related to aggressive or sexual drive, which can only be indicated when three or four defensive mechanisms coexist: displacement, externalization, sometimes also symbolization and avoidance

School phobia can appear when a child is starting school and it is connected with fear of the unknown. The occurrence of school phobia conduces to stressful situations, such as the necessity to obey the group norms, rules, change of school or place of residence, difficult examinations, parents' divorce, as well as depressive and anxiety tendencies of the child. The sources of school phobia can be found in the parents' bad reactions, for example: threatening children with the school, telling about their own terrible school-related experiences or manifestations of dissatisfaction with the bad grades that older children received. A child may be afraid of school because of hostile teachers and School Administration (Last, 2012). School phobia often coexists with other difficulties that students evince. The effects of school neurosis include: the shyness of children, the tendency to be alone and avoiding contact with others, the constant feeling of danger, oversensitivity to criticism, obsessive desire to be a top student, low self-esteem and lack of faith in their own abilities, distrust of their peers. Very often, as one of the main reasons for the lack of willingness to attend school by children is social anxiety, known as school phobia. However, school phobia does not always cause such a strong reluctance to attend children to school. We can also see causes in separation anxiety. Fear of separation is a normal part of a child's development. It occurs in children between 8 and 12 months of age. It usually disappears around 2 years old. The relationship of the mother and the child from the very beginning is symbiotic and over time it begins to be not as strong as on the beginning. However, at this time the child treats mother and itself as one whole, therefore, when the mother disappears, the child becomes fearful that will also disappear (it means that the child treats the mother as an extension of itself). The main, definitional feature of the clinical picture of the disorder is the extreme, unjustified fear of separation from the person to whom

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<sup>1</sup> "The mechanism of externalization based on locating the threat to the outside ("the problem is school, not my experience"), should not be confused with the projection, where not only locating their unconscious affects in the outside world, but also assigning important intentions to important characters. If it was about aggressive intentions, you could ask if it makes sense to talk about a phobia, or rather paranoid tendencies ("the class wants to hurt me, although you claim that nothing indicates it").

the child is most attached, for example to the mother and the closest environment (Ranschburg, 1993).

Often accompanied by other types of symptoms:

- oversensitivity
- nervousness
- irritation
- shyness
- lack of confidence
- nightmares
- difficulty falling asleep
- generalized fearfulness
- immaturity
- deference and general dependence, in particular from carers; clinging to adults
- refusal to go to school (fear of leaving home and parents to go to school)
- difficulties with adaptation, which in later periods are manifested by problems at work and maladjustment in life;
- tearfulness,
- avoiding behaviours,

inability to “adjust” to the peer group (Eckersley, 2008).

In the English-language literature, separation anxiety is sometimes referred to as SAD, which derives from the English: “separation anxiety disorder”. Separation anxiety (other names: SAD, anxiety of separation in childhood) is excessive worrying or fear of being away from the family or people to whom the child is most attached. Children with SAD are afraid that they will get lost or that something bad will happen with somebody from their family at the time they are separated. SAD is not the same as fear of strangers, which is a normal phase in the development of children aged 7-11 months. Anxiety in SAD is more intensely experienced and the problem affects about 4% of children. Some children show signs of separation anxiety in school-age and even as teenagers. This condition is called anxiety separation disorder (SAD) (Keller et al., 1992). SAD is usually a sign of more general problems with mood and mental health. About one third of children with SAD are diagnosed with mental illness in adulthood. Approximately half of the child referral to a psychiatrist is associated with suspicion of SAD (Kolvin, 1987). SAD symptoms appear when the child is away from the parents or guardians. Anxiety of separation can also be the cause of anxiety behaviour. Some of the most common behaviours include:

- clinging to parents;
- extreme and severe crying;
- refusal to do things that require separation;
- physical illness, such as headaches or vomiting;
- violent, emotional temper tantrums;
- refusal to go to school;
- poor school performance;
- failure to interact in a healthy manner with other children (Eckersley, 2008).

