

**Bangor University**

## **DOCTOR OF PHILOSOPHY**

**Group counselling/therapy as a technique to modify the undesirable school behaviour (school phobia) of children at elementary school level in the state of Kuwait**

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*Award date:*  
1989

*Awarding institution:*  
Bangor University

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**GROUP COUNSELLING/ THERAPY AS A TECHNIQUE TO  
MODIFY THE UNDESIRABLE SCHOOL BEHAVIOUR  
(SCHOOL PHOBIA) OF CHILDREN AT ELEMENTARY  
SCHOOL LEVEL IN THE STATE OF KUWAIT**

**BY**

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**SCHOOL OF EDUCATION**

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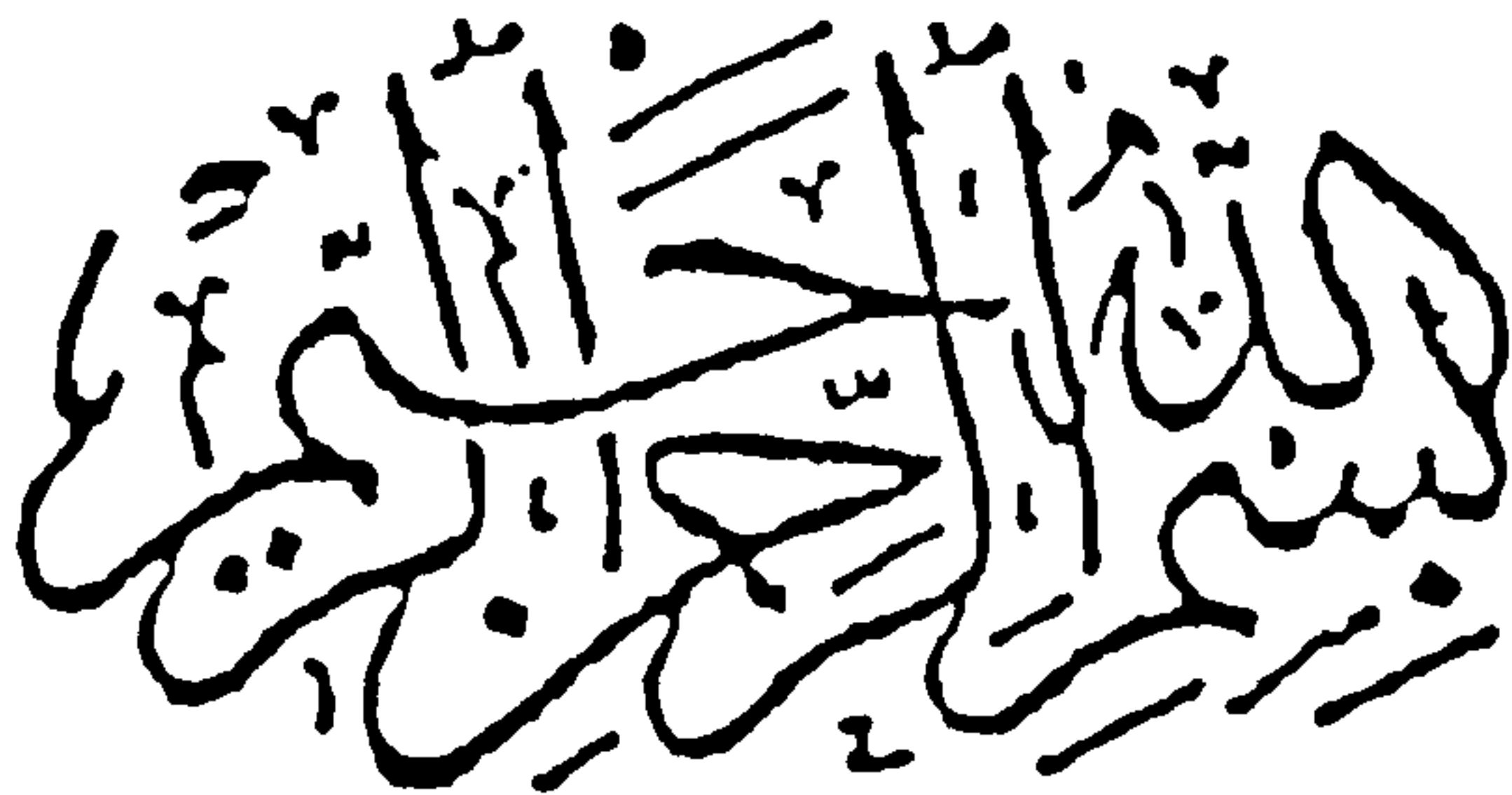
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**APRIL 1989**

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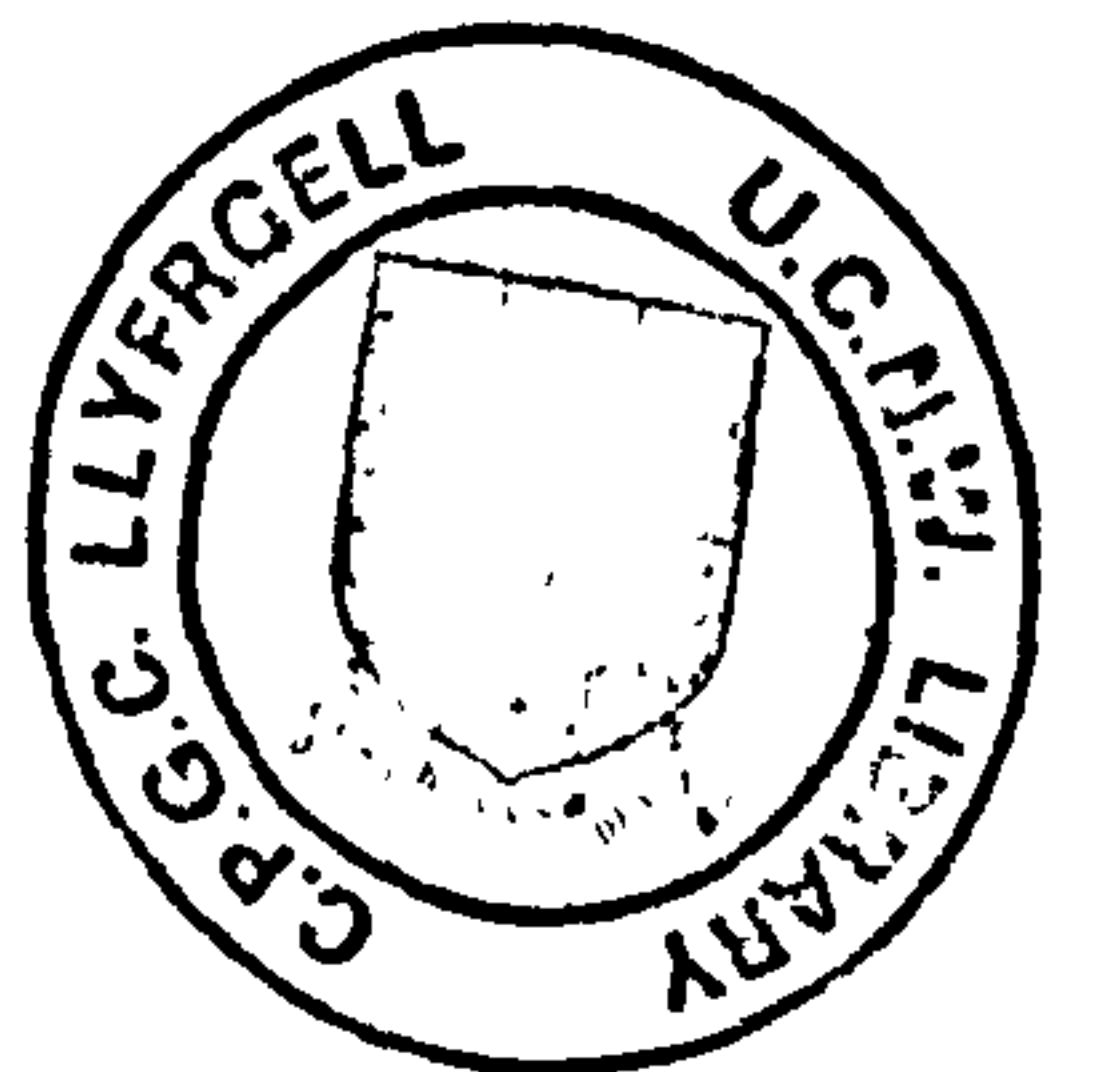
WITH A FULL HEART AND DEVOTED TONGUE

وَقُلْ رَبِّ زِدْنِي عِلْمًا ۝

say, "O My Lord! Advance Me In Knowledge"

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## Acknowledgement

I should firstly like to thank my director of studies Dr. W. D. C. Rees for his constructive observations, stimulating comments on the background literature and continued enthusiasm, and Dr. C. R. Baker for his invaluable help with the data and expert suggestions as well as for his advice and constructive criticism. I appreciate greatly the encouragement of my both directors throughout the duration of my studies leading to the presentation of this thesis.

I wish also to record my gratitude to the staff of the Educational Psychology Department, College of Education, Kuwait University, for their assistance in preparing facilities during the period of the application of the research.

Finally, I am most grateful for the help afforded me by the Administrations of Social Work and Psychological Service (Ministry of Education) during the application of counselling sessions.

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## Abstract

School phobia is seen as one of the most common problems amongst children at elementary school. It affects children's behaviour, feelings and attitudes towards school. Children suffering from a school phobic problem usually show negative feelings and behaviour against school. School phobic children avoid attending school. They tend to use different techniques every morning in order to gain their parents' support for not attending school. These children feel that something frightening will happen to them if they attend school, but actually there is no basis for their feelings.

This research attempted to introduce Rogerian group counselling in treatment of the problem of school phobia. The sample comprised 76 school phobic children. They were divided randomly into two groups: an experimental group in which there were 37 school phobic children, and a control group in which there were 39 school phobic children. The experimental group children experienced 14 counselling sessions.

There were three main aims of this research. First, to assess the use of Rogerian group counselling with young children who suffered from school phobia. This study tried to investigate whether or not Rogerian group counselling can help elementary school children to eliminate their undesirable behaviours. The second goal of this study was to examine the relationship between school phobia and children's school achievement and absence. Thirdly, the research attempted to examine children's ability to take responsibility for their own behaviour and their ability to make their own decisions for self-direction.

The results of this study showed that the majority of school phobic children who joined the experimental group improved their school achievement and decreased their absences from school. In addition, such children developed their skills and abilities in school (e.g. taking responsibility and participating in school activities). The results revealed that the group counselling technique was a suitable method for school phobic children in reducing their school phobia problem and related undesirable behaviours in school (e.g. absence, poor social relationships).

**General Introduction**

## General Introduction

### **The Importance of the Problem**

Goldenberg and Goldenberg (1976) state that if, as many authorities claim, phobias in general are the neuroses of childhood, then school phobias in particular represent a most virulent form. School phobia means that children have negative feelings towards school; when they think about or approach the school, they become intensely anxious. There may be a feeling that something terrible will happen to them if they attend school. Some children express school phobic behaviour in the form of physical complaints such as having a headache, abdominal pains, nausea or diarrhoea which may then influence their parents to keep them at home.

Children with phobic behaviour towards school may sometimes create difficult situations for their parents as well as for their teachers. School phobia is a serious problem for children, parents and teachers for the following reasons:

1. Children suffering from school phobia may become fearful of doing a certain activity in school, so they may withdraw from any participation in school activities. The ability to establish adequate peer relationships may thus be damaged.



2. One of the most general characteristics of school phobia is absence from school. Children with school phobia are often absent from school so as to avoid any contact with the source of the phobia. Therefore, serious learning gaps may occur because of frequent absence from school.
3. Children suffering from school phobia often show exaggeration of such worries by actual anticipation of bodily harm or aggression, and this may require their parents to give them more attention without actually solving the problem.
4. Children suffering with school phobia may develop negative attitudes towards teachers and their parents if such adults do not support or sympathize with their negative feelings. In this case, teachers and parents may find themselves as adversaries if they ignore the children's feelings or if they force them to go to school.

### **The Importance of the Study**

The importance of this study is the relatively original use of group counselling as a technique in the treatment of school phobia in Kuwait. In addition, this is the first time that Rogerian group counselling technique has been used to deal with the problems of elementary school pupils in the state of Kuwait. Moreover, it appears to be the first time that

elementary school pupils have had an opportunity to solve their own problems (particularly school phobia) without pressure or punishment from outside.

The nature of any counselling process depends on the specific and unique aspects of the problem, as well as the techniques and theoretical framework available to the counsellor attempting to treat the problem. In case of school phobia, the usual considerations are complicated because treatment involves the collaboration of many people; the child, the counsellor, the parents and the teacher. Therefore, Rogerian group counselling was selected for the treatment of the problem of school phobia (more detail about the reasons behind selection of the Rogerian theory come later in this introduction).

As a result, attention was given in the research of this thesis to the parents and teachers, asking them to contribute to solving the phobic behaviour through (a) participating in a questionnaire survey and other activities in this study (b) encouraging children to help themselves to solve their problem through assuming responsibility for their behaviour. However, most attention was given to school phobic children through the group counselling process. Children were placed in the centre of the process of counselling and became the ones who were responsible for solving the school phobia problem.

Most of the time, children suffering from school phobia do not like their situation, but for some reason are not able to discuss the situation with parents or teachers. Therefore, group counselling is a unique and significant opportunity for school phobic children to discuss their problem with other school phobic children of their age who are suffering from the same problem.

Another major aspect of the importance of this study is the attempt to create an environment in which children feel free and safe to discuss their problem with other children and to express their real feelings and attitudes.

This study tried to give these children an opportunity to be independent. They were encouraged to make their own decisions and select their own direction in solving the problem of school phobia. School phobic children were placed in a small group with other children who shared their feelings and in which the development of social relationships encouraged participation in school activities and a change in attitudes towards school.

According to Dinkmeyer and Caldwell (1970), it is important for counsellors to be familiar with the basic needs of children. It is thought that many of these basic children's needs are ignored or misunderstood by many of parents, teachers or counsellors. Such basic needs are fundamental to children's growth and to a developmental counselling process. These basic needs provide some guidelines for the type of assistance which

children may be seeking. These needs are therefore particularly pertinent to counselling and include:

1. To mature in self-acceptance, in the understanding of self, and in the comprehending of their strengths and weaknesses. To develop a more realistic self-evaluation.
2. To mature in social relationships, to belong, to identify, and to be accepted.
3. To develop independence, to take responsibility, to make choices, and be responsible for their choices.
4. To mature in the ability to plan ahead and anticipate the consequences of action.
5. To be secure, safe, and relatively free of threat.
6. To be recognized, to gain approval, to feel competent.

### **Why Client-Centered Counselling?**

Why was the Rogerian technique selected for engaging the problem of school phobia at the elementary school level in the state of Kuwait? There were a number of reasons behind this selection; these are listed below:

1. Rogers' (1985) view about the human being is very natural, accepting and positive. The client is accepted

whatever the circumstances or background. Therefore, when children feel that they are accepted for group counselling without any conditions, they may be encouraged to participate positively in the group.

2. The philosophy of client-centered therapy is seen as the closest to the ethos of Kuwaiti society. Its basic philosophy views the human being positively. In the context of the therapeutic relationship, clients may experience feelings that were previously denied. Clients actualize their potential and move towards increased awareness, spontaneity, trust in self, and inner directedness.

One of the main characteristics of the relationship between people in the Kuwaiti society is that this type of the relationship between people. This relationship is typically strong, trusting and warm. Moreover, the characteristics of Kuwaiti society encourage children to trust the counsellor and develop helpful relationships with the group members. Arab and Islamic culture thus expresses the value of a person constantly seeking to improve relationships with others and becoming more complete as an individual. Such values make a Rogerian group counselling process attractive to Kuwaitis and likely to gain acceptance. Such a counselling process is both culturally acceptable and psychologically

appropriate to Kuwaiti ideals and norms.

3. According to client-centered therapy (Rogerian Theory), clients are to be seen as the centre of the counselling process. This view considers clients as able to solve their problem with little help from outside. In other words, clients are regarded as the ones who are responsible for the direction of their behaviour.

This view of clients was considered to provide a unique opportunity to examine the ability of elementary school pupils in the state of Kuwait to take responsibility for their own behaviour. In addition, this technique may help to investigate the Kuwaiti children's degree of independence in solving the problem of school phobia.

4. When using client-centered therapy, counsellors do not need to follow slavishly certain techniques. However, techniques of therapy depend on the counsellors' training, beliefs and attitudes. These attitudes demand a high level of self-acceptance and self-knowledge. These attitudes must also assume that clients have the ability to be positive towards their own behaviour. The precise method counsellors adopt may be varied according to the client's case. This freedom in the counselling process may encourage the counsellor to create or use a variety of techniques according to the client's ability

and particular problem.

### **The Content of the Thesis**

This thesis consists of nine chapters. The first five chapters aim to discuss the background literature. These five chapters examine theories of counselling, behaviour modification, group counselling, counselling in Kuwait and school phobia. The main goal of these chapters is to give attention to the studies which may influence the present study by their results and ideas. Chapters One and Two discuss the general methods and techniques which surround the problem of school phobia. The problem of school phobia can be dealt by a variety of counselling theories or behaviour modification techniques. Therefore, it is important to examine some of most common theories of counselling and behaviour modification techniques in order to cover the procedures which may be used in the treatment of school phobia.

At the outset, it should be noted that the terms counselling and therapy are often used inter-changeably in the literature. This practice is also followed in this thesis. In Chapter One, consideration is given to the general area of counselling and its theories. Most of the counselling theories concern the creation of a certain kind of relationship between the counsellor and the client. Munro, Manthei and Small (1985) state that counselling can be made available if the counsellor

has a repertoire of skills to create a relationship that may help to solve the client's problem.

Chapter Two deals with the way in which behaviour modification may be used in the treatment of school phobia. Programmes of behaviour modification may be seen as one of the most common techniques for changing behaviour. According to Fischer and Gochras (1975), behaviour modification can provide certain principles and procedures for helping people to change undesirable behaviour. The technique used in most behaviour modification programmes involves reinforcements contingent on appropriate behaviour.

Chapter Three identifies the main techniques of group counselling. Group counselling is the main techniques used in the treatment of school phobia in this study. In the research of this thesis, the technique is used in terms of client-centered therapy. This chapter aims to clarify the process of group counselling, its characteristics and conditions.

The title of this study indicates that Rogerian group counselling was used with the elementary school children in the State of Kuwait. Therefore, it was important to introduce the contextual features of counselling in Kuwait in Chapter Four. In this Chapter, attention is given to the development of counselling in Kuwait. Two general institutions are considered; the Ministry of Education and Kuwait University. The Ministry of Education is represented by the Administrations of Social



Work and Psychological Service. These two administrations are responsible for social workers and psychological counsellors at all school stages as well as for research in these areas. Kuwait University usually provides counselling courses for counsellors and university students and is beginning to encourage research in this area.

The last chapter in the literature section deals with the problem of school phobia. This fifth chapter concerns the identification, aetiology and the treatment of school phobia. Various writers and counsellors/therapist (e.g. Pearson, 1951; Smith and Sharpe, 1970; Kelly, 1973 and Bolger, 1978) have presented different techniques for the treatment of school phobia such as Freudian analysis, flooding, and systematic desensitization.

Chapter Six comprises the methodology chapter. It aims to identify the goals, methods and procedures of the study. It also aims to identify the population of the study as well as the sample. In addition, Chapter Six explains how the researcher arranged the time schedule for the counselling process.

Chapter Seven and Eight analyse the pre-experiment data and post-experiment data. Chapter Seven examines the data collected to identify the school phobic children. Another goal of this chapter is to test for any difference between the school phobic

children who were allocated to the experimental group and the school phobic children who joined the control group. In addition, this chapter studies the difference between school phobic children and non-school phobic children.

Chapter Eight concerns the analysis of the post-experiment data which tests the effectiveness of the treatment. It also investigates the relationship between background characteristics (such as child's birth order, parents' education, child's nationality, child's IQ, child's area of residence) and the success of the treatment.

Finally, chapter Nine discusses the results of chapters Seven and Eight. It attempts to make some comparison between the result of this study and results from some previous studies. Moreover, this chapter discusses the limitations which occurred in the application of this research. Finally, there are some recommendations which may be applied to further studies in this field.

Chapter 1  
Theories of Counselling

## 1.1 Introduction

The word counselling relates to almost all people at some time of their life. Clients who come for counselling are not patients or abnormal. They are often normal people, but for some reason they need someone who is professional in counselling to help them to understand themselves and their problems. Blocher (1974) indicated this when he assumed that (a) clients of counselling are not considered to be mentally ill, (b) the attitudes of counsellors are not neutral or amoral; they have their own values and feelings, but do not impose them on their clients whom they recognises as a separate person, and (c) clients are striving to develop an identity and implement it with a life-style that is their own.

Blocher (see Shertzer & Stone, 1980) defines counselling as follows:

"Counselling is an interaction process that facilitates meaningful understanding of self and environment and/or clarification of goals and values for future behaviour."  
(p 19)

In this sense, counselling is seen as developing a helpful relationship through an interaction between counsellors and their clients so that a greater understanding may be reached and undesirable behaviour may be changed. Tyler (1969) indicates that the purpose of counselling is to help people to make wise choices for their future development. Finally, counselling is a way of facilitating choices for clients

through creating a positive interaction with them and using different principles for their improvement. This is supported by the definition of Munro, Manthei and Small (1985) who define counselling as follows :

"Counselling is a way of helping others by using a variety of skills and principles within a relationship that is subject to certain ethical and value requirements."  
(p 17)

Counselling techniques differ from one counsellor to another. They depend on the counsellors' attitudes and theories. Some counsellors follow only one technique in their counselling processes, others try to use different types of techniques according to the client's case. This chapter attempts to introduce some of the methods and techniques which are widely used in changing behaviour through counselling processes. Methods which are discussed are:

1. Psychodynamic Therapy: The Freudian Approach.
2. Psychodynamic Therapy: The Kleinian Approach.
3. Psychodynamic Therapy: The Jungian Approach.
4. Person-Centered Therapy.
5. Personal Construct Therapy.
6. Existential Therapy.
7. Gestalt Therapy.
8. Transactional Analysis.
9. Theory of Eclectic Therapy.

## 1.2 Psychodynamic Therapy : The Freudian Approach

Freud began his career as a neurologist. His early interest was in the fields of both the mental and physical aspects of neurology, concentrating on personality later on. He focused on the relationship between conscious and unconscious parts of the mind. Freud's basic ideas were that a human's behaviour is largely determined by their past experiences particularly during the first five years of their lives and according to their biological needs. According to Milner (1974), Freud regarded the unconscious level of awareness as having a powerful influence on behaviour. He believed that early childhood plays an important role in affecting the later life of the personality. Sexual impulses and drives also play an important role in determining the human's behaviour (Jacobs, 1986).

### 1.2.1 View of Person

According to Corey (1982), Freud stated that personality consists of three elements, id, ego and superego. Id is a source of sexual energy. Its function is to make individuals feel comfortable and satisfied regardless of the situation. Id is often identified with primitive drives seeking to discharge tension rather than being object seeking.

The ego at birth is not formed, but develops through the different stages of growth. The relationship between the internal parts of the ego and their external relationships toward others normally starts with the vital relationship between mother and baby. The function of the ego is to control the personality and to deal with the external environment objectively.

Superego is the conservative part of an individual's mind. It concerns the ideal within the individual. It expresses the internal control over the individual. It is the moral or judicial branch of personality, and represents the traditional values and ideas of society as they are handed down from parents to children.

According to O'Leary (1982), Freud mentioned that it is necessary when studying human behaviour to examine it under three headings: the dynamic, the typographical and the economic. The dynamic aspect concerns the id, ego and superego; the typographical aspect stresses that conflict between these systems may occur at three possible levels, conscious, pre-conscious and unconscious; and the economic aspect asserts that the resolution of any conflict occurs by responding to internal needs and contextual issues that surround the conflict.

### 1.2.2 The Disturbance of Person

Weakness in the relationship between parents and children may lead to a disturbance within the child. In a case of suffering from disturbance, an individual may try to 'adapt' to the situation by neuroses which are maladaptive solutions. Defences are important to protect the ego, but if incomplete such defences can fail under stress. Freud showed that most of individuals' disturbance could be related to failures in social development (Sutherland, 1982). In other words, Freud's view is that social forces in our environment affect our behaviour and this may cause problems for individuals. Individuals need to gain some satisfaction from their social relationships with others. If they are deprived of such satisfaction, they may begin to show various forms of stress.

The question which comes to mind at this stage is when can we diagnose a psychological disturbance? We can only truly speak of a psychological disturbance when behaviour is deemed inappropriate to a particular age and culture or subculture. Defences play another important role in that they provide clues to underlying difficulties. Weak or unsatisfactory defences perpetuate disturbance and provide a disguised expression for repressed feelings. Therefore, Freudian psychotherapy aims to deal with these unsatisfactory defences. Therapists can help clients to re-experience their early repressed feelings in a more satisfactory and appropriate way.



### 1.2.3 Goal and Style of Therapy

In Freudian therapy clients are helped to re-experience old conflicts in order to create new endings. The therapists' role is to analyse defences and conflicts which cause disturbance to clients. The therapists' function is to bring the unconscious level to the conscious level, in order to help clients to be aware of the repressed impulses which caused the disturbance. This means the ego will have an opportunity to re-experience the situation successfully. Another important goal for therapists is to help clients to develop their ability to explore themselves and express their thoughts and feelings without fear.

There are some conditions which limit the degree of success in achieving these goals ; for example, the kind of the goals clients want to reach the extent of the disturbance, motivation, ego strength and the capacity for insight. The success of the therapy also depends on the therapists' skills, attitudes and experience.

Freudian psychotherapy relates to clients in four different ways. Firstly, therapists should identify with their clients. Such identification should help therapists to understand their clients. Secondly, therapists should help their clients to develop perceptions about themselves, which reflects clients' inner world reasonably objectively. This will occur through

transference relationships, whereby clients transfer their feelings and sensations to therapists. This transference may include positive or negative attitudes and feelings, such as love, hate, fear, wishes or anxieties about the judgement of the therapists, or even struggles over authority and control. Through such transference, therapists help their clients to understand themselves. Thirdly, therapists must be aware of their neurosis and counter-transference. The idea of counter-transference is used in the literature in two senses: (a) to refer to the therapists own distorted view of the other person which interferes with the therapists' objectivity; (b) to describe feelings aroused in them by clients in which they may at times provide useful clues about this clients' relationship with others, both past and present. Finally, therapists must be realistic in their relationship with their clients. This means that therapists must at times express their own feelings and attitudes so as not to create an artificial working environment.

#### 1.2.4 Technique of Therapy

The fundamental rule and technique which is used in Freudian therapy is known as free association. Free association refers to the situation in which clients have an opportunity to express their real feelings, thoughts and memories without fear. Through this technique clients are encouraged to say whatever comes to their mind even if it is not important or

seems unreasonable. Free association is a technique in which therapists can explore ambiguous episodes in clients' early lives, which cause disturbance for them. Therefore, the first major aim for therapists in their relationship with their clients is to help free association to take place. During the free association process, the therapists' task is to identify the repressed material that is locked in the unconscious.

Another important process which is very commonly used in Freudian psychotherapy is transference. Transference means that clients direct their own feelings toward therapists, thinking therapists to be the original object that caused the disturbed feelings. Transference interpretation consists of the following factors; (a) parents or past significant persons, (b) other or outside persons in current life and (c) therapists. Transference interpretation and conflict interpretation are important techniques in Freudian psychotherapy. Therapists who use these techniques must be aware of their own feelings and have deep understanding of their own counter-transference feelings. They must also have sufficient experience and skills in this particular field.

Resistance is another fundamental technique in the practice of psychoanalysis. It refers to anything that works against the progress of therapy and prevents clients from producing unconscious material. Freud stated that resistance is an unconscious dynamic that attempts to defend people against

intolerable anxiety, which would arise if they were to become aware of their repressed impulses and feelings. According to Truax & Carkhuff (1967), the term resistance was initially introduced by Freud to refer to the clients' unconscious opposition to exploring or recognizing unconscious or even pre-conscious material.

The therapists' interpretation of such resistance should help clients to become aware of reasons for the resistance so that they can deal with them. Resistance is a usual defensive approach to daily life. It must be recognised as a device that defend against anxiety but, at the same time interferes with the ability to experience a more gratifying life. It is the attempt to defend the self against a high degree of anxiety that would result if the material were to be translated from unconscious to conscious experience.

#### 1.2.5 Limitations of Therapy

Freudian psychotherapy requires a systematic and intensive training. This may be seen as a limitation for therapists who want to be involved in such psychotherapy. Therapists must also be able to provide time and accessibility. The therapeutic environment must be capable of dealing with the possibility of severe regression to infantile states of mind and behaviour.

There are also limitations imposed by clients. For example, those who show more concern for getting rid of the symptoms than understanding the significance of them. Clients who find the Freudian approach limiting tend to be the ones who want their symptoms to be removed by the therapists.

Another important limitation in Freudian therapy comes through the failure of clients to relate to therapists, in the sense of finding difficulties in relating their thoughts and feelings and also in the sense of making a relationship. A further limitation arises when clients are forced to be involved in the therapy, either because they are under pressure from someone else or because their symptoms are too comfortable to be given up. Finally, a limitation may be the clients' unconsciousness being resistant to exploration, for example when uncovering repressed aspects which are greatly feared.

### 1.3 Psychodynamic Theory : The Kleinian Approach

Melanie Klein (1882-1960) showed a strong interest in medicine and medical research throughout her life. Because of her interest in medicine, she was introduced to the writing of Sigmund Freud. She found in his theories some 'truths' for which she had always been searching. She started using her emerging ideas of psychoanalysis in her work with young children, but all her later works were based on a process of self-analysis which Freud himself had initiated.

Farrell simplifies Klein's common themes of psychoanalytic theory as follows (see Cooper, 1986):

- a. No item in mental life or in the way we behave is accidental. It is always the outcome of antecedent conditions.
- b. Mental activity and behaviour is purposeful or goal-directed.
- c. Unconscious determinants affect the way we perceive ourselves and others. These are thoughts of a primitive nature, shaped by impulse and feelings within the individuals that they are unaware of.
- d. Early childhood experience is overwhelmingly important and pre-eminent over later experience.

Farrell added that Klein threw new light on the hitherto unexplored regions of the pre-oedipal stage. She went on to propose that (see Cooper, 1986):

- a. Environmental factors are much less important than had previously been believed.
- b. The beginning of the superego can be located in the first two years of life.
- c. Any analysis which does not investigate the stage of infantile anxiety and aggressiveness in order to confront and understand that stage is necessarily unfinished.
- d. The most important drives to treat are the aggressive ones.

### 1.3.1 View of the Person

During early childhood, children are not able to distinguish between themselves and the external objects around them. At this stage (a few months old) children can only relate to the object itself. Good objects give comfort and gratification, such as feeding and cleaning. Bad objects give pain, such as hunger and cold. Adults have the ability to recognise the emotional responses elicited by external objects. They can direct their feelings toward that object.

### 1.3.2 Concept of Therapy

**Introjection** : This refers to all humans experiences through life in the external environment, which become part of personality. The inner world for every individual is a composite collection of experiences of outer stimuli.

**Projection** : This response is used by individuals as a defence mechanism, placing their undesirable feelings onto other people around them. For example, if a child hates his brother, he says that his brother hates him. This process helps individuals get rid of their negative feelings by sitting it with another person or by repressing the acknowledgement of its existence within one's self.

**Splitting** : The process of splitting refers to the situation in which ambivalent or contradictory feelings within the same person are split into two or more aspects to prevent negative feelings harming good ones; by splitting the two aspects, people move towards the more positive one.

### 1.3.3 Disturbance of the Person

At the time the baby starts to recognise its mother, a 'depressive' position will become part of the baby's life. The baby starts its first relationship with its mother because she is the first to bring it pleasure. Therefore, if anyone separating the infant from this pleasure (separation process)



may cause anxiety within the individual. The child's first relationship plays an important role in later personality. A strong relationship with the mother and other members of the family will be a strong basis for further identification.

The view of Kleinian therapists is that the most important part of a human development where psychological disturbance is generated is during early childhood; a disturbance in childhood relationships can lead to anxiety. Children suffer anxiety when they feel that they lose a part of the relationship with their mother, and are no longer an internal part of her. The desire of children to be loved is a very important part of their childhood. Aggression is also an important process for infants. They may try aggressively to re-enter the mother, to become at one with her again, to return to safety.

#### 1.3.4 Goal and Style of Therapy

The first job for Kleinian therapists is to explore the clients' unconscious and fantasies about themselves and their relationship with other people. They try to explore the degree of relationship between these fantasies and the outside world in the way it has been experienced by clients. To Kleinian therapists, interpretation of the transference is a central function in therapy. A major goal for such therapists is to explore early childhood experiences that affect the person in adulthood. The important condition in such exploration is the

quality of interaction between therapists and their clients.

Therapists should have a sincere and open relationship with their clients being concerned in a real way for their clients. Clients should ideally come to recognise "real" things about their therapists. Therefore, the more therapists are "real" in their relationship with clients, the more likely it is that a helpful relationship will be created. This relationship should help clients to learn the human reality of their therapists, and also therapists should be able to understand the transference interpretation.

The Kleinian therapist's first function is to help clients to receive gratification from therapists as an idealised object. In this case, therapists must encourage their clients to think that therapists are a possible source of 'other' gratification.

### 1.3.5 Technique of Therapy

#### The Setting :

The Kleinian therapist's room is typically comfortable with alternative choice of seating, namely a couch for clients to lie on or a large reclining chair. The therapist's position is behind the client. Therapists usually use the couch for a specific role relationship depending on the client's case.

### Transference Interpretation :

The main function of therapists centres on the transference process and its interpretation. Through the transference, therapists will have a clear idea about the clients' past and present experiences. Transference is a technique whereby clients direct their feelings towards therapists as the original object that caused the feelings. Therefore, the transference process helps therapists to understand and investigate their clients' positive and negative feelings which cause the disturbance. By interpretation, therapists try to help their clients to be consciously aware of reality. The interpretation of transference is a technique in which therapists understand their clients' problems and find the source of them.

### Working Through :

Working through is a process in which clients will have an opportunity to experience their feelings, anxieties, and past experiences in relation to therapists and other people. The technique of working through will help clients to examine the situation and mechanisms of projection and introjection.

### Play Analysis :

According to Rogers(1986), Klein assumed that the children's play activities, including their accompanying verbalization,

are quite as motivationally determined as the free association of adults. This technique requires therapists to provide deep interpretations of children's behaviour. By this means, it is hoped to reduce children's more acute anxiety, and thus to give them an inkling of the value of the analysis for them.

### 1.3.6 Limitations of Therapy

Kleinian therapy can be judged by an examination of the variables which facilitate therapeutic change. If Kleinian therapy is to be judged by contemporary scientific standards of 'proof', it is unable to provide scientific evidence necessary to meet the basic criterion of disconfirmability.

An important limitation in Kleinian therapy is the type of process therapists use with their clients in order to affect the clients' change. A Kleinian approach emphasises the therapists' ability to practice therapy from different starting points. If therapists practise their therapy from only one viewpoint, there will be a danger of such therapists becoming subsumed and consumed by their own stance. Therefore, Kleinian therapists tend to avoid this by giving the clients' own viewpoint relatively more attention. However, therapists see their clients in such a strict, controlled, analytic setting that they can be insulated from a view of their clients in the external world.

Anxious behaviour can be interpreted in two ways. It is seen as a repression of unconscious ideas which are threatening to become conscious or, anxiety could be viewed externally as a way of appealing for a sympathetic approach from another person. These two interpretations of behaviour represent challenge to the modus operandi of Kleinian therapy, and the view of therapist can be distorted.

#### 1.4 Psychodynamic Theory : The Jungian Approach

C.G.Jung (1875-1961) was medico-pastoral. Compared with Freud, he had more romanticist and empiricist interests. Jung criticised Freud's sexual explanation of mother-son incestuous ties. His approach was to understand the relationship in terms of a universal human wish for renewal, through the return back into the mother as the primal source of life (Corey, 1982).

In the twenties, he started to formulate his own general concept of psychodynamic therapy. One of the major concepts he concentrated on was the concept of the self. He saw the self as a dynamic energetic, subject to the play of counterpolar opposites and the phenomenon of the enatiopomia. The self consists of archetypes. These archetypes include the persona and shadow; the anima and animus; the mana personalities bearing authority; the pure aeternus; externally fresh; young and self renewing; the wise man and the wise old woman.

Another important concept for Jung was the ego. He saw it as the centre of the self-conscious. According to his view of the ego, it plays an important role in the internal relationships within the self as well as in the case of the external relationship, with "not-self", in the latter time.

In England, Jung's ideas have been extended to cover new areas which were neglected by Jung. According to Lemberg (1986), these areas include early infantile development and the

analysis of infantile disturbance and potentialities, so often repressed and left unintegrated within the adult client. Moreover, new light has been cast on the understanding of the holding, object-presenting, mirroring, naming and reconstructing the function of the analyst, also an understanding of transference and counter transference analysis.

#### 1.4.1 View of the Person

The basic image of the personality is of individuals who are born into, and dependent upon "others" who form their personality. Others include all environmental forces surrounding individuals such as, the mother, father, school, neighbourhood and the nation they belong to. These environmental forces are called archetypes. A clash will occur between the stereotypic aspects of the archetype and the particularity of the actual object if the archetypal expectation conflicts with the object corresponding to it in the real world. On the other hand, however, if the sense of the outside object is weak, the archetypal content will impose its dominion over individuals.

Jung viewed individuals to be influenced not only by what they experienced as children, but also what they aspire to in the future. His view of human nature is the combination of teleology with causality ; that is, the approach combines the concern of humans about the direction they are heading and

their concern over past experiences that are important in the present. He believed that human beings are continually growing and developing, and in doing so they are moving toward a fuller level of development.

Jung gave more attention to the unconscious than did Freud. He saw that the unconscious could be tapped, developed, and utilised. He described the unconscious forces as both creative and destructive. The unconscious is the well spring of creativity and the source for direction in life, not only the sum of repressed childhood experiences (Corey,1982).

#### 1.4.2 Concept of Theory and Disturbance

For Jungians, the concept of psychological health which is seen as a dynamic process is concerned with the persons' development and ability to respond to changes in their environment. For them, this concept has some connection with the level of integration or wholeness. Integrated individuals have their own ability to reduce unnecessary conflict and promote rather than hamper their main and central objectives. They are aware of and able to integrate all of their personality factors which they consider undesirable or less desirable, that is to say, the shadow. The capacity to experience and handle dynamic change, integration and reintegration, loss, joy and personal relationships in all their vicissitudes requires a series of qualities that constitute psychological health if possessed.



The concept of psychological disturbance may be defined and understood under the following headings :

1. Fixation at early levels of development in the individual's life.
2. Excessive investment in the libido is a major cause of disturbance.
3. Absence of any holding container whether internalised or externalised, that might be forthcoming for the individuals from a person, group or coherent life-style.
4. The final disturbance may occur in the case of the schizoid individuals who are always in danger of living in a world of archetypal images that are insufficiently modified by their sense of object relationship.

According to the view of the therapy, most of the psychological disturbance arises from a distorted relationship between individuals and their early containing environment. In the early relationship a mother plays an important role in providing a secure environment. She can play this important role through her physical and psychological relationship with her child.

### 1.4.3 Goal and Style of Therapy

Jungian therapy aims to analyse the client's personality through the therapeutic relationship. It has both short and long term goals. The short-term goal includes helping clients to be aware of their own ability in order to use it to relate archetypal material with increasing ego-consciousness. The long-term goal includes providing conditions that favour spontaneous movement within the self towards integration and individualisation, coupled with enhanced ego-consciousness.

Jung emphasised that therapists must first analyse themselves before they become involved in psychodynamic therapy. Therapists must be able to distinguish between their clients and themselves. They must also respect the clients' integration in order to make them safe enough and encourage them to trust them and finally interact with them.

As to motivation, genuineness and curiosity about human psychology are the first essential factors. Being an empathic and patient listener is the second essential factor. The third factor is a willingness to tolerate, with imagination, the aggression that clients, in their long drawn-out movement into repair and integration, mobilise against therapists.

Therapists' way of dealing with clients is a very important factor in the clients' ability to establish object-relationships. Clients usually try to explore the therapists'

personality at the beginning of their relationship. They might attack, intrude, dominate and cast their therapists away ; they project upon them and transfer to them images that are sometimes wildly beside the mark and often insulting in a variety of ways. Therefore, therapists under such conditions need a firm sense of identity.

When Jung separated from Freud, he started to create his own therapeutic style. (a) He used the chair to achieve an "eyeball to eyeball" approach instead of Freud's couch. (b) He neglected the reduction to early childhood; his concentration was on adult archetypal patterns in the "here and now". (c) He concentrated on the realisation of the self as a dynamic bipolar system of opposites, developing new levels of integration through the synthesising effects of the transcendent function.

#### 1.4.4 Techniques of Therapy

The major techniques used frequently are the following ; the use of the chair, free association and a close and detailed analysis of the client-therapist interaction, which involves the analysis of the transference. Moreover, Jungian psychology emphasises the analysis of dreams as a technique to understand the unconscious part of the client's personality. Jung focused on the symbols of dreams as a clue to finding meaning. He believed that dreams are more than an unconscious wish or

desired impulses. Instead, dreams can help people to prepare for their future ; they can also function to bring about a balance between opposites in the personality.

#### 1.4.5 Limitations of Therapy

According to Jungian therapy, limitations may be understood as accidental or inherent or sometimes both. Under accidental limitations, we may subsume the problem of financing long and detailed treatments, the problem of location and of the relatively small number of analysts available. Inherent limitations are sometimes imposed by the extent and intensity of damage and distortion suffered by the therapists at the beginning of their life and sometimes, cumulatively throughout its course so far.

Lambert (1986) states that Alan Edwards (1983) described five areas of damage. Firstly, when psychosis is florid, latent or borderline, the analytic method is likely to fail or to result in serious difficulties. Secondly, individuals whose early dependency needs have been almost entirely innate by their early environment and who may, at a later time in their lives, form unresolvable dependent transference to their analysts. Thirdly, there are personalities whose damage is so intense and whose rage and terror are so unbearable that totally rigid defences of an observational paranoid or schizoid type come into operation in such a way that both the presence and the

interpretative functions of the analyst are totally resisted. Next, there are histrionic personalities whose inner emptiness, deadness and horror at the thought of abandonment propel them towards an intense and dramatic acting-out for the purpose of seeking attention or, alternatively, into manipulative behaviour or desperately self-destructive manoeuvres. Finally, there are people who, for many reasons, have become severely addicted to alcohol, cannabis, heroin etc; in addition, the clients' attention to any interpretations offered by the therapists might be suspected as the aim of understanding the addictive compulsion.

## 1.5 Person-Centered Therapy

Carl Rogers is known as the founder of person-centered counselling. He began his career in 1928 when he joined the Child Study Department of the Society for the Prevention of Cruelty to Children in Rochester, New York. His study in this institution was to help children or parents gain insight into their own behaviour and motivation. By 1940, Rogers was a Professor of Psychology at Ohio State University. In 1942, his first book, *Counselling and Psychotherapy*, appeared. From 1945 to 1957 he was Professor of Psychology and director of the Counselling Centre at Chicago University.

At the time he was a Professor at Chicago University, his theory about the individual appeared and was tested. His basic theory concentrated on the ability of individuals. According to him, individuals have within themselves an ability for self-understanding, for altering their self-concept, their attitudes and their self-direction. Non-directive therapy was formed at the time his hypotheses were tested.

Rogers emphasises the type of relationship between therapists and their clients. His idea is that a developmental technique depends on the type of relationship created between the therapists and their clients. Emphasis is placed on a relationship based upon acceptance and clarification. Another idea of Rogers' therapy came from his focusing on the internal

world of the client and therapist's attitudes rather than on the particular type of technique.

### 1.5.1 View of the Person

The basic assumption of person-centered therapy is that both therapists and clients are trustworthy. This means that every organism has within itself a tendency toward a positive construction. This is what is called by Rogers "an actualising tendency" which will occur if therapists create the best possible conditions for its achievement. The person-centered therapist believes that clients as individuals have sufficient capacity to deal with all the aspects of their lives. They are able as other people to direct themselves. Finally, clients' perceptual world will be determined by the experience they have rejected or assimilated into their self-concept.

### 1.5.2 Concept of Therapy

The first important concept for person-centered therapy is the self-concept. Self-concept refers to the individuals' conceptual construction of themselves. This self-concept is heavily dependent on the attitudes which constitute individuals significance to "others". Another important concept is psychological health. The concept of psychological health refers to individuals who have developed their self-concept and

have been in touch with their deepest experiences and feelings. Any such individuals will be more able to achieve a level of psychological freedom and be more fully-functioning.

A final important concept is fully-functioning which is used by Rogers to denote individuals who are using their talents and abilities, realising their potential and moving toward a more complete knowledge of themselves. Rogers mentioned some characteristics for a fully-functional persons. The first one is to experience openness. Openness experience refers to individuals who are able to listen to themselves, and experience what is happening without fear. Secondly, the fully-functional persons live their lives moment by moment of their existence. Thirdly, persons who are fully-functional are characterised as organismic trusting. Such trusting is best displayed in the decision making process. People are different in their views toward outside sources of influence when making decisions, but fully-functional persons regard these resources as trust resources when making a decision. The fourth characteristics is personal freedom and creativity. Finally, persons who are fully-functioning are able to change conditions and create ideas, projects and actions.

### 1.5.3 Disturbance of the Person

According to Thorne (1986) Rogers sees many individuals as victims of countless internalised conditions of worth, causing



feelings of worthlessness in individuals, who have almost totally estranged themselves from their organismic experience. They will be victims of countless introjected conditions of worth so that they no longer have any sense of their inherent value as unique people. The introjection process shows that values, attitudes, beliefs and judgement of another person are given to individuals and become a part of their personality. Thus, it is through introjection and internalisation of conditions of worth, imposed by significant people whose approval is desired by individuals (victims), that individuals can never reach their expectations.

In such conditions a negative self-concept will take place in individuals' personality. These individuals feel that they are separated from their own inner resources, sense and values. At this moment of the individuals' lives, the disturbance will increase and affect their personality. If a person continues to be dependent to a high degree on others for a sense of self-worth, the psychological disturbance will be perpetuated.