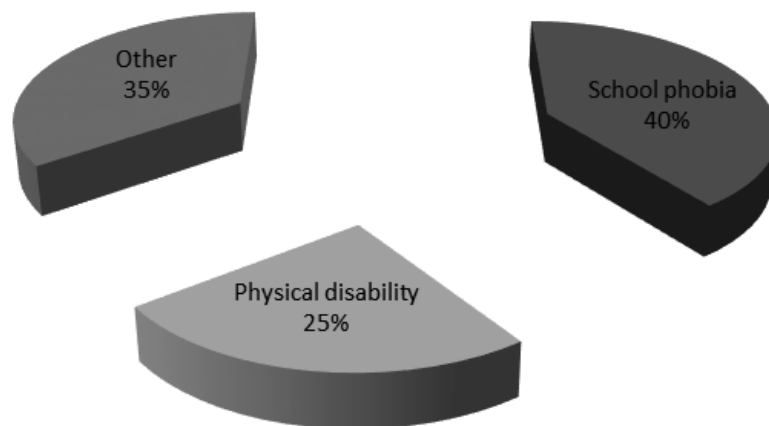
The cumulative effect of three groups of factors: biological, psychological and environmental is considered as the cause of separation anxiety. The biological basis of separation anxiety would be related to inherited by the patients genes - a greater tendency to the occurrence of separation anxiety is noticeable in those children in whose families someone (especially the mother or father) suffered from some anxiety disorders. Increased risk of SAD prevalence also among those children whose parents suffer from other types of mental disorders, such as depression. In the case of psychological factors affecting the development of separation anxiety, the most important is the problem of proper reaction of the patient's psyche to the fear he feels. The inability to respond properly to unpleasant emotions and the related emotional hypersensitivity may lead to the occurrence of various anxiety disorders, including separation anxiety. However, among the environmental factors that can be the cause of separation anxiety, there are different problems related to parental care, but not only. Having parents who are overprotective or giving not enough attention to a small person might lead to separation anxiety disorder. A parent's illness, loss of work or parents' separation may also be the reason for the child's anxiety. It is also pointing out that separation anxiety may prevalence after a person experiences some disaster or after participating in an accident (e.g. a car accident). The risk of this problem also increases when the child is victimized by their peers and also when a small patient experiences some form of violence at home (Carmassi, 2015).

### **Research into separation anxiety and school phobia**

The research carried out between March and August 2017 at the Psychological and Pedagogical Clinic had quantitative character. The main aim of the study was to show the diagnostic difference in the occurrence of anxiety disorders

among children individually taught at home and to indicate art therapy classes as an alternative form of work with children affected by these disorders. In the first stage of the research, I analysed the documents of students from grades 1-3 of Primary School in Żywiec. The research group consisted of 20 students: 8 girls and 12 boys from 7-9 years old.

The experiment group consisted of students individually taught at home after being diagnosed with school phobia. The research group are students who were diagnosed with school phobia after psychiatric consultation. Individual education for pre-school children, pre-school units in primary schools, other forms of pre-school education, primary and secondary school pupils is regulated by the Ordinance of the Minister of National Education of 9 August 2017 on individual compulsory annual pre-school preparation of children and individual teaching of children and young people<sup>2</sup>.

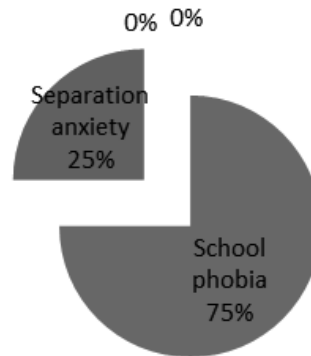


*Diagram 1*  
*List of individually taught students in grades I-III in Żywiec -*  
*diagnostic differentiation*

The analysis of documents shows (Diagram 1) that 40% of all students individually taught have a school phobia diagnosed. From the diagnostic charts of students and opinions about the need for individual teaching, results that 40% of them have a school phobia after psychiatric consultation.

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<sup>2</sup> Journal of Laws of 2013, item 1616



*Diagram 2*

*The distribution of school phobia and separation anxiety*

Among all students individually educated who were diagnosed with school phobia (Diagram 2), 25% of them suffer from separation anxiety. In the case of children affected by SAD, the individualization of teaching aggravates their disorder. That is why the correct and deepened diagnosis of children individually taught is very important.

One of the most effective forms of helping children with anxiety disorders is art therapy. The primary purpose of the research conducted by the author was to indicate the value of the diagnosis in the case of anxiety disorders among children and the influence of art therapy on the reduction of these disorders. Nowadays, the importance of art in therapeutic, diagnostic or educational activities is increasingly emphasized. Art is identified with the need to create, express oneself, one's emotions, it is a means through which we can show our own thoughts and experiences (Marek, 2004). Wojnar emphasized, that the world of art is the real environment of human existence, in which every work, every product of a person expresses experiences, feelings, ideas, that is all "what makes up his individual creative personality and elements of the external world that reach to the artist through his senses, intellect, and sensitivity. Art can thus be regarded as the link between the external world and the internal world" (Wojnar, 1997, p. 251). Therapy through art is a special type of activity directed at people and the environment in which he/she functions. It strives to restore or enhance health, however its main goal is improving the quality of life. Art therapy triggers creative activity, compensates for deficiencies and psychophysical limitations, and is helpful in accepting oneself and others. As a result, creative expression and emotions are released, leading to positive changes in the behaviour and attitude of a child showing anxiety disorders. *Wygotski* highlighted

that participation in the creative process has healing power. Art has a cathartic functioning - its experience, especially active, on the level of activity, not just reception [...] causes discovering deep and truly humanistic truths about life, which intensifies the spiritual forces of man. Art should be a way to build life because it helps to live, makes life fuller and gives it meaning” (Turska, 2007. p. 42). The psychotherapeutic influence of art on a human being can be twofold, namely passive or active. Passive impact is based on active communing of the individual with broadly understood art, i.e. art, music, theatre, film. It takes place under the supervision of a psychotherapist who decides about the type and form of art in relation to a particular patient. It should be noted that this cannot be an accidental work of art, because the goal to be achieved should always be taken into account. The therapist is to prepare the patient properly, which is done by discussing and explaining the meaning of the selected work of art, as well as encouraging the active reception of the transmitted content. In contrast, in the active interaction, which has a greater therapeutic effect, patients create specific works of art (mainly visual arts: painting, sculpting, moulding, weaving), they play musical instruments, they create theatrical performances. The most important thing is to encourage a person to perform a particular work, show and learn artistic techniques, as well as discuss and analyse the created work (Słowik, 1996). In the psychodynamic approach to art therapy, artistic creativity can be a form of expression of conscious and pre-conscious content (Melchiodi, 2003). Thus, spontaneous artistic creation and the resulting work (along with interpretation) constitute the key to access to their knowledge and understanding of the child by the therapist, as well as by himself (the gain of insight). This process is analogous to using the technique of free associations. Such spontaneous creation is non-selective. The art-therapist asks a person to draw, mould or create whatever he/she wants using technique chooses by himself/ herself (Rubin, 2001). In this way, it helps symbolically express more or less conscious fears. It is believed that this action is particularly useful when a person undergoes an important life event, such as emotional crisis, physical illness or the process of dying. Apart from spontaneous expression, access to what is not aware is also facilitated by partially directed techniques, such as projection drawings or “scribble technique”. An important element in the art therapy process is the phenomenon of transfer, which is the basis for analysis and treatment (Melchiodi, 2003). “The transfer is defined as the unconscious projection (projection) of their emotions related to the experience of an art therapist” (Melchiodi, 2003. p. 52). In art therapy, the process of creation and the resulting work of art are often considered to be a projection object. The projection nature of creative expression and the relationship between the child and



the art-therapist cause that the phenomenon of transfer to some extent always occurs during therapy. During the process of art therapy, we also deal with the analytical method of amplification and active imagination. Amplification in this activity is a method of analysis and interpretation of images. Amplification also applies to dreams. Analysis and interpretation in this case rely on reflection on symbolized contents, through associations and placing symbols in the historical and cultural context (comparing with these symbols in the areas of religion, history, culture). Each element of the picture can have a personal meaning and represent the child's experience and represent a representation of archetypal symbols. Furthermore, imagination is a way to release creativity in a child subjected to therapy through fantasies and imaginations, which are the main healing factor. It involves creating and observing internal images with their subsequent recording in the form of, for example, plastic art and reflection on its meaning (Melchiodi, 2003). The most important assumptions of art therapy embedded in theories of the relationship with the object are the concept of transitional space and transient object, as well as the development phases of *Mahler* (1968). Theories of relationship with the object (Melchiodi, 2003) assumed that people have an internal need to establish ties with other people, and the ties with people shape human personality. Robbins, who is one of the most well-known representatives of this trend of art therapy, has observed that creation can reflect and organize internal relations and those taking place between the therapist, child and work. In this psychodynamic trend of art therapy, the area of plastic creation can be treated as a transitional space, which is an area of experience in which there is no clear distinction between internal and external reality. It allows to combine subjective and objective reality, and thus deal with relations with the world and build them. The created works can serve as transitional objects, that is, objects that are important, because they represent something important that is related to a relationship. Works created by a child can also be treated as a reflection of old, internalized relationships and disclosure of interpersonal communication and difficulties in relationships. On the other hand, creation in the context of a relationship with an art therapist is a support in the passage of various phases of relationship development.

## **Conclusions**

To conclude, the art classes with therapeutic elements can be an alternative form of therapy for children with anxiety disorders of various backgrounds. Artistic work is an "image" of the child's personality. Drawing in its most basic

dimension does not require any additional preparation or priming of the canvas, nor digesting the plate, building a skeleton or making a form - nothing from the multiple treatments needed to implement the image, sculpture or graphics. Due to the simplicity of the technique between the concept of the artist and the materialisation of his vision, there are no intermediate stages. A hand holding a tool can react directly to any twitch of emotion, change of mood, and the course of thoughts. The close relationship of drawing activities with biological mechanisms makes it a thoroughly personal and each drawing is a unique work, created in only one copy, because it is difficult to reproduce the fully identical hand-held composition immeasurably.

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## **Abstract**

The article is a report of quantitative research carried out by the author of this paper with children aged 7-9 individually taught after the diagnosis of their school phobia. The aim of the study was to show diagnostic differences regarding two anxiety disorder units, i.e. school phobia and separation anxiety. Also art therapy is highlighted as an alternative form of therapy for the experiment group.