#### 1.5.4 Goal and Style of Therapy

The first goal for the person-centered therapists is to establish a helpful relationship with their clients. With such a relationship, clients will feel free to select their own way of being closer to their deepest feelings and values. A primary goal is to see the world through the clients' eyes,

feeling and experiencing it. Therapists will not be able to do this until they get close enough to their clients' sensations.

According to person-centered therapy, clients will not be able to express their own feelings and choose their own direction if they do not feel fully-functional persons. In this case, individuals can trust themselves and are able to use their ability for self-understanding.

Person-centered therapy perceives clients as being trustworthy and dependable persons. Therapists can only be as trustworthy to another as they are to themselves. This shows that if therapists want to be accepted by another person's feelings and experiences, they must feel a deep level of acceptance for themselves. Therapists must appear sufficiently trustworthy toward their clients in order to encourage them to feel that they are trustworthy persons. This means that therapists must accept their clients as they are, regardless of their feelings and attitudes. This also means that therapists must genuinely be open toward the clients' feelings.

The most important function for therapists is to create a climate in which clients will be able to use their capacity for self-understanding and for altering their self-concept and self-defeating behaviour. There are three important elements which are necessary for such a climate. These elements are genuineness, acceptance and empathic understanding.

The first element in the creation of this climate is genuineness, realness or congruence. With genuineness, therapists express their real feelings, attitudes and thoughts toward their clients. The more they can be genuine, the more they will be perceived by their clients as persons of real flesh and blood, who are willing to be seen and known. Being genuine and realistic help therapists to be deeply and fully involved in the relationship with their clients.

The second important element in the creation of this climate is acceptance. According to Milner(1974), acceptance refers to the accepting of individuals without conditions. Acceptance means that therapists accept their clients as they are now, regardless of their feelings, thoughts and attitudes. It refers to a total and unconditional acceptance of clients as they seem in the present. At the time, clients feel that they are accepted as they are now, they will be more trusting of themselves and feel free and safe to express their real feelings and thoughts without fear.

The final element is called empathic understanding. Empathic understanding involves therapists entering the private perceptual world of clients and becoming thoroughly conversant with it. This requires a high degree of sensitivity to live moment by moment with the clients. Through empathic understanding, therapists will be able to feel what their clients feel and sense. They will be able to see the clients'

view of themselves through their own eyes. Therapists will not be able to be empathically understanding if they are not secure enough in their own identity before moving into another's world.

If therapists can achieve a facilitative climate where genuineness, acceptance and empathic understanding are all present, then therapeutic movement will almost invariably occur. With such a climate, clients will be able to reach their own resources for self-understanding. They will also be able to choose the right direction for their lives and develop their self-concept.

#### 1.5.5 Technique of Therapy

According to person-centered therapy, there is no particular technique for the therapy. Techniques of therapy depend on the therapists' attitudes and past experience. These attitudes required of therapists demand the highest level of self-knowledge and self-acceptance. The therapists' attitudes will play an important role in their relationship with the clients and the way in which they deal with them.

### 1.5.6 Limitations of Therapy

The limitations of person-centered therapy are a reflection of individuals' limitations as human beings. They are sceptical about the usefulness of debating the limitations of the approach in any generalised fashion.

According to Reinhard Tausch and his colleagues (see Thorne, 1986), the limitations of the approach lie in the extreme demands it places on the practitioner, rather than in the approach itself. They found that there was no relationship between therapeutic success and symptoms of problem behaviour that the client presented, but success is related to the attitudes of climate established between the client and the therapist. It emphasises that this creation of the climate depends on the therapist's ability. The therapist must be able to offer the core conditions of acceptance, empathy and genuineness.

## 1.6 Personal Construct Therapy

According to Fransella (1986), many of Personal Construct Therapy concepts about human beings came from Emmanuel Kant (1724-1804). Kant emphasises that human beings are not passive, rather they are active upon the world and at least have some control over their actions. Fransella indicates also that George Kelly is seen as a developer of most of Kant's ideas. Kelly's whole approach is about action, prediction and change.

Kelly was a psychologist. He was professor and director of Clinical Psychology at Ohio State University in 1946. His theory is based on the philosophy of constructive alternativism. According to Blocher (1974), a personal construct is a way that individuals use for construing differences and similarities in people, objects, or event. Constructs are bipolar, such as good and bad, dangerous and safe, ugly and beautiful. According to this concept, counsellors of Personal Construct therapy perceive and respond to negative expressions of their clients without undue anxiety.

### 1.6.1 View of the Person

Kelly's concept in understanding the person is that we have to put some hypotheses forward about the person, and test these hypotheses to see whether the predictions are validated or not. We test our predictions by behaviour; he views all behaviour

as if it were an experiment. His view is that, in order to understand ourselves and others in psychological terms, we have to evolve ourselves to help us predict events in our personal worlds. He looks at the person as a scientist. By this he means that all of us have theories about why things happen: we think of hypotheses and test them.

### 1.6.2 Concept of Therapy

The important concept of personal construct therapy is that of fully-functioning. Kelly describes persons who are fully-functioning as ones whose predictions are mostly validated. This means that these persons are able to construe the world in the right way, but when their predictions are invalidated, they will deal with them by reconstruing. In any case, if we are fully-functioning, we will accept both the invalidated and reconstrued aspects of situations.

Persons will continue suffering from problems until they find a way of dealing with the world. The longer the problem persists, the more difficulty persons are likely to have in changing.

### 1.6.3 Goal and Style of Therapy

According to personal construct therapy, persons with a psychological problem cannot move from their situation. They repeat the same behavioural experiments over and over again.

The goal of therapists is to help their clients to move and be liberated from their problem.

Fransella (1986) indicates that according to Kelly, the goal of therapy is to get human process going again so that life may go on and on from where psychotherapy left off. There is no particular type of psychotherapeutic relationship, no particular kind of feelings, no particular kind of interaction that is in itself a psychotherapeutic panacea.

There are some important skills for therapists who work with personal construct therapy. These skills are the following:

#### A subsuming system of constructs:

Kelly emphasises that every therapist must have a subsuming construct system and be able to use it. Therapists need a set of professional constructs within which to subsume a clients' own personal system of constructs. If therapists have a subsuming construct system, they will be able to specify the kind of the constructs. They can use it whenever a therapeutic decision to be made. But if they lack an adequate subsuming system of constructs, they may fail to facilitate a client's change.



### **Construing the client's constructions :**

For Kelly, this is an important skill for therapists to begin a therapy. Using a professional construct system mostly depends on the therapists' skill to subsume the clients' personal system. This means that therapists will be able to see the clients' world through their eyes.

### **Creativity and aggression :**

Therapists need to be creative and aggressive. To be creative, therapists must be able to adopt a variety of roles and be aggressive in testing out hypotheses.

### **Verbal ability :**

Therapist must be able to understand the clients' language without difficulties. Therefore, they must have a wide range of vocabularies, because if they do not, they may misunderstand their clients.

Personal construct therapy emphasises the relationship between therapists and their clients. Both must understand the problem and help each other to find a solution. Both must also have a personal commitment to solving the problem and to the necessary work and experimentation that this involves. Through the therapy, clients have freedom to do what they think is right. The therapists' function is to formulate hypotheses about the

nature of the problem; the clients' function is to test these hypotheses. During the therapy clients will do whatever they like and think, but this must be in agreement with therapists. At this moment we have to remember that the therapists' role is to use the relationship with clients to help them to reconstruct themselves. The therapeutic style will be decided by therapists when they construe the clients' needs.

#### 1.6.4 Technique of Therapy

There is no particular technique which must be used in all therapeutic styles of personal construct therapy. The relationship between therapists and their clients and the problem will decide the type of technique. But the following are some of common techniques which are used:

1. Self characterisation: Usually persons know themselves better than anyone else. Fransella (1986) mentioned that Kelly stated, "if you do not know what is wrong with persons, ask them, they may tell you." They must then go beyond the words to read between the lines. This means that therapists will understand the problem from clients' words, from self characterisation.
2. Fixed role therapy : Therapists and their clients work together until they arrive at the point at which they draw a sketch to describe the person that clients feel

it is possible to be. Clients will then do whatever this person does. They will live the life of this person. The purpose of the fixed role is to get the idea that clients can change themselves. Clients will see what happens when they change a particular part of their behaviour.

3. Repertory grid technique : This is basically used to enable therapists to obtain some degree of quantification on the relationships between the constructs of clients and those of the individual people in their worlds.

4. The ABC model: This technique helps clients to find the advantage and disadvantage of each role of a construct. Through the ABC model, therapists ask their clients some questions which relate to the problem and the answers will be a guide-line for further exploration.

#### 1.6.5 Limitations of Therapy

This therapy has three main limitations. Therapists using personal construct therapy must be persons who are not threatened by giving over total control to the client at some stage. Therapists must be willing to allow their own construing to be put completely on one side, while trying to get inside the clients' world. The second limitation is that therapists must have an ability to subsume the clients' ways of

construing the world in which they give them guide lines, but clients have all the answers in the long run. This is what the therapists have to do with control. The third limitation is related to control and uncertainty, and has to do with creativity and aggressiveness. Therapists have to create the therapy and use techniques by which clients can achieve their goals.

## 1.7 Existential Therapy

The basic philosophy of this therapy is concerned with the description of the nature of being and the exploration of meaning of human existence. Its philosophy in psychotherapy comes through reappraisal of values and assumptions. It initiates a radical reappraisal of reality in a fundamental way.

The early existential therapists were Binswanger in Switzerland and Minkowski in France. They were the first to apply phenomenological and existential thinking to working with clients. Both emphasised the importance of understanding the entire structure of the existence of clients. Rollo May is also one of those who gave great attention to the existential therapy. According to Corey (1982), May has tried to use some of existential philosophy and apply them to psychotherapy.

### 1.7.1 View of the Person

The Existentialist's view of the person is that humans define themselves by existence. Deurzen-Smith (1986) states ; "I am only what I actively exist as now". She sees the human as in continuing change. She emphasises that the uniqueness of individuals depend on their capacity to change and adapt with the situation they are involved in. According to her classification of character, individuals will benefit only if

they focus on the active mode of being of each individual person; this is because people exist in different modes. May (see Corey,1982) emphasises that all human beings have an inborn urge to become persons. That is they have a tendency to develop themselves, identify their personalities, and strive for full actualisation of their potentials.

### 1.7.2 Concept of Therapy

According to Deurzen-Smith (1986), healthy individuals are the ones who embrace life fully and move ahead actively and courageously in growing awareness of the four modes of being, increasingly capable of negotiating life's abstracts and perils successfully with spirit and enjoyment, insight of, or possible thanks to, ups and downs. The person who lives this way will be on the way to authentic existence.

To be an authentic human means you have psychological health. In other words you are living in a way that is true to a more intrinsic value-system and to an awareness reality. Lacking in authenticity refers to a psychological disturbance. Persons who are seen as authentic persons are disturbed because they achieve goals that are not essentially their own. They act without any awareness of self and have no personal meaning or values.

People learn to be authentic through education and family life. Most of us learn in our early lives that it is profitable to be on the side of the strongest people joining their values and opinions. There is no significant time for disturbance in our lives: it may occur at any time if persons can establish a sense of self with the ability to face the world and life, then they will reach the first step towards authenticity and genuine psychological health.

According to Shaffer (see Corey, 1982) there are four central existential themes :

1. We are confronted with the unavoidable uncertainty of a world without any fixed meaning and with the certainty of our own eventual death.
2. In the face of a potentially meaningless situation, we become aware of our inherent freedom to choose our attitudes toward situations and choose our actions.
3. There are constraints, both biological and environmental, on human freedom, yet within these limits there is always choice.
4. We cannot evade responsibility for choosing ourselves, for we are constantly creating ourselves by choices we make or find to make. It is this awareness of personal freedom and responsibility that leads to anxiety, and how we deal with this anxiety is to a large degree

related to our identity.

### 1.7.3 Goal and Style of Therapy

The most important goals for the therapy are the following :

1. Helping clients to clarify and grasp the inner value-system and mode of existence in the world.
2. Encouraging clients to become authentic and relinquish self-deception.
3. Encouraging clients to come to terms with life, by building up confidence in and reliance on their inner self and reality.
4. Working with clients to explore what their priorities are and eventually to determine a new direction for living.
5. Enabling clients to act and to accept the awesome freedom and responsibility for action. Freedom and responsibility are interrelated. Clients are challenged to take responsibility towards themselves.
6. Clients are helped to be aware of the freedom they possess and to be responsible for the direction of their lives.



The emphasis in the therapy is always on the understanding of the subjective experience of clients. Therapists can help clients to be authentic only if they decide honestly to investigate their lives at present. The most important goal for the existential therapy is to help clients to explore themselves and develop their ability to become answerable to themselves.

Deurzen-Smith (1986) emphasises that it is very important for therapists to believe in the philosophy of the existential therapy. She believes that persons of therapists are more important than the role of therapists. Therefore, the professional attitude of the existential therapists must be in line with their personal lives. Therapists must also have a background in philosophy as well as psychology. They must be authentic persons before they get involved in the therapy. The road to authenticity is that of self-examination and critical thinking about the meaning of existence.

The emphasis of existential therapy is on the relationship between therapists and their clients, rather than the technique. Existential therapy has the reputation of advocating a non-technological relationship-oriented therapeutic style. According to Truax & Carkhuff (1967), May states that the relationship between therapists and their clients must be taken as a real one. Therapists must show their clients that they are aware and conscious of their feelings and problems. Therapists

and clients must work together through the relationship, investigating the existence of clients. The existential style of therapy in this relationship enables therapists to be a guide to encourage clients to explore their subjective experience in all its meanderings. The relationship between them should be developed as an I-Thou interaction in order to acknowledge the other in the client's essential individuality and uniqueness.

#### 1.7.4 The Disturbance of the Person

According to the view of existential therapy, people who come for therapy mostly have what could be called restricted existence. These people are unaware of themselves and are often vague about the nature of their problems. Individuals with these problems view themselves as useless or helpless. They may see few if any options to limited ways of dealing with life situations. Moreover, they tend to avoid taking responsibility toward themselves.

#### 1.7.5 Technique of Therapy

Existential therapists have their own style and personality to use in this approach. Therapists who work under the philosophy of existential therapy have the right to decide the kind of technique they need to aid the therapy. Existential therapy does not favour any special technique. Although there

is no particular technique in the existential therapy, there is a central statement on technique especially in the face of increasing pressure to standardise, quantify and objectively assess methods of psychotherapy:

**Encounter :** Encounter reflects a real communication between therapists and their clients. Through it, clients experience the recognising of the reality of therapists. This is a way of emphasising the I-Thou relationship.

**Exploration of the subjective world-view :** This is a way in which therapists and their clients work together to identify and explore the resources that are important for clients to face. It is a technique which helps clients to achieve an active exploration of their ideas and assumptions about life so that the existential therapists will be able to live up to their status of mentor. In this technique therapists use questions to explore clients' ideas; such questions are, what is this like for you? How do you experience this?

**Enquiry into meaning :** An important issue is to explore the client's internal structure, coming through a deeper enquiry into the actual meaning of the words and concepts that the clients use. The understanding of the clients world can only be achieved by constant questioning. Whenever the therapeutic process reaches these depths of clients experiences, clients recognise their own world and truth. When the enquiry has reached its aim, such questions are; what does this mean to

you? what does this remind you of ?

**Strengthening the inner-self :** The inner-self is directly involved in the therapeutic encounter. At this time clients start to be able to experience their own sensations. This is the time when inner self-reliance is discovered and strengthened. The therapists' role now is to encourage clients to uncover their personal values and focus on the inner-self.

**Establishing priorities :** At the time clients reach their inner values, the priorities for choices will be established gradually. At this moment, therapists should encourage their clients to think imaginatively and creatively about any future possibilities.

**Making a commitment :** Whenever the clients' selves become strong and determined enough to implement priorities, they reach the time of making commitments to this truth-seeking way of life. At this moment, the therapists' function is to help their clients in preparing total self-reliance which can only be done through self-examination and realisation of inner values.

**Living :** At this moment the therapy reaches the end. The techniques remind clients that there are always problems in our lives, and that life will always remain full of obstacles and crisis. If therapists and their clients think that clients can face life then they reach the end of the therapy.

### 1.7.6 Limitations of Therapy

The philosophical nature of the existential approach is at the core of its strengths and at the same time determines its limitations.

**Commitment :** Clients are expected to come to the therapy with the firm intention of examining assumptions and prejudices, conflicts and ideas as honestly as possible. Clients are expected to be co-workers with a full commitment to the therapeutic process.

**Change :** Clients who come to the therapy are ones who begin to examine and face their lives. Through this they will tend to want to make changes in accordance with the priorities that are discovered under the dust of previous self-deception. The therapy seems limited because of its potential to make people accept, or come to terms with, situations or facts that they might otherwise have evaded or rejected.

**Evaluation :** This is considered to be another limitation of the existential therapy. Clients determine the goal of the therapy and at the same time they assess the outcome of the therapy. In the same way, the therapists' consistency with their own inner values and professional criteria rests on this same continuous, evaluative inner process which is contradicted by any external evaluation procedure that is aimed at

standardisation.

Communication : The verbal nature of this therapy is seen as another limitation. The emphasis here is on insight through talking about problems. The approach favours the use of a vocabulary that is close to the client's inner world.

## 1.8 Gestalt Therapy

Frederick (Fritz) Perls and his wife Laura are known as the developers of Gestalt therapy. Perls started his professional training as a psychiatrist and psychoanalyst in the Freudian tradition during the 1920s and 1930s. In 1935, he founded the Institute of psychoanalysis in South Africa. In 1926, Perls started thinking about Gestalt psychology while he was working at the Institute for Brain Damaged Soldiers. Page (1986) mentions that Perls (1973) described his view of Gestalt therapy when he suggested that the basic premise of Gestalt psychology is that human nature is organised into patterns or wholes, that it is experienced by individuals in these terms, and that it can only be understood as a function of the patterns or wholes of which it is made.

### 1.8.1 The View of the Person

Gestalt therapy views the person as a unified organism. Persons' behaviour is determined by the nature of their relationship with the environment. Gestalt' view is that persons live in the present and their interaction with the environment is in the 'here' and 'now'. Therefore, any occurrence of change will be in the present. Gestalt therapists believe that individuals have the capacity to assume personal responsibility and live fully as integrated individuals.

## 1.8.2 Concept of Therapy and Disturbance

**Organism self-regulation:** Each organism has within itself a natural balance to keep its survival. Persons always try to maintain this balance by gratifying their needs and adapting to the demands of the environment.

**Contact :** Persons who are able to achieve a healthy contact with their environment are called healthy functioning. A healthy contact refers to the persons being able to deal with the environment, so that the integration will occur.

**Awareness :** This is an important concept for Gestalt therapy. It shows that persons know themselves and their environment. Perls described awareness as covering three different zones: awareness of self, awareness of the world and awareness of what's between'. With awareness, persons can be more positive and can be aware of the situation and solve their own difficulties. With awareness, they can recognise their relationship with the environment.

**Figure and ground in the formation and destruction of Gestalt:** At any time there will be an imbalance within the persons because of their needs or their relationship with the environment. If these persons are seen as healthy functioning persons, then no disturbance in awareness will occur. In this case, the need is seen as a figure in the ground of the persons' awareness. Persons differentiate this dominant need



clearly as the figure from the ground of their total experiencing. This meaningful whole, of figure and ground is a Gestalt.

**Disturbed functioning :** Persons who are unable to achieve a balance within themselves, or with their environment's demands are seen as disturbed persons. These persons are unable to distinguish clearly between their needs and the demands of their environment. The Gestalt therapists see that the problem of these persons is that they do not differentiate clearly between figure and ground. They manipulate the situation in unhealthy ways. In this case, persons suffer from a lack of integration.

Page (1986), describes four mechanisms through which the contact boundary disturbances are acquired :

**Introjection:** This mechanism refers to an acceptance of concepts, attitudes, beliefs, and thoughts which are imposed by someone in the persons' lives. They take in whole bits of their environment rather than breaking off a portion. They take in parts that are not self. The contact boundary is moved so far inside themselves that little remains of self. They make themselves responsible for what is part of their environment.

**Projection :** This mechanism refers to those who avoid taking responsibility for their own feelings, needs and even parts of their body. The contact boundary is moved too far outside

themselves.

**Retroreflection** : This mechanism refers to the persons who are not able to direct their behaviour towards others, therefore, they direct it back at themselves. Their contact boundary is down the middle of them, so they manipulate themselves as though they were their environment.

**Confluence** : This mechanism refers to persons who feel no boundary between themselves and their environment. They cannot make contact with others, nor can they withdraw from them.

### 1.8.3 Goal and Style of Therapy

**Maturation**: Gestalt therapy sees mature individuals as the ones who reach the stage in which they are separated from environmental support and self-support. At this stage therapists help these clients to manipulate the environment, but do not do anything for clients when they feel that they are able to do it themselves.

**Integration** : Gestalt therapy looks at individuals as a systematic whole. When integrated, energy is available to deal with new Gestalt formation and therapists work towards this integration.

**Responsibility** : Taking responsibility is a part of the clients' duty towards themselves. Therapists help their clients to become aware of how they avoid taking responsibility and

encourage them to take responsibility. The therapists' function is to help their clients to move from environmental support to self-support. Clients are challenged to depend on themselves and take responsibility at this moment for personality change.

There are different styles used in Gestalt therapy. The kind of style for each situation depends on the particular client and the situation, but in general, any therapeutic style must be based on an "I-Thou" relationship with the person. The therapist's function is to help the client to contact reality. The therapist's emphasis is on the awareness at a particular moment.

#### 1.8.4 Technique of Therapy

**Awareness :** Awareness is an important technique in Gestalt therapy. Awareness helps clients to have many choices, but if clients are not aware, then their choices and responses are limited.

**The Here' and Now':** In Gestalt therapy all concentration is in the present. Therapist emphasis the presence of the client's situation. Emphasis is on the here' and now'. Now' is one of the most important aspects of Gestalt therapy. Perls (see Corey,1982) emphasised the here' and now' and on learning to appreciate and experience fully the present moment. The Gestalt therapist is mostly concerned with questions at the present

time: What is going now ? what is happening now ?

Statement instead of question : Gestalt therapy encourages clients to make statements rather than ask questions when they communicate with therapists. Statements are more meaningful than questions in communication. Using statements in communication helps clients to avoid dependency on others.

No gossiping : Client in Gestalt therapy are encouraged to talk about their feelings at the present time and avoid talking about those who are not present. Such a technique helps them to face the feelings which are causing the disturbance.

Can't and Won't' statements : Clients are required to use forms such as I won't, I don't want or I am not willing' instead of I can't'. This will help them to face their own unwillingness to do or change certain things.

I' and 'Thou' : Usually clients are required to talk to the therapists directly (face to face). This will encourage them to face their responsibilities and avoidance of communication. This will also help them to increase their awareness of the difference between talking to and talking at.

The empty chair: The purpose of this technique is to encourage the clients' dialogue. In this technique, therapists require from their clients to move back and forth between two chairs. They act as if to speak to another person who has conflict feelings towards them. This technique will help the

clients to see the polarities or splits more clearly and to contact and integrate aspects of themselves that they avoid or disown.

Unfinished business : Unfinished business is unresolved feelings. The clients' feelings need to be expressed along with the words. Clients are encouraged to express the feelings which disturb them such as resentment, rage, hatred, pain, anxiety, grief, and so on. They are associated with distinct memories and fantasies. Because these feelings are not experienced in awareness, they linger in the background and are carried into present life in ways that interfere with effective contact with oneself and others (Corey-1982).

Reversals: Therapists may ask their clients to practise a role which they say they do not possess. This is to help clients to be aware of their behaviour which can often cover up the opposite type.

Dreams: The view of Gestalt therapy on dreams is that the clients' dreams are part of them, and an expression of them in the 'here' and 'now'. Clients are asked to tell their dreams as though they were in a dream. This experience is seen as a unique experience for the clients.

### 1.8.5 Limitations of Therapy

One of the important limitation of the Gestalt therapy is the therapists' skills and experiences. Therapist must have sufficient skills and experience before they get involved in Gestalt therapy. They must also have knowledge and understanding of both its applications and limitations. The most effective application of Gestalt therapy comes with personal therapeutic experiences gained in professional training workshops and work with competent therapists and supervisors. With inadequately trained or untrained practitioners, there is the possibility that Gestalt therapy could become extremely authoritarian.

Therapists' attitudes towards Gestalt therapy are also seen as limitations for the therapy. They may not be willing or able to participate effectively in this therapy. There are also limitations when Gestalt therapists function as part of an interdisciplinary team, which might include a psychiatrist, nurse, social worker and occupational therapist. The degree of limitation depends on the model, goals, etc. Therefore, it might be possible to say that Gestalt therapy has limitations for certain individuals.

## 1.9 Transactional Analysis

Eric Berne (1910-1970) was the founder of transactional analysis. He graduated from McGill University, Montreal. He received his M.D. and his Master of Surgery in 1935, and started his career as a psychiatric resident at the Psychiatric Clinic of Yale University School of Medicine. In 1941, he started training as a psychoanalyst at New York Psychoanalytic Institute. In 1950-51, he started to develop transactional analysis through a weekly clinical seminar which attracted an exciting group of people many of whom have since made major contributions to the theory and practice of TA. By the end of 1958, he had developed transactional analysis (T.A.) as an almost complete system.

### 1.9.1 The View of the Person

Berne's view of persons was that he saw persons as capable of being in charge of their own destiny and of wanting to recover autonomy. Autonomy is recovered by three capacities which are; awareness, spontaneity and intimacy. To Berne, awareness requires living in the here' and now'. Spontaneity means recognising that each of us has options of feelings and behaviour and the freedom to choose the most suitable for the occasion. Intimacy means loving the other for being themselves. It means loving without the expectation of reciprocation.

Collinson (1986) states that Berne (1961) emphasises that each person has three ego states. He defined ego states as a consistent pattern of feelings and experience directly related to a corresponding consistent pattern of behaviour. He names these three parts of the structure of the human personality as Parent, Adult and Child. The Child ego state refers to our feelings and experiences, as well as behaviour, through the childhood period. The Parent state refers to authority (particularly our parents) who hold all negative and positive messages that we have to accept. The Adult state refers to the part of us which plays an important role in assessing the reality of the situation and chooses how to respond to the available data.

These three ego states are divided for more precise analysis. The Parent ego state is divided into the Critical Parent and the Nurturing Parent. The Child ego is divided into the Adapted Child and the Free or Natural Child. The Adapted Child exhibits modification of the Natural Child's inclinations. The modifications are the result of traumatic experience, demands, training and decisions about how to get attention. The Adapted Child is divided into two parts; the Compliant Child and the Rebellious Child. The Natural Child is the impulsive, untrained, spontaneous, expressive infant in each of us.



## 1.9.2 Concept of Therapy and Disturbance

"I am OK, you're OK" is seen as one of the most important assumptions of transactional analysis. It refers to Berne's view of autonomy. We as individuals, always seek love. It is natural to want to love and to be loved. It is our childhood experiences which play an important role regarding ourselves. If we do not regard ourselves highly because of bad treatment by our parents and other significant people in our childhood, we will work out ways of obtaining what we believe we lack. We may use unsuccessful ways to obtain love, until we obtain it.

T.A. therapy's view of an individual's problem is that problems arise because there is a conflict between what the person's Child wants and what his/her Parents say he/she should want. At this point, when persons want to adopt a situation they will develop either wish-fulfilment fantasies or catastrophic ones of rejection. T.A. calls this adaptation passive behaviour because it guides to a greater conflict. Collinson (1986) mentioned that Paul McCormick described four ways of diagnosing each of the ego states.

1. Behavioural (observing whether the behaviour is parental, adult-like or child-like).
2. Social (observing other's responses to the behaviour, for example, if the responses are disapprovingly parental, the behaviour is probably child-like).

3. Historical (verifying the origin, in time, of the ego state in question, as by "Yes, I'm in my parent, all right. I sound just like my father did when I was ten").
4. Phenomenological (re-experiencing-not just remembering) "in full intensity, with little weathering" the moment or "epoch" (Berne) when the ego state was originally experienced.

Berne emphasised the correlating of these four methods before the diagnosis can be validated. There are several causes of ego state pathology, but the most common one is contamination of the Adult by Parent or Child or sometimes even both. Contamination of the Adult by the Parent can result in prejudice, or by the Child having delusions or hallucinations.

### 1.9.3 Goal and Style of Therapy

According to Collinson (1986), the goals of therapy depend on the type of contact which is regarded by T.A. as indispensable first step in treatment. There are four requirements of a therapeutic contract; mutual consent, valid consideration, competency and lawful object. In general, the client's goals are expressed in the form of specific changes they want to achieve in their lives. This change must present a satisfactory alternative to the client's safe but uncomfortable ways of life at present. The goals of the therapist will be expressed in the achievement of contracts.

Collinson in the same situation states that there are some qualities which are very important to any therapist.

1. 'I'm Ok-You're Ok' means that therapists must fully accept their clients regardless of their personality or problem.
2. Therapists must take care and respect their clients' feelings and behaviour.
3. Therapists must be able to model the kind of behaviour they want for their clients.
4. Finally, they must be able to use and develop the free child parts of his/her personality.

In short, the basic goal of T.A. is to help clients to make new decisions regardless of their present attitudes, behaviour, feelings or the direction of their lives. The therapists' function is to create a position in which clients will be able to have freedom of choice, freedom to change their lives and create new decisions. The therapists' goal is to free the Adult from the influences of the Parent and Child. This freedom may enable clients to choose and create new options above and beyond the limiting influences of the past.

According to Collinson, there is no particular therapeutic style for each therapist but the style of the therapy mostly depends on the therapist's personality. There are also a number

of T.A. schools which are different from each other in their therapeutic style, and they affect the therapist's style. Moreover, the therapist's style is influenced by the facility with which T.A. combines with other therapies.

#### 1.9.4 Techniques of Therapy

Techniques of transactional analysis are divided into two categories. The first type of these categories is derived from the other modes of therapy. In this case the T.A. therapists usually use a non-T.A. technique with some aspect of T.A. therapy. The second category is derived from the therapy itself. According to this therapy, there are six therapeutic stages in which therapists can use as a guide for their decisions:

Stage one : This stage is marked by defensive behaviour in which therapists need to clean up the clients' ego-state pathology, as much as their contaminations and exclusions.

Stage two : This stage is marked by anger arising from the clients' awareness that they have engaged in repetitive behaviour for many years. Some basic analysis will have been provided here because clients are becoming aware of the way which their ego states function.

Stage three : This stage is marked by the clients' feelings of hurt: they may, with the use of regressive exercises, come to

believe that it was their own fault that their parents acted as they did.

Stage four : This stage is marked by the clients' awareness of all types of difficulties with their parents; they choose to incorporate only selected messages. Erskine believes at this stage that clients may attempt to terminate treatment because they are unwilling to give up the Parent-Child symbiosis or cannot face rewriting their own scripts.

Stage five : At this stage, it requires a treatment contract involving and satisfying three ego states; the adult, the free child and the nurturing parent. A treatment contract denotes a commitment to change.

Stage six : At this stage clients become aware that they have an opportunity to choose the ego state with which to offer or to respond to a transactional stimulus. This means that all ego states have been decontaminated and that clients can adopt which ever ego state seems most appropriate to their circumstances.

#### 1.9.5 Limitations of Therapy

The first limitation of Transactional analysis is the therapists' ability to help their clients to greater autonomy and develop positive attitudes towards their script or belief system. This function is seen as the more difficult aspect of

treatment and requires the co-operation of the unconscious. Another important limitation is that the matter-of-fact language is usually regarded as a virtue. This has led many people to believe that their knowledge and comprehension of the basic concepts is sufficient to allow them to act as T. A. therapists without undertaking the necessary training to obtain skills involved in the practice of any method, and which requires a time-consuming and committed study. A third limitation is that it can be used manipulatively, particularly in personal relationships where one of the people knows T.A. and uses it to obtain an unfair advantage over the other in the relationship. Finally, the language which is created by Berne in order to help the layman to understand his own therapy is frequently used to avoid accepting responsibility.

## 1.10 Theory of Eclectic Therapy

According to Sherstzer and Stone (1980), Frederick C. Thorne is considered to be the leading proponent of the eclectic viewpoint. Thorne's position has been presented in four books: Principles of Personality Counselling, Principles of Psychological Examining, Clinical Judgment, and Personality: A Clinical Eclectic Viewpoint (see Shertzer and Stone, 1980).

### 1.10.1 Concept of the Therapy

The word 'eclectic' refers to an approach in which counsellors choose appropriate techniques and methods from various sources and systems for certain clients. Dryden (1986) indicates that eclecticism has been defined as follows:

"Eclecticism refers to the selecting of what appears to be best from diverse therapeutic sources, systems and styles." (p. 353)

Eclectic counselling is based on a rational plan that involves appropriate measures for (1) opening the relationship (2) dealing with causes and symptoms and (3) terminating therapy.

Eclectic counsellors usually have quite wide choices of different methods and styles to integrate in their therapeutic decisions-making. However, they do not need to integrate all parts of all available theories, nor do they keep working with a limited number of these styles and theories. Eclectic

counsellors select the parts which have validity and are helpful clinically to their clients. In other words, eclectic counsellors choose the methods which are most suitable to their clients' personality and problems. Different clients and problems may require different strategies and techniques at the initial stage of therapy.

Eclectic therapists use a broader range of clinical strategies than do those belonging to a particular school. Nevertheless, eclectic therapists, like other therapists, are influenced by a set of imprecise personal factors which guide their behaviour. Dryden (1986) states that we may never be able to fully understand what guides therapists of eclecticism in their selection of strategies, techniques and specific responses. However, he suggests some general and important issues which may be used for determining which strategies eclectic therapists develop in certain treatments.

- a. The image of the person.
- b. How psychological disturbance and health are construed.
- c. How psychological problems develop and are perpetuated.
- d. How therapeutic change processes are construed.

#### 1.10.2 View of the Person

Eclecticism as perceived by Thorne (see Shertzer and Stone, 1980) would require an assessment of the clients in respect of



their past history, present situation, and future possibilities. This evaluation would utilize methods of understanding personality development contributed by the biological and social sciences and it would require the counsellors to possess direct and intimate knowledge of the individual's manifestations and activities.

Thorne emphasises that eclectic counselling may be suitable to those clients:

1. Who are motivated enough to seek psychological help and are able to develop a satisfactory counselling relationship for long period in order to express their feelings freely and get the help they need.
2. Who are sufficiently articulate to deal with problems on verbal levels.
3. Whose resources of personality are sufficient, so that solution can be worked out.
4. Whose problems do not require medical or psychiatric care.
5. Who are sufficiently stable and not dangerous either to themselves or to society so that treatment outside an institution is safe.

6. Who are cooperative and accessible. The eclecticism is not advisable to those who are dull, disturbed, confused or disoriented.

### 1.10.3 Characteristics and Roles of Therapy

According to Shertzer and Stone (1980), the eclectic counsellor is the one who possesses superior intelligence and judgment. Counsellors must be familiar and knowledgeable of the various levels of functional integration as related to normal adjustment or disease. They must be skillful enough in order to be able to evaluate the client's status in relation to what is possible to accomplish. Counsellors must have the ability to estimate goals and the possibility of attaining them. Finally, eclectic counsellors require to be sensitive to developing situation so that they can evaluate the indications and contra-indications for the application of any method.

Dryden (1986) notes that the basic roles for the eclectic counsellors are: paying close attention to their clients' variability in selection of clinical strategies, giving careful attention to the most appropriate style to adopt in implementing strategies with particular clients in accordance with their perceptions of these clients on salient dimensions, and it is productive for the eclectic counsellors to share their clients selecting technique for achieving their goal. When the clients feel that they have a positive role in

selecting the method, this may be particularly beneficial for the clients to gain better results.

#### 1.10.4 Technique of Therapy

It is understood from the above explanation that the eclectic counsellors' techniques come from the integration of different methods and styles of other choices of different schools. However, the most relevant issue for the eclectic counsellors is the degree of activeness or directiveness to be employed in their techniques with their clients. Thorne (see Shertzer and Stone, 1980) suggests the following generalizations concerning the use of directive or non-directive methods:

1. In general, passive techniques should be used whenever possible.
2. Active techniques should be used only with specific indication. In general, only a minimum of directive interference is necessary to achieve therapeutic goals.
3. Passive techniques are the methods of choice in the early stages of the therapy.
4. All therapies should be client-centered. In other words, the clients needs and interests should be the indicator of the directive action in the therapy.

5. Directive techniques are usually indicated in situational maladjustment where a solution cannot be achieved without the cooperation of other persons.

6. Some degree of directiveness is expected in all counselling: This is inevitable.

#### 1.10.5 Limitations of the Therapy

It is obvious that the main limitations of eclectic counselling may be centred on two points. First, the therapy deals with certain kind of clients. Clients who may be able to gain benefit from the eclecticism counselling must have some certain qualities; many clients who do not have these qualities will not be able to seek help from the eclectic counsellor. Such condition may limit the number of clients who are seriously need such type of counselling.

Another limitation of the eclectic counselling may be seen in the characteristics of the counsellors who are willing to undertake eclectic counselling. For example, counsellors must be quite familiar with a great number of counselling methods and styles in order to be able to select what is suitable to their clients.

## 1.11 Summary

It is obvious that some theories of counselling/therapy have many characteristics in common. For example, Freudian, Kleinian, Jungian are seen to work under one school of therapy which is psychoanalytic. Psychoanalytic theory focuses on the unconscious psychodynamic of an individual's behaviour. Therapists of psychoanalytic theory put an emphasis on the early relationships between children and their parents. They see that the client's disturbance at adulthood stage is a result of a weak and broken relationship with adults at childhood stage. Individuals are basically determined by their early experiences. TA has some characteristics in common with psychoanalytic therapies such as the view that most of the human's behaviour is determined at the childhood stage. But TA differs from psychoanalytic therapies in its techniques. Whereas, psychoanalytic therapists emphasise to help clients to be aware of their unconscious, TA emphasises helping clients to have freedom of choices to change undesirable behaviour and choose a new decisions for their lives.

There are also some dissimilarities between the psychoanalytic therapies. For instance, whereas Freud and Klein emphasise the importance of the conscious and unconscious for the human relationships, Jungian therapy emphasises the importance of the ego's role in external relationships.

Other counselling therapies also have many characteristics in common. For example, Person-Centred therapy, personal-construct therapy, Existential therapy, Gestalt therapy and Eclectic therapy regard individuals as able to take positive actions towards themselves and their environment. They emphasise the individuals' ability to understand themselves and choose what is suitable for their lives when ever they find freedom to choose.

In spite of these therapies' belief in individuals' capacity to understand themselves and choose the most valuable choices for themselves, they have different key concepts and philosophies in changing individuals' behaviour, feelings and thoughts. For example, Existential therapy looks to provide conditions for maximising self-awareness and growth, while Rogerian therapy looks to a safe climate conducive to clients' self-exploration. With Gestalt therapy, therapists look to challenge the client to accept responsibility for internal support. On other hand, with Eclectic therapy, therapists look to assist clients to manage the problem situation more effectively by selecting the most appropriate technique for their problem.

The following is a brief description for each of these therapy processes :

#### Freudian Therapy :

Freudian therapy emphasises the importance of past experience in the clients' future lives. It also considers that clients' awareness their unconscious is very important for changing their behaviour. Therefore, the main goal for therapists is to help clients to be conscious of the impulses which may cause their disturbance.

#### Kleinian Therapy :

Kleinian therapists strongly agree with Freudian therapists in the importance of the relationship between conscious and unconscious in human being life. But, Klein's view is that the most important drive of all is the aggressive one. The main goal for the kleinian therapists is to examine the clients' fantasies about themselves and their relationship with other people.

#### Jungian therapy :

Jung also agrees with Freud in the importance of early childhood relationships, but he disagrees with Freud's view about sexual explanation in causing the disturbance. He sees the environmental forces such as mother, father, school,

neighbourhood and the nation the clients belong to, play an important role in the clients' lives. He calls these environmental forces archetypes. Any clash between clients' needs and the archetype may cause disturbance for clients. Jung's main attention was in the concept of self. He sees the ego as the centre of self-consciousness. Finally, he argues for the ego's role in internal relationships.

#### Person-Centred Therapy :

The main issue in Rogers' philosophy centres in the relationship between therapists and their clients. How successful the therapy is depends on the therapist's ability to create a helpful climate in which clients feel safe and free enough to express their real feelings. The view of individuals is positive. Individuals are able to be self-understood and self-directed when they find a climate characterised by acceptance, genuineness and empathic understanding.

#### Personal-Construct Therapy :

The main issue for the Personal-construct therapists is to look at clients as active rather than passive individuals. The therapists' role is concerned with clients' ability to put validated predictions for their future lives. They see individuals whose predictions are most of the time validated as fully functioning; they should be able to deal with their



invalidated predictions but if not they are seen as disturbed individuals.

#### Existential Therapy :

The central focus is on the nature of the humans condition, which includes a capacity for self-awareness and freedom of choice to change and adapt with the situation they are involved in. It puts an emphasis on individuals' ability to be authentic existence in which they can achieve psychological health for themselves. Existential therapists also see self-determination and a tendency toward growth as central ideas for their therapy's situation. They see that a psychological disturbance occurs when an individual lacks an authenticating process.

#### Gestalt Therapy :

Gestalt therapists look at individuals as integrated organisms. Individuals are able to keep a balance in their relationship with their environment. If they fail to keep this balance during their lives, they may suffer disturbance. According to the Gestalt view, individuals in this case are able to recognise how earlier influences are related to present difficulties. Gestalt therapy focuses on dealing with their clients usually in the 'here and now'.

## Transactional Analysis (TA) :

A fundamental feature of TA is that each transaction is analysed to discover which ego state (Parent, Adult, or Child) brings about each stimulus and response (Shertzer & Stone, 1980). TA therapy's main view is that individuals have freedom to choose what is most suitable to them. The personality is made up of Parent, Adult, and Child; clients suffer disturbance because of a conflict between what a person's Child wants and what their Parents say they should want. In this case, the Adult will make a decision. In spite of the fact that the therapy emphasises the here and now, it argues that most of the clients' disturbances come from their early childhood experiences.

## Theory of Eclectic Therapy

The therapy style of eclectic counselling depends on different techniques and methods, adapted from others schools of counselling. The eclectic counsellors' role centres on their ability to choose from the methods and styles of other schools what is best for their clients' personality and problem. An appropriate integration of choices will help the counsellors to achieve a satisfactory resolution of their clients' problems.

**Chapter 2**

**Behaviour Modification**

## 2.1 Introduction

This chapter discusses behaviour modification programmes as one of the most common and general technique for changing behaviour. This technique is not a new one rather it is as old as the history of mankind, but according to Craighead, Kazdin and Mahoney (1976), the present interest in behaviour modification began in the 1950s by B. F. Skinner and his colleagues.

People always tend to develop and modify their behaviour according to their beliefs and attitudes as well as according to the changes that occur in their environment. This explains that our behaviour is not firm, but is in continuous development. However, this does not mean that our personalities are not firm but rather, that we as organisms need continuous modification and adaptation to our behaviour in order to achieve a high level of satisfaction towards ourselves and our environment. Therefore it is necessary to discuss the theoretical studies of behaviour modification programmes when we think about changing behaviour.

Behaviour modification is known as a goal for fields of humanistics studies. Psychologists, socialists, counsellors, teachers and parents are all involved in behaviour modification programmes. Programmes of behaviour modification concern the

whole organism, i.e. how it behaves in its own environment, how it develops its behaviour, how it achieves satisfaction towards its behaviour, how it can change its behaviour to be more adaptable in its environment, and what kind of system in modifying its behaviour to use. These are some of the questions to which most behaviour modification programmes try to find answers. Finally, the goal of behaviour modification is to help people to be more satisfied and to be happier with their environment by its programmes.

## 2.2 Definition:

Our behaviour is a part of our personalities. In most cases, our behaviour represents our thoughts, feelings and attitudes. It seems that if we can understand the individuals' behaviour, we may can predict the way they feel or think. Skinner (1966) says :

"Behaviour is that part of the functioning of an organism which is engaged in acting upon or having commerce with outside world."(p 6)

Studying and changing behaviour is the main part in behaviour modification programmes. According to Neuringer & Michael (1970), behaviour modification involves the application of principles derived from the psychological laboratory to the changing of undesirable behaviour. But Behaviour Modification itself has many definitional problems. One of these problems centres on the difficulty of distinction between the principles of behaviour modification and behaviour therapy. The focus on behaviour therapy is in changing the behaviour directly, usually without reference to hypothesized psychic states that allegedly underlie it, while the focus on behaviour modification excludes references to internal states of the individual. Nevertheless, some writers see behaviour therapy as synonyms to behaviour modification (Fischer & Gochras, 1975 and Kazdin, 1978)

Another problem of definition of behaviour modification comes from the range of its field. According to Cradighead, Kazdin, and Mahoney (1976), the range of behaviour modification extends from the application of principles of operant conditioning to something called more generally principles of learning to the more broadly based clinical approaches of Bandura (1969).

Even with these problems, there are some writers who have tried to define the process of behaviour modification. Fischer and Gochras (1975) define behaviour modification as follows :

"Behaviour modification is a system of intervention, that is, a set of principles and procedures detailing how peoples' behaviour can be changed. Because modification has its roots in certain assumptions about development of human behaviour." (p xiv)

Kazdin (1978) states that the field of behaviour modification has been used to refer to the end product of an intervention. Intervention of all sorts have as their end-goal the modification of behaviour and, hence, have been grouped with behavioural techniques occasionally.

In the same place, Kazdin suggests that the following characteristics representing the most widely approaches of behaviour modification.

1. Focus upon current rather than historical determinations of behaviour.
2. Emphasis on overt behaviour change as the main criterion by which treatment should be evaluated.
3. Specification of treatment in objective terms so as to make replication possible.
4. Reliance upon basic research in psychology as a source of hypotheses about treatment and specific therapy techniques.
5. Specificity in defining, treatment, and measuring the target problems in therapy.

### 2.3 Principles of Behaviour Modification Programme

According to Bijou and Inesta (1972) and Benson (1979), there are some important principles which must be involved in any behaviour modification programme. Teachers, counsellors, and parents will not be able to organize a programme in behaviour modification without these principles. These principles must be followed if behaviour is to be changed. The following are the most important principles for any behaviour modification programme.



### 2.3.1 Goals of behaviour modification programme :

The first important principle in these kind of programmes is the specification of the goals. Specification of goals must be the central point in these programmes. Any successful process in these programme must involve a strong definition of its goals. One of the most important consequences coming from the specification of goals is the selection of the appropriate treatment procedure for changing behaviours. Another important consequence is the technique which we will use in the evaluation of achieving these goals. Bandura (1969) says :

"One of the major obstacles to the development of effective change programmes arises from the failure to specify precisely what is to be accomplished on the more common practice of defining the intended goals in terms of hypothetical internal states."(p 111)

Defining goals should be the first step in a behaviour modification programme. Defining goals should be very clear to both counsellors and their clients. The clearness of goals will help counsellor and their clients to evaluate their achievement of these goals. Clearness of goals also will help them to be aware of their development through the programme.

### 2.3.2 Identifying the Behaviour :

After identifying the goals of the programme we move to identifying the behaviour which will reflect the kind of goals we want to achieve. In this case, it is important to specify

the desired behaviour in a situation where we are able to recognise change in behaviour through the programme of the behaviour modification. In order to achieve this step we need to find some answers to the following three questions :

1. Which behaviour do we see as undesirable behaviour and we need it to be changed?
2. What is the substitute behaviour?
3. What are the conditions which will be involved to achieve this substitution?

### 2.2.3 Assessment :

According to Kazdin (1975), assessment of behaviour modification is essential for at least two reasons.

1. Assessment is important to determine the extent to which the target behaviour is performed. Assessment in this case reflect the frequency of occurrence of behaviour prior to the programme. It is only through assessment that the behaviour modification programme can show the extent to which target behaviour is performed and what degree of change is required.
2. Assessment is needed to reflect behaviour change after the programme has begun. Since the major purpose of behaviour modification programme is to alter behaviour,

behaviour during the programme must be assessed continually in order to keep the changing of the behaviour close to the target one.

## 2.4 Theoretical Interpretation of Behaviour Modification

### 2.4.1 Classical Conditioning

### 2.4.2 Observational Learning

### 2.4.3 Operant Conditioning

#### 2.4.1 Classical Conditioning

This theory was presented by Ivan Petrovich Pavlov (1899-1936). He is known as the founder of classical conditioning. Pavlov's view was that a neutral stimulus which is not part of an innate stimulus-response relationship could become a conditioned stimulus through an association with the original unconditioned stimulus.

An example of classical conditioning is Pavlov's famous experiment with his dogs. The most important point in this experiment was the relationship between food, called unconditioned stimulus (UCS), and buzzer sound, called conditioned stimulus (CS). In the beginning of the experiment the dogs salivated only when they saw food, not when they heard the buzzers. They later came to salivate when they heard

the buzzer after Pavlov, in a special experiment room, made the buzzer sound a signal for a few seconds before the food was mechanically delivered. The point he made was the association between the conditioned stimulus (buzzer sound) and the unconditioned stimulus (food). This experiment showed that the occurrence of conditional response will depend on the association and the length of time between the conditioned and unconditioned stimulus.

Watson and Rayner (1920) offered another experiment representing the classical conditioning. They demonstrated that fears could be learned. An eleven month old boy named Albert served as a subject. Albert freely played with a white rat. Prior to the actual conditioning, the investigators noted that a loud noise (unconditioned stimulus) produced a startle and fear reaction (unconditioned response) in Albert. To condition the startle reaction in response to the rat, the presence of the rat (natural conditioned stimulus) was immediately followed by the noise. When Albert reached out and touched the rat, the noise sounded and Albert was startled; within a relatively short time, the presence of the rat alone elicited a startle reaction. The conditioned stimulus elicited the fear response (conditioned response). Interestingly, the fear generalised so that objects made Albert not only fear the rat, but was generalised to include rabbits, dogs, cotton, wool, and so on. The association between conditioned and

unconditioned stimuli is the basic process of Pavlov's view and it called responding conditioning procedure.

Another important procedure in classical conditioning is called systematic desensitisation. According to Lago (1981), this procedure is used primarily for the treatment of anxiety responses. The idea of this procedure emphasis on deep relaxation, which is considered to be incompatible with fear. The client needs to relax and at the same time imagines a scene which includes mildly anxiety-provoking cues. The view here is that relaxation associates with each sense in the hierarchy of items which is imagined. At a final step, the capacity of the stimuli to elicit anxiety is eliminated.

The following are some of the main principles of classical conditioning:

#### **Generalisation and Discrimination :**

These two principles are opposite to each other. On the one hand, an organism with generalisation will respond to all similar stimuli in the same way, on the other hand, with discrimination, it will respond to each stimulus in different way. An example of generalisation is Pavlov's dog. The dog responded to almost any sound at all in the same way (salivating). But with discrimination, the dog after having some experience with different sounds, was able to discriminate between different sound. It was able to respond

to some stimuli, and not respond to another.

According to Walker (1984); Pavlov presented two different conditioned stimuli while he was studying the principle of discrimination; positive and negative conditioned stimuli. The positive stimulus is followed by food, but the negative stimulus is not. In dogs, this food leads very rapidly to their salivating to the positive stimulus, but not to the negative stimulus.

#### **Extinction :**

The principle of extinction refers to the vanishing of conditioned response. This happens when providing the conditioned stimulus to the situation without supporting unconditioned stimulus. In Pavlov's experiment when the conditioned stimulus (CS, buzzer) was presented over and over again without food (UCS), the conditioned response (salivating) vanished quickly when food was withheld and the conditioned stimulus was given by itself. This happens when the association between the CS and the UCS is broken down in extinction.

#### **Spontaneous Recovery :**

The process of spontaneous recovery assumes that the original association between CS and conditioned response does not extinguish for ever, but must somehow have remained intact,

despite the waning of the response in extinction. This process shows that the original association is not lost, but its effects are counteracted in extinction by a special process of inhibition. The idea here is that the conditioned response may occur in future when the conditioned stimulus is reassociated with it.

To summarise, according to the view of classical conditioning, any behaviour change or learning situation must include the following principles

1. Conditioned and unconditioned stimuli.
2. Association between conditioned stimulus and unconditioned stimulus must be developed. In other words, the conditioned stimulus must be presented in a very short space of time before the presentation of the unconditioned stimulus.
3. The power of conditioned stimulus in stimulating the conditioned response depends on the length of the time between the conditioned stimulus and unconditioned stimulus.

#### 2.4.2 Observational Learning (Modelling)

In observational learning, an individual observes a model's behaviour. During this observation he/she learns the response without actually performing it. Mowrer (see Bandura, 1969) states two forms of observational learning. The distinction between these two forms depends on whether the observer is reinforced directly or vicariously. In the first case, the model performs a response, rewarding the observer at the same time. Later, the observer starts to copy the model's behaviour through the association with it. In the second case, the model exhibits the response, at the same time experiencing the reinforcing consequences. The observer practices an empathic experience with the model's behaviour. Therefore, the observer would be predisposed to reproduce the matching responses for the attendant positive sensory feedback.

According to Bandura (1969), repeated continuous stimulation alone is not sufficient, but there are some other conditions that must be involved in the situation for the occurrence of observational learning. The first condition is the observer's ability to choose the most relevant events from the total stimuli. We have to give an observer an opportunity to recognise the distinctive features of the model's responses. To change behaviour and achieve learning, stimulus must be associated with discriminative observation. The second



condition is the model's competence. The model involved in such learning and modification situations must have a high level of competence. There are some qualities such as experience, social power, and possessing status-conferring symbols which each model should have.

Fischer and Gochras (1975) suggest three major effects of modelling when used in a therapeutic or behaviour modification context: Development of New Behaviours, Elimination of Anxieties and Facilitation of Established Behaviour.

#### Development of New Behaviours :

Observational learning provides several choices when considering the development of new behaviour. It is found that observational learning is very useful in language development.

#### Elimination of Anxieties and Fear :

Observational learning can be very helpful in elimination of anxiety and fear by exposing a fearful observer to modelled events in which the model performs the fearful activity without experiencing any adverse effects. Achieving this elimination effectively may be done by using graduated modelling, multiple models, and participant modelling.

## Facilitation of Established Behaviour :

The process is very effective in facilitating the expression of behaviour that an observer has already learned, but has not performed because of a lack of social support. Fischer and Gochras emphasize that a wide range of behaviours already in individuals' repertoire can be substantially increased by having them observe a model performing such behaviour. In such a situation, the behaviour of the model functions as a discriminative cue to facilitate expression of the desired behaviours.

Fischer and Gochras, in the same place also state that observational learning involves at least four interrelated subprocesses: attention, retention, motor reproduction, and reinforcement.

### Attention :

The subprocess of attention refers to the importance of the observers' recognition and their ability to differentiate the distinctive features of the model's behaviour. There are some important variables in which must be involved in this process: the model's characteristics, the observer's characteristics, incentive conditions, and the relationship between the model and the observer. This relationship should be clear in their activities.

### Retention or Memory Capacity :

This subprocess refers to the observer's ability to retain new learning. It is advisable in this case to use symbolic coding operations which may be helpful in facilitating long-term retention of modelled behaviour.

### Motoric Reproduction :

The subprocess of motoric reproduction refers to use of symbolic reproductions of modelled behaviour to guide overt performances. Practising of the modelled behaviour is quite necessary when complex behaviour that require many motor components are involved.

### Reinforcement :

Reinforcement is not always necessary to learning through modelling. However, reinforcement for the observer is particularly facilitative for actually performing observed behaviour.

#### 2.4.3 Operant Conditioning

B.F. Skinner is known as one of the leading exponents of learning behaviourism. The basic principles of operant conditioning were provided by him. He views the human as an active organism.

The consequences of behaviours are called operant. Operant behaviours include all our lives behaviours such as walking, working, driving, reading and so on. Skinner (1974) states that operant conditioning is a process in which an individual comes to deal effectively with a new environment. He calls the behaviour's consequences "reinforcers" because they decide the strength of the behaviour. Behaviour is shaped and maintained by its' consequences.

He outlines some mentalistic processes which if needed, operant conditioning was to take place. Some of these mentalistic processes are as follows :

1. The mind is seen by Skinner as one which plays an active role in the determination of behaviour. He emphasises that a mechanical arm designed to be operated by muscles normally operating some other part of the body is said to be operated by the mind, although it is operated by persons who originally moved some other part of their body.
2. Skinner emphasises that people must believe in what they are doing, because what they are doing will have some kind of consequences. These consequences may play an important role in their future behaviour, because if a certain behaviour is followed by an environmental event that brings satisfaction to the

individual, then the probability of the behaviour's recurrence is increased.

3. He states that people must understand the regularities upon which they can count. Their action must be grounded on the understanding of how things behave.

### **Principles of Operant Conditioning**

The principles of operant conditioning are techniques describing the way of developing the relationship between the organism's behaviour and different environmental events. As we have seen before, according to operant conditioning, behaviour change depends on the consequences that follow behaviour. Most of these principles emphasise their consequences.

#### **Reinforcement :**

There are two types of reinforcement.

##### **First : Positive Reinforcement**

Positive reinforcement refers to the increase in desirable behaviour when applied to the situation. Actually, it usually increases the frequency of the responses of desirable behaviour. In our everyday life there are many positive examples such as money, grades, goal achieving, and so on.

It should be known that positive reinforcement is different from reward. The main difference is that positive reinforcement usually increase the frequencies of responses when it is applied to the situation, but reward does not necessarily increase the frequencies of the response. You usually gain a reward after you have done a service or reached an achievement. Another difference is that rewards unlike positive reinforcement which is expected to follow the responses according to the reinforcement schedule (see page 125), are not expected to follow the responses each time. You may receive a high value as a reward for achievement, but you are not expected to repeat what you have done. A final difference between a reward and positive reinforcement is that the discontinuation of giving rewards to persons do not necessarily extinguish their responses, but the discontinuation of giving reinforcers will help the response to extinguish, the responses each time.

## Second : Negative Reinforcement

A negative reinforcement refers to increasing the responses when it is removed from the situation. For example, when an organism is hurt by something (negative reinforcer), it will try to increase the desired behaviour in order to avoid this hurt. Kazdin (1975) defines negative reinforcement as follows:

"A behaviour is increased or strengthened through negative reinforcement when it results in escape from or avoidance of an aversive event." (p 167)

Many behaviours in our everyday life are maintained by negative reinforcement through escape. For example, leaving the house to escape from argument with someone, turning off an alarm to escape from a loud noise, the child does not go to school to avoid fighting with other children, and taking medicine to alleviate pain all represent avoidance situations in which negative reinforcement makes individuals behave in a certain way to avoid an aversive event. Avoidance or escape behaviour allows the individuals to prevent or indefinitely postpone contact with the aversive event.

### Selection of Reinforcer

It is important to select the appropriate reinforcer for desired behaviour. Otherwise, failure of selecting the appropriate reinforcer may cause negative consequences to clients as well as to the people around them. Sheldon (1982) suggests the following items as a guide for selecting appropriate reinforcers.

1. Observation of clients in natural settings so that the consequences that normally follow behaviour can be determined, so that it is possible to reorganise these

consequences.

2. Using the principle of a high-probability behaviour can be used to reinforce a low probability behaviour (Premack's principle) when the performance of the former can be made contingent upon the performance of the latter. This principle can be useful in cases where it proves difficult to find effective sources of extrinsic reinforcement.
3. Asking the people about their concern is another technique for selecting reinforcers. What do the people like? what is likely to be effective? People (parents, children, teachers, clients, and so on) are able to talk about the things they most like or enjoy. This is very simple and a sensible approach to deciding what reinforcers should be employed for the developing of certain type of behaviour.
4. Reinforcement checklists which cover many reinforcers to be built into the programme of behaviour modification. These checklists consist of a wide range of possible influences, from material rewards and objects to activities and names of significant people.
5. Programmes of generalised reinforcers where particular conditioned reinforcers were linked only to particular primary deprivation states, or primary needs. In the



natural environment, in most cases, these conditioned reinforcers are associated with more than one primary reinforcer. The best example which represents this situation is money. We usually associate money with a wide range of goods, and therefore, whatever deprivation state we happen to be in, or whatever sources of stimulation happen to be near us at the time, there is a good chance that money will enhance the possibilities of satisfaction.

It is also important at the time we select our reinforcers for a particular programme of behaviour modification to be sure of the characteristics of this reinforcer. Reinforcers need to be characterised by some important qualities in order to be more effectiveness and more able to strength the desired behaviour to occur. Sheldon (1982) suggested a set of factors which concern the feasibility of using particular type of reinforcement.

1. Reinforcement need to be powerful enough to strength the occurrence of the desired behaviour and to compete with the already-present attractions of performing unwanted behaviour.
2. It is important to shorten the gap between performance and ultimate reinforcement, because selecting reinforcers will be technically difficult to present as a consequence of certain behaviour.

3. It is helpful if mediators are present (people who are willing to supervise the day-to-day operation of a behaviour modification scheme) to supervise and apply the new contingencies. This will be very helpful because levels of co-operation, skills, and understanding of the programme are important considerations here.

4. The selection of reinforcers must be contingent with performances. The client will not respond to reinforcers if:

a. Performance are beyond their present capacities.

b. The reinforcers are not powerful enough.

## **Punishment**

Punishment is a procedure in which people present in a situation in order to decrease undesirable behaviour. Punishment includes either the removed of a positive reinforcer or the presentation of a negative reinforcer. In both cases the goal is to decrease the undesirable behaviour. Sheldon (1982) states that punishment is the effect of applying an aversive stimulus contingent upon a certain response thus decreasing the probability that the response will be emitted in similar circumstances in future.

However, Kazdin (1975) states that punishment is the presentation of an aversive event or the removal of a positive event following a response which decreases the frequency of that response. He means that punishment can be provided to the situation in two different ways.

1. Positive punishment, for the presentation of an aversive stimulus. For example, you can punish the child in this way by doing something aversive or painful to him—spank him, slap him hard, insult him, or belittle him with sarcastic remarks.
2. Negative punishment, for the withdrawal of a positive stimulus. For example, you can punish the child in this way by taking away something he considers rewarding—his toys, his television privileges, or his freedom to move about.

It is important to distinct punishment from negative reinforcement. While punishment refers to procedure which decreases a response, negative reinforcement refers to a procedure which increases the response . In negative reinforcement, an aversive event is removed after a response is performed, but with punishment, an aversive event is presented after a response is performed. In many cases punishment is not preferred because of its consequences. Krumboltz and Krumboltz (1972) emphasise that punishment is

not only seen to work less reliably than negative reinforcement, but also has some serious dangers particularly for children.

1. Punishment may serve as reinforcement. For example when a teacher punishes a child by making him sit in front next to his desk or by writing his name on the blackboard it calls attention to the child. This attention may be received by a child as a reinforcer, so a child may increase his undesirable behaviour to keep this attention.
2. When a child feels that there is no way to avoid frequent punishment, a foundation is laid for later neurotic behaviour.
3. Punishment may produce intense fear and anxieties which may last a lifetime.
4. Naturally enough, it induces escape behaviours in those on whom it is used. There can be at least as maladaptive as the original problem-behaviour, and the negative reinforcement of successful responses in this class can give rise to a new generation of difficulties. For example, a child may learn that he can escape punishment by lying really dramatically.

Besides these, negative reinforcement has at least three advantages over punishment.

1. Children must know what behaviour is expected of themselves and must demonstrate this behaviour for the punishment to end.
2. Children remain in control of their behaviour. They are free to terminate the aversive situation whenever they choose to behave properly. They are not powerless as they are when punishment continues regardless of their behaviour.
3. Negative reinforcement is more efficient. As soon as the child's behaviour improves, punishment ends.

In many cases punishment is not necessary, but when it is used, there must be some conditions involved in order to make it more efficient. According to Craighead, Kazdin and Mahoney (1976), there are some conditions which must be involved in any punishment situation. These conditions are as follows :

1. The providing of punishment to reduce undesirable behaviour must be given immediately after the occurrence of the behaviour. This is because punished children must realise the relationship between their behaviour and punishment.
2. Punishment must follow each response of the undesirable behaviour.

3. Introduction of the contingent punishment stimulus at maximal intensity, rather than with gradual increase in severity.
4. There should be a balance between the level of punishment and the punishable behaviour. In other words, the strength of punishment must depend on the kind of undesirable behaviour. For example, if a child does not complete his homework, the teacher does not have to spank him; deprivation from playing may be sufficient.
5. Teaching the punished person some alternative desired behaviours instead of undesirable behaviours.

#### **Shaping:**

Shaping is the behaviour modification procedure that systematises the common sense principle. Shaping is a procedure in which an organism is reinforced for each approximate response to the terminal response. In other words, it means presenting a reinforcer for each step achieved by an organism in developing its responses towards the final required response. Craighead, Kazdin, and Mahoney (1976) state that shaping refers to reinforcing small steps or approximations toward a terminal response rather than reinforcing the terminal response itself. A response which resembles the final response or which includes components of that response is reinforced

through reinforcement of successive approximations until the final response (terminal) is gradually achieved. Responses that are increasingly similar to the final response (goal) are reinforced and they increase, while these responses are dissimilar to the final response are not reinforced and they are extinguished.

Counsellors who use shaping techniques must be careful to reinforce appropriately. They do not need to give too much reinforcement at early steps because this could result in the client's inability to move beyond those steps. On other hand, too little reinforcement or proceeding too rapidly could result either in the extinction of the clients' earlier shaped behaviour, or in the failure to include in the clients' repertoire some of the necessary steps and the consequent inability to perform the more complex behaviour (Fischer and Gochras, 1975).

Shaping is an important technique in learning behaviour modification. It is also an effective process to get rid of phobia. For example, if we have a person who suffers from a fear of crowds, we can deal with this person's situation with the following steps. The most simple and first step would be encouraging this person to stay with a few people to whom he is familiar with; if he did that, then we should reinforce him. The second step would then be for him to stay in one room with people with whom he is not familiar;

once this is achieved then we should reinforce his responses. The third and closer step to the final one would be to increase the number of people in this situation until the final goal is reached. An individual in this case is reinforced after each step until he is able to achieve the final goal.

### **Generalisation :**

Generalisation is a principle in which the organism responds to these stimuli in a similar way because of the common characteristics between them. In other words, response which occurs in one situation, will probably occur in another situation that shows the former properties. For example, a child who is suffering from a fear of dogs might develop his fear to cover other animals such as, cats, foxes and goats, as these animals have some of the same characteristics as dogs.

Stimulus generalisation is an important principle in learning and behaviour modification. Its importance comes from its role in developing several responses by using one reinforcer. Moreover, the process of generalisation is basic to the performance of adaptive human behaviour. For example, if the behaviour we learned in one situation (driving a small vehicle) did not generalise to another learning situation (driving a big vehicle), our behaviour reparative would be



limited to the point where we would have to learn entirely new sets of behaviours every time we found ourselves in a somewhat different situation. As a result, the process of generalisation is essential in behaviour modification programmes to ensure that the positive effects will be carried over from intervention situation to the natural environment.

#### **Discrimination :**

Discrimination is an opposite principle to generalisation. With discrimination, an organism responds to each particular stimulus in a different way to another stimuli. This means that there is only a certain stimulus which can make an organism responds in a particular way. An organism's behaviour will be reinforced if it elicits a certain response, but other responses would be ignored.

Usually young children are not able to discriminate between different stimuli in their environment. They respond to many stimuli in their environment in a similar way. For example, they may call any animal walk on four legs a dog, but these children learn when they get older how to discriminate between these stimuli and respond to each stimulus in a certain way.

The probability of a response can be increased or decreased depending on the association with the reinforcements. If a particular response is reinforced in the presence of a certain

stimulus, the probability of the occurrence of this response would increase in the future, but if this response is not followed by a reinforcer, the probability of the occurrence of this response would decrease in future. An example of the principle of discrimination from our life is, our response to green and red traffic-lights depending on our experience in discrimination between these two colours in certain circumstances.

The role for many teachers and counsellors is teaching others how they can develop a relationship between a certain kind of response when presenting a particular stimulus. The ability of teachers and counsellors in using their discrimination's programme will decide upon their results in learning and modification of behaviour processes.

## 2.5 Reinforcement Schedules :

According to Ferster & Skinner (1957), there are two major kinds of reinforcement schedules. These are called continuous and intermittent schedules. With continuous schedules, the reinforcement follows each desirable response, but with the intermittent schedules, the reinforcement does not follow the response each time, depending on either a number of responses or a period of time passed in order to present a reinforcer.

Understanding the difference between continuous and intermittent schedules is very important in behaviour modification. Continuous schedules are known to be faster extinction than intermittent schedules. This means that if we discontinue the reinforcement in the continuous schedules, the response will discontinue soon, but in the case of intermittent schedules the discontinuing of a reinforcement does not show fast discontinuation of the response. An example of this is that a young child knows that every time he raises his hand he will be asked by the teacher, so if the teacher ignores his raising hand, he might stop raising his hand. In a case of intermittent schedules, if this child does not expect that each time he raises his hand, he will be asked by the teacher, then he might keep trying.

There are many different examples in our every-day life of intermittent schedules such as fishing, hunting, studying,

playing, and so on. There are also examples of continuous schedules, such as a baby who realises that every time he smiles (response), someone will come and play with him or carries him (reinforcement), or a girl who knows every time that she cleans her room (response), she will get praise (reinforcement) from her mother. In these examples of continuous schedules any time the reinforcements are maintained, it is expected that the frequencies of responses will decrease.

In brief, extinction in continuous schedules occurs very rapidly, but in intermittent schedules it takes place some time after the discontinuation of the reinforcement. In intermittent schedules, individuals tend to resist the extinction and respond more frequently, but in continuous schedules, the resistance tends to be weaker against extinction.

Intermittent reinforcement schedules are divided into two main types of subschedules, interval and ratio subschedules. In the former, the first response is reinforced after an interval period of time passes. An example of this, checking your post-box will not be reinforced with letters unless you wait an interval of time from the last post delivery. Another example, a farmer has to wait an interval of time after his sowing (response) until he gets his produce (reinforcement). In the ratio schedules an organism must achieve a number of responses in order to have the first reinforcement. For

example, Skinner's rats have to produce a number of responses in order to have food (reinforcement).

Each of these two subschedules are also divided into two other subschedules. The interval subschedules is divided into a fixed-interval subschedule and a variable-interval subschedule. The former refers to the responses which are reinforced after a specific period of time. The first response occurring after this interval is reinforced and any response occurring before the end of this interval will not be reinforced. For example, if you always read your newspaper at the time it is delivered, you have to wait a fixed time (from morning to morning) until you can read (respond) it and learn the news (reinforcement).

In the variable-interval subschedules the length of time is varied and random. The length of time between two reinforcers is not necessarily equal. An example, if you go to work with your friend in his car, and he does not come at a regular time, sometimes 8:00, 8:30, or 8:45 etc. In this case, you would probably go (response) to the window several times to see if he has arrived or not (reinforcement).

The ratio schedules are also divided into two other subschedules; fixed ratio schedules and variable-ratio schedules. A fixed-ratio schedule refers to the situation in which an individual must complete a specific number of responses for each reinforcer. In other words, individuals will

not have a reinforcement until they achieve a certain number of responses. For example, a manufacturer who tells his workers that everyone who achieves five extra units (responses) on top of his normal target will receive 5 % extra of his salary (reinforcement).

The variable-ratio schedule refers to the situation in which an individual must be able to do a varied number of responses in order to get a reinforcer. In other words, the number of responses per reinforcement is varied around a selected average ratio. In this kind of reinforcement schedules, individuals do not know after how many responses they will be reinforced. For example, the pupils in the classroom raising (response) their hands when they want to answer questions, the teacher does not ask (reinforcement) them every time they raise their hands. The teacher asks them after an average number of three times of raising their hands. This will be seen as a variable-ratio schedule.

Using reinforcement schedules in an inappropriate manner may cause very serious problems. Therefore, it is advisable for the user of it to be very careful in order to avoid any negative consequences. Fischer and Gochras (1975) suggest the following outline for the selection an appropriate reinforcement schedules.

1. Continuous schedules are most appropriate for the developing of new behaviour and to achieve the highest frequency of occurrence.
2. Using a variable interval schedule to achieve the highest of resistance to extinction.
3. An interval schedule is advised for keeping a count of the number of responses.
4. A ratio schedule is advised instead of an interval schedule in keeping track of the passage of time.
5. Generally, interval schedules are easier to administer than ratio schedules because time-keeping is easier than causing specific behaviour.
6. A ratio schedule is preferred in case of increasing or maintaining a certain number of responses.
7. An interval schedule is advised in case of strengthening certain type of behaviour.
8. The variable ratio schedule can be used if the goal is to develop a high, sustained rate of behaviour.
9. The variable interval schedule can be used for a low sustained rate of behaviour.

10. In a case of intermittent schedules, it will be more appropriate to start with low performance requirements for behaviour to be reinforced, and gradually increase the performance required in order to receive reinforcement.

In general, the variable schedules are much more effective than fixed schedules. With fixed schedules, individuals usually start their responses at a very low level, but accelerate rapidly as the time for the next reinforcement approaches. Fixed schedules usually involve a temporary pause in the response after reinforcement occurs and then a rapid rise in response rate until the number of response required for reinforcement is reached. In the fixed-ratio schedules, individuals might exhaust themselves in order to achieve that number of responses. According to Nye (1979), Skinner states that the fixed-ratio schedule is dangerous for people, because it can cause workers to push themselves to exhaustion.

In variable schedules, pauses tend to disappear, because people do not know when they will be reinforced. They always expect the reinforcement to occur at any time. Therefore, people through variable schedules tend to do their job at a stable level. They also have more power through variable schedules to resist the extinction than in other schedules.



## 2.6 Summary

Behaviour modification programmes are based on three theories; classical conditioning, observational learning (modelling), and operant conditioning. These theories have tried to deal with changing behaviours from different views. According to classical conditioning, association between conditioned and unconditioned stimulus must take place in order to change an organism's behaviour. While observational learning emphasises the role of the models to encourage the observers to change their behaviour, but operant conditioning's emphasis is on the consequences of behaviour. Its view is that the change in behaviour depends mostly on the consequences of this certain behaviour. Behaviours are strengthened (increased) or weakened (decreased) as a function of the event which follow them.

Upon discussing these three categories it appears that the view of behaviour in classical conditioning and operant conditioning are opposed. Classical conditioning interprets the change in behaviour depending on the response to a particular stimulus in the environment, whereas operant conditioning interprets the change in the behaviour depending on its consequences. Unlike classical conditioning and operant conditioning, observational learning interprets the change in the behaviour depending on the model's behaviour and the observer's response.

These theories and others provided the framework of behaviour modification programmes. The following are the most important principles which build the programmes of behaviour modification; generalisation, discrimination, systematic desensitisation, extinction, spontaneous recovery, shaping, punishment, and reinforcement schedules.

Chapter 3

Group Counselling

### 3.1 Introduction

Why groups? This is the first question that may come to our mind when we think that it is better for us to discuss our problems in groups. According to Duncan & Gumaer (1980), Moreno states that people are born in groups, live in groups, grow in groups, work in groups, become ill in groups, so why not treat them in groups? Groups are the atmosphere which controls the individual's attitudes, thoughts, and behaviour.

Individuals inherit their early behaviour from their families (first group), then when they grow up and go to school, they face the second group; after that they face a new group in the work, and so on. Individuals during their lives move from one group to another. These groups play a very important role in the individuals' lives. They shape their behaviour and influence their thoughts and feelings.

Living together in a group for a period of time usually develops a relationship between its members. Many writers and researchers who work in this field assume that people tend to create positive attitudes between each other if they find a group in which they have a common concern (Bramley & Donnachaidh, 1977, Schordt & Truckle, 1977, Bates & Goodman, 1986, and Cooper, 1987).

### 3.2 Group Counselling and Group Guidance

At the outset it is important to distinguish between group counselling and group guidance. Many people may be confused by the difference between these two concepts; moreover, knowing the difference between these two types of groups will help us to understand group counselling more accurately.

Guidance is a relatively more comprehensive process than counselling. According to Dave (1984), the activities and procedures which are carried on under the process of counselling are usually given through a guidance programme.

Duncan & Gumaer (1980) define group guidance as the following :

"Group guidance is a procedure which focuses on providing information to a group of people at a given time. It is leader-centered and differs from traditional classroom instruction in that information presented is not subject matter oriented."(p 51)

The goal of traditional group guidance is usually centered on providing individuals with accurate information about their plans in order to help them make an appropriate decision for their future lives. The emphasis in group guidance is on the needs of the group members and the responsibilities which the group members are going to meet or to work with.

Individuals in group guidance usually take from the group experience what is accepted and relevant to them. They come to

this group to gain information which may prevent the subsequent development of problems facing them individually or a group as a whole (Duncan & Gumaer, 1980 ). Guidance in this matter is used as a technique to introduce a new situation by giving certain information about it.

Whereas the goal of traditional group guidance is to provide information to the group of people to help them to make accurate decisions for their future, group counselling is a more specific technique in dealing with people. Group counselling is growth engendering and provides individuals of the group incentive and motivation to make change in their behaviour and attitudes. Group counselling usually is remedial for those individuals who have entered into a spiral of self-defeating behaviour but who are nevertheless capable of reversing the spiral without counselling intervention. However, with counselling intervention, the clients usually are able to recover quickly (Gazda, 1984).

Many writers and researchers have discussed the main difference between these two groups (Dinkmeyer & Caldwell, 1970 and Gazda, 1984). The following are the basic differences between them.

1. Group guidance can be recommended for everyone on a regular schedule whereas group counselling is only recommended for those experiencing continuing or

temporary problems that information alone will not resolve. They need special treatment and more attention. However, Gazda (1984) suggests that everyone should be included in group counselling to remove this stigma from it as well as to give an opportunity to create a form of heterogeneous group.

2. Often, group guidance makes an indirect attempt to change attitudes and behaviours through accurate information or an emphasis on cognitive or intellectual functioning, whereas group counselling usually makes a direct attempt to change attitudes and behaviours through emphasising total involvement.
3. Traditional group guidance is often applicable for group of fifteen to thirty, whereas group counselling is applicable for small groups (usually between 4 to 8).
4. In group guidance, many individuals are seen as spectators, but they are still learning whereas in a group counselling situation, the relationship between individuals is stronger and the interaction within the group operates at a greater depth and in a much more personal manner.

### 3.3 Concept of Group Counselling

Group counselling can be a helpful system when the group members feel that they need each other to reach a common goal. When members feel that they need each other, they are more able to create a helpful relationship within the group. In other words, group counselling is a mutual aid system in which counsellors encourage members to help each other for their common goal.

Mc Knight (see Holtage, 1972) suggests that group counselling is a potent influence system and can be used as an efficient vehicle for individuals' behaviour change. Group counselling is a process which brings into focus the adequacy of interpersonal relationships and provides an immediate opportunity for discovering new and more satisfying ways of relating to people. Group counselling is defined by Nelson-Jones (1983) as follows:

"Group counselling is seen as the relationship, activities and skills of counselling groups of people together. Life skills training involves teaching a group of people any of a range of psychologically relevant skills. These skills are focused mainly on effective personal relation, on thinking and on occupational problem."(p 177)

Nelson-Jones also put emphasis on the counsellors' role. He proposes that counsellors are therapeutic facilitators. Their role in the group is centered on exploring the clients' thoughts, feelings and personal styles. Counsellors are also seen as an educators who teach knowledge and skills to clients



who are trainees or learners.

Ohlson (see Nelson-Jones, 1982) describes group counselling as a situation where clients find a safe place to discuss what really worries and upsets them. They work together to build new ideas, to practise essential interpersonal skills, and to implement new behaviours. In group counselling, individuals have to disclose the feelings which had caused disturbance to them. In most cases all of the members experience similar problems, but discussing these problems proves too difficult until individuals feel both free and secure enough.

Dinkmeyer & Caldwell (1970) state that group counselling often focuses upon the impact of social processes among members with common concerns. It is their interaction that makes for change. However, counsellors' skills are needed in order to create the setting for interpersonal forces to become active. In the context of group counselling individuals learn to relate not so much to the counsellor as to their group members.

Rogers (1985) gave a clear description of the group counselling process when he said:

"In group counselling, individuals comes to know themselves and each of the other more completely than is possible in the usual social or working relationship. They become deeply acquainted with the other members and with their own inner self, the self that otherwise tends to be hidden behind their facade. Hence they relates better to others, both in the group and later in the everyday life situation."(p 15)

This shows how individuals can be helpful to themselves as well as to the other members in the group. All members in the group can explore their problem through their relationships with the other members. So, group counselling represents an opportunity for its members to know themselves and each of the others more completely than is possible in everyday relationships.

One of the most valuable aspects of group counselling in Rogers' view of is the counsellors' role. Rogers emphasises that the main role for counsellors is to participate with a group as facilitators. Counsellors' role centres on facilitating the situation in which individuals are encouraged to participate as a whole person, with their ideas as well as their feelings.

Gazda (1978) define the group counselling process as follows :

"Group counselling is a dynamic interpersonal process focusing on conscious thoughts and behaviour and involving the therapy function of permissiveness, orientation to reality, catharsis, and mutual trust, caring understanding acceptance, and support. The therapy functions are created and nurtured in a small group through the sharing of personal concerns with one's and the counsellor."(p 8)

Group counselling members are basically normal individuals. Usually, they are able to solve their own problem, but for some reasons they need someone to help them to understand themselves and give them an opportunity for self-direction. They may utilise the group interaction to increase understanding and acceptance of values and goals and to learn

new attitudes and behaviour for self-change. In this case, group counselling creates an opportunity for personal growth and self-understanding of all group members.

Ritter, West and Trotzer (1987) state that when you work with individuals in group counselling, you work with people who come together to create their own history: the emphasis on group counselling is not what has happened outside the group or in the past rather than introducing members into present interaction that helps them develop their history.

Individuals in group counselling usually gain emotional support and understanding in a new and more mature fashion. They feel that they are part of this group and their feelings relate in some way to other group members' feelings.

During the process of group counselling each member receives feedback. Through the communication between the group members, individuals rapidly acquire a great deal of data on how they appear to others: negative or positive feedback, triggering a significant new experience of self-understanding and self-development. This feedback is necessary for group members to identify their problems. It is also important for them to be aware of the alternative choices of their self-direction.

### 3.4 Value of Group Counselling

It is obvious that group counselling represents one of the most economical techniques in which counsellors are able to work with more than one client at one time. Many studies (Schordt and Truckle, 1977, Cooper, 1977, Bates and Goodman, 1986, 1987 and Nelson-Jones, 1988) show how valuable the group counselling process is when it is used with cohesiveness of members of the group. The following are some of the most general values which may gain from such group.

1. Individual Interaction in Group Therapy: Members in group counselling usually share their lives and receive feedback from each other about their feelings, thoughts, and behaviour. On the one hand, group counselling often helps individuals interaction to occur. On the other hand, this interaction helps members to learn about themselves hearing other members' perceptions of them. It also helps them to relate interpersonally and learn to identify effective and ineffective social skills (Gumaer, 1984).
2. Group Situation : The situation of group counselling helps individuals to develop a type of a relationship between them. This relationship plays a very important role in developing members' personalities through self-disclosure and self-identification. It encourages members to discuss their problem freely.

According to Rogers (1986), the situation of group counselling is highly dependent on the kind of feelings that counsellors hold towards the members, the confidence they have in their ability to be responsible for themselves and the readiness with which they limit any tendency to intervene on the assumption that their view of the situation is superior. The goal of such a situation is to maintain in the group a dependable atmosphere of acceptance, trust, and understanding in which there is maximum safety of self-examination. If this situation is created, the group therapy members will find a safe place for self-direction and self-understanding.

3. Improved Client Motivation: Nelson-Jones (1988) indicates that there are at least two ways to improve the clients' motivation through group counselling. First, some clients enjoy the companionship and opportunity for intimacy that groups provide. Second, they may be motivated by other members to act more effectively.
4. Personal Growth: The main goal for any group counselling is to provide opportunities for personal growth and participations. Duncan & Gumaer (1980) state that in group counselling when a cohesive group has been built, group members will be more able to seek solutions to

normal developmental problems. Therefore, group counselling is personal growth centered.

### 3.5 Group Organization

The key to any successful group procedure is good organization. In group counselling, like any other group work, goals and objectives must be clearly identified. They must clearly be known to counsellors as well as to group members. Identification of goals and objectives will help counsellors and their clients to make the group direction much easier. This also will help the effective implementation of the group procedure to occur.

Group members will find themselves quite comfortable in the sense of understanding and being conscious of the goals and objectives of their group. They will be more able to answer the following questions :

- a. Why do they come to this group?
- b. What is expected from them?
- c. How can they be more able to identify their goals?
- d. How can they help to reach the group goals?

Another important point in group organization is the counsellors' ability. The counsellors' ability plays an important role in the success or failure of any group counselling. In other words, the success or failure of any

group counselling begins with the counsellors' ability to organize and plan effectively (Gumaer, 1984). Gumaer suggests that for better organization it is important for counsellors to gain collegial co-operation. By gaining collegial co-operation, counsellors minimise the possibility of their institutional peers sabotaging their group efforts later on.

Finally, it is important for all individuals involved in group counselling to have accurate information about their roles and all the procedures which are used in the group. This will help therapists as well as clients to have a clear idea about everything which relates to their group in order to control it. In addition, if the information is made available for the group members from the beginning it will help the communication between them to be much easier and to discuss their group goals with enough knowledge.

### 3.6 Group Dynamics

Glan & Hayes (see Gumaer, 1984) state that group dynamics is an interactive force operating within a group which influence the group members' behaviour. Shertzer and Stone (1980) emphasise that group dynamics refers to the interacting force within groups as they organize and operate to achieve their objectives. Often, the term group dynamics includes group process and group role. It is also seen that the leader's responsibilities and ability have an important role in the

group dynamics. The leader must be sensitive to group process in order to create an effective and dynamic group counselling.

According to Blocher (1974), Traw lists a number of basic propositions that are supported by research in group dynamics and that are important for leaders in the groups. These include:

1. The attitudes that individuals have encouraged in groups. It may be easier to change the attitudes of individuals in the group by changing the group climate than by attempting to address intervention directly to individuals.
2. All groups demand a certain degree of conformity from members. The closer and more cohesive the group, the more power it has over the behaviour of members.
3. When decisions are made by the group, the commitment of members is much easier than when the decisions are arbitrarily imposed from outside the group.
4. Highly cohesive groups can overcome greater difficulties and frustrations in pursuit of group goals than can less-cohesive groups.
5. Group cohesiveness is largely a function of the degree to which members feel the group is meeting their needs.



6. People tend to be more effective learners when they are acting as group members in a training situation than if they are acting as individuals in an audience situation.
7. The amount or nature of verbal interaction among members is a function of group factors. For example, in cohesive groups, views, opinions, and behaviours that were deviant from the consensus of the group are likely to be ignored, rejected, or punished.
8. Co-operation and communication are greatest in groups where goals are mutually defined, accepted, and understood.
9. The group climate or style of group life can have an important impact on the personalities of the group members. The behaviour of members may differ greatly from one group climate to another. Individuals who seem hostile, aggressive, or disruptive in one group situation may behave very differently in another situation where the group climate is different.

For successful dynamic group work, it is very important to have these principles within it. When different people come to work together in one group for a period of time to achieve a common goal, they need a special climate for developing their views towards each other. It is a leader's responsibility to

create such a kind of dynamic group.

### 3.7 Conditions of Group Counselling

People who are involved in a group counselling process are required to work through some particular conditions in which they will be more able to achieve their goals satisfactorily. These conditions help members to work comfortably and satisfyingly. The following conditions which are emphasised by many researchers and authors in this field are very important for successful group counselling; opportunity for participation, freedom for communication, common concern and helpful environment (Button, 1974, Bramley and Donnachaidh, 1977, Burbury, Balint and Yagp, 1975, and Rogers, 1985).

#### **First : Opportunity for Participation**

Members of the group must have an opportunity to take action towards their decision-making. They need an opportunity for participation in developing their ability in matters which will affect them. This opportunity is an essential condition for growth for group members to feel that the source of threat is removed. They feel that they need to take more responsibilities towards themselves with this condition. It is important to say that decision-making must be made by all the group members in order to be valuable to each one. So, creating this condition

is a very important positive process for valuable group counselling.

## Second : Freedom of Communication

It is necessary for the group members to have freedom of free communication channels; to facilitate interaction between the members is another essential factor for developing relationship in group counselling. Freedom of communication is very important in the group counselling process for at least two reasons.

- a. If there are barriers to free communication between the group members, hostile attitudes developing as a result of normal interpersonal conflicts are much less likely to be resolved. Therefore, free communication is necessary for friendly interpersonal relation between group members.
- b. Freedom of communication is very important for the members to develop mutual understanding between them. They will not be able to understand their problems without free communication with each other. They need to feel free in their communication in order to express their real feelings and thoughts. Members of the group will find it is difficult to reach an agreement with each other without such freedom of communication.

### Third : Common Concern

Common concern in group counselling is seen as one of the most important condition for successful group therapy. Common concern means that each individual in the group feels that all the thoughts, ideas, attitudes, or feelings which are expressed in the situation of group counselling relate in some way to his/her feelings, attitudes or problem. When group members discover that there is a common concern between them, they will give more of their attention to the group, consider the situation more seriously, and tend to develop the relationship between them more closely. They will be more able to understand each other's feelings in a deeper and empathic way.

Discussion between group members is an essential part in group counselling. Therefore, it is important for the members to have common concern in order to make the discussion between them much easier. Moreover, in common concern, discussion may help members to explore and learn things in their lives, which they are not aware of.

Common concern also informs an individual that there are other people who have the same problem and the same feelings. Therefore, when individuals know this, they may be less frightened and may find it is easier to deal with their problems. In addition, relationships are of special concern to each member of the group.

At a time when group members are able to develop such a relationship between one another, they will soon be looking into themselves. The process of this relationship may fall into two fairly distinct parts; first, members may express their feelings that do not easily find expression, and second, they may discuss objectively what they are feeling, and what might be the roots of these feelings. This relationship between the members in the group may be an essential opportunity for them to help each other and plays a part in their lives in order to give themselves a sense of importance.

#### Fourth : Helpful Environment

Group counselling usually gives its members many advantages which they may not find in a different situation. It creates an environment in which individuals feel free to express their feelings, thoughts, and attitudes without pressure or fear. Individuals discover in the situation of group counselling that all their feelings, thoughts, fantasies, and desires can be admitted without disapproval being shown.

A helpful environment means that individuals live in a situation where they find they are accepted as they are regardless of their feelings or behaviour. It is a situation where they find someone who shares them emotionally with their problem. They tend to trust themselves and start to change what they think is important to be changed.

This type of environment is essential in developing the relationship between the group members. As the group develops, having worked together for some time, the relationship between the members frequently goes further. An emotional tie grows up sufficiently strong between the members. Each member feels that the group does not have worth without the others (Burbury, Balint, and Yagp, 1975).

After a few sessions, group members will find that an such environment of their group is a unique opportunity for them to develop a helpful relationship between them to solve their problems in their own way. With this environment also, they come into much closer and more direct contact with each other as is customary in ordinary life. This appears to be one of the most central, intense, and change-producing conditions of group experience (Rogers, 1985).

When individuals feel they are free from forces which they perceive as threats to self or the self-concept, they will actualise the positive and constructive forces that are within them. When the group members feel that they are accepted with their personalities, their feelings of hopelessness, hostility, and dependence, as well as their positive feelings, they will feel free from outside pressures to change. They will be more able to communicate with each other within such of supportive climate.

Button (1974) emphasises that a supportive climate is very important for changing behaviour. This supportive climate often causes people to be much more open to change. In a supportive situation individuals who are subject of criticism may be able to allow themselves to become associated with that criticism. It is quite possible that when group members live in a helpful environment they will be more able to solve their problems rapidly.

With this type of condition, individuals tend to express their feelings more fully and can take particular direction for their own lives. Moreover, this climate will encourage them to be responsible about their own behaviour because there is no pressure to force them to behave in a certain way.

Finally, group counselling is a valuable opportunity for some individuals to have some experiences which may not take place in individual counselling. However, this kind of opportunity may not occur until this type of special environment has been established. In such a situation, members will find that self-exploration, self-understanding, and self-acceptance are facilitated. Members may also have an opportunity to test their perception, and will learn how they can perceive themselves.

### 3.8 Experience in Group Counselling

Experience in group counselling can be seen as a potential source of personality development. Developing a relationship with others in the group may help shy or isolate individuals. Sometimes, when individuals find that they are not alone in having particular problems, they will rate themselves less negatively because they feel that they are often much better than others.

Group members have many opportunities for self-disclosure. Individuals find that in group counselling they gain confidence and skills, and also learn how to approach others. More importantly, individuals find themselves less threatened when they approach others in order to communicate with them. Individuals feel confident in this way because group counselling is seen as a situation in which individuals can develop freely and flexibly.

Some clients find that their experience in group counselling helps them to improve their motivation towards changing their behaviour. For some clients, group counselling can be challenging. They are encouraged and supported by other group members to try new behavioural patterns. In addition, success of some members in modifying their behaviour will motivate others in the group to change their behavioural patterns. This is an essential experience to encourage individuals towards changing.



According to Bates and Goodman (1986), it is usually at the end of the group's experience that members tend to feel more positive about themselves, explore a greater sense of personal causality in life, become more optimistic and open to new experience in their lives, place more emphasis on the giving and receiving of affection, and behaviour changes and will be more able to create better communication and increased warmth.

In many group situations, individuals can gain change in their behaviour, thoughts and feelings (positive or negative). Douglas (see Lennox, 1982) for instance, outlines some assumptions in which the group's experience can be valuable and helpful in changing behaviour.

1. That group experience is part of human existence and it is necessary for developing relationships between people.
2. That groups can be used to affect changes in the attitudes and behaviours of individuals.
3. That the groups usually offer experience shared with others so that all can come to have something in common with the sense of belonging and growing together.
4. That groups can provide a situation for change which is more permanent and is obtained more quickly than can be achieved by other methods.

Groups, for adults and as well as for children, usually represent an atmosphere where these people can grow and develop their feelings, attitudes, and behaviour. Therefore, a group counselling experience can be useful in this matter and it is regarded as one of the formal group processes which may help to develop and change unwanted behaviour.

### 3.9 The Counsellors' Function

The counsellors' function in group counselling is varied. Their role depends largely on their attitudes and the method they believe in. Some counsellors believe that they must control their clients, guide them and take a major part towards the solving of their problems. This technique may be seen as directive counselling. On other hand, when counsellors encourage their clients to guide themselves, take their responsibilities, and help them to be self-direction, they use non-directive counselling techniques.

With the theory of person-centered counselling, counsellors adopt a non-directive style. Their role centres on creating a climate in which members can explore and experience themselves as Rogers (1985) said :

"My hope is gradually to become as much a participant in the group as a facilitator. This is difficult to describe without making it appear that I am consciously playing two different roles. If you watch a group member who is honestly being himself, you will see that at times he expresses feelings, attitudes, and thoughts

primarily directed towards facilitating the growth of another member. At other times, with equal genuineness, he will express feelings or concerns which have as their obvious goal the opening of himself to the risk of more growth. This describes to me too, expect that I know I am likely to be the second, or risking, kind of person more often in the later than in the earlier phases of the group. Each fact is a real part of me, not a role." (P 51)

The counsellors' basic function is to create a psychological and a helpful climate in which members feel free and safe to express their feelings and attitudes. Members of the counselling group must feel from the first session that if they risk saying something highly personal, or absurd, or hostile, or cynical, there will be at least one person in the group who will respect them enough to hear them clearly and listen to that statement as an authentic expression of themselves.

Peters (1973) states that the relationship between counsellors and children is very important to help them to find themselves and to solve their own problems in the group counselling process. More explicit attention to the counsellor-children relationship during counselling process might be fruitful. This relationship is also important for the process of personal learning and change in the group.

In the beginning it is important for counsellors to focus their role on the creating of an atmosphere in which children are motivated to learn about themselves and their world. Counsellors must also concentrate their effort to provide security for children to explore and express their innermost

selves-their fears and guilt as well as their strivings for appreciation, independence and status.

Counsellors can create this kind of helpful atmosphere by experiencing in their own person acceptance of their group children as they truly are and by communicating this acceptance to children. Counsellors should not provide any conditions to accept children in the group. For example, counsellors should not tell the child "I want you join us if you behave thus so". A condition must not be attached when respecting a child. Counsellors regard children as persons of worth (Hobbs, 1961).

Rogers (1985) suggests that counsellors must make individuals feel that whatever happens to them or within them, they will find counsellors psychologically very much with them in moments of pain or joy, or a combination of the two which is such a frequent state of growth. Therefore, counsellors should make every effort to listen carefully, accurately, and sensitively to all members in order to make them feel that they are respected enough.

Counsellors also must be aware of their behaviour during the process of counselling. The counsellor's behaviour is seen as one of the most important factor in group change and it has been found to be associated with a higher causality rate. Counsellors need to be flexible in their style, to be high on self-acceptance, and to be aware of a member's role in the group.

Counsellors should take an active role in the group process. They must encourage all members to take a positive role towards the group. In the first session, they can tell them that the 'group is yours, you can make it exactly as you wish, you are responsible for the direction of this group, this group needs from you all to work as one person to move it to the safe place'. According to Rogers (1986), group members will be able to direct the group and take responsibility towards themselves if counsellors can create an atmosphere in which they find acceptance, genuineness, and empathic understanding with them (see chapter 1, page 44).

Finally, counsellors will not be able to communicate with members in this way if they do not hold positive attitudes towards them. They must have feelings of confidence towards the members' ability so as to be responsible for themselves. They must be able to recognise and handle objectively the cross currents of feelings towards the various members of the group, in order to respond to each member with consistent understanding. The counsellors' role is to give great attention to what members say and how they interact with one another, to understand their feelings and to communicate this understanding to the group, and to make it easier and safer for all members to push ahead in their exploration of themselves.

### 3.10 Members' Responsibility

The members of the group counselling are seen as givers as well as receivers. They contribute to their success and to their failure. They listen and react to the problems of other members. They interact with other members in order to help them solve their problems as well as solve their own problems. The contribution of each member in the group will be received by other members, and responded to in the light of their different emotional involvements (Thompson and Kahn, 1976).

Each member in the group should also try to share other group members' problems and listen to their views of the difficult situations, and the descriptions of their attempts in coping with their situations. They may become interested in the problem raised by another member and take part in discussing it, without revealing or acknowledging to themselves, that it is in fact a resemblance to some part of their own situation that has aroused interest. Thus, they are helping indirectly and victoriously to solve their own problem.

One of the most important issues in group counselling with children is to help them to understand the concept "all in the same boat" (Shulman, 1985). This means that all group members have the same concerns and look in the same direction to solve their problems. The group members can explore their problem by listening to each other empathically. They can discover

emotions of their own that they were not aware of, feelings which may have been having a powerful effect on their lives. In addition, this "all in the same boat" feeling helps them to discover that they are not alone in their feelings, there are some other people who have the same problems and the same feelings. Moreover, knowing that others share your feelings somehow makes them less frightening and easier to deal with. As a result of these thoughts, all members of any counselling group are encouraged to take responsibility towards themselves and their group. They must know from the beginning that changing their behaviour and solving their problems are their responsibility.

### **3.11 Formulation of the Counselling Group**

#### **Group Size**

According to Nelson-Jones (1982), the ideal size for group counselling ranges from between five to ten members. Groups fewer than five may not be able to allow sufficient interactional opportunities. Groups of more than ten may make it difficult to develop intensive interactional experience. In addition, the larger groups may limit the amount of attention given to each member of the group and it makes the situation difficult for the counsellor to communicate effectively with the whole group.

Duncan and Gumaer (1980) emphasise that the optimal size for effective group counselling with elementary school children should probably not exceed five or six. However, this does not mean that groups of less than five or more than six are useless. Indeed, the number of the group depends on the members' ages, the purpose of the group, and the counsellor's attitudes and beliefs about the groups counselling.

### Group Composition and Selection

It is very important for successful group counselling that members have a certain minimal level of homogeneity. The effectiveness of group counselling with children depends greatly on the homogeneous combination of children. Homogeneity is necessary to ensure that the group has a basic level of inter-member attractiveness. Therefore, counsellors must be aware of this when they select the group members.

When the group members have a basic similarity in variables such as age, intelligence, and communality of anxieties about personal relationship, the group members will find themselves embedded from the start in an interpersonal culture conducive to the sharing of intimate needs and problems (Bramley & Donnachaidh, 1977).



## **Frequency and Duration of Meeting**

According to Duncan and Gumaer (1980), the general principle of the length of counselling with children is that the younger the child the shorter the session. It is usual for group counselling to meet weekly. However, there are some counsellors who prefer to meet twice weekly and others who prefer once fortnightly. In any case, counsellors can make their decision after discussions with the members or after they consider all the members' situation. Otherwise, the counsellors can make their own decision after the consideration the whole situation of the group counselling.

The most common duration is between one and two hours. The appropriate length of duration of adolescents' group counselling is an hour and thirty to forty-five minutes for elementary school children (Shertzer and Stone 1980).

## **Close and Open Groups**

The group may operate as closed or open. The closed group is made up only of those who were present when the group was formed. No one can join the group after it is established. This is the most common practice in a group counselling process. An open group counselling allows other members to join at almost any time during the group sessions.

### 3.12 Summary

This chapter has attempted to introduce group counselling as a technique for dealing with people's problems in general and children's problems in particular. It began with the distinction between group counselling and group guidance. Group guidance and group counselling were defined and explained, but most attention was given to the process of group counselling.

Group counselling is seen as a successful technique for solving people's problems if the following conditions are presented; opportunity for participation, freedom of communication, common concern, and a helpful environment. The importance of these conditions is that they provide a situation in which individuals feel free and safe enough to express their real feelings, thoughts, and behaviour without outside pressures.

Children in this type of group counselling find themselves in an environment where they are accepted regardless of their behaviour and feelings. At the same time they find in these groups other children who have the same problems and share with them their feelings. This is seen as a supportive climate for children to develop themselves.

The counsellors' role is very important in group counselling. Their role starts before the group counselling has been formulated. They are responsible for the group's organisation and the group's dynamic. They are also responsible for encouraging the group members to participate and develop themselves. Their main function is to create an environment where clients feel free and safe enough to express their real feelings. They must be facilitators and be helpful during the counselling process.

Members' responsibilities in group counselling are also important. They have to take responsibility towards themselves. They have to participate positively. They need to share each other and guide their group to the safe place. Finally, they need to be self-aware and self-directed.

Chapter 4

Counselling in Kuwait

#### 4.1 Introduction

It is interesting to find that there are some similarities and dissimilarities between the development of counselling in Britain and Kuwait. One of the main similarities is the beginning of counselling. It is obvious that counselling is a young field in each country. Both countries began giving serious attention to counselling in mid sixties.

According to Rees (1985), the development of pastoral care and counselling in Britain can be divided into three periods. The first period, which gradually came to an end in the 1960s, was one in which caring of pastoral care and counselling was an implicit function of the school, but there was no professionalisation of care; there was no systematisation of care and crisis counselling took place in the Gestalt terms of 'here' and 'now' of what was happening to them. However, by the mid 1960s, a greater attention was given to the counselling in the universities, particularly universities of Keele and Reading. Rees described the period from mid 1960s to mid 1970s (the second period) as the golden ten years of counselling age when counsellors emerged from the enriching experiences of courses at Keele and Reading full of missionary zeal for Rogerian pupil-centered counselling. Crisis counselling was predominant and the development of counselling at that time may be attributed to social, and educational needs linked largely

but not solely to the growth of comprehensive education. It was envisaged that every secondary school and even the larger primary school would have a counsellor. From the late 1970's onwards it became clear that this would not happen. In 1980's there are fewer school counsellors but more teachers have had training in counselling.

In Kuwait, the first counselling institute was established in the early 1960s, but that institute served a limited number of pupils. However, counselling was not given real attention in schools until 1965 when the Administration of Social Work was established within the Ministry of Education. This administration aims to discuss all the pupils' problems. Since that time attention to counselling has increased in different levels of schools in Kuwait.

Another main similarity between Kuwait and Britain in the development of counselling centres is the situation in which both countries gave their attention to counselling. Both countries have been influenced by other countries in their counselling development. Kuwait sought help from different Arab countries. When Arab experts in counselling and the counsellors came to Kuwait, they brought with them their attitudes and ideas of counselling. This means that the characteristics of counselling in Kuwait at that time were a blend of different counselling traditions and experiences.

In fact, these Arab experiences in counselling formulated the characteristics of counselling in Kuwait at that time. However, this does not mean that Kuwait does not have its own characteristics of counselling; it means that Kuwait has benefited from other Arab countries at the beginning of its counselling experience. Nevertheless, it still exchanges different experiences in counselling with most of the Arab countries as well as with many other countries in the world. Counselling in Kuwait therefore has eclectic origins.

Britain at the same time was influenced greatly by the American ideas. According to Daws (1976), American ideas, particularly those of Carl Rogers, have been the main source of the philosophies and the objectives of training courses. Many American scholars came to Britain to develop counselling course. For example, in 1965/66, C. G. Wrenn visited Keele university and at the same time G. D. Moore visited Reading university. In 1966/67, W. Powers visited Keele university and in 1967/68, H. Bell visited Exeter university. Daws emphasises that the major inspirational ideas and techniques in the field of counselling are still American.

The main dissimilarity between Kuwait and Britain in the development of counselling centres on the reasons beyond the attention which was given to the counselling at that time in each country. The reasons which made Kuwait gave its attention in the early sixties to counselling came from the

fast development of the Kuwaiti society after oil. Kuwaiti society after oil became larger and more complicated than it was before oil. Before oil, society was very limited, very simple, social problems were very rare and education was very poor. After oil, society got very large, many foreign people came to Kuwait to work, social problems have increased and education has developed. All these differences between the society before and after oil made it very complex. Counselling had great attention at that time because of these developments which affected the growth and the development of pupils in school. As result, the responsible people in education decided to use counselling techniques to deal with the social, educational, and growth problems in schools.

On the other hand, the situation in Britain was different. Daws (1976) states that the instigatory factors which brought counselling into being are: (a) the improvement of the quality of educational and vocational guidance in schools and (b) the development of the techniques which are used with maladjusted children. He argues that the influences which have stated and shaped the philosophy of counselling are of various natures, but in general most counselling courses are influenced by the personal development and the mental health of children.



## 4.2 View of Counselling in Arab Countries

Kuwait as an Arab country shares with most other Arab countries certain characteristics of counselling. Counselling in most of the Arab countries is a young field compared with other fields of humanistic sciences. According to Soliman (1981), the principles of counselling are still traditional and remained undeveloped in most Arab countries in spite of the fact that 30 years have passed since the beginning of counselling in the one of the biggest Arab countries (Egypt). He claimed that this can be attributed to the following :

1. Counselling, to many people is still ambiguous, to them it is associated with clinical practice which is concerned with the sick and the abnormal. Beside this, many people see counselling as associated with psychoanalysis which can uncover their secrets.
2. Many of the Arab countries were until a few decades ago under military occupation which affected and delayed their development in education as well as other fields in the life.
3. Mobility within and across the field of education is very difficult, so there are many problems in developing educational programmes. Routine is seen as one of the biggest obstacle in the development of education in the Arab countries.

4. Many of the Arab countries lack appropriate counselling programmes for the training of counsellors.

Soliman (1986) in a different place has suggested some ways to develop the counselling in these Arab countries.

1. The institutes which are interested in the counselling programmes must have a clear view of the nature of counselling services and their goals and association between the services which they provide not only in counselling but also in the creating of an active human being.
2. The Arab governments must also encourage the researchers to do more studies in counselling programmes in order to develop counselling to achieve better techniques and treatment for dealing with people.
3. These institutes must also give more attention to the Arabic human problems in all his/her development stages in order to be able to achieve appropriate counselling programmes which could help him/her to solve these problems.
4. Attention should also be given to the parent educational programme, family counselling, marriage counselling and others.

### 4.3 Counselling in Practice in Kuwait

Counselling in Kuwait started 28 years ago, when the first counselling institute was established in 1960. At that time the counselling services were very limited and served a limited number of people. At a later time, these counselling services have developed to deal with a much greater variety of difficulties. In addition, the number of institutes which deal with counselling has been increased; there is the Ministry of Education and Kuwait University which includes Faculty of Art and Faculty of Education and others which are involved in counselling programmes.

It can be said that the development of counselling in Kuwait has been undertaken by two separate institutes. The first is the Ministry of Education which is represented by the Administrations of Social Work and Psychological Service. The responsibility of these administrations is to prepare the required counselling programmes and apply them in different areas in society.

The second one is Kuwait University. The university provides appropriate counselling courses for the students. In addition, it prepares counselling programmes and organises many conferences in this field. Moreover, the members of staff concerned with counselling regularly attend international conferences in this subject.

#### 4.3.1 The Ministry of Education (The Administrations of Social Work and Psychological Service)

The Ministry of Education started to show interest in counselling in 1960, when it established the first institute for teaching pupils suffering from mental disorders. This institute aimed to help pupils who suffered from under-achievement or mental disorder in primary schools. The people engaged in this activity were psychologists. Sometimes, they got help from other people such as social workers and teachers (the Administrations of Social Work and Psychological Service, Ministry of Education 1985). In 1965, the Administration of Social Work was established. This administration attempts to support school social services. In 1966, the work was developed in social and psychological services. Two divisions became responsible for school psychological services:

1. Division of specialised psychological services within the Administration of Social Work.
2. Division of social work at the Institute of Special Education.

The Division of Psychological Service aims to study and counsel in the field of mental disorder, under-achievement, speech difficulties, emotional problems and behaviour disorder.

The Division of Social Work aims to study behaviour disorder, under-achievement, and mental disorder. In addition, it provides educational and vocational guidance to the clients. At present time every elementary school in Kuwait has at least one social worker. The number of social workers in every school depends on the number of the pupils in each particular school. According to the Ministry of Education (1985), the main duties for these social workers are the following:

1. Help pupils towards better adaptation and growth with regard to their personalities, abilities and skills, take into account age and school grade.
2. Develop better social relationships between pupils and their teachers on the one hand, and between pupils and their parents on the other hand.
3. Develop social relationships and group work in school between pupils.
4. Help pupils to adapt to modern technology.
5. Help pupils who have problems to face them and solve them.
6. Study the situations which cause pupils' problems.
7. develop the relationship between school, home and the society.

Due to the increase in the number of the clients referred to the psychologists, the Department of Psychological Counselling and Guidance was established in 1970 within the Administration of Social Work. Its responsibility centres on providing psychological services to the clients who come from schools only.

In 1972, the Division of Supervision of Psychological Services was established and included the Division of Psychological Counselling and Guidance and the Division of Psychological Services of the Administration of Special Education.

In 1977, the Department of Psychological Service presented a project of Educational and Vocational Guidance and Counselling for secondary schools pupils. This project aims to:

1. Help pupils to be aware of their abilities, skills, attitudes and desires through understanding themselves.
2. Help pupils to understand the job opportunities which they will have after graduation as well as being aware of the higher education available for them in society.
3. Help pupils to identify goals which are suitable for them to achieve and which suit their abilities and desires.

4. Develop pupils' ability in order to be able to build a suitable social relationship with others.
5. Create appropriate opportunities for pupils in order to help them to avoid mental or psychological disorder.
6. Study pupils' problems and diagnose them in order to help them to find solutions to their problems

In 1978, a decision was made by the Ministry of Education about the organization and the techniques of psychological and vocational counselling and guidance for secondary school pupils. At this time, the counsellors working in schools started with only a limited authority because of the weakness of the interaction between them and the school society. The counsellors' basic job centered on helping the pupils in selecting appropriate subjects which are suitable for their abilities and desires.

This level of interaction between the counsellors and school society soon began to develop: In 1979 the counsellors were given higher power and role in the school society. Al-Refai (1984) states that the educational counsellors' role has developed to cover many areas in the the school community as following :

1. Counsellors became a member of the parents' and teachers' council.

2. They became a member of the school council.
3. They became a source of providing vocational and educational information.
4. The number of the pupils who frequently come to counsellors has increased.
5. Counsellors became able to share in many other school activities such as helping pupils to be aware of their educational and academic interests.

By 1981, the Ministry of Education felt that the psychological services had become very important and the number of people who needed these services had increased, so it was decided that an independent Administration of Psychological Service should be established in order to do this work more satisfactorily. This administration included the following sections :

1. Educational and Psychological Counselling.
2. Psychological Research.
3. Technical Vocation for Psychological Service.

#### **The Section for Educational and Psychological Counselling**

This section specialises in preparing and organising programmes in psychological counselling and educational guidance at all



educational levels. There are two subsections belonging to this section:

- a. Subsection of Psychological Counselling.
- b. Subsection of Educational and Vocational Guidance.

**Subsection of Psychological Counselling:**

This subsection aims to achieve the following goals:

1. Studying clients who have behavioural disorder or who have emotional problems or psychological disorder or speech difficulties. For example, according to the annual report of the Administration of Social Work, (Ministry of Education 1985/86), this subsection studied 308 cases who had speech difficulties in 1985/86.
2. Follow-up the treatment for each client.
3. Transfer clients who need more specific services to the other departments where there are specialists who can deal with these clients more professionally and effectively. For example, this department has many times transferred clients who needed special health services to the Ministry of Health.

## Subsection of Educational and Vocational Guidance

This subsection aims to achieve the following goals :

1. Studying clients with under-achievement.
2. Studying clients with mental retardation.
3. Providing guidance in the vocational and the educational studies for pupils in all primary and intermediate schools.

This subsection also includes three other branches as follows:

1. The Branch of Individual Cases: This branch aims to study the cases being transferred from schools and other departments. For example, in 1985/86, this branch studied 231 cases ( 72 mental retardation, 127 under-achievement, 18 psychological problems, 14 others ).
2. The Branch of Old Pupils: This branch aims to study old pupils' situations and find their counselling needs in order to guide them vocationally and educationally. For example, in 1985/86, this branch studied 1598 old pupils (819 male and 779 female ).
3. The Branch of Training: This branch aims to train new psychological and educational counsellors. For example,

this branch trained 10 counsellors for different types of counselling in 1985/86.

### **Section of Psychological Research**

The basic duty for this section is to conduct research in the area of psychological problems. In addition, it makes appropriate examination of the educational and vocational areas which are related to the psychological services.

### **Section of Technical Vocation for Psychological Service**

This section was established in 1981. Its basic duty is to supervise, follow-up and evaluate the educational counsellors and psychologists in schools. This section supervises the following two programmes :

- A. Programme of educational counselling in secondary schools. This programme started in 1978 in two schools as an experimental sample to be evaluated. This programme aims to use the procedures of educational and vocational counselling in order to guide pupils in secondary schools. Its purpose is to help these pupils in selecting subjects which are suitable to their capacities and interests. Moreover, it helps them to avoid any delay in their studies and to achieve better levels of individual and social adaptation.

B. Programme of psychological service in special institutes. This programme aims to meet the new cases and evaluate them in order to find the difficulties in which they might face. For example in 1984, this programme dealt with 258 cases.

#### 4.3.2 Kuwait University.

Kuwait University was opened in 1966/67 with 418 students. In 1986/87, the total number of students became 17736. The university consists of 11 faculties; Faculty of Science, Faculty of Arts, Faculty of Commerce, Faculty of Economic and Political Science, Faculty of Engineering and Petroleum, Faculty of Medicine, Faculty of Education, Faculty of Law, Faculty of Sharia and Islamic Studies, Faculty of Girls, Faculty of Allied Health and Nursing and Faculty of Graduate Studies.

The interest of the university in counselling is manifested in two ways. First, Kuwait University concerns with counselling through its teaching and presentation of counselling courses. There are at least two counselling courses taught at the university: a counselling psychology course which is taught at the College of Arts and educational guidance, and a psychological counselling course which is taught at the College of Education. The purpose of teaching counselling at

the university is to achieve the following goals:

1. Explaining the importance of guidance and psychological counselling for individuals and groups.
2. Giving more attention to the concepts of psychological counselling.
3. Training students to be able to practise all type of counselling such as interviews, observations and using their skills in collecting their counselling data.
4. Giving an explanation of theories of vocational and psychological counselling.
5. Teaching new and modern techniques in guidance and counselling.
6. Explaining the importance of counselling in vocational and educational fields.

The second direction of the development of counselling in Kuwait University comes through its preparation and participation in different counselling conferences. For example, in 1984, Kuwait University prepared and organized a conference called "Towards Development of Education and Psychological Counselling". There were many researchers from different countries who participated in this conference. There were 20 studies presented at this conference. Issa (1984) has

summarized these studies into five general groups.

1. Foundation of educational and psychological counselling.
2. Relationship between educational and psychological counselling on one hand and actual education and psychological fields on other hand.
3. Experimental, educational and psychological counselling and the evaluation of these experiments.
4. The challenge which faces the counselling operations in the Arab countries.
5. The relationship between counselling in Islamic societies and the Islamic religion.

#### 4.4 Evaluation Of Counselling in Kuwait

Evaluation of counselling is a very important step to develop counselling in any country. Therefore, this part of the chapter will concentrate on the studies which have been done to evaluate the development of counselling in Kuwait. The following studies are some of the important ones:

Mansour, J.(1981) "The Case of the Educational Counselling in Secondary School in Kuwait".

Mansour was sent by UNESCO to evaluate counselling in Kuwait. He evaluated the counselling through the following steps:

1. A study and evaluation of the educational and vocational guidance project which was used in secondary school.
2. Giving appropriate advice and preparing some suggestions to improve this project.
3. Organising a training programme for people who work in this project.

According to Mansour (1981), the counselling services in Kuwait are deficient. He found that the main reason which caused this deficiency is insufficient counselling training for the educational counsellors. He states that counselling must be the main job for the educational counsellors. At present time (1981), they do not do much counselling.

A summary of their job is :

- a. Establishing and applying of examinations.
- b. Making files for pupils.
- c. Interpreting the examinations results.
- d. Giving help to pupils through an orientation programme.

Mansour emphasises that these duties are not the main job for counsellors in schools. Therefore, he made the following suggestions in order to improve the counselling in Kuwait:

1. Establishing of a powerful training programme within the service. This programme must cover all guidance and counselling services. The programme also must aim to improve the counsellors' skills and abilities.
2. The counselling programme in the university must be developed in order to be able to train the educational counsellors at all levels of counselling.

**Al- Refai, B. (1984) "The Experiment of Educational and Vocational Guidance in Kuwait"**

According to Al-Refai (1984), the educational counselling system in the secondary schools in Kuwait has the following characteristics :

1. There is an acute deficiency in the number of male educational counsellors in schools.
2. There is a big difference in the effectiveness of different educational counsellors.
3. Most of the pupils consider the counsellors' role in schools as important. Their needs of their services have increased.



4. The counselling programme was quite active in 1984.
5. The 1984 educational and psychological examinations were insufficient to estimate the pupils' capacities, especially in school achievement.
6. Pupils showed a high degree of trust in the counsellors.
7. About 50 % of pupils who had low school achievement did not get any service from the counsellors in spite of their need of their services.

Al-Refai's study shows that the educational counselling programmes in secondary schools need to be developed in order to achieve its goals. She made some suggestions :

1. Counsellors must be aware of the importance of their role in school.
2. Circumstances in the counselling environment must be developed and improved.
3. Pupils need to be helped to be aware of the importance of the counsellors' role for developing themselves.
4. Counselling programmes must be prepared to serve all pupils in different situations.

5. The educational and psychological examination must be developed to give better services to the pupils.
6. The psychological examinations programme would be in a better position if the counsellors gave it more of their attention.

**Abueita, S. (1984) "The Primary School Needs For The Educational Counselling Services"**

According to the results of Abueita's study (1984), the primary schools in Kuwait do need counselling services. She states that pupils at the primary school need counselling services for the following reasons :

1. To help children to achieve normal relationship with others without difficulties.
2. To develop the relationship between children, parents and teachers through group counselling.
3. To help children to build a "normal" attitudes towards the work.
4. To help children to improve their academic abilities in school.
5. To help children to achieve better social relationships.

6. To help children to control their passivity and to express their real emotion.
7. To help children to be aware of the conflicts in their behaviour.

She states that these reasons show the importance of improving educational counselling for the primary school pupils in Kuwait. In addition, the educational counsellors will be a unique opportunity for school society to develop relationships among parents, pupils, teachers and other members in the school.

**Abueita, S. (1987) "The Concept of School Counselling as Perceived by School Counsellors, Psychologists and Professors"**

The aim of this study is to illustrate the concept of counselling, as perceived by secondary school-counsellors at the State of Kuwait and the Hashiemite Kingdom of Jordan, psychologists at service at the Ministry of Education in Kuwait and social workers at secondary school unit system in Kuwait University.

She found that in the schools, concepts of counselling were comprehensive and they include four counselling areas; academic, vocational, psychological and social adjustment. She found that there is no difference between counsellors, psychologists and professors in perceiving these areas of

counselling. On other hand, she found that there is a difference between social workers and the group of the sample in perceiving these areas of counselling. Abueita concludes this study with an explanation of the counselling concepts.

Firstly. The academic area of the counselling concept should :-

1. Refer unsuccessful pupils to remedial classes.
2. Develop pupils' achievement motivation, specially for pupils not achieving according to expectation.
3. Develop the ability for reception and learning.
4. Help in selecting and utilising educational opportunity available beyond secondary school.
5. Develop the best study and learning skills.
6. Helping in attaining academic objectives.

Secondly. The social area of the counselling concept consists of :-

1. Awareness of the need for better organisation of time.
2. Developing communication skills to help social relationship.
3. Developing inter-personal skills for relating to peers, family and adults.

4. Awareness of school rules and regulations.
5. Providing information, helping smooth transition from life-style to another.
6. Coping with family problems.

Thirdly. The personal area of the counselling concept consists of:-

1. Developing greater self-understanding and self-identity.
2. Decreasing negative view of self, increasing self acceptance.
3. Experiencing a decrease in confusion of values.
4. Experiencing a decrease in despair and isolation.
5. Coping with conflict in inner needs
6. Keeping mind and concentration on work until it is finished.

Fourthly. The career area of the counselling concept consists of:-

1. Awareness of the relation between scores on achievement, ability and interests tests, and career goals.
2. Awareness of the academic strengths and weakness according to occupations' requirement.

3. Developing self-actualising skills.
4. Providing information and procedures for selecting education and occupation options, or opportunities in the local community.
5. Awareness of career selection using personal information about interests, aptitudes and goals.
6. Awareness of interests, aptitudes and life-style preference in terms of occupation.

Fifth: Counsellors must work hard to help social workers to understand the value of the counsellors' work with regard to pupils' need.

Sixth: Counsellors need to do everything they can do to build stronger co-operative and collaborative relationship with social workers in school, to help social workers to be less suspicious of and less resistant towards the counsellor's role in the social adjustment and psychological areas of counselling concept.

#### 4.5 Summary

During the period of 27 years (1960-1987), the development of counselling in Kuwait can be divided into three general stages according to the events happening during each stage.

##### Stage One (1960-1969)

This stage started in 1960, when the first counselling service institute was established. The purpose of establishing this institute was to help pupils suffering from 'mental disorders'. At the beginning of this stage the counselling services were very limited. In the middle of it, this service was developed when the Administration of Social Work was established. In general, the service was available for only a limited number of pupils. During this stage, the counselling service covered only the following clients' cases:

- a. Mental disorder.
- b. Under-achievement.
- c. Speech difficulties.
- d. Emotional problems.
- e. Behavioural disorder.

The most important events occurred during this stage were establishment of the following institutes :

1. The institute for teaching and counselling mental disorder pupils in 1960.
2. The Administration of Social Work in 1965.
3. Office of Specialised Psychological Services within the Administration of Social Work in 1966.
4. The Section for Social Work at the institute of Special Education.

### Stage Two (1970-1980)

At this stage the responsible people in the Ministry of Education gave more attention to counselling services for developmental needs of people. Therefore, they established many specialised sections at this stage to deal with counselling more efficiently and professionally. They also decided to improve this service through presenting an educational and vocational guidance and counselling project for secondary school pupils. This project was quite helpful for developing the counselling service in school as well as improving the educational and psychological counsellors' abilities and skills.

At this stage also, Kuwait University started to develop its role in the field of counselling through its teaching and presenting counselling courses. Moreover, its participation and



organization played a very important role in developing counselling in general.

At the end of this stage the counselling services reached very high levels. The major development which took place came about as a consequences of :

1. Establishing the Division of Psychological Counselling and Guidance.
2. Establishing the Division of Supervision of Psychological Services.
3. Educational counsellors started working in secondary schools.
4. Kuwait University started teaching counselling courses.

### Stage Three (1981-1987)

At this stage research started to flourish in the development and evaluation of counselling. The results of these studies and researches played a very helpful role in developing counselling and guidance in Kuwait. Responsible people in the Ministry of Education and Kuwait University became aware of the value of counselling for the developing of society. As a result of this, the number of institutions which provide counselling services have increased; it has also resulted in an increase in the number of people who come to seek this service.

The most important events which happened at this stage was the establishment of the Administration of Psychological Service. This administration consists of the following three sections:

- a. Educational Psychological Counselling.
- b. Psychological Research.
- c. Technical Vocation for Psychological Service.

The establishing of this administration is a sign of the improvement of counselling in Kuwait. Establishing this administration has meant an increase in the number of the professional counselling services. It has also meant that the counsellors and psychologists are more independent of other departments in doing their own work in which they will have opportunity to develop themselves and their work.

Finally, it cannot be said that the development of counselling has reached the highest possible level, but the level of counselling in Kuwait is progressing satisfactorily and going in the right direction.

Chapter 5

School Phobia

## 5.1 Introduction

Children usually develop a number of fears during their lives. They develop some of their fear by their own experience and learn others indirectly by the imitation of their parents or peers or even by watching TV programmes. Some of these fears are rational in which danger is real. In this case, fear is desirable and children must learn some ways to avoid being involved in these situations. In other words, we need to teach our children how to protect themselves from dangerous objects or situations by teaching them to fear these sources of danger. Such of these rational fears are playing with fire, going with strangers, crossing the roads without caring about moving cars, swallowing unknown medicine etc.

Children may develop another type of fears in which they feel afraid and suffer anxiety when they involve with a certain objects or in situations. Actually, these objects or situations are not dangerous and do not hurt the children. Therefore, these fears are irrational and undesirable. Such fears are called phobia. Phobia refers to the situation in which individuals feel anxious when they face a certain object or event. These objects or events have no ability to hurt people. They are not dangerous by themselves. Such of these fears includes fear from policemen, dark, enclosed places, cats, schools and so on. These fears are unreasonable and we should

not encourage our children to develop or learn them.

School phobia is one of these irrational fears. These fears cause a serious threat to children's healthy psychological and educational growth. It seems a very wide problem in school. This problem has been increased in recent years. It is very common in child psychiatry (Hersov,1960). School phobia, a dramatic and puzzling emotional crisis, has attracted considerable attention for a number of years (Kennedy,1965). School phobic children are pupils who feel afraid and suffer anxiety when they attend school. They see school as a source of danger, therefore children keep avoiding going to school to reduce this anxiety. Children may suffer some somatic symptoms when they show a serious of school phobia problem. Finally, school phobia and school refusal have been the source of semantic confusion in the literature for many years (Hsia, 1984).

## 5.2 Fear and Phobia

There is a big difference between fear and phobia. Fear is an important part in an organism's life. It gives to the organism great protection during its life span. Fear is a survival mechanism. It is seen as a way to protect ourselves from harm. We fear drowning so we learn to swim before we go sailing in deep water, so that we are able to protect ourselves in case of an accident. We fear accidents, so we must be careful when

crossing roads. These are some examples which show how fear plays an important role in protecting our lives. Rado (see Pearson, 1951) defined fears as follows:-

"Fear is a state of alertness to danger, of an anticipation from impending injury characterised by an intellectual content, a specific feeling tone, and an absence of peripheral motor manifestation." (p 58)

In this sense, fear is an indicator of a danger that will occur if an individual does not take particular action. Every organism needs a degree of fear to survive. For example, a degree of fear of traffic is essential to the motorist. It is only when fear becomes excessive that it is damaging.

Yardley (1973) suggests that fear must be learned early in life because of its protective qualities, and children who are protected from fear find great difficulty in adjusting when they meet it later on. In other words, we as parents or adults should give our children an opportunity to face fear. It is important for them to be able to protect themselves when they are alone in a situation required such action.

However, children may learn some irrational fear in which they show anxiety with things are considered to be ordinary and not dangerous. For example, when children fear playing with rabbits, then they express irrational fear. This is considered as a symptom of phobia.

It is very common for children to learn phobia from other family members. For example, if a mother fears the dark, the child may learn from her to fear the dark. He will think that dark is a fearful object, so he has to avoid being in dark. Otherwise, something bad will happen to him if he does not avoid this kind of situation. Children learn to be confident or afraid in specific situations according to how their parents behave.

Phobias may also arise because children are uncertain or unsettled in their personal relationships. If children lack confidence in their mothers' love, they may develop anxiety and fear about what has happened to them. In this case, children may displace their fear on to some other object, such as focusing on the school when in fact children are really afraid of leaving their parents.

It is true that they have no basis in reality. Levitt (1980) states that phobia is an exaggerated fear of a specific object or event when the probability of harm to the individual is very small. These fears are transitory and create no real problem. Weiner and Elkind (1972) define phobia as follows :

"Phobias are unrealistic, incapacitating fears of relatively harmless objects or situations. Phobic dread serves no obvious protective purpose. It is typically far out of proportion to any actual danger present, and it stubbornly resists being relieved by explanations or reassurances that there is nothing to fear."(p 51)

It is evident that phobias are unrealistic fears. Children imagine that something harmful or frightening will happen to them, when in reality, nothing will. Knox (1988) states that phobia is an excessive and irrational fear of a perfectly normal situation. Counsellors, therapists, parents and teachers should not ignore these irrational fears because in doing so the development and growth of children may be affected.

### 5.3 Phobic Reaction

Children who have phobic behaviour become fearful of doing certain activities. For example, a child who has a phobia of policemen may become fearful of going outside to play lest a policeman appears on the scene. The child may refuse to go shopping or visiting with his mother because of the possibility of meeting a policeman. The child may become uninterested in his picture books or his favourite television programme because policemen are portrayed in them. It is also possible for such phobic reactions to develop into irrational fear of policemen which spreads to an irrational fear of soldiers, postmen, sailors and even hostesses.

Behavioural withdrawal is a common reaction of phobia in the childhood stage. The child will refuse to approach a group of other children despite the desire to play with them, and may for example, shy away from a "jungle gym" if there is any doubt



about the child's ability to climb it successfully. Children use the withdrawal responses as a defence to protect themselves from joining situations in which they feel afraid. According to Mussen, Cangen and Kagan (1969), this is often maladaptive for the child who refuses to cope with stressful situations may eventually become fearful of all problems and stresses, and may never learn to handle adequately the crises that are inevitable in the course of development.

Children's reactions towards phobias are vary. In general they show exaggeration of such worries into an actual anticipation of bodily harm or destruction. Weiner and Elkind (1972) state that the more children fear physical harm, and the less able they feel to defend themselves against it, the more likely they are to develop phobic reaction patterns. However, it is primarily children's lives experiences, and not their constitution, that dispose them to exaggerate normal worries into a phobic reaction pattern.

#### 5.4 School Phobia

It is well known that one of the most common fear among children is school phobia. There is great concern among parents and teachers about this type of phobia. Goldberg (see Goldenberg and Goldenberg, 1976) reports that the majority of youngsters show their first sign of such reaction early,

usually between 5 and 10 years of age, but there is no specific age for school phobia to occur.

Berg, Nichols, and Pritchard (1969) defined school phobia as follows :

"School phobia is seen as a disorder affecting children in whom there is severe difficulty in attending school, severe emotional upset at the prospect of going to school plus a tendency of parents, and in whom there is an a sense of significant antisocial problems".(p 131)

The symptoms of school phobia are relatively standard. When thinking about school or approaching the school, children become very anxious. There is a feeling that something terrible will happen if they go to school. Some children express school phobic behaviour in form of physical complaints such as headache, abdominal pain, nausea or diarrhoea which influence their parents to keep them home.

In addition, children who exhibit school phobia present a list of criticisms of their school as their reasons for not wanting to attend. For instance, they may say the teacher is unfair, the work is uninteresting or too difficult, the bus ride is too long, the other children are unfriendly and so on. These types of criticisms help such children to influence their parents' emotions and may result in support from the parents to allow them to stay at home. These children usually repeat these feelings and behaviour each day in different ways.

Another important symptom relating to school phobia is not talking at school. Some children express their negative feelings toward school by not talking at school, but they do talk at home. Children with this symptom do not stay away from school but do not verbally communicate with others. Children who express this type of school phobia usually are unable to use other techniques to avoid attending school. These children see the school as frightening and have an aversion to it. By not communicating they avoid participating in school activities and reduce some of their anxiety in the school situation. In these cases the phobic behaviour usually persists because both teachers and pupils tend to reinforce this reluctance to talk by giving attention to the child's case.

Kennedy (1965) stated that there are two types of school phobia; type (A) school phobia, or the neurotic crisis, and type (B) school phobia, or the way-of-life phobia. These two types of school phobia have many symptoms in common.

1. Irrational fear (phobias) associated with school attendance.
2. Frequent somatic complaints such as headaches, nausea and drowsiness.
3. Symbiotic relationship with mother, anxiety and fear of separation.

#### 4. Conflict between parents and the school administration.

On the hand, there are some differences between these two types of school phobia.

1. The presented illness in the type (A) usually is the first episode, whereas, in the type (B) usually second, third, or fourth episode.
2. Children of type (A) school phobia generally have low grade while in children of type (B) upper grades are most prevalent.
3. With children of type (A) there is good communication between their parents and they are well adjusted in most areas, while there is a poor communication between the children's parents of type (B). In addition, mother shows neurotic behaviour; father a personality disorder.
4. Unlike children of type (A) whose parents achieve understanding of dynamics easily, parents of type (B) school phobia children are very difficult to work with.

#### 5.5 Truancy and School Phobia

The common factor between truancy and school phobia is absence from school. Truant children are identified as pupils who absent from school without their parents' or the school's permission. However, there are some truants who absent from

school in the knowledge of their parents. While children with school phobia want to go to school but they are afraid. They are suffering from emotional problems, based on acute anxiety at the thought of leaving home. Parents of truants have presumed that their children were attending school by their reappearance at home at the appropriate time each afternoon.

There are some important situations which cause children to be truants.

**1. Unfavourable External Circumstances:**

Children face unfavourable external circumstances in the situations where the educational pressures have been too high for them. This situation can happen when parents expect too much from their children in the school.

**2. Broken Home :**

Home circumstances have a great influence upon the child's behaviour towards school. It was found that many truants come from situations where the home circumstances are poor through the parents being unreliable, lacking in perseverance and routine. Truancy will be seen in this situation as rebelling against frustration felt at home or at school. In a situation where the home is broken, parents often have little energy left over for interest in the child's welfare, and they are to provide little discipline

(Kahn, Nursten, and Carrall, 1981).

Both school phobics and truants present symptom of frequent absence from school, nevertheless there many differences between them (Davidson, 1960; Chazan, 1962; Pritchard and Butler, 1978; and Kahn, Nursten, and Carrall, 1981). The following are some similarities and dissimilarities between truant children and school phobic children.

1. School phobic children usually absent themselves with parental knowledge, while many truants absent themselves without parental knowledge.
2. School phobic children usually have an ability to cope with school work, while truants are usually unable to cope with school work.
3. In many cases, children with school phobia come from good and "respectable" homes, while truants usually come from poor, broken, and disturbed homes.
4. Children with school phobia have great difficulty attending school as a result of a neurotic disturbance, but truants stay away from school often because of an antisocial or conduct disorder.
5. School phobic children usually do not have antisocial problems such as stealing, destructiveness or wandering from home, while truants do have these problems.

6. Children with school phobia usually come from families with a higher incidence of neurosis, had less experience of parental absence in infancy and childhood. Truants often come from large families, where home discipline is inconsistent. Children referred for truancy have more experience of absence of parents during childhood.

#### 5.6 Characteristics of School Phobic Children

##### Attendance :

Children with school phobia show a higher absence from school than other pupils. They use different techniques every morning in order to avoid attending school such as crying, feeling tired, complaining of many physical pains and so on. These children always make an effort for not going to school (Mitchell and Shepherd 1967, Pritchard and Ward 1974, and Pritchard and Butler 1978)

##### Social Activities :

Children with school phobia tend to withdraw from any social activities, they refuse to go out to any entertainment, often being unable to concentrate or occupy themselves (Davidson, 1960).

### **Attainment :**

These children usually show poor attainment at school. With the school situation, children who suffer from school phobia are less successful than other children (Mitchell and Shepherd 1967). They also ignore any homework or responsibility towards school.

### **Child's Emotion :**

These children are severely emotionally upset. Their emotion is characterised mainly as timidity and fearfulness, particularly away from home, and also temper and defiance, especially at home. In addition, they usually show signs of anxiety at home (Berg, Nichols and Pritchard 1969).

### **Dependency :**

Children with school phobia show high dependency on their parents, particularly, the mother (Chazan, 1962, Gittelman-Klein and Klein 1971). They will feel anxious if they have to stay away from home. They often want to spend most of their time close to their parents. They see the school as an object which tries to take them away from the family.



## **Separation From the Family:**

Fear of separation from home is one of the most common symptom in refusal to go to school and this is most often expressed as a concern for the mother's safety. Separation from the mother is shown by many studies as an important part in developing the phobic behaviour (Hersov, 1960, Davidson, 1960, Pritchard and Ward 1974 and Williams, 1976).

## **Intelligence :**

Children with school phobia may be as intelligent as other pupils in school. In many studies was found that these children were of average intelligence (Hersov, 1960; Davidson, 1960; Chazan, 1962; Berg, Nichols, and Pritchard, 1969). In other words, low intelligence does not have an important role in causing school phobia.

## **5.7 Aetiology of School Phobia**

The causes of school phobia are numerous. The following are some of the main causes :

### **Separation Anxieties :**

One of the most important causes of school phobia is the separation of children from parents (particularly from

mother), where fear is displaced to the school. Children affected by school phobia suffer from anxiety resulting from this separation. Separation in this case involves some degree of independence. Children exhibiting school phobia usually spend most of their time close to their mothers. They feel afraid when their mothers go far from them. Children also suffer from a lack of social experience in being away from their parents and in developing social relationships with other children.

On the other hand, in many cases, mothers play an important role in developing their children's phobic behaviour towards school. These mothers are often described as over-protective and fathers are described as inadequate and passive (Davidson, 1960 and Hersov, 1960). These mothers are usually eager to take their children's responsibilities and they make an effort to protect their children in exaggerated ways. They are most commonly over-protective and dominated by their children (Pritchard and Word, 1974).

The child-mother relationship is very close and strong. This over-close relationship between children and their mothers was described by Morgan (1959) as being frequent in cases of school phobia children. Separation from the family is the central factor among school phobia children, rather than school itself as a phobic object (Berecz, 1968 and Gittelman-Klein and Klein, 1971).

Briefly, children with school phobia transfer their fear of separation from the mother to school because of both dependent and hostile needs. At the same time, the mothers' real desire is to keep their children dependent on them. Children are afraid of leaving home and entering school, but parents are threatened by loss of their children's dependency through teachers' and peer' influences.

Separation from the mother is an important issue in causing school phobia. Nevertheless, separation from other close people may cause the problem. An example of this type of problem was presented by Rutter (1975). Ann was a ten years old referred to the clinic because she refused to go to school since the start of the new term three months ago. Any time her mother wanted to take her to school, she cried, hid behind the furniture and refused to go. She played out in the streets with her friends without anxiety, but as soon as school was mentioned she burst into tears and complained of dizziness and tummy pains. After following the problem of Ann's refusal to attend school, it was found that she was separated from her close friend in class, and her worries about arithmetic constituted a subsidiary contributory factor. This example shows us how separation can be an important factor in developing school phobia, not separation from the mother only, but also separation from any other close person.

### **Unrealistic self-Image :**

According to Leventhal and Sills (1962) and Leventhal, Weinberger, Stander and Stearns (1967), the most important factor causing school phobia is unrealistic self-image rather than separation anxiety. Children with school phobia usually over-value themselves and their achievement. These children see themselves as masters in their home, so they often try to control the event around them in their environment. They try also to carry this image of the self with them to the school environment where they fail to achieve the over-value of themselves in it. In this case, school is seen by these children as a feared stimulus, their feelings are threatened in the school environment. They suffer anxiety and withdraw to another environment (home) where they find support to their over-value of themselves. The situation in school usually fights these children's value of themselves instead of support it. As a result, they suffer school phobia.

To school phobic children, school is a dangerous environment. It threatens their feelings and their view of themselves. At school they become anxious and think that school situation is not a suitable environment in which they can achieve their over-value of themselves, therefore, they become afraid of it and avoid attending it in order to protect the value of themselves from changing in school. They stay at home where they achieve this value of themselves and at the same time find

other people in the family specially the mother who makes her effort to help them achieving this unrealistic self-image.

#### **Conflict Within the Personality :**

According to the psychoanalytic theory, the personality consists of three structures; id, ego, super-ego. The id is the original system of personality. It seeks pleasure without caring of the outside environment. It aims to satisfy instinctive needs in accordance with the pleasure principle. It is seen as an impulsive function in the personality. The ego is seen as the structure which controls the personality. Its principal job is to mediate between the instincts and surrounding environment. The super-ego is the moral and critical structure in the personality. The main job for it concerns with whether the action good or bad (see chapter 1, page 16).

The conflict between the functions of these three structures in the personality develops the anxiety. Corey (1982) describes three kinds of anxiety; reality, neurotic and moral. Reality anxiety is developed by the fear of danger from the external world. Neurotic anxiety refers to the fear in which instincts will get out of hand and cause one to do something for which one will be punished. Moral anxiety is the fear of one's own conscience.

According to Blagg (1987), whenever a conflict arose anxiety was generated singling impending danger. In order to deal with this internal, instinctive danger, a process of externalisation transferred the danger to an external object whilst displacement moved the danger from within the family to a neutral object often outside the home. In the case of school phobia, the object is the school, the child continuing avoiding the school because of this uncomfortable feelings towards it.

#### **Stimulus-Response Conditioning :**

According to the theories of behaviour modification, phobias can be learned by being associated temporally and spatially with a fear-producing stimulus in a situation. Repetition of this association between the feared situation with the newly created phobic stimuli will strengthen the fear and avoidance responses to the stimuli. Watson and Rayner (1920) state that children usually learn to fear a neutral stimulus by pairing it with another feared stimulus. For example, the little child could learn fear from a rabbit if every time he/she wants to touch it he/she hears a loud bang. In other words, the association between touching the rabbit and the loud bang makes the child fear the rabbit. In case of school phobia, children usually learn maladaptive ways of behaving. This is fully explained by Garrey (see Kelly, 1973).

"The child fears loss of his mother as a result of comments about leaving by the mother, who usually

is disturbed. This fear becomes verbally conditioned to ideas about going to school, where he would lose his mother."(p 36)

Staying at home helps school phobic children to reduce their anxiety and fears. In addition, staying at home is reinforced by having more freedom and toys in which they may not find at school.

#### **Unpleasant Experience in School :**

Unpleasant experience in school is another possible cause of school phobia. In this case, the phobia tends to be precipitated by unpleasant school experiences in over-dependent youngsters who are disposed to retreat into the safety of their home whenever things in the outside world get too difficult to handle (Weiner and Elkind 1972). These children usually experience some humiliation which is threatening to their fragile sense of personal adequacy and too painful for them to talk about. Therefore, they refuse to attend school in order to avoid these situations.

## 5.8 Treatment of School Phobia

The treatment of school phobia is quite different from one technique to another. It mostly depends on the aetiology and the degree of the phobia. The following are the methods which are most used in treatment of school phobia.

1. Psychoanalytic Theory
2. Behaviour Modification

### 5.8.1 Psychoanalytic Theory

According to the view of psychoanalytic theory, individuals will suffer from anxiety whenever a conflict arose between the three structures (id, ego, super-ego) of the personality. This anxiety is seen as a signal of impending danger. At whatever time individuals feel this kind of danger, they will transfer this danger to an external object in which they can avoid it in order to protect themselves from this danger.

Freud's analysis of the case of Little Hans is a renowned model for all psychoanalytic therapy of phobias in the childhood stage. Freud (see Pearson, 1951) stated that there were two steps in the treatment of children's phobias; the first being the necessity for therapists to collect some facts about the situation in which children exhibit phobic behaviour. These facts could be collected from their own observations and those reported by the parents. The second step in this method is to



discuss the whole situation with phobic children. Therapists must show children all the facts they know about them and the situation. They must try to convince children that their fear is groundless since that is not the real cause of the fear. It is very important in the beginning of the psychoanalytic treatment to let children tell therapists what they are really afraid of. Therapists must give these phobic children an opportunity to express their real feelings toward the feared object through speech, dramatic play or their relationship with them.

In case of school phobia, children usually transfer their uncomfortable feelings to the school. They displace this danger from within themselves or their family to a neutral object (school). According to Corey (1982), using the psychoanalytic theory in treatment of school phobic children, therapists need to help these children to achieve self-awareness, honesty and more effective personal relationships, in dealing with anxiety in a realistic way, and in gaining control over impulsive and irrational behaviour. Therapists must first establish a working relationship in which they will be able to gain the phobic children's confidence. Whenever this confidence between therapists and school phobic children has occurred, children might be able to transfer their unconscious feelings towards therapists. In this case, children might transfer their past feelings which disturbed them within the family to therapists. This transference of the unconscious conflict feelings will

enable therapists to interpret them with children consciously. This also will help children to achieve insight into their phobic behaviour towards school, increase their awareness of ways to change, and thus gain more rational control over their lives in school.

Briefly, the treatment of school phobia in the view of psychoanalytic theory must pass through the following steps :

1. Achieving a trust relationship with the school phobic children.
2. Help school phobic children to transfer their past experience to therapists.
3. Interpret school phobic children's experience and feelings.
4. Help school phobic children to deal with these experiences and feelings consciously through the practise of insight.
5. Help school phobic children to be aware of their feelings towards school.

According to Kelly (1973), there are some studies which showed good results when they used psychoanalytic theory to treat school phobic children. For example, he mentioned that Coolidge, Brodie and Feeny (1964) treated 49 children who

suffered school phobia. The therapists succeeded in relieving the symptoms from 48 of these children. Another study which is mentioned by Kelly is that of Waldfogel, Tessman and Hahn who succeeded also to relief the symptoms from 18 out of 20 children.

### 5.8.2 Behaviour Modification

Techniques of behaviour modification programmes stress reinforcement as an important factor in changing the behaviour. They centre on a behavioural approach as a main treatment for dealing with school phobia. Behavioural approach involves a variety of learning procedures in which reinforcement (positive or negative) is manipulated by the therapist in order to alter the client's behaviour. The primary goal is to eliminate an undesirable behaviour and/or to institute a desirable alternative (Baron, Byrne and Kantowitz, 1980).

Blagg and Yule (1984) have used behavioural approaches as a treatment for school phobic children. They compared the treatment of three groups of school phobic children: a behavioural treatment approach (BTA), children who attended a psychiatric unit and hospital school (HU), and home-tutored children who received psychotherapy (HT). Their results show that 93 % of BTA group were judged to successful, compared with only 37.5% of the HU group and 10% of the HT group.

Methods of Behaviour modification can be divided into at least three sections according to the different assumptions and beliefs in their treatment approaches; classical conditioning, operant conditioning and both classical and operant conditioning (see Chapter 2).

### Treatment Based on the Classical Conditioning

The view of classical conditioning is that phobia can occur under certain conditions in which one stimulus is usually followed by another stimulus. Such pairing between two stimuli usually makes the first stimulus play the same role as the second stimulus. The first stimulus often gains the ability to evoke reactions which, initially, could be produced only by the second. Baron, Byre and Kantowitz (1980) state that classical conditioning often serves as the basis for strong phobic reaction.

According to classical conditioning, children suffer from school phobia because the separation from the mother is associated with attending school. Repetition of this association (between attending school and leaving the mother) makes these children see the school as an object which separates them from their mother. Therefore, the treatment which is needed in this case is to construct an association between attending school and another object which is loved by

these school phobic children. For example, increase the fun games for these children while they are in school.

There are some major treatment techniques which are used in this situation such as systematic desensitisation and flooding or implosion.

### **Systematic Desensitisation**

Systematic desensitisation is one of the most widely used techniques in the treatment of school phobia. This technique involves working with the phobic child through the constructing of a hierarchy of anxiety in which the treatment starts from the least feared situation, building up to the most feared one. Three sets of operations are involved in the systematic desensitisation technique; first, a behavioural analysis of the stimuli which evoke anxiety; second, construction of anxiety hierarchies; and third, relaxation procedures are taught and are paired with imagined scenes.

In dealing with phobia, Bolger (1978) introduces systematic desensitisation as a technique to extinguish phobias. According to this technique, when a state of relaxation is maintained in a situation which previously elicited fear, the fear response is extinguished. He said :

"In this technique the client is enabled to maintain a state of relaxation despite being introduced progressively, in imagination or in fact, to a series of anxiety-provoking situation of increasing intensity."  
(p 34)

According to Bolger, The counsellor must achieve the following steps in order to use this technique successfully:

1. Counsellors must develop a warm relationship with phobic children and show that they are concerned about children's feelings and behaviour.
2. Counsellors must make their effort to explore the problem fully.
3. Carry out a behavioural analysis.
4. Establish a hierarchy of anxiety producing situations.
5. Teach children to achieve a state of relaxation. It is important to encourage children to relax whilst they imagine the situation which makes them feel fear.
6. Counsellors then take children step by step through their hierarchy of anxiety while they are relaxed.

The success of the counselling depends on children's feelings when they think about the school. If they feel quiet when they think about it, and are able to cope with it, it can be said that the treatment is successful (Bolger, 1978).

Stedman (see Krumboltz and Thoresen, 1976) is another researcher who has shown that systematic desensitisation can play an important role in elimination of school phobia through family counselling. In his study there was a boy who refused to attend school. The major unresolved issues appeared to involve the boy's lack of independence from the family, particular from the influence of his mother. It was seen that the resistance to school seemed to have resulted from the broader issue of the boy's lack of appropriate separation from parental figures and from anxiety more directly associated with school performance. The boy became anxious before reading lessons and avoided that anxiety by leaving school.

Stedman decided to handle this case by a technique of family counselling. He started the first session in discussion with all the family. In the course of three evaluative contacts with the family, he decided to use the behavioural strategies and the desensitisation programme to counteract the boy's specific fear of reading.

Stedman first established a hierarchy, which took the form of items involving reading. Desensitisation began in the third session. The boy's anxiety was progressively reduced as the various hierarchy items were completed. In addition, Stedman used an operant approach with the parent's marital difficulties. During the family counselling process, he discussed with the family members all social relationships. He

tried to identify more precisely areas of social bankruptcy in order to isolate and describe communication deficiencies in marital interaction. In the final session, the boy returned to school and remained there, free from symptoms of school phobia.

### **Flooding or Implosion**

Flooding or implosion is another technique which is widely used in classical conditioning. This technique involves a presentation of the maximally feared situation to the client without any careful preparation or relaxation. Corey (1982) states that the purpose of the implosion technique is to produce anxiety-arousing experience of such magnitude that fear will be lessened in certain situation. Children are asked to imagine the hardest situation which makes them feel anxious.

The point in this technique is that, when therapists help their clients (phobic children) to imagine themselves in a situation with a maximum fear without direct consequences occurring, this might reduce the role of this situation in evoking the anxiety in future. This is clearly explained by Blagg (1987) when he assumes that if the subject feels anxiety as a result of prior classical conditioning the vivid presentation of the conditioned stimuli in the absence of any primary aversive stimulus will eventually lead to the extinction of the anxiety response.



Smith and Sharpe (1970) used the flooding technique successfully with a boy who had been refusing going to school for 60 days. The researchers asked the boy to imagine himself in highly threatening situation in which he returned to school facing derision and ridicule from teachers and pupils. The results of this study shows that flooding is a valuable technique when it is used with children being ridiculed by peers or demonstrating anxiety in class. Smith and Sharpe emphasise the importance of making careful behavioural analysis in order to understand the main cause of phobic behaviour. In addition, they stress the importance of gaining co-operation from the parents as well as from school staff for faster treatment.

### **Operant Conditioning**

Operant conditioning emphasises the role of the behaviour's consequences to change it. Behaviour usually produces certain type of consequences, therefore, we learn to perform responses which yield positive consequences or avoid repeating certain response in case of negative consequences. The view of operant conditioning explains that school phobic children can be treated by using positive reinforcement for each desirable response and negative reinforcement for each undesirable response arose by them towards school.

Shaping is one of the most common procedure is used in operant conditioning. This procedure requires dividing the treatment of returning the child to school into many small steps. Achieving each step is seen as a way of developing the child behaviour towards school. Such steps are often termed successive approximations to the desired behaviour. Procedure of shaping usually consists of three main steps. First, identification of the target behaviour (the behaviour which we want the subject to performing). Second, dividing the programme into many small steps in which the subject will be rewarded for performing for each of these small steps. Finally, when the subject achieves the target behaviour, we must start reinforcing partially instead of continuously in order to ensure that the behaviour will persist for long periods of time.

### **Both Classical and Operant Conditioning**

Lazarus, Davison and Polefka (1965) have employed both classical and operant conditioning procedures in the treatment of school phobia. According to their view when avoidance behaviour is motivated by level of anxiety, classical counterconditioning techniques are needed; when anxiety is minimal, and avoidance behaviour is seemingly maintained by various secondary reinforcers, operant strategies should be applied. They stated that encouraging the emergence of non-

deviate response patterns can be achieved by pairing the reinforcers with a stimulus (as is the case in classical conditioning) and/or by making the reinforcer contingent upon a response (as is the case in operant conditioning).

The case whom they treated through this technique was a child of 9 years old. This boy was referred for therapy because of his continuous absence from school for three weeks. He avoided the classroom situation. He was often hiding in the cloakroom, and subsequently began spending less time at school each day before he refused going to school. His father was a moody and anxiously ambitious worker. The boy was found very sensitive to his father's moods. The mother, although openly affectionate less rigid and demanding than her husband, took pains to respond towards her children in an unbiased fashion.

After the initial interview, it was found that the child's school phobia was the most disruptive response pattern of a generally bewildered and intimidated child. It was also found that the child's verbal reports were aimed at eliciting approval rather than describing his true feelings. Therefore, the researchers decided to employ desensitisation vivo as the principal therapeutic strategy.

The following steps were employed to eliminate child's school phobia:

Step One : In this first step the therapist accompanied the child walking on the way to school. At this time the therapist made an effort to reduce the child's anxiety by means of distraction and humour.

Step Two : The therapist accompanied the child into classroom. The therapist smiled at the child whenever he interacted with his classmates or the teacher.

Step Three : The child started staying alone in the classroom, while the therapist stayed in an other room in the school.

Step Four : The mother was required not to allow the child to stay at home during school hours and the teacher was asked to provide special activities for the child each day.

Step Five : School attendance independent of the therapist's presence was achieved by means of many specific rewards contingent upon his entering school and remaining there alone.

Final Step : The child was persuaded by his parents the therapist that rewards of this kind were no longer necessary. Lazarus, Davison and Polefka suggest that the classical and operant procedures can be used together when each is likely to prove maximally effective. It is important for the therapist to use each model at the appropriate time because an inappropriate use of the operant model could prove anti-therapeutic, while inappropriate use of the classical model would also impede therapeutic progress.

In this study , when the child told the therapist "I am scared", the choice of strategy become crucial for the therapist. At this moment, an operant conditioning was used actively to reduce anxiety by means of attention and reassurance would reinforce classroom-leaving behaviour. On the other hand, the classical conditioning would predict that to withhold immediate attention and make it contingent upon returning to the classroom would augment the child's anxiety and thus reinforce avoidance behaviour.

## 5.9 Summary

A summary of school phobia may be best achieved by answering the following three questions.

1. What does school phobia mean ?
2. What is the aetiology of school phobia?
3. What methods can be used for the treatment of school phobia?

**First Question : What does school phobia mean?**

School phobia may be describe as a situation in which children have negative feelings towards school. They see school as a frightening place. They may like school but they are afraid of what is going to happen to them if they decide to go to school. Therefore, they refuse to attend school.

Actually, children with school phobia have irrational fear towards school. But, there is no basis for their fear. These children usually exhibit a series of symptoms such as anxiety every morning, running away from parents when they want to take them to school, too much of criticising school, and more seriously presenting a list of physical complaints such as a headache, nausea or diarrhoea for not attending school.

## Second Question : What is the aetiology of school phobia?

It was found (Kennedy, 1965, Berg, Nichols, and Pritchard, 1969, Pritchard and Ward, 1974 and Kahn, Nursten and Carrall, 1981) that the most common factors which cause school phobia can be divided into two areas; separation from the family and experience in school.

Most children who suffer from school phobia in some way have serious anxiety concerned with separation from the family (particularly from the mother). They are too close to their family. They feel anxious when they have to leave home for any reason. To them, school is a fearful place because it separates them from the family.

The second cause of school phobia comes from children experience in school. There are many children who have negative and unpleasant experience in school such as embarrassment or humiliation. Other children who over-value of themselves do not find a support their view of themselves in school. therefore, they develop negative feelings against school. These children usually develop these feelings until they reach a point in which they feel that they are not able to go to school with these unpleasant experience. These unpleasant experience in school makes school a fearful place for these children.

**Third Question : What methods can be used for the treatment  
school phobia?**

The most common theories dealing with school phobia are psychoanalytic and behaviour modification.

**First, Psychoanalytic Theory :**

Psychoanalytic theory concerns with moving children thinking from unconscious level to conscious level. It centres on making children aware of the source of their fear. When children realise this, they will be able to eliminate their fear.

**Second, Behaviour modification:**

Behaviour modification includes many techniques such as classical conditioning and operant conditioning. The important point in these techniques is using reinforcement (positive or negative) as a main factor to change the behaviour. The idea here is creating a conditioning situation in which children will gain a reinforcement when they change their undesirable behaviour and achieve a certain behaviour. Using reinforcement for changing the behaviour will increase the probability of frequency of this behaviour in future in similar situations.



## The Literature: Conclusions

Undesirable behaviour may be changed in terms of one (or both) major and general perspectives. The techniques of these two perspectives forms the basis of Chapters One and Two.

1. Theories of counselling.
2. Behaviour modification programmes.

Theories of counselling and their attendant methods, may help counsellors to create a helpful atmosphere in which their clients can change undesirable behaviour. Selecting a counselling theory is likely to depend on the counsellors' beliefs and attitudes as well as their experiences in this field.

In general, the central aim of most counselling theories is to facilitate a meaningful understanding of the self and environment. The view of most counselling theories is that many clients come to counselling because they need someone (the counsellor) to help them to understand themselves and to achieve a more satisfactory relationship with their environment.

Behaviour modification programmes deal with changing the behaviour from another viewpoint. According to Neuringer and Michael (1970), behaviour modification programmes usually

involve the application of principles derived from various learning theories to change the behaviour of the organism. Most of the behaviour modification programmes derive their techniques from the following three psychological theories; classical conditioning, observational learning and operant conditioning.

Chapter Three considers the main technique which was used in the research of this thesis to deal with the problem of school phobia in Kuwait. According to Duncan and Gumaer (1980), working out a phobia in peer groups can mean more to children than just being physically part of group. Even when children are not physically part in a peer group, they may be frequently reflecting on interactions within the peer group. Lennox (1982) states that group counselling can be used to affect changes in both attitudes and behaviours. Group counselling provides an opportunity for social learning or behaviour change that may be maximized by the presence of other individuals (Gazda, 1978).

The results of many studies ( e.g. Schardt and Truckle, 1977, Parker and Nicol, 1981, and Gazda, 1984) indicate that the technique of group counselling can be helpful for changing undesirable behaviour when it is used effectively. This technique can help its members to be more positive towards themselves. In group counselling, individuals may begin to understand themselves, develop social relationships with others, become more acquainted with other members, and be more willing to become independent thinkers. It can create an

opportunity for its members to know themselves more completely than is possible in an everyday relationship.

However, there are some conditions which must be met in group counselling in order to achieve success. The first condition is the opportunity for participation for all of the group members. Each member must be encouraged by the counsellor to participate positively in group activities. The second condition is freedom of communication. Members of the group should be encouraged to communicate with other group members freely, without pressure. Third, for effective group counselling it is advisable that group members have a common interest and anxieties. With a common concern, each of the group members may feel more able to discuss his/her own particular problem. Finally, the basic goal for such group therapy is to create a helpful environment in which the members can freely express their feelings. The counsellor should ideally make an effort from the beginning to create such a climate in order to encourage the clients to participate positively without feeling threatened.

Chapter Four concerns counselling in Kuwait. The research to be reported in this thesis attempted to use the group counselling technique to deal with the problem of school phobia at certain elementary schools in the state of Kuwait. Therefore, it is important to give some background to the development of counselling in Kuwait. Counselling in Kuwait was influenced by the early development of counselling in various other Arab

countries. Counselling in Kuwait is a relatively young field of study compared with other humanistic fields. However, the Ministry of Education through the Administration of Social and Psychological Service and Kuwait University understand the importance of counselling in pupil development, hence, considerable recent attention has been given to counselling.

The Fifth Chapter in the thesis concerns school phobia. School phobia is the specific problem engaged by this research. The general symptoms of children suffering from school phobia are: lack of attendance at school, emotional disturbance, and poor relationship with peers etc.

School phobia can be treated by different techniques. The type of treatment chosen mostly depends on the cause of the problem, the degree of seriousness of the phobia, and the counsellor's attitudes and beliefs towards the children. For example, Freud's basic view was that children must be encouraged to move phobic tendencies from the unconscious to the conscious level. Children must be aware of their real feelings. When they recognise phobic problems they will be able to express their real feelings without fear or anxiety and hopefully find some kind of solution to the phobia. School phobia can also be treated by behaviour modification programmes. According to these programmes, the counsellor can use certain well defined techniques in the treatment of school phobia such as systematic desensitisation and flooding or implosion. Blagg and Yule (1984) have attempted to use the behaviourist approaches in the

treatment of school phobia. Their results indicate that the behavioural treatment was judged as successful with 93 % of the school phobic children. Stedman (see Krumboltz and Thoresten, 1976) tried to use systematic desensitisation through family counselling in the treatment of a school phobic child. The results indicated that the child not only returned to school but remained there after the end of the treatment.

Chapter 6

Research Aims and Methods

## 6.1 Introduction

According to Dinkmeyer & Caldwell (1970), children generally experience problems in the early elementary grades in at least four areas; school, family, relationships with others and self. Many children at some time may face these type of problems. Many children may be able to solve their problems through personal resources or through obtaining some help from parents or teachers. However, it is also recognised that other children may not have the personal skills or ability to solve their problems or they may not find a helpful climate that facilitates a solution to their problem. In particular, children may not be able to learn effectively if they are frightened, angry, bewildered, or bored (Moore, 1976).

The specific childhood problem of concern to this thesis is school phobia, where a solution is often sought outside the personal resources of a child. Group counselling is the main technique used with school phobic children. It aims to create a climate where the behaviour of one member is shown overtly to affect the behaviour of another member in the group. The effect of the opinions, the feelings, the exhortations and the behaviour of group can have a marked effect on an individual. That is, group dynamics can, at times, be more of an agent of change than an individual attempting self-change (Lefrancois,

1973; Huhn, 1985). The group counselling technique to be reported in this study attempted to create this kind of climate to help children suffering from school phobia to solve their problems in their own way.

Thus a non-directive counselling process was used with these children. Children were encouraged from the beginning to participate positively in their groups. Therefore, they understood from the first meeting that these groups were their own and they were the people who should direct and guide them. They also hopefully understood from the beginning that direct participation in these groups would help them to solve their own problems.



## 6.2 Aims Of The Research

The aims of this research were to seek answers to the following questions :

1. To what extent does a group counselling process help children suffering with school phobia to eliminate their phobic behaviour towards school? In other words, is the group counselling process a viable technique for younger children (7 to 11) to solve their school phobic problems?
2. To what extent do children aged 7 to 11 years old have the capacity to take responsibility for their own behaviour? Are they able to direct themselves and solve their own problems if an appropriate climate has been created for them?
3. Does a child's birth order in the family help to play an important or insignificant role in eliminating the phobic behaviour towards school following a counselling process? Is there a relationship between the child's birth order in the family and his (her) ability to solve a school phobic problem?
4. Is there any interaction between gender and the effectiveness of a group counselling process directed at school phobia?

5. Do children with relatively more educated parents tend to improve their school phobic behaviour significantly more than those with lower educated parents as a result of the counselling process?
6. Does the child's IQ play a role in his (her) capacity to solve his (her) school phobic problem? In other words, do children with a higher IQ tend to be able to solve their school phobic problem better than those with a lower IQ? A subsidiary but related issue is whether school phobic children have a lower IQ than the non-phobic children?
7. To what extent does the problem of school phobia affect the level of school achievement and absence from school? Do the non-school phobic children show higher school achievement and less absence from school than the school phobic children?

### 6.3 The Variables

In order to operationalize these aims, particular variables were chosen. There are three type of variables in this study.

1. The independent variable. This refers to the treatment, that is the group counselling technique which was used with children to attempt to modify their school phobic behaviour. The independent variable refers to that which is manipulated in the experiment.

2. The dependent variable. The dependent variable is the behaviour which is expected to change as a result of the treatment (group counselling). In this case, the dependent variable is approaching or attending school. Improvement in school phobic tendencies is in this sense dependent on the treatment (the independent variable).
3. Assigned variables. The assigned variables are the measured variables relating to the background of the children in terms of their personal characteristics, achievement and family background. The importance of assigned variables is their potentially mediating effect. That is, the experimental treatment may be more or less successful due to certain assigned variables. For example, is the treatment more effective with males than females? All the characteristics of subjects can be seen as assigned variables. The assigned variables which were examined in this study comprised the following:
- a. Gender (male/ female).
  - b. Child's birth order in the family.
  - c. School achievement.
  - d. Child's geographical location of residence in Kuwait.
  - e. Parents' level of education.
  - f. Child's IQ.
  - g. Child's amount absence from school.

- h. Child's nationality
- i. Child's number of brothers
- j. Child's number of sisters

#### 6.4 The Population

All elementary schools in Kuwait were seen as the population for this study. According to the Ministry of Planning (1987), there were a total of 122140 pupils and 7301 teachers in elementary schools during the schooling year 1986/87 (see table 6.1). It is important to outline various facts of the Kuwaiti education system surrounding this population.

**Table 6.1 : Population of Teachers & Pupils in Kuwait 1986/87**

Teachers			Pupils		
Males	Females	Total	Males	Females	Total
2999	4302	7301	61508	60632	122140
41 %	59 %	100 %	50 %	50 %	100 %

There are four stages of school education in Kuwait. These stages are kindergarten, elementary, intermediate and secondary, covering the ages from 4-18 years old. School attendance is compulsory for all children between the ages of 6-14 (the elementary and intermediate stages). Elementary school education is provided for pupils aged between 6-10 years old. It is the first compulsory stage and the main foundation

on which the education system is built. As is shown in table 6.2, non-Kuwaiti pupils (e.g. Egyptians, Palestinians, Iraqis) are allowed from this stage to join the public schools (Ministry of Planning, 1987). Kindergartens are for those aged 4 to 6, and are for Kuwaiti pupils only.

Intermediate schooling is the second compulsory stage in Kuwait's education system. It caters for children aged 10-14. According to Al-bdulghafaor (1978), this stage is seen as an extension to the elementary school rather than a major stage in its own right. It aims to provide a reservoir of knowledge and to ensure the enculturation of the pupils. Moreover, it aims to achieve a well balanced blend of practical and theoretical studies.

**Table 6.2 : The Percentage of Kuwaiti and Non-Kuwaiti Pupils in Elementary Schools**

Kuwaiti 53 %			Non-Kuwaiti 47 %		
Males	Females	Total	Males	Females	Total
32465	32354	64819	29043	28278	57321
50 %	50%	100 %	51 %	49 %	100 %

The other two stages (kindergarten and secondary) are elective. Kindergarten schools contain children aged from 4-6 years old, and are mixed in gender whereas the other stages are single sexed. These schools are becoming increasingly popular, with

the most recent government figures showing 30370 children attending in 1987 (Ministry of Planning, 1987). Secondary schooling caters for 14-18 year old pupils. Although these schools are elective, a growing number of pupils attend each year. Some 88264 pupils (24 % of the relevant population) attended in 1987 (Ministry of Planning 1987). These schools provide a range of options compatible with the requirements of modern day technology and scientific achievement.

According to the Ministry of Information (1986), there are over half of a million individuals, (or 30% of the total population) attending Kuwait's schools or various others centres of education. There are three general government bodies responsible for providing education services to this section of the population:

1. The Ministry of Education is responsible for the supervision of public and private education.
2. Kuwait University is responsible for higher academic education.
3. The Public Authority for Applied Education and Training is responsible for vocational tuition at applied education institutes and training centres.

Having presented the Kuwaiti background to the research and hence the background to the population from whom the research sample was drawn, this chapter now proceeds to consider how the

experimental sample was located and refined.

## 6.5 Research Design

The research developed through three stages.

6.5.1 Stage One : Identification of the Sample.

6.5.2 Stage Two : Experimental Manipulation (Application of Group Counselling).

6.5.3 Stage Three : The Evaluation of the Results.

### 6.5.1 Stage One : Identification of The Sample

Three types of procedures were used for selecting and refining the sample for this research. These procedures were developed in a serial rather than a parallel fashion, with the second procedure being informed by the experience of the first procedure. These procedures were :

1. A Questionnaire for Teachers.
2. Interviews with Parents.
3. Interviews with Children.

#### A Questionnaire for Teachers.

The purpose of this stage was to identify the children suffering with school phobia from the teachers' viewpoint and

experience. Another purpose of this procedure was to explore the teachers' perceptions of their school phobic pupils. Finally, this procedure helped to identify the sample of parents who could be used in the second stage of the research. Further details of the compilation of the teacher questionnaire can be found in appendix 9.

A fixed-alternative questionnaire was offered to the teachers (see appendix 1). The teachers were invited to select one of the following alternatives as answers: Yes/ No/ I do not know. An example of a statement (presented in Arabic and reproduced here in translation) is ' Children with this type of fear towards school often express emotional disturbance'. These items were formulated as statements instead of questions. The teachers were also asked to mention the school phobic child's name at the end of the questionnaire (see appendix 1). If a teacher had more than one school phobic child in the class, the teacher was requested to write each name on the same questionnaire. The distribution and collection of these questionnaires took two weeks (see time-scale diagram, page 275).

The selected sample of the teachers came from 20 elementary schools which were randomly selected from all schools in the state of Kuwait. A total of 350 ( about 50 % of each school) teachers were randomly selected from these 20 schools to answer the questionnaire. However, the researcher only received back



321 questionnaire forms from the total of 350 (92 % completion rate). The total number of the pupils in these 20 schools is 10572(4720 males and 5852 females). Table 6.3 shows the geographical distribution of this pupil sample.

Table 6.3 : Area of Residence

Areas	Kuwait City	Hawalli	Ahmadi	Jahra	Total
Total No. of Children	6856 6 %	55917 46 %	27154 22 %	32213 26 %	122140 100 %
Initial Sample	2358 22 %	2983 28 %	2605 25 %	2626 25 %	10572 100 %

Analysis of the teachers' questionnaire revealed a total of 403 (3.8 %) children in the 20 schools suffering from school phobia (140 males and 263 females). The operational definition of a school phobic child was simply nomination by the teacher. This number was reduced to 137 using the following principles, this reduction being necessary in order to make the experiment feasible and practicable.

#### Age:

All children under 7 years age or older than 11 years old were excluded. The reason for this is that children under 7 years old were seen as possibly being too young to participate in, and gain from group counselling. In addition, these children were still in the first year of their elementary school

experience, and may not be able to express their inner thoughts and feelings. There may be a small danger that some teachers see such pupils as phobic pupils, when they are not, the pupils needing a short period of time in order to make the transition from kindergarten or home to elementary school.

Children older than 11 years old may perceive themselves as too old to work in a group counselling environment with smaller or younger children. Moreover, some of these children may have reached their adolescence stage when it may be more difficult to get them to work co-operatively in a group with younger children. In addition, incipient adolescents may have their own problems different from those of younger children, thus requiring a different form of group counselling.

#### **Incomplete Answers To the Questionnaire :**

Some teachers who identified school phobic children ignored some of the questionnaire statements on which the final decision about these children was based. Therefore, children on whom information was incomplete were excluded in order to avoid any suspicion or ambiguity about whether or not such children were school phobic. This may have led to a slightly biased sample- a topic to be examined in detail later.

### **Incomplete Biographical Details :**

Some teachers who nominated school phobic children did not give enough details about these children, such as the child's surname or child's class, making it difficult to identify such children. Therefore, these children were necessarily excluded.

### **Size of Counselling Group :**

The general principle of this research was that the number of each counselling group should not be less than four children. Therefore, if in any school the number of school phobic children was less than four, the 'remaining' children were excluded. Such exclusion was necessary to make the experiment operational.

### **Too many Children :**

Another general principle of this research was that there would be only one counselling group in each school. Only one group was selected from each school to ensure a variety of schools in the research. There were five schools which had a higher number of school phobic children than would have filled one group. Hence, surplus children were excluded on this principle. For example, one of these five schools had 35 school phobic children, but only 6 children were selected. The 6 children were randomly selected from the 35. At the end of this stage, 137 children were left to be further screened by a parental

interview. It is acknowledged that such a selection, even though internally random, does in itself produce a small bias in the final sample.

#### **Interview With Parents:**

The purpose of a parental interview was to identify children perceived by their parents as suffering from school phobia. The aim here was to cross-check the teachers' view. In some cases, parents may differ from teachers, both disputing attribution of school phobia by the teachers and, alternatively, perceiving such a phobia to exist when the teacher regards the child to be normal. Therefore, it seemed important to identify school phobic children on the basis of a measure of agreement between teachers and parents. In addition, this interview helped to gauge parental opinion regarding the potential participation of their child in group counselling. Parents were naturally given the right to allow or not allow their child to participate in group counselling sessions.

A fixed-alternative structured interview was used with parents (see appendix 2 and appendix 9). They were asked and allowed to select one of the following items; yes/no/ I do not know. For example, parents were asked 'do you think that children should be solely responsible for their behaviour in school?' Parents were also requested to describe their child's behaviour and feelings towards school (see appendix 2). In the interview,

parents were encouraged to talk about the following items :

- a. The level of the child's dependency on his/her parents
- b. The child's attitudes towards school.
- c. The child's actual behaviour in terms of attending school.
- d. The parents' attitudes towards school.
- e. The expectations of the parents regarding their child's behaviour towards school.

Parents were interviewed following an analysis of teachers' questionnaire responses. The interviewing process took two weeks. Some parents were interviewed by social workers in schools (see chapter 4, page 175). Other parents were interviewed by the researcher himself. There were 128 parents interviewed. Only 9 parents (7 %) did not attend these interviews. All interviews were held in schools in the social workers' rooms. By the end of this stage, the number of school phobic children was reduced from 128 to 112 using the following criteria:

a. Parental Opinion :

Some parents disagreed with the teachers' perception regarding their child, believing that their child did not suffer from school phobia, and therefore that he or she should not be included in group counselling sessions.

#### b. Non Co-operative Parents:

Some parents who perceived their child to be school phobic were unwilling to allow the child to participate in the counselling sessions. When such parents were informed as to the nature of the experiment, they did not wish the child to be involved. As a result, such children were necessarily excluded. It was felt that parental choice was an important right to uphold.

#### Interviews With Children

The purpose of an interview with children was to cross-check the teachers' and parents' view about the problem of school phobia. This results in a triangulation procedure, with parent, teacher and pupil viewpoints being checked for dissonance or congruity. All interviews were held in the child's school in the social workers' room. All interviews were undertaken by the researcher himself. The interviews with pupils took two weeks to complete.

An unstructured, open-ended interview was used with the children who have been diagnosed as school phobic by teachers and parents alike. Questions were asked in an informal, indirect way to seek to avoid any over-sensitivity or anxiety. Children were allowed to answer the questions in their own way, that is, no prior categorization of response was imposed.

However, the researcher summarized their responses into a number of categories for each particular question. For example, question five: 'some children do not attend school regularly; what do you think is their problem'? Children were allowed to reply in their own way; then the interviewer summarized their replies into one of the following alternatives: phobia/ laziness/ health/ I do not know. Appendix 3 provides further details of the interview. The interviews had the following aims.

- a. To develop a trusting relationship and a measure of rapport between the researcher and the target children as a foundation for the later group counselling process.
- b. To seek an informal agreement with these children regarding their involvement in group counselling.
- c. To prepare these children for the group counselling sessions by giving them some idea about their group's members and the importance of this group to them.

Following the interviews with the children, the number of school phobic children was reduced from 112 to 102 according to the following criteria:

a. Researcher's view

Some children who were considered as school phobic by their teachers and their parents were found by the

researcher not to be unambiguously school phobic. For example, one child said ' my parents love me a lot. I love all my teachers, except the Music one. She screams and hits a lot. I hope she is replaced by someone else. I also do not like the subject of Maths. It is very difficult. I have a lot of friends. I am very satisfied with most things in my school. Children do not come to school when the subjects are very difficult or because they are lazy'. (translated from Arabic).

The above child's responses show that his feelings towards school were not necessarily phobic. Each pupil in school may find some things which he (she) likes and other things which he (she) dislikes. It may be also said that each pupil faces some difficulty with some subjects and finds other subjects are easy.

This child was considered by his parents and teacher as school phobic, but he was not perceived as such in his own terms. His parents and teacher may have thought that this child could not adapt to the school's environment. This child faced some difficulties with certain subjects or teachers, but in the researcher's view this child may lack the ability to learn with ease, but his reactions towards school were not so very abnormal. There may be the need for remedial help with school learning rather than treatment of phobia.



## b. Children's Rights

Children have the right not to participate in group counselling. Therefore, any child who refused to join a counselling group was excluded. The reasons for such non-participation may be due to anxiety, lack of interest or no wish to modify present behaviour. It is probably the case that, individual rights apart, unwillingness to participate would both change the ethos of a group should the child be 'forced' to take part, and this would not only provide an unsuccessful outcome for himself/herself, but also negatively affect other group members. However, as with the whole selection procedure, the exclusion of borderline and problematic cases probably increased the chances of success of the experiment. This limitation to the generalizability of the experiment is considered later (see page 444).

### Final Selection :

Random selection was the last procedure in defining the final sample of school phobic children. Following the survey of parents, teachers and children, there remained 102 children apparently suffering from school phobia. 79 of these children were selected randomly to create the experimental and control (A) groups (see tables 6.4, 6.5 and 6.6). These children were then divided randomly into experimental and control (A) groups, giving the following groupings:

1. Four male experimental groups (each containing between 4 to 6 children).
2. Five female experimental groups (each containing between 4 to 6 children).
3. An overall matched control (A) group.

During the experiment, 3 children withdrew or were withdrawn (see page 265). This resulted in 37 children in the experimental group and 39 in control (A) group. An equal number of pupils in the experimental and control (A) group was not possible due to the necessity of making working groups of 4 to 6 members. Whether the matching of experimental and control groups was achieved is considered in detail later, as this can be empirically tested.

**Table 6.4 : The Percentage of Males and Females in the Experimental and Control (A) Groups**

Group	Male	Female	Total	%
Exptal	17	20	37	49 %
Control (A)	13	26	39	51 %
Total & %	30	46	76	100 %

**Table 6.5 : The Percentage of Kuwaiti and Non-Kuwaiti Children in the Experimental and Control (A) Groups**

Group	Kuwaiti	Non-Kuwaiti	Total & %
Exptal	26 (70 %)	11 (30 %)	37 (49 %)
Conl (A)	32 (82 %)	7 (18 %)	39 (51 %)
Total & %	58 (76 5)	18 (24 %)	100 %

**Table 6.6 : The Distribution of Pupils' Residency in the Experimental and Control (A) Groups**

Group	Kuwait	Hawalli	Ahmadi	Jahra	Total
Exptal	10	10	8	9	37
Control (A)	10	8	11	10	39
Total & %	20 26%	18 24%	19 25%	19 25%	76

In addition to the experimental and control (A) groups, one further control group was created, called "control (B)" group. This group consisted of non-phobic children. To create this group, 73 children were selected randomly from the same experimental and control (A) groups schools ( see table 6.7). These children were regarded by their teachers as 'normal'. The purpose of this group was to make certain important comparisons between experimental, control (A) and these 'normal' children. The variables upon which such comparison is important were considered to be: IQ, school achievement, absence from school, school level, gender and nationality. For this purpose, a

record was created containing each child from each of the three groups (see appendix 4). Information on the above variables was collected from the schools' administrators except for IQ which was collected by the social workers or the researcher using a Kuwaiti non-verbal intelligence test (Kuwait, Ministry of Education, 1985). Naturally, all verbal and oral testing was undertaken in Arabic, and Arabic versions of the test material may be found in appendix 5.

**Table 6.7 : The Percentage of Pupils in the Groups According to Gender**

Group	Male	Female	Total	%
Experimental	17	20	37	25 %
Control A	13	26	39	26 %
Control B	26	47	73	49 %
Total	56	93	149	100 %
%	38 %	62 %	100 %	

**6.5.2 Second Stage : The Experiment (The Application of Group Counselling Process )**

This second stage, the treatment of school phobic children, is seen as the kernel of the study. In this stage a Rogerian group counselling approach was used with children suffering from school phobia. Children came to group therapy for a period of 45 minutes twice a week. These groups continued for 7 weeks. All sessions were held in the pupils' own schools in

rooms prepared for this purpose.

### Group Counselling Rules

According to Gumaer (1984), a counsellor who works with children needs to understand certain ethical guidelines in order to ensure that children's rights are upheld and there is protection of individuals within the groups. The following comprised the rules and ethical guidelines which were used by the experimenter in order to achieve a 'safe' atmosphere for children in their groups. These rules and ethical guidelines were, of course, defined and enforced before the group counselling sessions started.

1. Permission was obtained from the Kuwait Ministry of Education to meet teachers, parents and children, and conduct the research.
2. Permission was obtained from parents who had children suffering from school phobia for their children to join these groups, and participate in the experiment.
3. The children were told about their right to join (or not) these groups. Some details of the experiment were relayed to them in a simple fashion.
4. Permission was sought from schools' administrators to hold the counselling groups in their schools, and they

were asked to help in the organization of the research.

5. All children had the right to quit their group at any time they liked.
6. Once the group sessions had begun, nobody extra could join them, otherwise the group dynamics would be affected.
7. Children were informed about the confidentiality of their group sessions. In particular, what was discussed in the group was to remain the group's secret, and must not be relayed to any other children. However, the children may have talked about the sessions in general to their teachers and parents, for example.
8. Once the group sessions had began, it was considered allowable to remove a member in the following events :
  - a. If a child in the group refused to attend or refused to participate over several sessions.
  - b. If the counsellor felt that a child's behaviour had a destructive effect on the remainder of the group over several sessions; if the counsellor felt that the behaviour of a child was physically or psychologically harmful to the group's members or detrimental to the progress of the group as whole.

Application of these rules and guidelines meant the withdrawal of 2 children and the exclusion of a further one child, leaving 37 children in the experimental group which originally contained 40 children.

### **Trust Games**

Dorfman (1986) states that children need to 'trust themselves' when they work together in counselling sessions. Therefore, it is the leader's task when working with a group of children to help them to 'trust themselves'. The leader needs to create a climate of warmth and safety and to facilitate honest communication between members of the group and between members and the leader. In order to create such a climate, the leader may usefully encourage the members to join in certain kinds of games or exercises in the first session.

The following are two games which were used to develop communication between members in initial groups sessions. These two games were used to break down barriers, build up trust, and facilitate group cohesion.

#### **The First Game : Milling Around**

1. Children in this game place their chairs in a circle with some space in the middle for them all to mill around.

2. All members mill around, i.e. walk round freely within the circle, smiling to each other, and talk to as many other members as they can in one minute.
3. The leader then claps his hands, at which point members have to shake hands as many times as they can with other children in the group in one minute.
4. When the leader claps his hands again, members kiss as many children as they can in the group in one minute.
5. To finish the game, the leader claps his hands twice, following which each child has to arrange a chair for one of the group members to sit on.

#### **Second Game : Support**

1. Group members stand, shoulder to shoulder, in a close circle.
2. One child goes into the middle of the circle and closes his/her eyes.
3. The group hold out their hands towards the child in the centre, who sways backwards, forward, sideways and is firmly, but gently, supported by them.
4. Each child takes a turn at being supported by the group when he is in the centre.



## The Sessions

There were 14 group counselling sessions for each group. The sessions took seven weeks (two sessions every week). All the members of the experimental group used the first two sessions to develop relationships by using the trust games. The rest of the sessions were used to seek to solve the problem of school phobia.

Members of each group started, from the third session onwards, to introduce their experience and feelings about school (good or bad/ happy or unhappy/ satisfied or unsatisfied) to other members in the group. It was found that most of the members willingly participated in the discussion of their peers' negative feelings towards school. The following are two examples of these sessions. Children's names in these examples are represented by letters such as A, B, C.

### Example One (Boys) (Session number 6):

Two children who were in the same classroom started this session by describing the difficulties of being with the Arabic teacher. Child (A) said he started to hate the school because of this teacher, and expressed his great dislike of this teacher. Child (B) agreed and reported that he did not like her too. Child (C)'s advice was to try to ignore her when she shouted and screamed. Child (A) said, "I cannot, she always

comes close to me and asks me questions. I do not like to be asked questions in front of other pupils". Child (D) said that "the best idea was to prepare lessons at home before coming to school in order to avoid the shouting and screaming, and, at the same time, being ready to answer her questions". The leader asked child (B), Do you think that she does not like you?. He replied "No". The leader then asked child (B), why you did not like her? He replied, "I do not know". The leader asked all the group to suggest ways to help their friends who experience this problem? Child (C) said, "I think they should go and talk to her about their feelings towards her". Child (D) added, "I think it is better to tell the administrator about her". The alternatives were then discussed openly. By the end of this session, the leader asked all the group members to think about this problem for the next session.

#### Example Two : (Girls) (Session number 9)

Girl (A) started this session by saying that her friend (B) had not attended school during the last two days. Girl (A) continued "Now, she is with us, let's ask her about her absence from school". Girl (B) replied, "I was sick ". Girl (C) retorted "No, you were not sick. I saw you when you were playing near your home". Girl (B) looked at her friend (C), but remained silent. Girl (A) then said, "I do not see any reason why you did not come to school". Girl (D) looked at (B) and asked her, "Can you tell us honestly about your reason for not

coming to school in the last two days". Girl (B) started crying. The leader asked all the members to be quiet. Then, the leader told girl (B) that all her friends wanted to share her feelings and they wanted to help. Finally, girl (B) said that she did not like the Maths teacher and that this feeling was reciprocated (she could not give any reasons to explain these feelings). "Therefore, any day we have Maths, I do not come to school". All members of the group remained silent for a while. Girl (E) then said, "Let us think and suggest some ideas to help our friend". The following are some of the group members' suggestions to help this girl (B).

- a. Do not be absent from school without a good reason.
- b. Go to the school's doctor when you feel sick.
- c. Try to participate in classroom activities.
- d. Try to go to the Maths teacher in her room and talk to her.

By the end of this session, one girl suggested that all group members should not talk to (B) if she was absent from school without a good reason. All other girls agreed with this idea in order to encourage girl (B) to come to school regularly.

### 6.5.3 Third Stage: Evaluation

The emphasis of this stage was on an evaluation of the effectiveness of the group counselling technique in the treatment of children suffering from school phobia. This

evaluation started after a period of four weeks from the end of the counselling sessions with the experimental children. A lapse of four weeks hopefully provided a period where children either demonstrated improvement in school attendance or maintained their baseline level of imperfect attendance at school. In addition, these four weeks helped teachers and parents to observe the target children in school and at home in order to make summatory evaluations regarding their behaviour, feelings and attitudes towards school following the treatment. The main techniques used in this evaluation were as follows :

#### **A Questionnaire for Teachers:**

Teachers whose pupils were involved in any of experimental or control (A) groups were given a post-experiment questionnaire to complete (see appendix 9). The purpose of this questionnaire was to survey the teachers' opinions about their pupils' development since the completion of the experiment and gain an estimate of the possible elimination or reduction of school phobia. In preparing this questionnaire, research instruments from Stott & Sykes (1965), Lewis & Pumfrey (1978) and Youngman (1979) helped define the items of the questionnaire (see appendix 6).

A structured 13 item questionnaire was given to the teachers. They were asked to select one alternative answer which most represented their recent experience of the target school

phobic child. The alternatives provided for each statement varied. For example, statement number one 'coming to school' had six alternatives (always comes on time/ does not care/ never comes on time/ comes crying/ sometimes comes on time and other times not/ nothing noticeable). Other statements such as number four 'attentiveness' had five alternatives (just sits/ dreamy and destructive/ plays with things under the desk/ gives good attention to the lesson/ nothing noticeable) (see appendix 6).

#### **Interviewing The Parents :**

The second evaluation technique comprised a parental interview (see appendix 9). Parents were interviewed after four weeks from the end of group counselling sessions. The aim of the parents' interview was to record their evaluation of their children's feelings, attitudes and behaviour towards school. This interview mostly centered on the parents' observations of their children when they took them to school and when they collected them from school.

A structured 9 items interview was used with experimental group parents. They were asked to select from the alternatives provided the answer which most agreed with their observations. As in the teachers' questionnaire, the number of alternatives for each question was varied. For example, question number one 'going to school' had seven alternatives regarding the child's

behaviour on 'going to school'. These alternatives were: eager to go/ forced to go/ hesitates to go/ always looks for excuses/ sometimes goes and other times not/ cries every morning/, goes regularly/ nothing noticeable. In comparison question number seven, concerning the child's level of responsibility, had only four alternatives: avoids taking responsibility/ always responsible for his(her) behaviour/ sometimes takes responsibility/ nothing noticeable (see appendix 7).

### **School Achievement and Absence Reports :**

The third source of evaluation evidence was school achievement (see appendix 9) and school absence reports on all children suffering from school phobia and also those who were not suffering school phobia (i.e. the control (B) group). These reports were collected twice. The first report covered the first three months before the experiment, this providing a baseline measurement or pre-experiment measurement. The second report covered the first three months after the experiment had finished. These reports described how the children performed in school before and after the experiment, and also indicated how often the child was absent from the school during a three month period before and after the experiment.

## 6.6. Timescale

A time schedule of this study shows the research as having passed through eight stages. This time schedule also summaries the methodology

Stage 1 : Seeking Permission (SP) from responsible people in the Kuwait Ministry of Education and other areas of education (Kuwait City, Hawalli, Ahmadi and Jahra). These permissions were necessary for the next stage. This first stage took one week (from 23rd of November to 31st, of November, 1987).

Stage 2 : Pre-Experiment Teachers' Questionnaire (PETQ). This stage took two weeks (from 1st of December to 14th of December, 1987).

Stage 3 : Pre-Experiment Interview with Parents (PEIP). This stage took two weeks (from 15th of December to 31st of December, 1987).

Stage 4 : Pre-Experiment Interview with Children (PEIC). This stage took two weeks (from 1st of January to 14th of January, 1988).

Stage 5 : School Mid-year Holiday (SMH). This holiday took two weeks (from 15th of January to 30th of January, 1988). The researcher used his time during that

holiday to prepare experimental group counselling sessions. Preparation in this case refers to nominating school phobic children in each group, deciding the number of members in each group, and making a schedule of sessions for each school.

Stage 6 : The Experimental Treatment (EXPT). This took seven weeks (14 sessions per group) ( from 1st of February to 21st of March, 1988).

Stage 7 : School phobic children were then left for four weeks (from 22nd of March to 22nd of April, 1988) Under-Observation (UO) of their teachers and parents.

Stage 8 : Evaluation of Experiment (EE). The procedures which were used for this purpose were a questionnaire for teachers, interviews with parents and the collection of reports from the school administrators. This stage took four weeks (from 23rd of April to 20th of May, 1988).



The following is a timescale showing the above stages in a diagrammatical form.

Diagram No 1

November 87 (Weeks)				December 87 (Weeks)				January 88 (Weeks)			
1	2	3	4	5	6	7	8	9	10	11	12
			SP								
			<----->	PETQ							
				<----->	PEIP						
								<----->	PEIC		
										<----->	SMH

Diagram No 2

February 88 (Weeks)				March 88 (Weeks)				April 88 (Weeks)				May 88 (Weeks)		
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
			EXPT											
										UO				
													EE	

## 6.7 Data Analysis

The information collected before, during and after the experiment was transferred to mainframe computer as a set of 7 databases. Analysis of the databases was conducted by use of the Statistical Package for the Social Sciences (SPSS). Seven files of data were entered and analyzed, these being :

1. Pre-experiment teacher questionnaires.
2. Pre-experiment parental interviews.
3. Pre-experiment children interviews.
4. Post-experiment teacher questionnaires.
5. Post-experiment parental interview.
6. Children's records.
7. Reports of school achievement and absence from school.

## 6.8 Summary

This chapter has considered the research methods used in identifying, treating and evaluating children suffering from school phobia. There were three major stages in the research; stage one concerned identifying school phobic children, stage two concerned the experiment, and stage three was the post-experiment evaluation. A summary of each stage follows:

### Stage One :

Identifying children suffering from school phobia was the main aim of this stage. Three different screening and selection techniques were used in this stage; a questionnaire for teachers, interviews with parents and interviews with children. Analysis of the teachers' questionnaire revealed 403 children suffering from school phobia in 20 schools. This number was reduced to 137 by analyzing teachers' questionnaire responses. Following interviews with parents, the number of school phobic children was reduced to 112, and following interviews by the experimenter with these 112 school phobic children, the number was further reduced to 102. Finally, a random selection of 79 of these 102 school phobic children provided an experimental group (N = 40) and a control group (N = 39). Three school phobic children withdrew or were withdrawn from the experimental groups. Therefore, 37 school phobic children

remained in the experimental groups (N=37).

#### Stage Two :

This stage was the central part of the study. A Rogerian group counselling approach was used with school phobic children in the experimental group, and this non-directive technique was used in 14 group counselling sessions pre group. Children in these groups were encouraged from the first session to take as much responsibility as possible in these groups, and work together in order to understand themselves and understand other members in their groups. They were also told that they would be expected to find a satisfying solution to their problems mostly by themselves.

#### Stage Three :

The emphasis on this stage was on an evaluation of the group counselling technique which was used with school phobic children. Three different procedures were used for this purpose; a questionnaire for teachers, interviews with parents, and reports about the pupils' achievement and school absence from the schools' administrators.

Chapter 7

Analysis Of The Pre-Treatment Data

## 7.1 Introduction

Pre-treatment data refers to the information which was collected about the school phobic children before the treatment started. The aim of this information was to examine the nature of children's school phobia. In other words, this information was used to make an accurate decision about whether or not these children were school phobic. There were three kinds of tools used for this purpose; a questionnaire for teachers, an interview with parents and an interview with children.

This chapter is divided into five sections. Section one examines results from the teachers' questionnaire. It aims to analyse this questionnaire in order to 'generally' identify and define school phobic children from the teachers' experience and observations. Section two examines the interviews with parents. It attempts to analyse the interview responses in order to make a more accurate decision about the school phobic children as defined by teachers in section one. Section three examines the interviews with the children. The analysis of this section helped to make a supportive and refined decision about the school children who were reported as being school phobic by their teachers in section one and their parents in section two. Section four concerns the matching of the experimental and control (A) groups. It aims to test the similarities and dissimilarities between the groups in order to show the degree

of control over alternative explanatory variables. Finally, section five examines the extent of any difference between school phobic children and non-school phobic children in the control (B) group.

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**Note :**

It should be noticeable that adding the values of the valid percentages together in some of the following tables does not always total 100 percent. This due to 'rounding up' and 'rounding down'.

7.2 Section One : Analysis of Pre-Treatment Teachers' Questionnaire

There were sixteen statements in the teachers' questionnaire (see appendix 1). Each statement had three alternatives: No/ I do not know/ Yes, and was presented to a total of 321 teachers. Each teacher selected one of the alternatives which most represented his (her) viewpoint and observations regarding his (her) children in school. If a teacher selected more than one opposite alternative or did not select any alternative, the response was labelled as unclassified and reported as a missing observation for that particular statement (see appendix 1).

Statement One: I think there are some children in my school who are afraid of school.

Table 7.1 : Pre-Treatment Teachers Questionnaire Statement One

Value Label	Value	Frequency	Valid Percent
No	1	43	13.7
I do not know	2	26	8.3
Yes	3	245	78.0
Unclassified	9	7	Missing

As is shown in table 7.1, 78 % of teachers responded 'yes' to the first statement of this questionnaire, stating that they had children in their school who were afraid of school. In comparison, 14 % of teachers thought that they did not have



any school phobic children in their school. This result indicates that a majority of teachers agreed positively with this statement, that there were many children in their school who were afraid of school.

Statement Two: I think their anxiety towards school is irrational.

Table 7.2: Pre-Treatment Teacher Questionnaire Statement Two

Value Label	Value	Frequency	Valid Percent
No	1	110	35.3
I do not know	2	31	9.9
Yes	3	171	54.8
Unclassified	9	9	Missing

Table 7.2 indicates that there were 110 teachers from the whole sample (321) who thought that children's anxiety towards school is not irrational. In other words, about 35 % of the teachers' sample believed that there were some rational reasons causing children's anxiety of school. In comparison, 171 teachers (representing about 55 % of the whole teachers' sample) thought that there were irrational reasons behind children's anxiety of school.

**Statement Three: Children with this type of anxiety towards school often express emotional disturbance.**

**Table 7.3 : Pre-Experiment Teachers Questionnaire Statement Three**

Value Label	Value	Frequency	Valid percent
No	1	108	34.4
I do not know	2	40	12.7
Yes	3	166	52.9
Unclassified	9	7	Missing

Table 7.3 shows that 53 % of teachers believed that most children who experience anxiety towards school express emotional disturbance. However, 34 % of teachers disagreed with the statement, and 13 % of teachers did not know (or had no experience) as to whether or not such anxiety towards school is related to emotional disturbance in children.

**Statement Four: Children with phobic behaviour often avoid participation in classroom or school activities.**

**Table 7.4 : Pre-Treatment Teachers Questionnaire Statement Four**

Value Label	Value	Frequency	Valid Percent
No	1	73	23.0
I do not know	2	22	6.9
Yes	3	223	70.1
Unclassified	9	3	Missing

As can be seen in table 7.4, 70 % of teachers in this sample believed that children suffering from school phobic behaviour avoid participation in classroom or school activities. In comparison 23 % of teachers believed that there is no relationship between phobic behaviour and participating in classroom or school activities. In other words, these teachers believed that school phobic children do not show negative participation in classroom or school activities.

**Statement Five : Children suffering phobic behaviour in school show a lack of ability to learn.**

Teachers were asked to give an opinion about whether or not school phobic children show a lower level of learning compared with other 'normal' children in the classroom. In other words, teachers were asked to state whether they saw a relationship between school phobia and the ability to learn.

**Table 7.5 : Pre-Treatment Teachers Questionnaire Statement Five**

Value Label	Value	Frequency	Valid Percent
No	1	164	52.2
I do not know	2	23	7.3
Yes	3	127	40.4
Unclassified	9	7	Missing

When comparing teachers who said "No" with those who said "Yes" in table 7.5, we find that slightly more than a half (52 %) of the whole sample of teachers said "No". Some 40% of teachers conceived a positive relationship between these two variables. This suggests that teachers are split as to whether school phobia and the ability to learn is linked. A slightly greater number of teachers disagreed with the statement.

**Statement Six: I think the problem with school phobic children is that they want to stay at home with their parents.**

**Table 7.6 : Pre-Treatment Teachers Questionnaire Statement Six**

Value Label	Value	Frequency	Valid percent.
No	1	86	27.4
I do not know	2	34	10.8
Yes	3	194	61.8
Unclassified	9	7	Missing

As shown in table 7.6, most teachers (62 %) believed that school phobic children did not want to come to school because they wanted to stay with their parents at home. However, 27 % of teachers did not believe in this kind of relationship between school phobia and proximity to parents.

**Statement Seven: Most of these school phobic children do not come to school regularly.**

**Table 7.7 : Pre-Treatment Teacher Questionnaire Statement Seven**

Value Label	Value	Frequency	Valid Percent.
No	1	142	44.7
I do not know	2	23	7.2
Yes	3	153	48.1
Unclassified	9	3	Missing

Table 7.7 shows that 48 % of teachers believed that school phobic children are regularly absent from school. On other hand, 45 % of teachers in this sample believed that these phobic children are not absent on a great number of days from school.

**Statement Eight: I think these children are not able to depend on themselves when they want to engage in their own activities.**

**Table 7.8 : Pre-Treatment Teachers Questionnaire Statement Eight**

Value Label	Value	Frequency	Valid Percent.
No	1	82	25.9
I do not know	2	36	11.4
Yes	3	198	62.7
Unclassified	9	8	Missing

Table 7.8 indicates that most teachers (63 %) in the sample believed that children with school phobia were not usually able to depend on themselves when they wanted to engage in certain activities in school. In other words, these teachers thought that they had to help these children quite a lot with some or many of their activities in school. However, there were 26 % of teachers in this sample who disagreed and suggested that these children were self reliant in many activities in school

Statement Nine: School phobic children rarely talk in the classroom.

Table 7.9 : Pre-Treatment Teachers Questionnaire Statement Nine

Value Label	Value	Frequency	Valid Percent.
No	1	54	17.0
I do not know	2	12	3.8
Yes	3	251	79.2
Unclassified	9	4	Missing

It is obvious from table 7.9 that the majority of teachers (79%) believed that children suffering from school phobia are reluctant to communicate verbally in the classroom. According to the teachers' experience and observations, these children do not participate in classroom discussion as might other pupils.

**Statement Ten : Most of these children do not have friends in school.**

**Table 7.10 : Pre-treatment Teachers Questionnaire Statement Ten**

Value Label	Value	Frequency	Valid Percent.
No	1	134	42.3
I do not know	2	43	13.6
Yes	3	140	44.2
Unclassified	9	4	Missing

As is shown in table 7.10, the percentage of teachers who thought that children with school phobia do not have friends in school was 44 %, this being very close to the percentage of the teachers (42 %) who thought that these school phobic children have friends as might 'normal' children in school.

**Statement Eleven : These children are not active in school**

**Table 7.11 : Pre-Treatment Teachers Questionnaire Statement Eleven**

Value Label	Value	Frequency	Valid Percent.
No	1	64	20.2
I do not know	2	15	4.7
Yes	3	238	75.1
Unclassified	9	4	Missing

It is clear from table 7.11 that the majority of teachers (75%) believed that children suffering with school phobia were

usually not active in the classroom. These teachers appear to imply that school phobic children were not always hardworking and show negative behaviour in classroom. In comparison only 20% of the teachers saw school phobic children as active in the classroom.

Statement Twelve : I think these children have some difficulties in communication with other people.

Table 7.12 : Pre-Treatment Teachers Questionnaire Statement Twelve

Value label	Value	Frequency	Valid Percent.
No	1	73	23.1
I do not know	2	40	12.7
Yes	3	203	64.2
Unclassified	9	5	Missing

As is shown in table 7.12, 64 % of teachers in this sample who considered that school phobic children suffer some difficulties in communication with others (e.g. friends, teachers, etc.). Other teachers (23 %) indicated that these children do not suffer difficulties in communication with others. In other words, only a minority teachers believed that there was a minimal or non-existent relationship between school phobia and poor communication with others.



Statement Thirteen : I believe that most of these children are not able to make their own decisions.

Table 7.13 : Pre-Treatment Teachers Questionnaire Statement Thirteen

Value Label	Value	Frequency	Valid percent.
No	1	44	13.9
I do not know	2	40	12.6
Yes	3	233	73.5
Unclassified	9	4	Missing

Teachers were asked in this statement to indicate how they see the relationship between school phobia and the ability to make a personal decision. As is evident in table 7.13, 74 % of teachers suggest that school phobic children are not able to make their own decisions. In other words, these teachers implied that many of these children often waited for someone to tell them what to do or what action they should take in a particular situation. Only 14 % of teachers in this sample considered that these children are able to make their own decisions, with 13 % of teachers replying that they did not know.

Statement Fourteen : I think parents play an important role in the development of children's anxiety towards school.

Table 7.14 : Pre-Treatment Teachers Questionnaire Statement  
Fourteen

Value Label	Value	Frequency	Valid Percent.
No	1	49	15.5
I do not know	2	20	6.3
Yes	3	248	78.3
Unclassified	9	4	Missing

Teachers were asked in statement fourteen to indicate from their perspective how parents' affect children's anxiety towards school. As is shown in table 7.14, the majority of teachers (78 %) believed that parents have a strong effect on their children's anxiety about school. This contrasts with 16 % of teachers in this sample who believed that parents have no effect on developing their children's anxiety towards school. In other words, the majority of teachers appeared to believe that a relationship exists between school phobic behaviour and parental behaviour.

Statement Fifteen : These children do not usually complete their activities without help.

Table 7.15 : Pre-Treatment Teachers Questionnaire Statement Fifteen

Value label	Value	Frequency	Valid Percent.
No	1	71	22.5
I do not know	2	50	15.9
Yes	3	194	61.6
Unclassified	9	6	Missing

This fifteenth statement considers teachers' observations of school phobic children in terms of their completion of activities. According to 62 % of teachers (see table 7.15), school phobic children are not able to finish their work without asking for help. In contrast 23 % of teachers in this sample thought that these children were as able as other children in completing their activities without help, and a further 16 % of teachers reported that they 'did not know'.

This completes the section on the general definition and description of school phobic children from a teacher' viewpoint. A summary of this section may be found at the end of the chapter.

### 7.3 Section Two : Analysis of Pre-Treatment Interviews With Parents

Parents were interviewed following the collection of the teachers' questionnaire. With the parents' interview, there were eighteen questions, each question having three alternatives; Yes/ I do not know /No. A total of 128 parents were interviewed (see previous chapter). All parents were requested to answer all the questions during the interview, but if a parent missed a question, he (she) was reported as 'missing' on that particular question in the tables of results. All questions were in Arabic; the translations given below may not always carry the exact shade of meaning as the Arabic original.

**Question One : Does your child occasionally have a distasteful experience in school?**

**Table 7.16 : Pre-Treatment Interview With Parents Question One**

Value Label	Value	Frequency	Valid Percent.
No	1	39	31.0
I do not know	2	10	7.9
Yes	3	77	61.1
Unclassified	9	2	Missing

A distasteful experience could include any situation which causes unhappy feelings for the child such as aggression, fear, anxiety, crying. As is evidenced in table 7.16, 61 % of parents

in this sample said that occasionally their children had a bad experience in school. However, 31 % of parents in this sample who reported that their children did not complain of any kind of such distasteful experience.

**Question Two : Do you think that school is a valuable place for your child?**

**Table 7.17 : Pre-Treatment Interview With Parents Question Two**

Value Label	Value	Frequency	Valid Percent.
No	1	1	0.8
Yes	3	127	99.2

This question considers the parents' view about the importance of school for their children. As is shown in table 7.17, 99 % of parents had positive attitudes towards school. They believed that school is very important and valuable to their children. Only one parent was prepared to give a negative evaluation of schooling. Social desirability may have influenced responses in this (and may other) questions.

Question Three : Do you think that the school plays an important role in developing your child's anxiety towards school?

Table 7.18 : Pre-Treatment Interview With Parents Question Three

Value Label	Value	Frequency	Valid Percent.
No	1	2	1.6
I do not know	2	2	1.6
Yes	3	123	96.1

Question three concerned parents' views about the school's role in the development of school phobia. Table 7.18 shows that 96 % of parents replied "Yes" to this question. These parents believed that school plays an important role in developing their child's school phobia. Only 2 % of parents thought that school was not instrumental in the ontology of a phobic condition.

Question Four : Does your child express anxiety when he (she) attends school?

Table 7.19 : Pre-Treatment Interview with Parents Question Four

Value Label	Value	Frequency	Valid Percent.
No	1	63	49.6
I do not know	2	0	0.0
Yes	3	64	50.4

Question four concerns parents' observations of their children when attending school. They were asked to think about their children's feelings and attitudes when attending school. From table 7.19, it is evident that parents fall almost equally into two groups when answering this question. According to the first group (50 %), their children do display anxiety when attending school. With the other group of parents, also 50 %, no symptoms of anxiety were reported when their offspring attended school.

Question Five : Do you think that your child is able to take care of himself (herself) when he (she) is in school?

Table 7.20 : Pre-Treatment Interview With Parents Question Five

Value Label	Value	Frequency	Valid Percent.
No	1	24	18.8
I do not know	2	6	4.7
Yes	3	98	76.6

Table 7.20 shows that most parents (77 %) thought that their children could take care of themselves while they were in school. Other parents (19 %) believed that their children were not able to take care of themselves while they were in school.

Question Six : Do you think that children should be solely responsible for their behaviour in school?

Table 7.21 : Pre-Treatment Interview With Parents Question Six

Value Label	Value	Frequency	Valid Percent.
No	1	38	30.4
I do not know	2	9	7.2
Yes	3	78	62.4
Unclassified	9	3	Missing

Question six concerns parents' views about the onus of responsibility for children's behaviour in school. In other words, this question tried to investigate the parents' view about whether or not children are solely to blame for their school phobic behaviour.

As can be seen in table 7.21, the majority (62 %) of parents stated that children were responsible for their own behaviour in school. Thirty percent of parents thought that elementary school children are too young to hold sole responsibility for their phobic behaviour. In other words, these parents appear to imply that children are not fully responsible for their phobic behaviour in school.



Question Seven : When your child is in school, do you tend to worry about him/her, for example, whether he/she is getting into trouble or a dangerous situation over which you have no control?

Table 7.22 : Pre-Treatment Interview With Parents Question Seven

Value Label	Value	Frequency	Valid Percent.
No	1	61	47.7
I do not know	2	1	0.8
Yes	3	66	51.6

Question seven aimed to investigate parental perception and feelings about separation from children when in school. It is clear from table 7.22 that slightly more than a half (52 %) of parents in this sample worried about their children when they were in school. A similar percentage (48 %) of parents replied negatively to this question, not worrying about their children while they were in school.

Question Eight: Have you tried to teach your child to take care of himself/herself in different situations?

Table 7.23 : Pre-Treatment Interview With Parents Question Eight

Value Label	Value	Frequency	Valid Percent.
No	1	11	8.7
I do not know	2	2	1.6
Yes	3	114	89.8
Unclassified	9	1	Missing

Parents were asked in question eight whether they had taught their children some techniques or methods in order to be able to take care of themselves in different situations ( e.g. in school, outside the home, with peers).

As is revealed in table 7.23, the majority of parents (90 %) had tried to teach their children how to behave in particular situations where they needed to take care of themselves. Only 9 % of parents in this sample had not tried to teach their children how to look after themselves in such situations.

Question Nine : In raising your child, have you helped him/her in completing tasks?

Table 7.24 : Pre Treatment Interview With Parents Question Nine

Value Label	Value	Frequency	Valid Percent.
No	1	44	34.6
I do not know	2	0	0.0
Yes	3	83	65.4
Unclassified	9	1	Missing

Question nine aimed to examine parents' views of children's dependence and independence within the family. This question attempted to explore parents' experience in different situations in which they did (or did not) help their children (e.g. dressing, taking a bath, doing homework). Parents were prompted to answer by listing these situations.

It is evident in table 7.24 that a slight majority of parents (65 %) agreed that they helped their children too much in different situations. In comparison, 35 % of parents in this sample believed that their children had been encouraged to be relatively independent.

Question Ten : Do you think that your child does not go to school regularly because something really worries him (her) in school?

Table 7.25 : Pre Treatment Interview With Parents Question Ten

Value Label	Value	Frequency	Valid Percent.
No	1	70	54.7
I do not know	2	3	2.3
Yes	3	55	43.0

In the case of question ten, the interviewer had already been provided with a report about the children's absence from school. This question tried to explore the parents' view about their child's absence. It aimed to see whether or not parents saw absenteeism originating from the school worries. Table 7.25 shows that a slight majority of parents (55%) believed that little or nothing frightened their children in school. In other words, these parents did not think that school was, in itself, an anxiety-provoking place for their children. On the other hand, 43 % of parents thought that something in school (e.g. teachers, pupils, activities) evoked anxiety in their children.

Question Eleven : Has any of the teachers complained to you that your child does not talk in the classroom?

Table 7.26 : Pre Treatment Interview With Parents Question Eleven

Value Label	Value	Frequency	Valid Percent.
No	1	38	29.9
I do not know	2	5	3.9
Yes	3	84	66.1
Unclassified	9	1	Missing

Question eleven asked parents if teachers had complained to them that their child was uncommunicative in the classroom. As is shown in table 7.26, 66 % of parents stated that their children's teacher(s) complained about their children's relative silence in the classroom. In contrast, 30 % of parents in this sample replied that none of their children's teachers complained about their children's relative silence in the classroom.

Question Twelve : Do you think that your child's absence from school helps him (her) to reduce his (her) anxiety towards school?

Table 7.27 : Pre Treatment Interview With Parents Question Twelve

Value	Label	Value	Frequency	Valid	Percent.
	No	1	50		39.4
	I do not know	2	7		5.5
	Yes	3	70		55.1
	Unclassified	9	1	Missing	

Question (12) aimed to examine the relationship between anxiety reduction and absence from school. Table 7.27 suggests that a marginal majority of parents (55 %) replied positively to this question. These parents implied that some or most of their children's absence from school could be attributed to an anxiety reducing mechanism. On the other hand, 39 % of parents in this sample indicated that absence from school had little or no relationship with anxiety reduction.

**Question Thirteen : Does your child have friends in school?**

**Table 7.28 : Pre Treatment Interview With Parents Question Thirteen**

Value Label	Value	Frequency	Valid Percent.
No	1	16	12.6
I do not know	2	11	8.6
Yes	3	100	78.7
Unclassified	9	1	Missing

As is shown in table 7.28, the majority of parents (79 %) in this sample thought that their children had friends in school, with only 13 % of parents indicating that their children did not have friends. The conclusion which can be made is that the majority of parents believed that their children had friends in school just like other or 'normal' children.

**Question Fourteen : Do you believe that there are no real reasons for your child's anxiety towards school?**

**Table 7.29 : Pre-Treatment Interview With Parents Question Fourteen**

Value Label	Value	Frequency	Valid Percent
No	1	61	47.7
I do not know	2	19	14.8
Yes	3	48	37.5

Question 14 examined parents' views about the reasons behind their children's anxieties about school. When asked this question, parents were informed that if they agree that there is no real reason for their children's school phobia, then they must select the answer "Yes". If they believe that there is a real reason behind their children's anxiety, then they must select the answer "No". Otherwise, they choose "I do not know" to express uncertainty.

Table 7.29 shows that almost half of the parents (48 %) believed that there were some real reasons causing their children's anxiety towards school, while 38 % of parents stated that there was no real or apparent reason for such fears. The remainder of the parents (15 %) were not sure about this situation.

**Question Fifteen : Do you think there is a relationship between the child's phobic behaviour and school activities?**

**Table 7.30 : Pre-Treatment Interview With Parents Question Fifteen**

Value Label	Value	Frequency	Valid Percent.
No	1	68	54.8
I do not know	2	17	13.7
Yes	3	39	31.5
Unclassified	9	4	Missing

Question fifteen attempted to examine the relationship between school phobia and school activities such as drawing, playing games, working co-operatively in small groups ( e.g. Library group, science group, agriculture group). As can be seen in table 7.30, a marginal majority of parents (55 %) believed that there was no relationship between school phobic behaviour and school activities. In other words, these parents disagreed with the view that the activities in school may be linked with school phobia in children. However, there were 32 % of parents in this sample who believed that school activities may be related to phobic behaviour in children.

Question Sixteen : Does your child participate in school activities?

Table 7.31 : Pre Treatment Interview With Parents Question sixteen

Value Label	Value	Frequency	Valid Percent.
No	1	34	26.6
I do not know	2	19	14.8
Yes	3	75	58.6

Question 16 concerned parents' understanding of their children's participation in school activities. It aimed to find approximately how many school phobic children (as defined by teachers) participate in school activities. Table 7.31 shows



that 59 % of parents thought that their children participate positively in school activities, while 27 % of parents in this sample thought that their children did not participate positively in school activities, and 15 % of parents 'did not know'.

Question Seventeen : Do you believe that your child wants to go to school, but he (she) is afraid?

Table 7.32 : Pre-Treatment Interview With Parents Question Seventeen

Value Label	Value	Frequency	Valid Percent.
No	1	44	34.6
I do not know	2	5	3.9
Yes	3	79	61.7

Question 17 attempted to make a distinction between those children who are absentees and are afraid of school, and those who are absentees but are not afraid of school (i.e. do not attend for reasons other than school phobia)

As can be seen in table 7.32, 62 % of parents believed that their children wanted to attend school but were afraid of school. Other parents (35 %) either indicated their children did not want to go to school, but were not afraid, or they may be indicating that they do not believe their children had a problem (e.g. not phobic, not afraid).

Question Eighteen : Do you believe that your child's fear of school is reasonable?

Table 7.33 : Pre-Treatment Interview With Parents Question Eighteen

Value Label	Value	Frequency	Valid Percent.
No	1	35	28.0
I do not know	2	29	23.2
Yes	3	61	48.8
Unclassified	9	3	Missing

Question 18, as with question 14, aimed to explore parents' views about their children's school phobia. Parents were told when asked this question that, if they thought there was an acceptable reasons causing their children's fear, then they should say "Yes" to this question. But, if they thought that their children's anxiety towards school was unreasonable, then they should say "No" to this question, otherwise, they could choose "I do not know".

Table 7.33 shows that 49 % of parents believed that there were some acceptable reasons behind their children's school anxiety. However, 28 % of parents believed that their children's anxiety was unreasonable or irrational. Finally, 23 % of parents were not sure about this situation.

This completes the section on parental perceptions of their children, such children having been designated as school phobic

by their teachers. It can be seen, particularly from questions 3, 5, 13, 14, and 16 that parental perceptions do not always match those of teachers. Responses to these questions indicate that parents do not always confirm teacher's attributions of school phobia. This is not to suggest that parents are correct and teachers incorrect, nor the obverse of that. Rather, that there can legitimately be varying viewpoints. Attribution of school phobia does not involve an objective process. It necessarily involves value judgements, selective information and personal interpretation. Absenteeism is an imperfect measure of school phobia, there being a variety of reasons for prolonged or regular absenteeism (e.g. low motivation). The parental interviews, summarized at the end of this chapter, thus confirm the suspicion that definition and designation of school phobia is problematic and not straightforward.

#### 7.4 Section Three : Analysis of Interviews With Children

This section deals with the children's interview which was undertaken after the interview with parents had finished. In this interview, there were eight questions (see appendix 3). Some of these questions consisted of more than one part and needed more than one response. The interviewer usually explained each part to the child separately and asked him (her) to respond to each of these parts individually. The number of alternatives for each question differed.

A total of 112 children were interviewed. During the interview, children were allowed to answer in their own way, but at the end of each question, the interviewer categorized the child's response into a pre-determined set of alternative answers. Thus the questions appeared to the child as open-ended, but answers were allocated to one of the number of pre-defined categories.

Question One : Can you describe for me your relationship with the following people? Teachers, Friends and Parents.

Table 7.34 : Interview With Children Question One, Teachers

Value Label	Value	Frequency	Valid Percent.
Not Good	1	25	24.8
Fair	2	55	54.5
Good	3	21	20.8
Unclassified	9	11	Missing

Table 7.34 indicates that 25 % of children saw their relationship with their teachers as not good, 55 % of children in this sample experienced a 'fair' relationship with their teachers, while 21 % of children thought that their relationship with their teachers was good (satisfactory).

Table 7.35 : Interview With Children Question One, Friends

Value Label	Value	Frequency	Valid Percent.
Not Good	1	27	25.7
Fair	2	28	26.7
Good	3	50	47.6
Unclassified	9	7	Missing

Table 7.35 indicates that 48 % of children stated that they had a good relationship with their friends. On other hand, 26 % of children in this sample decided that they did not have a

good relationship with their friends. Finally, 27 % of children suggested that they experienced a fair relationship with their friends.

**Table 7.36 : Interview With Children Question One, Parents**

Value Label	Value	Frequency	Valid Percent.
Not Good	1	19	18.8
Fair	2	26	25.7
Good	3	56	55.5
Unclassified	9	11	Missing

According to table 7.36, a slight majority of children (56 %) categorized their relationship with their parents as good. Some 26 % of the sample stated that their relationship with their parents was fair. These children were not very satisfied, nor very unsatisfied with their relationship with their parents. The third group of children considered their relationship with their parents as 'not good' and represented 19 % of the sample.

Question Two : Could you tell me how satisfied you are in school?

Table 7.37 : Interview With Children Question Two

Value Label	Value	Frequency	Valid Percent.
Unsatisfied	1	49	48.0
Undecided	2	15	14.7
Satisfied	3	38	37.3
Unclassified	9	10	Missing

Question two aimed to explore the children's feelings about school, and degree of satisfaction with it. The question attempted to address the relationship between school satisfaction and school phobia.

Table 7.37 shows that 48 % of children stated that they were unsatisfied in school. In other words, almost half of the children hold negative feelings towards school. In comparison 37 % of children in this sample said that they were satisfied in school. In addition, 15 % were undecided about this situation.

Question Three : Can you tell me the things you most like and dislike in your school?

Table 7.38 : Interview With Children Question Three (the thing most liked)

Value label	Value	Frequency	Valid Percent.
Teachers	1	26	26.8
Peers	2	34	35.1
Subjects	3	19	19.6
Activities	4	18	18.6
Unclassified	9	15	Missing

Question three divides into two parts. Part one concerned what children most liked in school. The phrase "the thing most liked" refers to anything that makes a child feels happy with regard to school. Most of the respondents mentioned one of the the following four categories; teachers, friends, subjects and other school's activities. As is shown in table 7.38, children gave a variety answers. Approximately a third of the children (35 %) stated that the thing they most liked in school was their friends. A further 27 % decided that their teachers were the 'most liked' part of schooling and 20 % thought that school subjects were 'the most liked' part of schooling. Finally, 19 % of children in this sample most liked school activities (e.g. sport, agriculture, drawing).



**Table 7.39 : Interview With Children Question Three (the thing most disliked)**

Value Label	Value	Frequency	Valid Percent.
Teachers	1	47	47.5
Peers	2	30	30.3
Subjects	3	10	10.1
Activities	4	12	12.1
Unclassified	9	13	Missing

Table 7.39 describes the second part of the analysis of question three, and displays the object that children most disliked at school. The phrase of "the thing most disliked" refers to anything which makes children unhappy at school. As can be seen from table 7.39, 48 % of children in this sample most disliked their teachers. A further 30 % of children stated that the thing that they most disliked in school was their peers. The third group of children (10 %) nominated school subjects as the most disliked part of schooling. Finally, 12 % of children indicated that school activities was the most disliked element of schooling.

**Question Four : Do you have friends in school?**

**Table 7.40 : Interview With Children Question Four**

Value Label	Value	Frequency	Valid Percent
No	1	37	35.9
Yes	2	66	64.1
Unclassified	9	9	Missing

As is represented in table 7.40, 36 % of the children stated that they did not have friends in school with the remaining 64 % indicating that they had friends in school.

Question Five : Some children do not attend school regularly; what do you think is their problem?

Table 7.41 : Interview With Children Question Five

Value Label	Value	Frequency	Valid Percent.
Phobia	1	48	49.0
Laziness	2	26	26.5
Health	3	8	8.2
I do not know	4	16	16.3
Unclassified	9	14	Missing

Children's reactions to question five were varied. As is shown in table 7.41, the majority of children (49 %) believed that children's absence from school can be attributed to school anxiety (phobia). Other children (27 %) in this sample thought that children are absent from school because they are lazy, they do not like school, they do not want to learn and they do not want to do their homework. Only 8 % of children considered that children do not come to school because they are sick. Finally, 16 % of children in this group did not know why children are absent from school.

Question Six : Some children may be talkative at home but are almost silent in the classroom. Why do you think these children hardly ever talk in the classroom?

Question six attempts to locate from a pupil's perspective the reasons behind some pupil's relative silence in school. The responses were divided into four categories, these categories being "school phobia, laziness, health and I do not know". This question attempts to look at school phobic children from a child's viewpoint in an indirect manner. However, when interviewing the children, it was evident that almost all children talked about themselves.

Table 7.42 : Interview With Children Question Six

Value Label	Value	Frequency	Valid Percent.
Phobia	1	49	52.1
Health	2	9	9.6
I do not know	3	7	7.4
Laziness	4	29	30.9
Unclassified	9	18	Missing

Children's reactions to question 6 differed. Table 7.42 shows that 52 % of children believed that children do not talk in school because they are afraid that something will happen to them if they do talk. For example one child's response to this question was, "children do not talk in the classroom because

the teacher will cut their tongues if they do talk". A further 31 % of children in this sample thought that children do not talk in school because they are lazy; another 10 % of children described children's silence in classroom as a symptom of sickness. Finally, 7 % said they did not know why children do not talk in school or in the classroom.

**Question Seven : When children are away from their parents, do you think they find it as easy to work and play as in the home?**

Question seven aimed to explore children's views about independence from their parents. They were asked indirectly about themselves. That is, by asking a generalized question, it was hoped that children would project themselves into the answers. Their responses were divided into three categories; "Dependent", "I do not know" and "Independent".

**Table 7.43 : Interview With Children Question Seven**

Value Label	Value	Frequency	Valid Percent.
Dependent	1	36	35.0
I do not know	2	7	6.8
Independent	3	60	58.3
Unclassified	9	9	Missing

Table 7.43 shows that 58 % of children say they can be independent when away from their parents. A further 35 % of

children in this sample stated that "they" would not be able to be independent of their parents. In other words, these children were possibly close to their parents and may be dependent on them.

Question Eight : Which is an easier place for you to work and play, at school or at home?

Table 7.44 : Interview With Children Question Eight

Value Label	Value	Frequency	Valid Percent.
Home	1	46	43.4
Both	2	11	10.4
School	3	49	46.2
Unclassified	9	6	Missing

As is evident from table 7.44, close to half of the children (46 %) thought that they could operate more easily in school than at home. The other half (43 %) stated that they could operate best at home alongside their parents. In addition, there were 10 % of children who thought that they could operate successfully in either location.

This completes the section on children's responses in an interview. These children, it must be remembered, were nominated as being school phobic by parents and teachers alike. Yet it is striking that, from the responses given at least, not all nominated children saw themselves as school phobic. Questions 4, 7 and 8 particularly suggest that self-perception

of being school phobic may not always match teacher and parent perception. A summary of results from this section appears at the end of this chapter.

## 7.5 Section Four : Analysis of Possible Balance Between the Experimental and Control Groups

It is important for any research using experimental and control groups to control for alternative explanatory variables. That is, it is important to ensure that the experimental and control groups are matched on variables that might explain the results of the experiment. Ideally, all variables, other than the treatment, should be controlled by random assignment, matching or statistical control (e.g. analysis of co-variance). Therefore, the main goal for this section is to find out how much the experimental and control (A) groups are matched, and alternative explanatory variables controlled. The number of subjects in the experimental group was 37 and the number of subjects in the control group was 39.

An attempt was made to match control (A) and experimental groups on the following variables; gender (male and female), birth order, area of resident area (Kuwait City, Hawalli, Ahmadi, or Jahra), nationality (Kuwaiti or non-Kuwaiti), number of brothers, number of sisters, parent's level of education, child's age, school achievement, absence, and IQ.

The following tables test the extent to which these variables were controlled, by a statistical comparison of the experimental and control (A) groups.

**Table 7.45 : Exptal and Control (A) By Gender**

Group	Male	Female	Total
Exptal	17 46 %	20 54 %	37 49 %
Conl (A)	13 33 %	26 67 %	39 51 %
Chi-Square	D.f.	Significance	
0.79	1	0.37	

Table 7.45 indicates that the experimental group was composed of 46 % males and 54 % females. In comparison the control (A) group was made up of 33 % males and 67 % females. In spite of the difference in percentages between experimental and control (A) groups in terms of gender, this difference was not significant (P = 0.37). This indicates that there is no statistically significant difference in terms of gender (male and female) between experimental and control (A) groups.

**Table 7.46 : Exptal and Control (A) By School Level**

Group	Lower level	Upper Level	Total
Exptal	19 51 %	18 49 %	37 49 %
Conl (A)	17 44 %	22 56 %	39 51 %
Chi-Square	D.F.	Significance	
0.2	1	0.65	



The elementary school in Kuwait consists of four levels of grades. When moving from one level to the next, the child faces a more difficult and advanced curriculum. The first two levels are similar in the distribution of achievement scores within the subjects. Within the first two levels, the minimum score is 45 and the maximum score is 80. The second two levels are also similar in the distribution of scores within the subjects. The minimum score for the second two levels is 60 and the maximum score is 200. The first level is not represented in this study because its children were younger than seven year old (see page 251). The third and the fourth levels are joined together to make one level throughout the research. As a result, the distribution of children across the two levels of grades is compared in table 7.46.

As is shown in table 7.46, the significance level (0.65) suggests that there was no significant difference between the experimental and control (A) groups in the school levels. In other words, the experimental and control (A) groups were relatively well balanced in terms of school level.

Considering the percentage of these two levels in the two groups presented in table 7.46, it can be seen that 51 % of experimental group school phobic children came from lower level, 49 % from the upper level. In comparison, 44 % of children in the control (A) group came from the lower level and 56 % from the upper level. A chi-squared test revealed that

there was no statistically significant difference between the experimental and control (A) groups in terms of school level.

**Table 7.47 : Exptal and Control (A) By Area of Residency**

Group	Kuwait City	Hawalli	Ahmadi	Jahra	Total
Exptal	10 27 %	10 27 %	8 22 %	9 24 %	37 49 %
Conl (A)	10 26 %	8 20 %	11 28 %	10 26 %	39 51 %
Chi-Square	D.F.		Significance		
4.9	3		0.18		

As mentioned in chapter 6, Kuwait is divided into four general areas; Kuwait City, Hawalli, Ahmadi, and Jahra. School phobic children were randomly selected from all these areas. Table 7.47 shows that there was no significant difference between experimental and control (A) groups in the residency of areas. According to the chi-squared result, children's areas of residency were moderately well distributed between the experimental and control (A) groups ( $P = 0.18$ ). For example, 27 % of experimental group children came from Kuwait City in comparison with 26 % of control (A) group children.

Table 7.48 : Exptal and Control (A) By Nationality

Group	Kuwaiti	Non-Kuwaiti	Total
Exptal	26 72 %	10 28 %	36 48 %
Conl (A)	32 82 %	7 18 %	39 52
Chi-Square	D.F.	Significance	Missing Cases
0.55	1	0.46	1

According to the Ministry of Planning (1987), the Non-Kuwait pupils (non-indigenous residents in Kuwait, e.g. Palestinians, Egyptians, Iraqis) represent 43 % of the total number of pupils in the elementary school. Therefore, it is important to include these pupils in this experiment. Table 7.48 shows that there was no significant difference ( $P = 0.46$ ) between the experimental and control (A) groups in the number of Kuwaiti and Non-Kuwaiti school phobic children. In other words, the experimental and control (A) groups were relatively well balanced in terms of nationality. However, across the experimental and control (A) groups, it can be seen that Kuwaitis' form a higher percentage than would have been expected from the Ministry of Planning's statistics (i.e. 43%).

**Table 7.49 : Exptal and Control (A) By Child Birth Order**

Group	1st	2nd	3rd	4th & over	Total
Exptal	6 18 %	7 21 %	9 26 %	12 35 %	34 47 %
Conl (A)	5 13 %	5 13 %	6 15 %	23 59 %	39 53 %
Chi-Square	D.F.	Significance	Missing Cases		
11.6	10	0.31	3		

It was found in this study that the range of children's birth order extended from first borns to thirteenth borns. It was also found that the number of children whose birth order was fourth or beyond was very few. Therefore, all birth orders beyond the fourth were recoded to 'fourth born or greater 'e.g. 5,8,10 were recoded to 4.

Table 7.49 shows that the significance level between experimental and control (A) groups was 0.31 indicating that the experimental and control (A) groups were fairly similar in the distribution of children's birth order. In other words, there was no significant difference between these groups in the child's birth order.

**Table 7.50 : Exptal and Control (A) By Number of Brothers**

Group	3 & Under	4 & Over	Total
Exptal	26 74 %	9 26 %	35 48 %
Conl (A)	21 55 %	17 45 %	38 52 %
Chi-Square	D.F.	Significance	Missing Cases
9.62	8	0.29	3

The number of brothers of each school phobic child was collected and it was found that the number extended from zero (only children) to eight (a child who had eight brothers). These children were divided into two categories in each of experimental and control (A) groups. Category one included all children who had three brothers or less, while category two included all children who had four brothers or more.

As demonstrated in table 7.50, the significance level of 0.29 indicates that there was no significant difference between experimental and control (A) groups in terms of number of brothers. In other words, the experimental and control (A) groups were relatively well balanced in terms of the number of brothers of school phobic children.

**Table 7.51 : Exptal and Control (A) By Number of Sisters**

Group	3 & Under	4 & Over	Total
Exptal	25 71 %	10 29 %	35 47 %
Conl (A)	28 72 %	11 28 %	39 53 %
Chi-Square	D.F.	Significance	Missing Cases
2.32	8	0.97	2

As with the number of brothers, school phobic children in both the experimental and control (A) groups were divided into two categories according to the number of their sisters. Children who had three sisters or less formed one group and they are represented by '3 and under' in table 7.51. Children who had four sisters or more formed the second category.

As is shown in table 7.51, children's numbers of sisters in experimental and control (A) groups is very similar. 71 % of children in the experimental group with three sisters or less and 72 % of children in control (A) group with this number of sisters. Similarly, 29 % of children in the experimental group had four sisters or more, while 28 % of children in the control (A) group had this number of sisters. The significance level of 0.97 indicates that there was no significant difference between the experimental and control (A) groups in the number sisters of school phobic children.

Table 7.52 : Exptal and Control (A) By Father's Education.

Group	Intermediate (3)	Secondary (4)	Total
Exptal	27 77 %	8 23 %	35 49 %
Conl (A)	24 67 %	12 33 %	36 51 %

Chi-Square	D.F.	Significance	Missing Cases
0.51	1	0.47	5

The level of father's education was defined in terms of six categories; illiterate, primary, intermediate, secondary, university and postgraduate (e.g. MA, M.Sc, Ph.D.). These six categories were subsequently recoded to two groups. The first group includes the first three categories (illiterate, primary and intermediate), the second group includes the second three categories (secondary, university and postgraduate). The first category was named 'intermediate or below' and was represented by a code of (3), while the second category was named 'secondary and above' and was represented by a code of (4).

It is evident from table 7.52 that the distribution of fathers' education is very similar between experimental and control (A) groups. The significance level is 0.47, indicating no significant difference between experimental and control (A) groups in terms of fathers' education.

**Table 7.53 : Exptal and Control (A) By Mother's Education**

Group	Intermediate	Secondary	Total
Exptal	26 74 %	9 26 %	35 47 %
Conl (A)	33 85 %	6 15 %	39 53 %
Chi-Square	D.F.	Significance	Missing Cases
0.67	1	0.42	2

The mothers' level of education was also divided into two categories. The first category includes illiterate, primary and intermediate levels. The second category includes secondary, university and postgraduate levels. The first category was named 'intermediate and below' and was represented by a code (3), while the second category was named 'secondary and above' and was represented by a code (4). As is shown in table 7.53, the significance level of 0.42 indicates that the experimental and control (A) groups were fairly similar in the distribution of mothers' education. In other words, there was no significant difference between the experimental and control (A) groups in terms of mothers' education.

There remain other variables on which comparison between experimental and control (A) groups is required. Such variables were measured at the interval level and hence the one-way analysis of variance (ANOVA) test was used for such



comparisons. Howell (1985) states that ANOVA has no restriction on the number of means that can be compared. In each of the following tables, an F ratio is presented and its attendant significance level. If the significance level is greater than 0.05, then there is no statistically significant difference between the experimental and control (A) group.

Table 7.54 : Exptal and Control (A) By Age

Groups	Count (months)	Mean (months)	S.D.
Exptal.	37	104.24	12.91
Conl (A)	39	107.97	14.43
F Ratio		F Prob.	
1.41		0.24	

Children's age is an important variable in this study. The research included children from 7 years old to 11 years old. As can be seen in table 7.54, children's ages were reported in months instead of years. It is seen in table 7.54 that the means (104.24 and 107.97) of the experimental and control (A) groups are very close. This indicates that the experimental and control (A) groups were very similar in children's ages. No significant difference ( $P = 0.24$ ) was found between the experimental and control (A) groups in children's ages. Thus, the two groups are reasonably well balanced in terms of age.

**Table 7.55 : Exptal and Control (A) By Pre-Treatment Achievement**

Group	Count	Mean	S.D.
Exptal	37	77.02	34.01
Conl (A)	38	79.31	31.29
Total	75	78.12	32.46

F Ratio	F Prob.	Missing cases
0.1	0.75	1

The next variable to be analyzed is pre-treatment achievement. Pre-treatment achievement refers to the children's school achievement in the main subjects (Arabic language, Islamic religion, science and mathematics) before the experiment begun. This covered the period October to December 1987.

Table 7.55 shows that the school achievement means (77 and 79) for the experimental and control (A) groups are very close. This indicates that there was not much difference between children in the experimental and control (A) groups in terms of pre-treatment achievement. A two-tailed ANOVA revealed a significance level of 0.75. This indicates that there was a reasonable balance between the experimental and control (A) groups in their level of pre-treatment achievement.

Table 7.56 : Exptal and Control (A) By Pre-Treatment Absence

Group	Count	Mean (per month)	S.D.	F Ratio	F Prob.
Exptal	37	5.14	10.75		
Conl (A)	39	4.97	10.35		
				0.01	0.95
Total	76	5.05	10.47		

Absence from school is assumed to be a reasonable but imperfect indicator of the problem of school phobia (see chapter 5). Given this assumption, children's absence during all the stages of this study becomes an important indicator variable. Pre-treatment absence refers to the average number of days in which children did not come to school each month during the first three months (October, November, and December) of the school year 1987/1988. The three months comprise a 12 week period such that the total possible number of absences could be (12 x 5=) 60 days. Thus the baseline is 74.30 % attendance for the experimental group and 75.15 % for the control (A) group. For 'normal' children (see page 342) the baseline is 89.75 % attendance. In Kuwait, we work in terms of absence per month and hence this is how the table has been presented.

Table 7.56 shows that the absence means ( 5.14, 5.07) for the experimental and control (A) groups are very close. This balance in pre-treatment absence between the two groups is further evidenced in the significance level (0.95). That there was no significant difference between experimental and control

(A) group in the average number of days of reported absenteeism before the experiment. This is an important result and indicates the two groups as starting from a very similar baseline. A Kuwait non-verbal intelligence test was used for this purpose (see Kuwait, Ministry of Education, 1985 and appendices 5 and 9).

Table 7.57 : Exptal and Control (A) By IQ

Group	Count	Mean	S.D.	F Ratio	F Prob.
Exptal	37	94.43	17.66		
Conl (A)	39	95.44	17.51	0.06	0.80
Total	76	94.95	17.47		

An imbalance in measured intelligence (IQ) between the groups could potentially severely limit any conclusions. Therefore, from the beginning, an effort was made to achieve some balance in children's IQ between the experimental and control (A) groups.

As is revealed in table 7.57, the means of IQ for children in the experimental and control (A) groups (94 and 95) are very similar. The same table indicates that the significance level (0.80) suggests no statistically significant difference between the experimental and control (A) groups in children's IQ. In other words, the experimental and control (A) groups were relatively well balanced in terms of IQ.

In conclusion, over a variety of variables that could potentially affect the results of the experiment, there is reasonably good evidence that the experimental and control (A) groups were matched. That is, alternative explanatory variables have, to a large extent been controlled. Any differences between the two groups should either be due to the treatment or to unknown variables on which the two groups differed.

#### 7.6 Section Five :

##### Analysis of Similarities and Dissimilarities Between School Phobic Children and Non-School Phobic Children

This section centres on the analysis of the similarities and dissimilarities between experimental, control (A) and control (B) groups. The experimental group consisted of school phobic children who were treated to a group counselling process. Control (A) group consisted of school phobic children who did not have any such treatment (group counselling technique). Finally, the control (B) group consisted of non-phobic children, that is relatively 'normal children'.

The variables which were analyzed with these groups comprised the following; gender, nationality, school level, pre-experiment school achievement and pre-experiment absence.

There are four reasons for comparison of these three groups. (1) To study the characteristics of school phobic children compared with non-phobic children (2) To investigate the difference in levels of IQ between school phobic children and non-phobic children. In other words, to see if non-phobic children have a higher IQ than school phobic children. (3) To see whether or not the problem of school phobia influences the level of school achievement by a comparison of school phobic children with non-phobic children. (4) To investigate the extent of the difference in absenteeism between such phobic and non-phobic children.

**Table 7.58 : Exptal, Control (A) And Control (B) by Gender**

Group	Male	Female	Total
Exptal	17 46 %	20 54 %	37 25 %
Conl (A)	13 33 %	26 67 %	39 26 %
Conl (B)	26 36 %	47 64 %	73 49 %
Chi Square	D.F.	Significance	
1.52	2	0.47	

As can be seen in table 7.58, the percentages of males and females within each group is as follows: 46 % of males and 54 % of females in the experimental group, 33 % of males and 67 % of females in control (A) group and 36 % of males and 64 % of

females in control (B) group. In spite of the there being a small difference in these percentages, this difference was not statistically significant ( $P = 0.47$ ). Therefore, it can be concluded that the three groups are balanced in terms of gender.

Table 7.59 : Exptal, Control (A) And Control (B) by Nationality

Group	Kuwaiti	Non-Kuwaiti	Total
Exptal	26 72 %	10 28 %	36 24 %
Conl (A)	32 82 %	7 18 %	39 26 %
Conl (B)	48 66 %	25 34 %	73 49 %
Chi Square	D.F	Significance	Missing Cases
3.33	2	0.19	1

Nationality is also an important variable in this study because it is a key element in discussions of Kuwait society (see chapter 6 ). Therefore, it was necessary to keep a balance between the experimental group and other control groups in terms of nationality.

Table 7.59 indicates that 72 % of children who joined the experimental group were Kuwaitis, 82 % of children who joined the control (A) group were Kuwaitis, and 66 % of children who

joined control (B) group were Kuwaitis. On other hand, 28 % of non-Kuwaitis children joined the experimental group, 18 % of non-Kuwaitis children joined the control (A) group and 34 % non-Kuwaitis children joined the control (B) group.

Table 7.59 indicates that there was no significant difference (0.19) between experimental, control (A) and control (B) groups in the terms of nationality.

**Table 7.60 : Exptal, Control (A) And Control (B) by School Level**

Group	Lower L	Upper L	Total
Exptal	19 51 %	18 49 %	37 25 %
Conl (A)	17 44 %	22 56 %	39 26 %
Conl (B)	26 37 %	47 64 %	73 49 %
Chi-Square	D.F.	Significance	
2.59	2	0.27	

Table 7.60 reveals that 51 % of school phobic children who joined the experimental group came from the lower school level, 44 % of school phobic children who joined control (A) groups came from the lower school level, and 37 % of non-phobic children (group B) came from the lower level. On the other hand, 49 % of children who joined the experimental group came from the upper school level, 56 % of children who joined



control (A) groups came from the upper school level and 64 % of children who joined control (B) group came from the upper school level. Despite there being some difference in the distribution of percentages between these groups, this difference was not significant ( $P = 0.27$ ).

Table 7.61 : Exptal, Control (A) And Control (B) by Age

Group	Count	Mean (mths)	S.D.
Exptal	37	104.24	12.91
Conl (A)	39	107.97	14.43
Conl (B)	72	106.32	13.32
Total	148	106.24	13.49

F Ratio	F Prob.	Missing Cases
0.73	0.49	1

As is shown in table 7.61, the age means (104, 108, 106) for the experimental, control (A) and control (B) groups respectively are close in value. No significant difference between experimental, control (A) and control (B) in children's age was found by the ANOVA procedure ( $P = 0.49$ ).

**Table 7.62 : Exptal, Control (A) And Control (B) by Pre-Treatment Achievement**

Group	Count	Mean	S.D.
Exptal	37	77.02	34.01
Conl (A)	39	79.31	31.29
Conl (B)	73	117.03	47.03
Total	148	98.24	44.74

F Ratio	F Prob.	Missing Cases
15.40	0.01	1

Table 7.62 reveals that the mean scores of the experimental and control (A) groups ( 77 and 79) were very close and table 7.55 (see page 332) indicated there was no significant difference between school phobic children in experimental and control (A) groups. However, table 7.62 shows that the mean of the control (B) group (117) is much higher than that of the experimental and control (A) groups (77 and 79). This indicates that non-school phobic children achieved higher school achievement than school phobic children in the experimental and control (A) groups (P = 0.01). It can be concluded that there was a significant difference between the school phobic children and non-school phobic children in terms of school achievement.

Table 7.63 : Exptal, Control (A) And Control (B) by IQ

Group	Count	Mean	S.D.
Exptal	37	94.43	17.66
Conl (A)	39	95.43	17.51
Conl (B)	72	105.40	17.32
Total	148	100.03	18.11

F Ratio	F prob.	Missing Cases
6.66	0.01	1

The difference between the experimental and control (A) groups on IQ was analyzed early in this chapter ( see page 334). It was found that there was no significant difference between experimental and control (A) groups on IQ. It is apparent from table 7.63 that the means of the experimental and control (A) groups (94 and 95) are very close, but comparing these with the mean of control (B) group (105), a noticeable difference in IQ is found. Table 7.63 shows also a significant difference (P = 0.01) between experimental, control (A) and control (B) groups. This is a significant difference between the experimental control (A) (school phobic children) groups on the one hand, and the control (B) group (non-school phobic children) on other hand in terms of IQ.

**Table 7.64 : Exptal, Control (A) And Control (B) by Pre-Treatment Absence From School**

Group	Count	Mean (per month)	S.D.	F Ratio	F Prob.
Exptal	37	5.14	10.75		
Conl (A)	39	4.97	10.35		
Conl (B)	73	2.05	4.71	2.49	0.09
Total	149	3.58	8.28		

As was discussed early in this chapter (see page 333) no significance difference was found between experimental and control (A) groups in pre-treatment absence. Comparing the means of the experimental, control (A) and control (B) groups (5.14, 4.97 and 2.05) in table 7.64, there is a noticeable difference in the average of 'days absent' by children in these three groups. The means (5.14 and 4.97) of experimental and control (A) groups are greater than the mean (2.05) of control (B) groups, as was expected. This result shows that children from the experimental and control (A) groups were reported as being absent more than control (B) group of children during the same three months period before the experiment. This difference is marginally significant ( P = 0.09).

## 7.7 Summary

This chapter consists of five general sections; teachers' questionnaire, interview with parents, interview with the children, testing the similarities and dissimilarities between the children in the experimental and control (A) groups, and finally studying the degree of difference between the experimental and the control (A) (school phobic children) groups on the one hand and the control (B) group (non-school phobic children) in terms of gender, school level, nationality, age, pre-treatment achievement, absenteeism and IQ on the other hand. The following is a summary of the results from each of these sections.

It was found in this research that teachers tend to see school phobic children as being relatively non-participative in the classroom (70 %), preferring to stay with their parents at home (62 %), not talking in the classroom (79 %), having difficulties in communication with other peers (64 %) and not completing their school or classroom activities (61 %).

The perception of parents about school phobia was seemingly similar to teachers on the following items; suffering from anxiety when attending school (78 % teachers and 50 % parents), not participating or not talking in classroom (70 % teachers and 66 % parents), parents as having a role in this problem

(teachers questionnaire, statement 14, 78 % said yes) (parents showed their role indirectly when 52 % of them expressed 'exaggerated' worries about their phobic children when they were in school, question 7).

On other hand, a degree of difference between teachers and parents was noticeable on the following items; independence (63% of teachers said that phobic children were unable to depend on themselves, while 77 % of parents said that their phobic children were independent), friends (79 % of parents said that their children had friends in school, while only 44 % of teachers agreed positively with this question) and participation in school or classroom activities ( 59 % of parents said "yes", while 70 % of teachers said "no").

In the interview with the school phobic children, most children centered their replies on two categories. For example, most of children said that pupils do not talk in the classroom because of their phobia or from laziness. Also most of children showed that the thing most liked was friends or teachers. In the interviews with school phobic children, most of them showed agreement with the teachers' and parents' views and observations, in particular on questions 2, 5 and 6.

**Table 7.65 : A Summary of Similarities Between Experimental and Control A Groups**

Variable	Significance	Variable	Significance
Gender	0.37	Fathers Ed.	0.47
School Level	0.65	Mothers' Ed.	0.42
Residency	0.18	Age	0.24
Nationality	0.46	Pre-Sch.Ach.	0.75
Birth Order	0.31	Pre-Absence	0.95
Brothers No	0.29	IQ	0.80
Sisters No	0.97		

Table 7.65 reveals that all tests of significance between the experimental and control (A) groups revealed no significance between the two groups (13 variables). Therefore, it is possible to conclude that these two groups were relatively even at the commencement of the experiment. While very precise 'matched pairs' would have eliminated even further differences between the groups, such as a procedure become impossible over the range of variables. Analysis of co-variance was inappropriate due to assumptions of random selection not being met and impossible (on SPSS) due to the large number of control variables.

**Table 7.66 : A Summary of The Level Of Similarities And Dissimilarities Between School Phobic Children And Non-school Phobic Children In Experimental, Control (A) And Control (B) Groups.**

Variable	Significance	Variable	Significance
Gender	0.47	Pre-Sch Ach	0.01
School Level	0.27	Pre-Absence	0.09
Nationality	0.19	IQ	0.01
Age	0.49		

As shown in table 7.66, there was no significant difference between the experimental, control (A) and control (B) groups in terms of gender, school level, nationality and age. On the other hand, there was a significant difference between the control (B) group and the other two groups in terms of pre-treatment achievement and IQ. In other words, non-phobic children showed a higher IQ and achieved higher scores in school attainment tests compared with school phobic pupils. Finally, there was a marginally significant difference between school phobic and non-school phobic children in the terms of absence prior to the experiment.



Chapter 8

Analysis Of The Post-Experiment Data

## 8.1 Introduction

The term 'post-experiment' refers to an evaluation period of three months from the end of experiment (i.e. March, April and May 1988). The evaluation concerned the reports of school achievement and absence from school which were collected from school administrators on school phobic children. In addition, this chapter examines results which were collected from the second interview with parents and the second teachers' questionnaire regarding their school phobic children.

This chapter is divided into four main sections. Section one concerns the analysis of the change in school achievement and absence from school. Section two aims to compare the experimental and control (A) groups in terms of absences and school achievement, relating any pre-test to post-test changes to other variables (e.g. age, IQ, gender). Section three concerns the analysis of the second questionnaire for teachers. Section four concerns the analysis of the second interview with parents.

Chi-square tests were used in the analysis of the questionnaire for teachers and the interview with parents. Chi-square is probably the most used of all non-parametric tests, and is applicable when data are nominal or ordinal and grouped into categories (Cohen & Holliday, 1982).

Analysis of variance (ANOVA) is the second statistical test which was used in this study, and examines differences in mean scores between the experimental and control (A) groups. The significance level of 0.05 has been adopted as a cut-off point to denote a significant difference between the experimental and control (A) groups. If the significance level between the groups is greater than this traditionally accepted level of significance ( $P > 0.05$ ), then it is assumed that there is no statistically significant difference between the subjects in experimental and control (A) groups on a particular variable. However, if the significance level is between 0.05 and 0.10, a marginally significant difference between groups may be assumed.

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**Note :**

It should be noticeable that adding the values of the valid percentages together in some of the following tables does not always total of 100 percent because of the process of 'rounding up' or 'rounding down'.

## 8.1 Section One :

### Analysis of Change in School Achievement and Absence From School

The emphasis of this section is on the analysis of post-experimental school achievement and absence from school. As mentioned in chapter 7, reports of the children's school achievement and absence from school were supplied by the administrators in each of the research schools. These post-experimental reports covered a period of three months starting from the end of the experiment (i.e. March, April and May, 1988) and gave detailed information about the school phobic children (experimental and control (A) groups) during the three months after the completion of the treatment (see appendix 9).

This section aims to test for any differences in change in achievement and absence (change from pre to post test) between the school phobic children who joined the experimental group and those in the control (A) group. The following tables aim to show two points; first, the changes which occurred within each of the experimental and control (A) groups in terms of school achievement and absence from school, and second, the difference between the school phobic children who joined the experimental and control (A) groups in terms of their progress in school achievement and absence from school.

**Table 8.1: Exptal and Control (A) by the Change in School Achievement**

Group	Count	Mean	S.D.	F Ratio	F Prob.
Exptal	37	+19.26	23.36		
Conl (A)	39	+ 6.43	12.39	8.89	0.01
Total	76	+12.76	19.59		

Comparing the experimental and control (A) groups in terms of the change in school achievement, table 8.1 indicates that the means (+19.26 and +6.43) of experimental and control (A) groups show that both groups of school phobic children achieved higher scores after the treatment than before the treatment. However, it is also obvious that the mean (+19.26) of school phobic children who joined the experimental group is much higher than the mean (+6.43) of school phobic children who joined control (A) group. This result reveals that the school phobic children who were in the experimental group improved more in terms of school achievement than the school phobic children who were in control (A) group (see histograms 1 and 2, page 354 and 355). As is seen in table 8.1, the level of significance ( $P = 0.01$ ) indicates that there is a significant difference between the experimental and control (A) groups in terms of change in school achievement. This indicates that we can be 99% confident that the change in school achievement between the experimental and control (A) groups is a real change and not due to chance.

Table 8.2 : Exptal and Control (A) Groups by the Change in Absence from School

Group	Count	Mean (per month)	S.D.	F Ratio	F Prob.
Exptal	37	-2.71	7.83		
Conl (A)	39	+2.92	4.22	15.42	0.01
Total	76	+0.18	6.82		

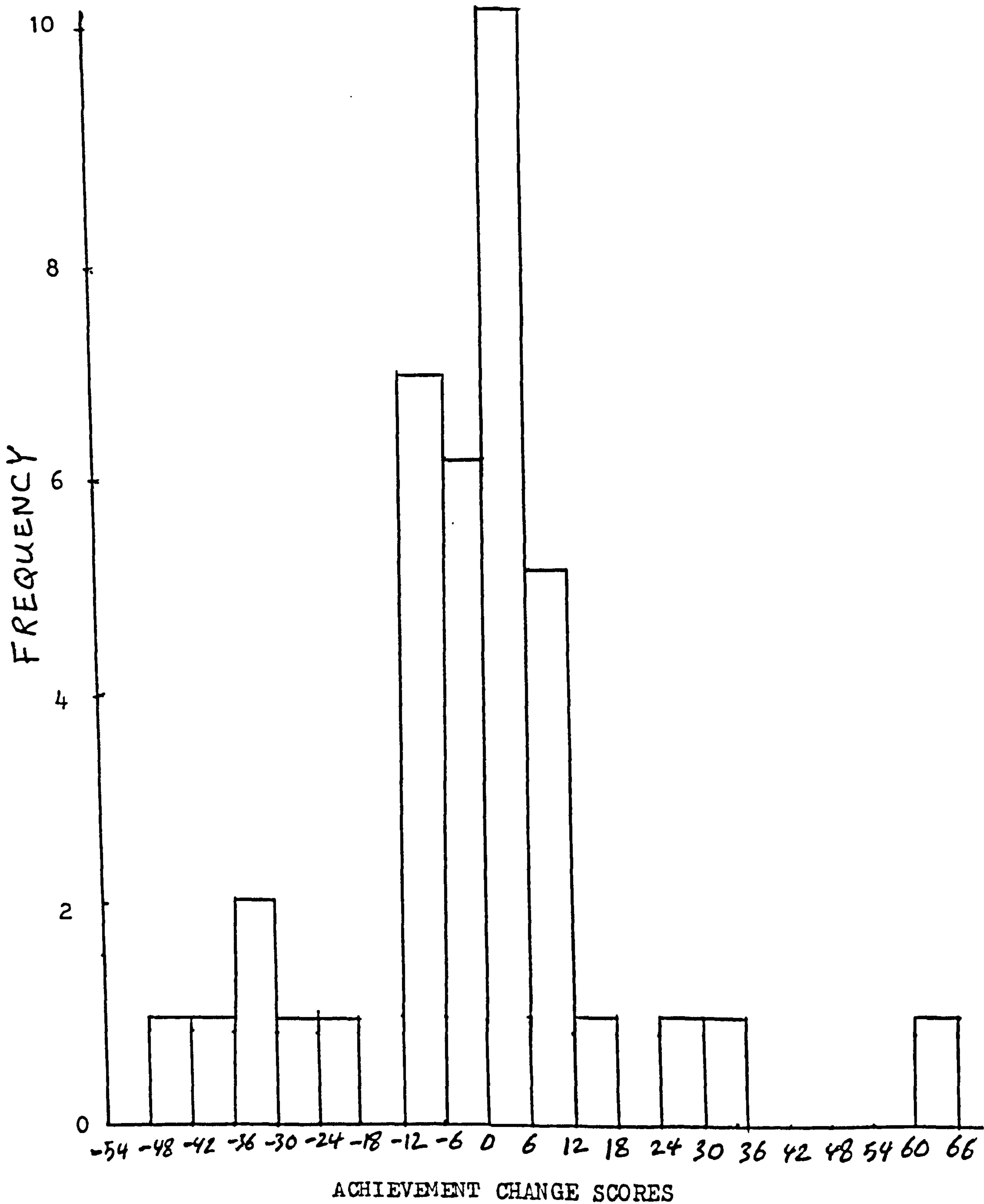
As is indicated in table 8.2, the mean (-2.71) of the experimental group reveals that children of this group decreased in the average number of days they were absent after the treatment compared with absence before the treatment, while the mean (+2.92) of the control (A) group reveals that children of this group increased in the number of days they were absent during the same period. A comparison of these two means (-2.71 and +2.92), suggests that the school phobic children who were in the experimental group showed better (more regular) attendance at school than the school phobic children who were in control (A) group, who showed more irregular attendance. The level of significance ( $P = 0.01$ ) indicates that there is a significant difference between the experimental and control (A) groups in terms of pre to post test change in absence from school. In percentage terms, the experimental group's attendance has increased from 74.30 % to 89.85 %; the control (A) group decreased from a baseline of 75.15 % to 60.55 % in the post-experiment period. A conclusion is that the school

phobic children who joined the experimental group displayed a positive change in absenteeism behaviour compared with school phobic children who joined the control (A) (see histograms 3 and 4, page 356 and 357).

Full discussion of these two results is left to the following chapter. For the moment, these two key results suggests that the experimental group children progressed in terms of absenteeism and school achievement significantly more than control (A) group children. While there may be other explanations of this result (see the next chapter), due to the matching of control (A) and experimental groups, a major explanation appears to be the group counselling process. Simply put, the above results appear to attest to the Rogerian counselling process being successful in terms of decreasing absence from school and increasing achievement in school.

HISTOGRAM NO 1

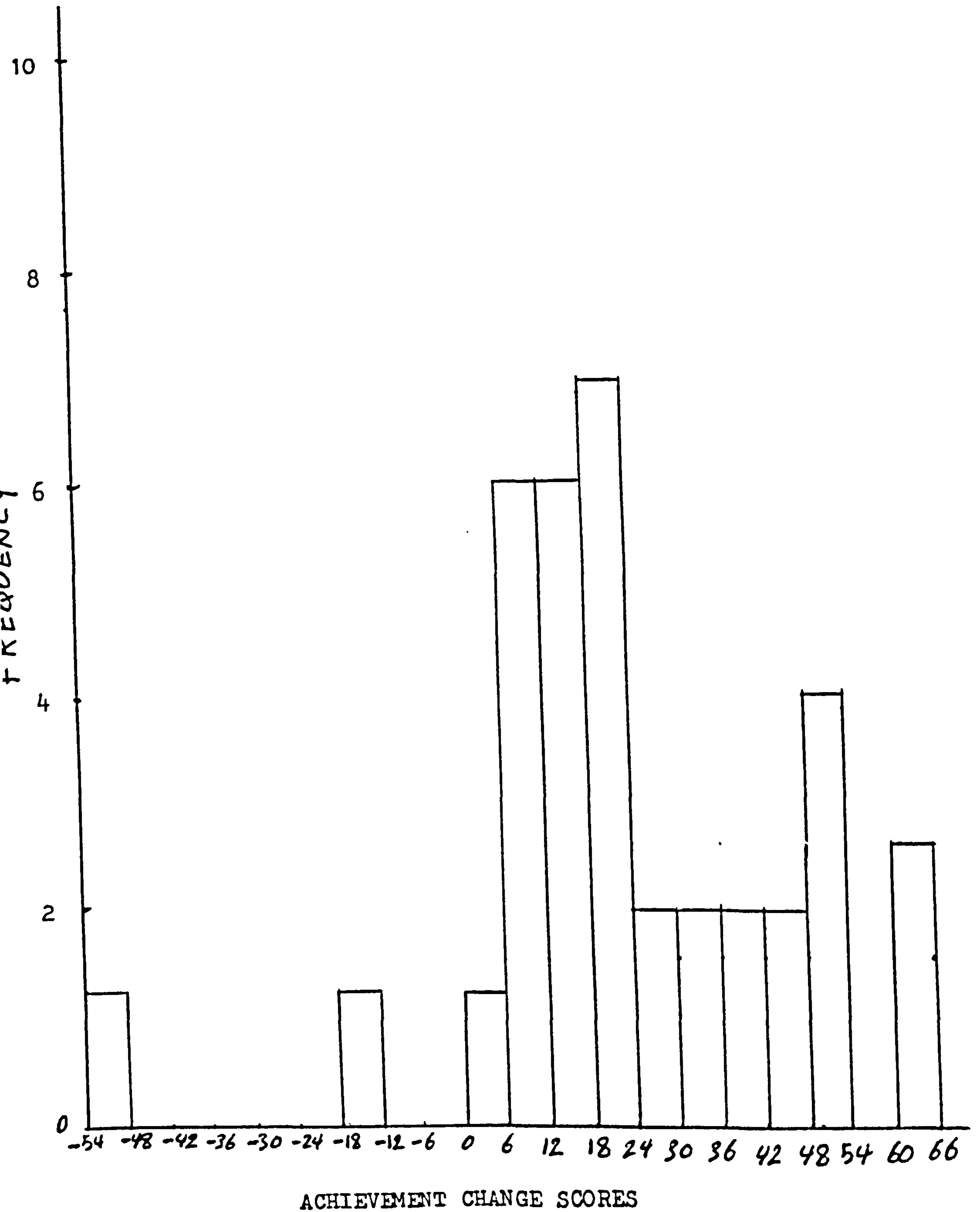
CONTROL (A) GROUP CHANGE IN SCHOOL ACHIEVEMENT





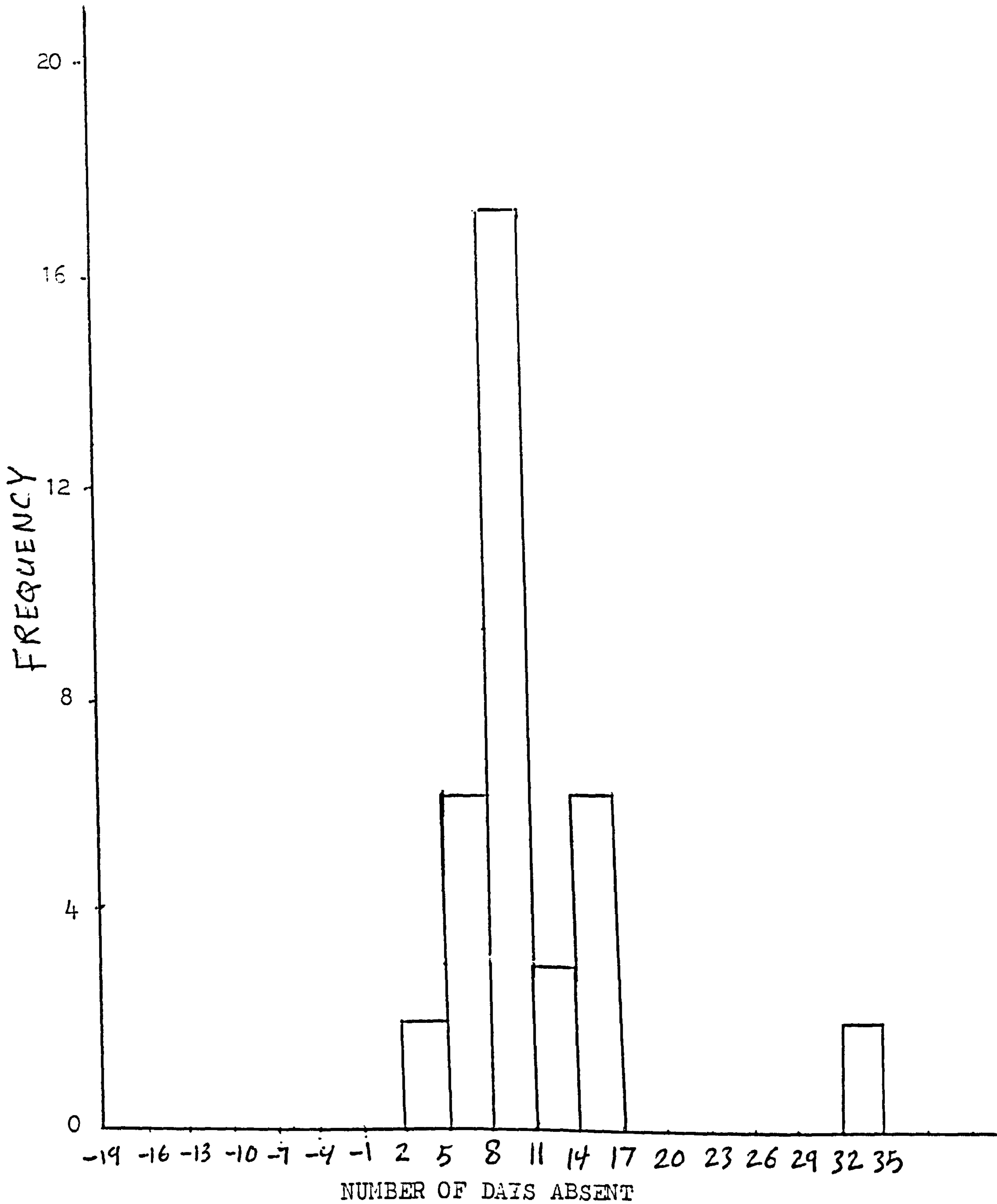
HISTOGRAM NO 2

EXPERIMENTAL GROUP CHANGE IN SCHOOL ACHIEVEMENT



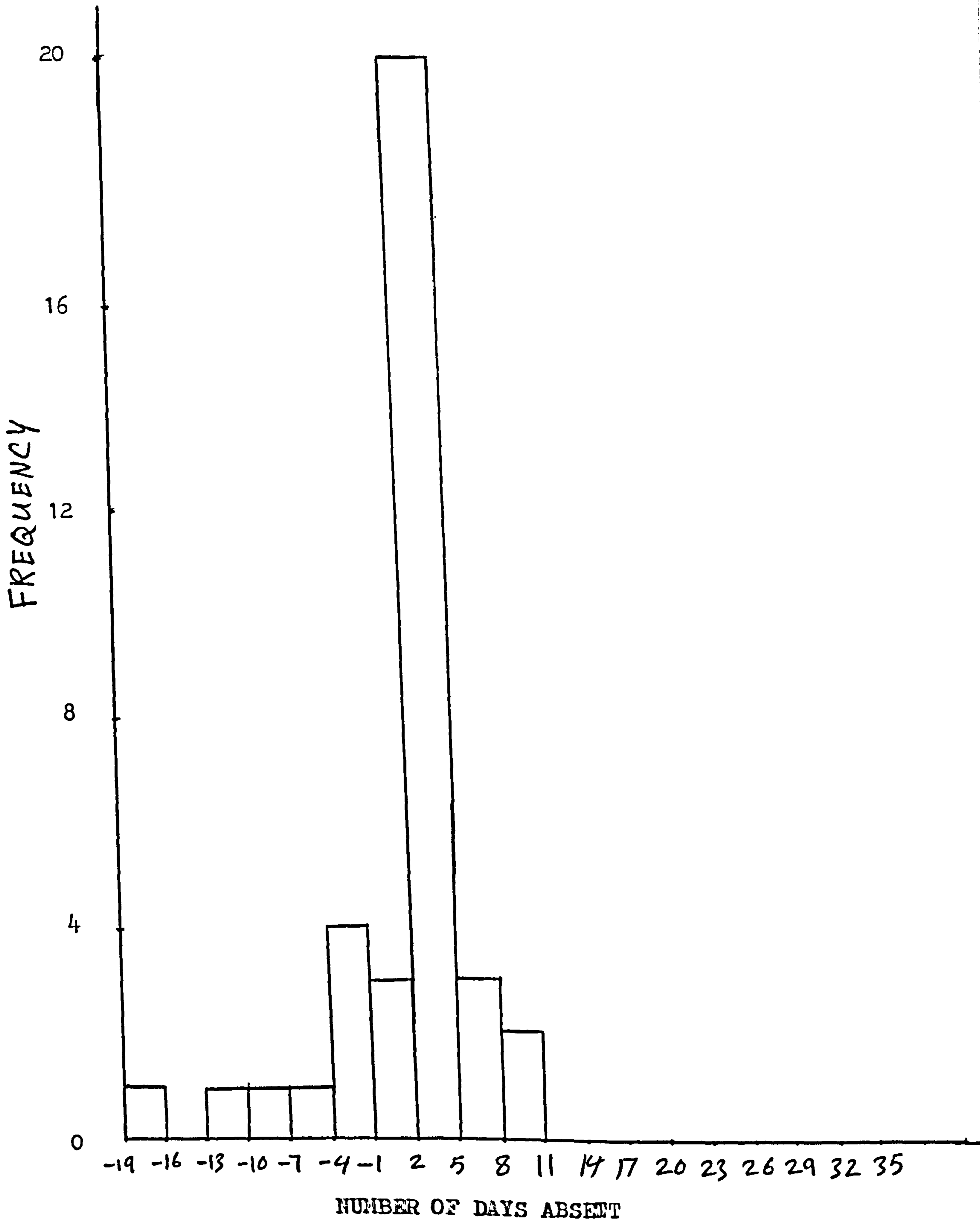
HISTOGRAM NO 3

CONTROL (A) GROUP CHANGE IN ABSENCE



HISTOGRAM NO 4

EXPERIMENTAL GROUP CHANGE IN ABSENCE



### 8.3 Section Two :

#### The Role of Possible Mediating Variables in the Experimental Treatment

This section focuses on the possible interaction between the background 'intermediatory' variables (e.g. nationality, IQ, gender) and the apparent success of the treatment. For example, it is important to pose such questions as: do school phobic children who joined the experimental group and who are first borns perform relatively better on school achievement compared with other school phobic children who also joined the experimental group, but whose birth order is later in the family? In other words, is there an interaction between birth order and the success of the group counselling process.

Two-way analyses of variance (ANOVA) tests were run. Two-way analysis of variance (ANOVA) is used when we want investigate three issues: the effects of the 'row' variable, the effects of the 'column' variable and the interaction between row and column variables (Erickson & Nosanchuk, 1979). Hopkins & Glass (1978) state that if there is no interaction between the treatment and the characteristics of the subjects, we can generalise the findings with greater ease. That is, less caveats have to be provided as to the specificity of the results. As in the case of a one-way analysis of variance, the

focus of a two-way analysis is the level of significance . If the ANOVA results in the level of significance being greater than 0.05, then we can usually decide that there is no significant difference between the groups or in the interaction.

The school phobic children's characteristics which were studied for this purpose comprise: age, gender, school level, child's birth order, IQ, residency, nationality, number of brothers, number of sisters, fathers' level of education and mothers' level of education. Two-way analysis of variance tests were run to see if interactions between these characteristics of school phobic children and group (experimental and control) mediated the success of the treatment.

#### 1. Absence from School

The schools administrators supplied the researcher with reports of absence from school for the experimental and control groups. These reports covered two periods (before and after the treatment). The first period extended from October to December 1987 and the second period extended from March to May 1988.

The two-way interactions between the experimental and control groups and background variables (e.g. gender, age, IQ) revealed no significant two-way interactions when change in absence was considered. These are summarised in table 8.3 below.

**Table 8.3 : Two-way Interactions Between Groups and Other Variables on Absence**

Two-Way Interactions			D.F.	F Ratio	Significance
Groups	By	Age	2	0.40	0.67
Groups	By	Gender	1	0.30	0.86
Groups	By	School level	1	0.84	0.36
Groups	By	Child' Birth	4	0.76	0.55
Groups	By	IQ	3	1.06	0.37
Groups	By	Residency	3	0.29	0.83
Groups	By	Nationality	1	0.33	0.57
Groups	By	Brother no.	1	1.90	0.17
Groups	By	Sisters no.	1	2.71	0.11
Groups	By	Father's Ed	1	0.16	0.69
Groups	By	Mother's Ed	1	0.07	0.79

The results of eleven different two-way analyses of variance in table 8.3 show that there is no interaction between the treatment and the characteristics of the school phobic children in terms of frequency of absence from school.

## 2 : School Achievement

In Kuwait, elementary school pupils are usually examined twice a month in each subject. The school provides each child with a report of his (her) achievement at the end of each month. This report shows how the pupil performed during a particular month. The researcher asked the schools administrators to supply him with two reports about each child in the experimental and control groups. These reports covered two periods (before and after the treatment). The first period

included the first three months before the treatment (October, November and December 1987), and the second period included the first three months after the treatment (March, April and May 1988).

The two-way interactions between experimental and control groups and the background variables (e.g. IQ, school level) revealed no significant two-way interactions on change in school achievement. These are summarised in table 8.4 below.

**Table 8.4 : Two-way Interactions Between Groups and Other Variables on School Achievement**

Two-Way Interaction			D.F.	F Ratio	Significance
Groups	By	Age	2	0.11	0.90
Groups	By	Gender	1	0.50	0.48
Groups	By	School Level	1	0.62	0.44
Groups	By	Child's Birth	4	0.48	0.75
Groups	By	IQ	3	0.59	0.63
Groups	By	Residency	3	1.47	0.23
Groups	By	Nationality	1	0.13	0.72
Groups	By	Brothers No	1	0.01	0.98
Groups	By	Sisters No	1	0.57	0.45
Groups	By	Father Ed	1	0.02	0.91
Groups	By	Mother Ed	1	1.65	0.20

The results of the two-way analyses of variance in table 8.4 show that there are no statistically significant interactions between the treatment and the background characteristics of school phobic children in terms of change in school achievement.

This section therefore suggests that the success of the experiment (in terms of absenteeism and school achievement) was not peculiar to a particular age, gender, birth order, level in school, nationality, residency, siblings or parental education. Rather the group counselling process appeared to be successful and appropriate for children with the widest range of characteristics. Thus, the absence of two way interactions is a positive result. There appears no constraints to the value of the Rogerian technique in terms of the individual characteristics and the home background of Kuwaiti children aged 7 to 11. The technique appears successful irrespective of individual characteristics and home background when used with such Kuwaiti children.

#### 8.4 Section Three:

##### Analysis of Second Questionnaire For Teachers

This section concerns an analysis the results of the second questionnaire for teachers. There were thirteen statements (see appendix 6), with each statement being followed by a discrete number of alternatives. From their observations of their pupil (school phobic child in either experimental or control groups) teachers were asked to underline the alternative which most described the pupil's feelings or behaviour towards school. If



no answer was applicable, they were requested to underline the alternative "n.n." which means "nothing is noticeable" (see appendix 6). Teachers sometimes failed to answer a question or selected two opposite alternatives for the one statement (see appendix 6). Such responses were coded as 'missing'. This section now continues by examining whether, on the data supplied by teachers, there is a difference following the treatment between the experimental and control (A) groups in terms of teacher ratings and perceptions.

**Statement One : Underline the alternatives which most describes your pupil's behaviour or feelings when he (she) comes to school everyday**

### Alternatives

The alternative answers given were : Always comes on time/ Sometimes comes on time, other times not/ Does not care/ Never comes on time/ Comes crying/ Nothing noticeable. Following initial inspection of the distribution of responses, these alternatives were recoded as follows :

1. Positive : always comes on time and sometimes comes on time, other times not.
2. Negative : Does not care, never comes on time and comes crying.
3. Undecided : Nothing noticeable.

**Table 8.5 : Post-Experiment Teachers Questionnaire Statement 1**

Group	Positive	Negative	Undecided	Total
Exptal	34 92 %	2 5 %	1 3 %	37 51 %
Conl (A)	29 81 %	7 19 %	0	36 49 %
Chi-Square	D.F.	Significance	Missing Observations	
4.16	2	0.12	3	

As is shown in table 8.5, the percentage of teachers' observations for both experimental and control (A) groups of children fall almost entirely into the 'positive' column. Ninety-two percent of pupils in the experimental group were considered by their teachers to show positive behaviour in coming to school (always comes on time or sometimes comes on time). Eleven percent less (81 %) pupils in control (A) group were considered to show such positive behaviour. In comparison, 5 % of teachers whose pupils joined the experimental group and 19 % of teachers whose pupils joined control (A) group, considered their pupils' 'coming to school' behaviour as negative (does not care, never comes on time and comes crying). Although there is a noticeable difference in percentages between the experimental and control (A) groups in table 8.5, this did not result in a significant difference between these two groups in terms of children's behaviour at the time of

coming to school. This is evidenced by the level of significance (0.12) which is greater than the required level of significance (0.05). Therefore, no significant difference between experimental and control (A) groups was found on this variable.

It is recognized that re-coding answers into positive and negative categories entails a judgement on the part of the researcher. It is appreciated throughout that the recoding reflects some kind of value judgement as to what is positive and negative behaviour. Such a judgement reflects the specific nature of the research (school phobia), the value and ideas of Arabic and Islamic culture and the researcher's own values.

**Statement Two : Underline the alternative which best describes the pupil's attendance.**

### Alternatives

The alternative answers given were : Good/ Frequently absent/ some absence/Nothing noticeable. These alternatives were recoded as follows :

1. Positive : Good.
2. Negative : Frequently absent and some absence.
3. Undecided : Nothing noticeable.

**Table 8.6 : Post-Experiment Teachers Questionnaire Statement 2**

Group	Positive	Negative	Total
Exptal	23 64 %	13 36 %	36 50 %
Conl (A)	14 39 %	22 61 %	36 50 %
Chi-Square	D.F.	significance	Missing Observations
3.56	1	0.06	4

Table 8.6 shows that there were 64 % of teachers whose pupils joined the experimental group considered their pupils' attendance was positive (good), whereas 39 % of teachers whose pupils joined control (A) group considered their pupils' attendance was positive. From the same table, it is apparent that more teachers (61 %) whose pupils joined control (A) group compared with those in the experimental group (36 %) thought that their pupils' attendance was negative (frequently absent or sometimes absent).

Table 8.6 shows that there is a marginally significant difference between the experimental and control (A) groups in terms of attendance at school. We can thus be marginally confident (94 %) that there is a significant difference between the experimental and control (A) groups in terms of attendance following the process of group counselling. This is the first piece of evidence directly from the teachers that the treatment had some effect.

Statement Three : Underline the alternative which the best describes the pupil's behaviour in the classroom.

Alternatives

The alternative answers given were : Well behaved/ Too naughty/ Has no life in him (her)/ Aggressive/ Withdrawn/ Anxious/ Nothing noticeable. These alternatives were recoded as follows:

1. Positive : Well behaved.
2. Negative : Too naughty, has no life in him (her), aggressive, withdrawn and anxious.
3. Undecided : Nothing noticeable.

Table 8.7 : Post-Experiment Teachers Questionnaire Statement 3

Group	Positive	Negative	Undecided	Total
Exptal	21 60 %	13 37 %	1 3 %	35 49 %
Conl (A)	12 33 %	24 67 %	0	36 51 %
Chi-Square	D.F.	Significance	Missing Observations	
6.71	2	0.03	5	

Pupils' behaviour is seen as important aspect of classroom life. In many cases, teachers continuously evaluate the pupils'

school achievement and other behaviour from observations of pupils' behaviour in the classroom. Therefore, this question was regarded as an important general performance indicator. As is shown in table 8.7, 60 % of teachers whose pupils were included in the experimental group, considered their pupils' behaviour in classroom as positive (well behaved), with a comparative figure of 33 % in the control (A) group. On other hand, 67 % of teachers whose pupils joined control (A) group, considered their pupils' behaviour as negative (too naughty, no life in him (her), aggressive or anxious), compared with 37 % in the experimental group.

Table 8.7 shows a significant level of difference between the experimental and control (A) groups in term of pupils' classroom behaviour ( $P = 0.03$ ). In other words, we can be 97 % confident that there is a difference between the experimental and control (A) groups on this variable and this difference appears to be due to the group counselling process.

**Statement Four : Underline the alternative which best describes the pupil's attentiveness in the classroom.**

#### Alternatives

The alternative answers given were : Normal/ Shows good attention/ Dreamy and destructive/ Plays with things under the desk/ Nothing noticeable. These alternative were recoded as follows :

1. Positive : Normal and gives good attention.
2. Negative : dreamy and destructive and plays with things under the desk.
3. Undecided : Nothing noticeable.

**Table 8.8 : Post-Experiment Teachers Questionnaire Statement 4**

Group	Positive	Negative	Undecided	Total
Exptal	24 65 %	9 24 %	4 11 %	37 51 %
Conl (A)	15 42 %	21 58 %	0	36 49 %
Chi-Square	D.F.	Significance	Missing Observations	
10.87	2	0.01	3	

It is clear from table 8.8 that there is a difference between the experimental and control (A) groups in terms of children's attentiveness in the classroom. As is evident in this table, 65 % of teachers whose pupils joined the experimental group regarded their pupil's attentiveness in the classroom as positive (normal or gives good attention), whereas 42 % of teachers whose pupils joined control (A) group gave a positive reply. The percentage of children who were considered negatively (dreamy, destructive or plays with things under desk) by their teachers in control (A) group was 58 % which

is higher than the comparable percentage (24 %) in the experimental group. This difference between the experimental and control (A) groups in pupils' attentiveness in the classroom is statistically significant ( $P = 0.01$ ). This indicates that the treatment appeared to have a positive effect on pupil attentiveness.

**Statement Five : Underline the alternative which best describes the pupil's talk pattern in the classroom.**

### Alternatives

The alternative answers given were : Talks when he (she) wants to ask a question/ Just like other children/ Never talks until asked/ Talks a lot with friends/ Too shy/ Nothing noticeable. These alternatives were recoded as follows :

1. Positive : talks when he (she) wants to asks a question and just like other children.
2. Negative : Never talks until asked, talks a lot with friends and too shy.
3. Undecided : Nothing noticeable.



**Table 8.9 : Post-Experiment Teachers Questionnaire Statement 5**

Group	Positive	Negative	Undecided	Total
Exptal	8 22 %	28 76 %	1 3 %	37 51 %
Conl (A)	3 8 %	33 92 %	0	36 49 %
Chi-Square	D.F.	Significance	Missing	Observations
3.67	2	0.16		3

This statement aims to evaluate any difference between the experimental and control (A) groups on work-related (task-related) communication in the classroom as different from general talking (e.g. gossip). As is seen in table 8.9, the level of significance (0.16) indicates that there is no significant difference between experimental and control (A) groups in the terms of task-oriented talking in the classroom. While there are differences in percentages between the two groups in favour of the experimental group, the significance level (0.16) suggests these differences are not large enough to conclude that the treatment had an effect on classroom communication patterns.

**Statement Six :** Underline the alternative which best describes the reaction of the pupil when you ask him (her) a question.

**Alternatives**

The alternative answers given were : Always ready to answer/Eager to be questioned/I have to repeat the question many times/Ignores the questions/ Get nervous and blushes when he (she) is questioned/ Nothing noticeable. These alternatives were recoded as follows :

1. Positive : Always ready to answer and eager to be questioned.

2. Negative : I have to repeat the question many times, ignores the questions and get nervous and blushes when he (she) is questioned.

3. Undecided : Nothing noticeable.

**Table 8.10 : Post-Experiment Teachers Questionnaire Statement 6**

Group	Positive	Negative	Undecided	Total
Exptal	18 49 %	18 49 %	1 2 %	37 51 %
Conl (A)	4 11 %	30 83 %	2 6 %	36 49 %
Chi-Square	D.F.	Significance	Missing Observations	
12.23	2	0.01	3	

It is clear from table 8.10 that there is a statistically significant difference ( $P = 0.01$ ) between the experimental and control (A) groups in terms of answering questions in the classroom. According to table 8.10, approximately half (49 %) of the school phobic children in the experimental group were considered positively by their teachers in terms of answering questions in the classroom. The other half of these children were considered negatively. In the control (A) group, only 11 % of the school phobic children were considered positively by their teachers when answering classroom questions, compared with 83 % of control (A) group children who were considered negatively in this respect.

**Statement Seven : Underline the alternative which best describes the pupil's social relationships.**

### Alternatives

The alternative answers given were : Good mixers/ Sometimes wanders off alone/ Can never keep a friend for long/ Anxious to be in with a gang/ likes to be the centre of attention/ Nothing noticeable. These alternatives were recoded as follows :

1. Positive : Good mixers.
2. Negative : Sometimes wanders off alone, can never keeps a friend for long, anxious to be in a

gang and likes to be the centre of attention.

3. Undecided : Nothing noticeable.

**Table 8.11 : Post-Experiment Teachers Questionnaire Statement 7**

Group	Positive	Negative	Undecided	Total
Exptal	18 50 %	13 36 %	5 14	36 51 %
Conl (A)	5 14 %	26 74 %	4 11 %	35 49 %
Chi-Square	D.F.	Significance	Missing Observations	
11.78	2	0.01	5	

Table 8.11 indicates that 50 % of children in the experimental group were rated positively (good mixers) by their teachers, and 36 % of them were rated negatively (can never keep a friend for long, anxious to be in with gang or likes to be the centre of attention). This table also shows that 14 % of children in control (A) group were rated positively by their teachers in term of social skills and 74 % of these control (A) group children were rated negatively by their teachers.

The difference between experimental and control (A) groups is statistically significant (0.01). This result demonstrates that there is a significant difference between children in the experimental and control (A) groups apparently attributable to the treatment. The above result shows that school phobic

children who joined the experimental group were reported as displaying better social skills than school phobic children who joined the control (A) group.

**Statement Eight : Underline the alternative which best describes the pupil's sense of responsibility in the classroom.**

Alternatives

The alternative answers given were : Just like other normal children/ Irresponsible/ Just stupid/ Changeable/ Nothing noticeable. These alternatives were recoded as follows :

1. Positive : Just like other normal children.
2. Negative : Irresponsible and just stupid.
3. Undecided : Changeable and nothing noticeable.

**Table 8.12 : Post-Experiment Teachers Questionnaire Statement 8**

Group	Positive	Negative	Undecided	Total
Exptal	20 55 %	10 28 %	6 17 %	36 51 %
Conl (A)	5 15 %	23 67 %	6 18 %	34 49 %
Chi-Square	D.F.	Significance	Missing Observations	
13.54	2	0.01	6	

As is indicated in table 8.12, the teachers' rating of children's sense of responsibility resulted in 55 % of children in the experimental group being rated as positive (just like other normal pupils) by their teachers, compared with 15 % in the control (A) group. On the 'negative' side, 67% of control (A) group and 28 % of experimental group children were rated by teachers as being 'irresponsible' or 'just stupid'. This difference between experimental and control (A) groups is statistically significant ( $P = 0.01$ ). That is, we can be 99 % confident that the difference between the experimental and control (A) groups is not attributable to chance alone. Rather the difference may be attributable to the effect of the independent variable (group counselling).

**Statement Nine : Underline the alternative which best describes the pupil's behaviour and feelings when you give him (her) homework.**

### Alternatives

Teachers were requested to choose on the following alternatives: Good/ Completes it in the classroom/ Never does it/ Does not care/ Makes a lot of errors/ Nothing noticeable. These alternatives were recoded as follows:

1. Positive : Good and completes it in the classroom.

2. Negative : Never does it, does not care and makes a lot of errors.
3. Undecided : Nothing noticeable.

Table 8.13 : Post-Experiment Teachers Questionnaire Statement 9

Group	Positive	Negative	Undecided	Total
Exptal	21 57 %	15 40 %	1 3 %	37 52 %
Conl (A)	14 41 %	18 53 %	2 6 %	34 48 %
Chi-Square	D.F.	Significance	Missing Observations	
1.90	2	0.40	5	

According to table 8.13, the approach to homework of 57 % of children in the experimental group was considered positive (good or completes it in classroom) by the children's teachers. In comparison, 41 % of children in control (A) group were rated positively. On the other hand, 40 % of experimental children's homework in control (A) group was categorized negatively (never does it, does not care and makes a lot of errors) as opposed to 53 % of control (A) group children. The significance level is 0.40 indicating that there is no significant difference between experimental and control (A) groups in terms of approach to homework. School phobic children who joined the experimental group did not appear to show better attitudes to

their homework than the other school phobic children who were in the control (A) group. In this sense, the treatment appears to have had no effect on attitude to homework.

**Statement Ten : Underline the phrase which best describes the pupil's independence.**

**Alternatives**

The alternative answers given were : Shows high independence/ Depends on the type of activity/ Just normal/ I cannot depend on him(her)/ Does not care/Nothing noticeable. These alternatives were recoded as follows :

1. Positive : Shows high independence, depends on the type of activity and just normal.
2. Negative : I cannot depend on him/her and does not care.
3. Undecided : Nothing noticeable.

**Table 8.14 : Post-Experiment Teachers Questionnaire Statement 10**

Group	Positive	Negative	Undecided	Total
Exptal	32 89 %	4 11 %	0 0 %	36 51 %
Conl (A)	15 43 %	18 51 %	2 6 %	35 49 %
Chi-Square	D.F.	Significance	Missing	Observations
17.05	2	0.01	5	



As can be seen in table 8.14, children who joined the experimental group were rated by their teachers as showing high independence. According to these teachers, 89 % of the experimental group displayed more or less 'positive' independence in school (shows high independence, depends on subject and just normal). Only 43 % of the control (A) group children were considered as being independent.

The complementary result in table 8.14 is that only 11 % of children in experimental group showed such 'negative' (I cannot depend on him or does not care) independence, while 51 % of children in control (A) group showed 'negative' independence.

Table 8.14 reveals that the level of significance is 0.01 which indicates a significant difference between the experimental and control (A) groups in terms of perceived independence. We can be 99 % confident that the difference in percentages between these two groups is not due to chance. Therefore, it is possible that school phobic children in the experimental group showed more independence than the other school phobic children in the control (A) group due to the group counselling treatment.

Statement Eleven : Underline the alternative which best describes the pupil's feelings and behaviour when he (she) asks you for help.

Alternatives

The alternatives given to teachers to reply were: Seeks help only when necessary/ Seldom ask for help/ Like other pupils/ Always asks for help/ Too shy to ask for help/ Nothing noticeable. These alternatives were recoded as follows :

1. Positive : Seeks help only when necessary, seldom asks for help and just like other pupils.
2. Negative : Always asks for help and too shy.
3. Undecided : Nothing noticeable.

Table 8.15 : Post-Experiment Teachers Questionnaire Statement 11

Group	Positive	Negative	Undecided	Total
Exptal	26 70 %	9 24 %	2 6 %	37 51 %
Conl (A)	17 49 %	17 49 %	1 3 %	35 49 %
Chi-Square	D.F.	Significance	Missing Observations	
4.63	2	0.10	4	

Table 8.15 shows that 70 % of children in the experimental group were rated by their teachers positively on 'asking for help'. This compares with 49 % of children in control (A) group who were rated positively by their teachers. The obverse of this is that 24 % of experimental group children were categorized negatively by their teachers on 'asking for help', while 49 % of control (A) group children were negatively rated. This result is marginally significant ( $P = 0.10$ ). We can be marginally confident that the experimental group were rated more positively by their teachers than the control (A) group, with the possible implication being that this is due to the group counselling process.

Statement Twelve : Underline the alternative which best describes the pupil's behaviour while he (she) is playing.

### Alternatives

The alternative answers given were : Energetic/ Prefers group games/ Eager to play but soon loses interest/ Uninterested/ Prefers individual games/ Always sluggish/ Changeable/ Nothing noticeable. These alternatives were recoded as follows :

1. Positive : Energetic and prefers group games.
2. Negative : Eager to play but soon loses interest, uninterested, tend to individual games and

always sluggish.

3. Undecided : Changeable and nothing noticeable.

**Table 8.16 : Post-Experiment Teacher Questionnaire Statement 12**

Group	Positive	Negative	Undecided	Total
Exptal	25 68 %	8 22 %	4 11 %	37 52 %
Conl (A)	7 21 %	23 68 %	4 12 %	34 48 %
Chi-Square	D.F.	Significance	Missing Observations	
17.29	2	0.01	5	

Table 8.16 shows that 68 % of children in the experimental group who were considered by their teachers positively (prefers group games and energetic) on playtime behaviour in school, which compares favourably with only 21 % of the control (A) group who were positively rated. The same table shows also that 22 % of the experimental group children were rated negatively by their teachers (eager to play but loses interest, prefers individual games, uninterested and sluggish) on playtime behaviour in school as opposed to 68 % of control (A) group children.

It is apparent from table 8.16 that there is a statistically significant difference between the experimental group and the control (A) group in behaviour at playtime. The level of

significance is 0.01 indicating that we can be 99 % confident that there is a difference between the experimental and control (A) group in the type of children's behaviour at playtime in school, and this difference may be attributable to the process of group counselling.

**Statement Thirteen : Underline the alternative which best describes the pupil's behaviour at free activity time.**

### Alternatives

The alternatives answers given were: Always knows what he (she) wants/ Can always amuse him(her)self/ Does not know what to do/ prefers individual activities/ Can never stick at anything for long/ Nothing noticeable. These alternatives were later recoded as follows :

1. Positive : Always knows what he (she) wants and can always amuse him(her)self.
2. Negative : Does not know what he (she) want, prefers individual activities and can never stick at anything for long.
3. Undecided : Nothing noticeable

**Table 8.17 : Post-Experiment Teachers Questionnaire Statement 13**

Group	Positive	Negative	Undecided	Total
Exptal	17 53 %	8 25 %	7 22 %	32 51 %
Conl (A)	6 19 %	19 61 %	6 19 %	31 49 %
Chi-Square	D.F.	Significance	Missing	Observations
9.81	2	0.01		13

As is shown in table 8.17, 53 % of pupils in the experimental group were rated as having 'positive' behaviour at free activity time compared with 19 % of control (A) group children. Reciprocally, the same table shows that 25 % of children in the experimental group were rated by their teachers negatively in free activity sessions, whereas 61 % of children in control (A) group were rated negatively at free activity time. The level of confidence (0.01) indicates a significant difference between control (A) and experimental group children in their behaviour at free activity time. A possible explanation for this difference may be in the group counselling process experienced by the experimental group.

A summary of this section appears at the end of the chapter. As a bridge between two sections (the second questionnaire for teachers and the second interview with parents), it is important to point out that both sets of data concern a cross-sectional view rather than an indicator of change. Ideally,

both parents and teachers would be asked the same questions before and after the treatment. Then a measure of change due to the experiment may be ascertained. However, in this research, the pre and post interviews/questionnaires differed. This was due to the nature of questions having a different purpose. The pre-experiment data aimed at identifying school phobic children. In contrast, the post-experiment data concerned performance indicators after the experiment. This decision has a limitation on the experimental evaluation. The post experimental questionnaire/interview may reveal differences not only due to the treatment, but existing prior to the treatment. Due to the cross-sectional (rather than longitudinal) nature of the questions, differences between the experimental and control groups may be partly due to pre-experiment differences. (Also a lack of difference may be due to inequalities in pre-experiment behaviour). However, it is considered that initial differences between experimental and control groups, with regard to questions given to parents and teachers, were minimal due to the random allocation to experimental and control groups. Such matching has been confirmed in the previous chapter.

Therefore, this section and the next provide evidence not of change in pupil's behaviour but of two 'still pictures'. The evidence is a comparison of experimental and control groups after the treatment.

#### Section Four : Analysis of Second Interview With Parents

This section concerns the analysis of results from the second interview with parents. The parents' interview consisted of nine questions. Each question was followed by a number of alternative answers. Parents had to select the answer which most agreed with their observations of their children (see appendix 7). The interviewer read the question to the parents, gave them the alternatives and then asked them to respond with one alternative in accordance with their perception of their children's behaviour or feelings. If parents thought that there was not an appropriate alternative answer then the interviewer would underline 'nothing noticeable'. It is important to note that, at the time of interview, parents had deliberately not been informed whether or not their children had joined the experimental or control (A) groups. However, it is quite possible that experimental group pupils had told their parents about being in the counselling sessions. The extent to which parents of experimental group pupils were aware of such an allocation to groups was not tested. If awareness did exist, answers to the interview's questions may have become 'biased'. That is, such parents may have given socially desirable answers, waiting to please the experimenter and reward him for his interest in their children. The following results must be critically viewed in terms of this possible effect.



Question One : Could you describe your child's behaviour and reactions when attending to school ?

Alternatives

The alternative answers given were : Eager to attend school/ Regularly attends/ Forced to attend/ Hesitates to attend/ Always looks for excuses/ Cries every morning/ Sometimes attends, sometimes does not attend/ Nothing noticeable. These alternatives were recoded into three categories as follows:

1. Positive : Eager to attend and regularly attends.
2. Negative : Forced to attend, hesitates to attend, always looks for excuses and cries every morning.
3. Undecided : Sometimes attends, sometimes does not attend and nothing noticeable.

Table 8.18 : Post-Experiment Interview With Parents Question 1

Group	Positive	Negative	Undecided	Total
Exptal	32 89 %	3 8 %	1 3 %	36 49 %
Conl (A)	11 29 %	23 61 %	4 10 %	38 51 %
Chi-Square	D.F.	Significance	Missing	Observations
27.41	2	0.01	2	

As is shown in table 8.18, 89 % of parents with school phobic children in the experimental group selected positive answers compared with 29 % of parents whose children were in control (A) group when they were asked to describe their children's behaviour towards going to school. In other words, 89 % of parents whose children were in experimental group believed that their children showed (after the treatment) desirable behaviour and feelings (eager to go or regular going) surrounding school attendance, in contrast to only 29 % of control (A) group. To complete the picture, a mere 8 % of parents whose children joined the experimental group considered their children's behaviour as 'negative' in school attendance, compared with 61% of control (A) group parents. The significance level for table 8.18 is 0.01 which suggests that we can be 99 % confident that there is a difference between these two groups in the child's behaviour and feelings when he (she) goes to school, and this difference between the experimental and control groups may be attributed to the process of group counselling.

**Question Two : Could you describe your child's behaviour when he (she) has homework ?**

### Alternatives

The alternative answers give were : Soon starts doing it/  
Regularly does it/ Avoids doing it/ Always does it before he  
goes to bed/ Forced to do it/ Always seeks help/ Nothing

noticeable. These alternatives were recoded as follows :

- 1- Positive : Soon starts doing homework and regularly does it.
- 2- Negative : Avoids doing it, Always does it before he (she) goes to bed, forced to do it and always seeks help.
- 3- Undecided : Nothing noticeable.

Table 8.19 : Post-Experiment Interview With Parents Question 2

Group	Positive	Negative	Undecided	Total
Exptal	29 81 %	6 17 %	1 3 %	36 49 %
Conl (A)	13 34 %	25 66 %	0	38 51 %
Chi-Square	D.F.	Significance	Missing Observations	
18.70	2	0.01	2	

Table 8.19 shows there is a considerable difference between parents' answers when comparing the experimental and control (A) groups on attitude to homework. 81 % of parents whose children were allocated to the experimental group selected positive answers, while only 34 % of parents whose children were in control (A) group selected positive answers to this question. In contrast, 17 % of parents whose children joined the experimental group selected negative answers, and 66 % of

parents whose children were in control (A) group selected negative answers. This difference in attitude to homework is significant at the 0.01 level, indicating the possibility that the difference between the experimental and control (A) groups may be attributed to the technique of group counselling.

**Question Three : Could you tell me about your child's behaviour and feelings towards school ?**

### Alternatives

The alternative answers given were : Likes talking about school/ Avoids talking about school/ When talking about school he (she) gets anxious/ Does not care/ Behaviour varies/ Nothing noticeable. These alternatives were recoded as follows:

1. Positive : Likes talking about school.
2. Negative : Avoids talking about school, when talking about school he (she) gets anxious and does not care.
3. Undecided : Behaviour varies and nothing noticeable.

**Table 8.20 : Group ID By Interview With Parents Question 3**

Group	Positive	Negative	Undecided	Total
Exptal	20 56 %	8 22 %	8 22 %	36 49 %
Conl (A)	3 8 %	29 78 %	5 14 %	37 51 %
Chi-Square	D.F.	Significance	Missing Observations	
25.17	2	0.01	3	

Using parents' observations, table 8.20 shows that 56 % of parents of experimental group children recorded positive answers about their children's behaviour and feelings towards school, compared with only 8 % of control (A) group subjects. Table 8.20 also reveals that 22 % of experimental group parents gave negative answers in contrast to the much larger percentage (78 %) recorded by control (A) group parents about their offspring.

The significance level in table 8.20 (0.01) indicates that we can be 99 % confident that the difference between control (A) and experimental groups is a real difference and not obtained by chance alone. The difference in feelings about school between the two groups may be attributable to the counselling intervention.

Question Four : To what extend do you see your child as being dependent or independent ?

Alternatives

The alternative answers given were : Tends to be independent/ Sometimes asks for help/ Always seeks help/ Cannot depend on himself(herself)/ Avoids his(her) responsibilities/ Nothing noticeable. These alternatives were recoded as follows:

1. Positive : Tends to be independent and sometimes asks for help.
2. Negative : Always seeks help, cannot depend on himself/herself and avoid responsibilities.
3. Undecided : Nothing noticeable.

Table 8.21 : Post-Experiment Interview With Parents Question 4

Group	Positive	Negative	Undecided	Total
Exptal	28 78 %	6 17 %	2 6 %	36 49 %
Conl (A)	21 55 %	15 40 %	2 5 %	38 51 %
Chi-Square	D.F.	Significance	Missing	Observations
4.81	2	0.09		2

Table 8.21 shows that there is a marginally significant difference between parents' observations of children's independence in the experimental and control (A) groups. In the experimental group, 78 % of parents' observations were positive, while, in comparison, 55 % of parents' observations in control (A) group were positive. Although the difference in percentages is noticeable, the level of significance (0.09) indicates that this 23 percent difference between the two groups in children's independence only achieves a 91 % level of confidence on the chi-squared test. We can thus be marginally confident that the experimental group were regarded as more independent by their parents than the control (A) group, and this appears to be due to the experimental treatment.

**Question Five: How do you perceive your child's social relationships?**

#### Alternatives

The alternative answers given were : Good mixer/ Does not have friends/ Over-anxious to be with a gang / Can never keep friends for long/ Avoids being with a peer group/ Nothing noticeable. These alternatives were recoded as follows:

1. Positive : Good mixer.

2. Negative : Does not have friends, can never keep friends for long, avoids being with a peer group and over-anxious to be with gang.

3. Undecided : Nothing noticeable.

Table 8.22 : Post-Experiment Interview With Parents Question 5

Group	Positive	Negative	Undecided	Total
Exptal	30 83 %	3 8 %	3 8 %	36 49 %
Conl (A)	15 39 %	22 58 %	1 3 %	38 51 %
Chi-Square	D.F.	Significance	Missing Observations	
20.40	2	0.01	2	

As can be seen in table 8.22, there is a difference in the observations of parents whose children were in the experimental group and those whose children were in the control (A) group. Eighty-three percent of parents whose children were allocated to the experimental group thought that their children were good mixers, compared with only 39 % of control (A) group children. Reciprocally, 8 % of parents whose children joined the experimental group thought that their children did not show 'acceptable' social relationship patterns, compared with 58 % of control (A) group children.



The level of significant difference between the experimental and control (A) groups is 0.01 which clearly reveals that there is a statistically significant difference between the control (A) and experimental groups in terms of social relationships. In other words, we can be 99 % confident that there is a difference between experimental and control (A) groups not due to chance and this difference may be attributable to the technique of group counselling.

**Question Six :** How do you see your child's sense of responsibility?

#### Alternatives

The alternative answers given were : Always responsible for his (her) behaviour/Sometimes takes responsibilities/ Consistently on takes responsibilities/ Avoids taking responsibilities/ Nothing noticeable. These alternatives were recoded as follows:

1. Positive : Always responsible for his (her) behaviour, sometimes taking responsibilities, and consistently takes responsibilities.
2. Negative : Avoids taking responsibilities.
3. Undecided : Nothing noticeable.

**Table 8.23 : Post-Experiment Interview With Parents Question 6**

Group	Positive	Negative	Total
Exptal	32 91 %	3 9 %	35 48 %
Conl (A)	21 55 %	17 45 %	38 52 %
Chi-Square	D.F.	Significance	Missing Observations
10.23	1	0.01	3

It is evident in table 8.23 that there is a significant difference between parents' observations about their children's responsibilities in the experimental compared with the control (A) group. The level of significance is 0.01 indicating that we can be 99 % confident that the difference between the experimental and control groups is a real one and may be explained by the group counselling process. The distribution of answers illustrates this significant difference. Some 91 % of parents who had school phobic children in the experimental group perceived their children's sense of responsibility positively. In contrast, some 55 % of parents who had children in the control (A) group positively rated their children's sense of responsibility. In comparison, 45 % of parents whose children were allocated to the control (A) group rated their children's sense of responsibility negatively, whereas only 9 % of parents whose children were 'treated' in experimental group considered their children's

behaviour negatively in terms of responsibility.

Question Seven : How do you see your child's overall feelings towards school ?

Alternatives

The alternative answers given were : Happy/ Unhappy/ Changeable/ Nothing noticeable. These alternatives were coded as follows :

1. Positive : Happy
2. Negative : Unhappy
3. Undecided : Changeable and nothing noticeable.

Table 8.24 : Post-Experiment Interview With Parents Question 7

Group	Positive	Negative	Undecided	Total
Exptal	25 69 %	1 3 %	10 28 %	36 50 %
Conl (A)	7 19 %	7 19 %	22 61 %	36 50 %
Chi-Square	D.F.	Significance	Missing Observations	
19.13	2	0.01	4	

As is shown in table 8.24, there is a statistically significant (0.01) difference between the experimental and control (A)

groups in parents' observations and thoughts about their children's feelings and experience in school. Some 69 % of parents whose children underwent group counselling thought that their children were happy in their school, while only 19 % of parents whose children were allocated to the control (A) group thought this way.

The margin of difference in the percentages is reflected in the probability level which allows the conclusion that we can be 99 % confident that there is a real difference between these groups in parental perceptions of overall pupil's feelings towards school, and this difference appears to be due to the process of group counselling.

**Question Eight : Can you describe your child's behaviour and feelings after he (she) departs from school ?**

### Alternatives

The alternative answers given were : Happy/ Aggressive/  
Anxious/ Crying/ Fearful/ Changeable/ Nothing noticeable.

These alternatives were recoded as follows :

1. Positive : Happy.
2. Negative : aggressive, anxious, crying, and fearful.
3. Undecided : Changeable and nothing noticeable.

**Table 8.25 : Post-Experiment Interview With Parents Question 8**

Group	Positive	Negative	Undecided	Total
Exptal	29 83 %	2 6 %	4 11 %	35 48 %
Conl (A)	9 24 %	24 63 %	5 13 %	38 52 %

Chi-Square	D.F.	Significance	Missing	Observations
29.18	2	0.01		3

Table 8.25 shows that 83 % of parents whose children joined the experimental group said that their children's behaviour and feelings were positive (happy) when they came home from school, while 24 % of parents whose children joined the control (A) group saw their children's behaviour and feelings in a similarly positive way. On other hand, 63 % of parents whose children were placed in the control group negatively described their children's feelings after school (aggressive, anxious, crying, or fearful), while only 6 % of experimental group children's parents described their children in this negative way. As can be seen in table 8.25, these differences in percentages provide a significant difference (0.01) between the experimental and control (A) groups, and this difference appears to be due to the technique of group counselling.

Question Nine : How do you see your child's school achievement at the present time ?

Alternatives

The alternative answers given were : Improving/ Still as before/ Getting worse/ Depends on subjects/ Changeable/ Nothing noticeable. These alternatives were recoded as follows :

1. Positive : Improving.
2. Negative : Still as before and getting worse.
3. Undecided : Depends on subject, changeable and nothing noticeable.

Table 8.26 : Post-Experiment Interview With Parents Question 9

Group	Positive	Negative	Undecided	Total
Exptal	25 71 %	9 26 %	1 3 %	35 48 %
Conl (A)	16 42 %	14 37 %	8 21 %	38 52 %
Chi-Square	D.F.	significance	Missing Observations	
8.40	2	0.01	3	

Table 8.26 shows that 71 % of parents whose children were allocated to the experimental group, considered their children's school achievement to have improved following the treatment, while 42 % of parents whose children joined the

control (A) group considered their children's school achievement to have improved over the same period of time. Some 26 % of parents whose children were in the experimental group perceived their children's school achievement negatively (getting worse or still as before), compared with 37 % of parents whose children were in the control (A) group.

According to table 8.26, the level of significance between the experimental and control (A) group is 0.01 revealing that there is a significant difference between the experimental and control (A) groups in terms of school achievement. A possible conclusion is that more of the school phobic children who were members of experimental group counselling were regarded as improving their school achievement compared with other children who were members of control (A) group.

## 8.6 Summary

This chapter has centered on the analysis of the post-treatment results in order to evaluate the degree of success of the experiment. Four types of data were analyzed.

1. Analysis of the change in school achievement and absence from school.
2. The role of possible mediating variables in the experimental treatment.
3. The second questionnaire for teachers.
4. The second interview with parents.

The following is a brief precis of each section.

### Section One

The results of section one show that the treatment (group counselling) appeared to help the school phobic children who joined the experimental group in two ways. The experimental groups' school achievement was higher compared with school phobic children who joined control (A) group. Second, the reports of absence (after the treatment) for the school phobic



children who were in the experimental group indicated that these children were reported as being less absent compared with the school phobic children who joined the control (A) group. In addition, the experimental group children decreased in the number of days they were absent after the treatment compared with their absence before the treatment.

## Section Two

Section two revealed that there was no significant interactions between the two groups (experimental and control A) and the background characteristics of school phobic children in terms of the success of the treatment. In other words, the result of the experiment was not affected or constrained by the characteristics of children in the experimental and control (A) groups. For example, children who joined the experimental group and whose parents have a high level of education, did not improve in school absence and achievement more than other children in the experimental group and whose parents have a low level of education.

### Section Three

The following table summaries the result of each statement in this section.

**Table 8.27 : A summary Of Post-Experiment Teachers Questionnaire**

Statement No	D.F.	P	Statement No	D.F.	P
1	2	0.12	8	2	0.01
2	1	0.06	9	2	0.40
3	2	0.03	10	2	0.01
4	2	0.01	11	2	0.01
5	2	0.16	12	2	0.01
6	2	0.01	13	2	0.01
7	2	0.01			

(see appendix 6 for detail of the statements)

Table 8.27, shows that on four statements (no. 1, 2, 5, and 9) no significant difference was found between the school phobic children in experimental and control (A) groups. These statements concerned pupils' "going to school", behaviour, attendance, talking in the classroom and doing homework. A significant difference was however found between the experimental and control (A) groups on the following aspects: behaviour in the classroom, attentiveness, repoding to questions, social relationships, sense of responsibility, independence, help seeking behaviour, playtime behaviour and behaviour at free activity time.

#### Section Four

The following table summaries the result of each question in the interview with parents.

Table 8.28 : A Summary Of Post-Experiment Interview With Parents

Question No	D.F.	P	Question No	D.F.	P
1	2	0.01	6	2	0.01
2	2	0.01	7	2	0.01
3	2	0.01	8	1	0.01
4	2	0.09	9	2	0.01
5	2	0.01			

According to parents' observations, (table 8.28) there was a significant difference between school phobic children in the experimental and control (A) groups on all variables. In other words, parents' observation showed that there was a significant difference between children who joined experimental and control (A) groups on the following variables: children's behaviour when going to school, doing homework, talking about school, social relationships, sense of responsibility, feelings towards school, independence (marginally significant), feelings after coming from school and school achievement.

**Chapter 9**

**Conclusions, Limitations and Recommendations**

## 9.1    Introduction

Chapter Nine attempts to discuss the results of the Rogerian group counselling technique used in the treatment of school phobia for elementary school children in the State of Kuwait. One of the main aims of this chapter is to find an answer to the following question; did the Rogerian group counselling help the school phobic children to solve their school phobia problem? Answering this question will be achieved by comparing the experimental and control (A) groups in terms of school achievement and absence from school before and after the treatment. In addition, investigation of the views of teachers and parents about the characteristics (e.g. dependency, responsibility, participation) of school phobic children before and after the process of counselling, provides supportive evidence of the positive results of the research.

Attention will also be given to the following: (1) Comparing the school phobic children and non-school phobic children in terms of school achievement and absence from school. (2) Discussing the characteristics of school phobic children by comparing the results of this study with the views and results of other previous studies. (3) Investigating the influence of background variables of school phobic children in the results of this research.

## 9.2 Characteristics of School Phobic Children

The characteristics of school phobic children were discussed in the literature review (see chapter 5). However, in this part of the thesis, consideration will be given to the amount of agreement and disagreement between previous studies and this research. At the beginning, it should be noticeable that the results of Chapter 7 indicated that the majority of the children who were involved in this study were school phobic children. But, for specific reasons (see research's principles page 251, criteria after the first interview with parents page 255, criteria after the first interview with children page 257, and the research limitations' page 444) a great number of children initially perceived as school phobic were excluded from the treatment stage of the research design. Thus, many more children were considered as school phobics than were included in the final sample. However, from initial data, their characteristics can be discussed.

### **Anxiety Towards School**

The first sign of a school phobia problem is anxiety towards school. Hsia (1984) indicated that school phobic children usually feel afraid and suffer anxiety when they attend school. The results in tables 7.1, 7.2, 7.27, 7.29, 7.32 and 7.33 show that school phobic children express anxiety when they attend school. In table 7.1 (see page 282) 78 % of the teachers

stated that there were some children (school phobic) who showed anxiety when they attend school, and in table 7.2 (see page 283) 55 % of teachers indicated that this anxiety towards school is irrational.

Tables 7.27, 7.29, 7.32, and 7.33 examined the parents' view about their children's anxiety towards school. In table 7.27 (see page 303), 55 % of parents said that their children's absence from school may be attributed to an anxiety-provoking situation in school. In table 7.29 (see page 304), 48 % of parents said that (in contrast to the teachers) there is a real reason for their children's anxiety towards school. In table 7.32 (see page 307), 62 % of parents indicated that their children suffered from anxiety when they attended school. Finally, in table 7.33 (see page 308), 49 % of parents stated that their children's anxiety towards school is reasonable. In other words, around a half of all parents believed that their children suffered anxiety in school and there were some real reasons behind their anxiety towards school.

A conclusion which can be made from the above results is that most of the teachers believed that these school phobic children were suffering anxiety towards school and this anxiety was irrational. While many parents agreed with the teachers that their children were suffering from anxiety towards school, they believed that this anxiety is rational. Also, while more parents than teachers believed that the school may be a cause

of anxiety. 55 % of parents ( table 7.25, page 301) indicated that school does not cause of anxiety to their children. In table 7.30 (see page 305) 55 % of parents also believed that there is no relationship between school activities and their children's anxiety in school. It appears that parents are ambivalent about this situation. Therefore, it can be concluded that parents are less willing to attribute a condition of school phobia to their offspring than are teachers, and are divided as to whether the cause of phobia can sometimes be attributed to school or is more irrational. This conclusion agrees with other studies in this field (Chazdin, 1962; Kennedy, 1965; Berg, Nichols and Pritchard, 1969, and Gittelman-Klein and Klein, 1971).

#### **Relationships and Social Activities**

According to Davidson (1960), most school phobic children are withdrawn, unable to take part in social activities, refuse to go to any entertainment, often sit about unable to concentrate and are often unable to occupy themselves. School phobic children usually develop a poor relationship with their peers and teachers. On other hand, they often develop a strong relationship with the mother (Berg, Nichols and Pritchard 1969, Gittelman-Klein and Klein, 1971 and Pritchard and Ward, 1974).

The result of this research shows that there is an agreement between the above studies and the characteristics of Kuwaiti



school phobic children in terms of relationships and social activities. It was found in table 7.10 (see page 289) that 44 % of teachers stated that school phobic children do not have friends in school, and in table 7.12 (see page 290) 64 % of teachers believed that these school phobic children have some difficulties in communication with other people. However, in table 7.28 (see page 304) 79 % of parents stated that their school phobic children do have friends in school, and finally, 64 % of school phobic children said that they do have friends in school (see table 7.40, page 315). According to parents' and children' responses, it is apparent that most of the school phobic children in the sample believed they had friends in school. This indicates the possibility that school phobia does not affect friendships.

Children indicated (tables 7.34, 7.35 and 7.36 ) that they were suffering from difficulties in their relationships with others (peers, teachers and parents). In table 7.34 (see page 311) 25% of children described their relationship with teachers as not good, while 55 % of them described it as fair, and only 21% of them said they experienced a good relationship with their teachers. In table 7.35 (see page 311), 26 % of children believed that their relationship with their friends was not good, while 27 % of them described it as fair, and the approximately half of them (48 %) described it as good. Finally, in table 7.36 (see page 312), 19 % of children

described their relationship with their parents as not good, 26 % of them said they had a fair relationship with their parents, while the majority of them (56 %) described it as good.

It is apparent in tables 7.34, 7.35 and 7.36 that many, but not all, of the school phobic children suffered from a poor relationship with their peers, parents and teachers. In contrast most of the sample were able to develop a satisfying relationship with their family.

The results of the first questionnaire with teachers and the first interviews with parents and children complement the results of previous studies. The pertinent analyses revealed that many, but by no mean all of school phobic children have problems in making a relationship with other people particularly teachers and peers in school. About half of the pupils tend to be alone and solitary in school. Developing relationships in school may be seen by such school phobic children as anxiety-provoking because it carries with it associations of school. Thus school phobia need not result from academic-related anxiety. A parallel cause may be anxiety emanating from social relationships in school. Social and not just academic components of school (and interactions between them) may be related to school phobia.

## Emotional Disturbance

According to Berg, Nichols and Pritchard (1969), school phobic children are often emotionally upset. Such emotional problems tend to mainly concern timidity and fearfulness, particularly when away from home. It was found in table 7.3 (see page 284) that 53 % of teachers indicated that school phobic children were emotionally disturbed. This reveals an agreement with Berg et al.'s (1969) study and indicates that the problem of school phobia be linked to emotional disturbance. However, there is a 'chicken and egg' problem here. What is cause, and which is effect? Does emotional disturbance cause school phobia, or does school phobia cause emotional disturbance? Or, alternatively, are the two linked in a mutually reciprocating spiral of cause and effect?

## Attending School

According to many studies (Mitchell and Shepherd, 1967; Pritchard and Word, 1974; Pritchard and Butler, 1978), school phobic children come to school very irregularly. Such children may use different techniques and ideas each morning in order to avoid attending school.

It was found in this research that most of school phobic children do not come to school regularly. In table 7.7 (see page 287) 48 % of teachers agreed that these children were frequently absent, and in table 7.19 (see page 296) 50 % of

parents whose children were suffering from school phobia said that their children expressed anxiety when they attended school. Finally the baseline measurement of school attendance (pre experiment for the experimental and control (A) groups) showed that the average rate of attendance was 75 % (see page 333).

A conclusion which may be made is that there is an agreement between the results of this study and the results of previous studies in terms of attending school. However, it is apparent that a child can be school phobic and still attend school fairly regularly. Conversely, a non-attender may not be school-phobic. One is not an inevitable consequence or indicator of the other.

### School Activities

Participation in school activities is very important for pupils to gain higher achievement scores. It is necessary for pupils to understand lessons and to have positive attitudes in school in order to achieve educational success.

According to Davidson (1960) and Kelly (1973), school phobic children often tend to withdraw from social activities. They can sometimes be characterized by depression and social withdrawal. The results of this research reveal an agreement with previous studies, that school phobic children withdraw

from most school activities. It was found that 70 % of teachers stated that children suffering phobic behaviour often avoid participation in classroom or school activities (see table 7.4 page 284); 75 % of teachers stated that these school phobic children were not active in school (see table 7.11, see page 289); 79 % of teachers indicated that these pupils rarely talk in the classroom (see table 7.9, page 288); 66 % of parents said that many of their children's teachers had complained that their children do not talk in the classroom (see table 7.26, page 302), 52 % of children indicated that children do not talk in the classroom because of suffering anxiety (see table 7.42 page 317), and 59 % of parents indicated that the school phobic children do not participate in school activities (see table 7.31 page 306).

The results of this research and previous studies indicate that most school phobic children tend not to participate in school activities in order to avoid contact with the source of the phobia. They express such avoidance motivation by not talking in the classroom nor participating with other pupils in school activities. They tend to be negative and withdrawn possibly to protect themselves from punishment or disapproval by teachers.

## IQ

The IQ of individuals may, in various situations, affect responses to certain events or their ability to engage in particular actions. Studies (e.g. Hersov, 1960; Davidson, 1960; and Chazan 1962) state that school phobic children are often as intelligent as other 'normal' children in school. According to these studies, low intelligence does not have a direct link with the problem of school phobia. In other words, children with higher IQ can share the problem of school phobia with lower IQ children.

The results of this study show a difference with the above studies. This research found a noticeable difference between the school phobic children and non-school phobic children in terms of IQ. The non-school phobic children were generally of a higher IQ than the school phobic children. Table 7.63 (see page 341) shows that the means of IQ the experimental and control (A) groups (94 and 95) were lower than the mean IQ (105) of the non-phobic children. The same table reveals that there is a significant difference ( $P = 0.01$ ) between the school phobic children and non-school phobic children in terms of IQ.

A question which can be asked here is whether the level of IQ plays a role in the development of school phobia. Is it the case that the level of IQ affects children's skills and ability to cope with school problems in general and the problem

of school phobia in particular? The results do suggest a link between IQ and school phobia. However, the relationship may be spurious rather than causative. Further research in Kuwait could explicate this result and seek to examine (e.g. by structural equation modelling) whether the link is spurious or causal, and if causal in which direction.

### **Separation From the Family and Dependency**

Various studies (Herzov, 1960; Davidson, 1960; and Pritchard and Word, 1974) state that lack of separation from the family, particularly the mother, is sometimes the main reason behind the problem of school phobia. Morgan (1969) found that the relationship between school phobic children and the mother was often stronger than other children. In addition, Gittelman-Klein and Klein (1971) emphasise that degree of separation from the family is a central factor among school phobic children.

In agreement with the above studies, the results of this research shows that 62 % of teachers (see table 7.6 page 286) believed that school phobic children were suffering anxiety because of a lack of independence from their parents. Moreover, 78 % of teachers (see table 7.14 page 292) believed that parents play an important role in the development of school phobia. In addition, 52 % of parents (see table 7.22 page 299) expressed worries about their children when they attended school. However, in table 7.18 (see page 296), 96 % of parents

believed that school plays an important role in developing the child's anxiety while, at the same time, 99 % of the parents mentioned that the school is a valuable institution for their children (see table 7.17 page 295). Parents thus show an ambivalent attitude to school. Schools are seen as essential but also as engendering school phobia, as educative and also anxiety-provoking. It appears that most parents blame the school for developing the problem of school phobia in their children, and do this possibly in order to avoid blaming themselves. This perception cannot be rejected. The school must share some responsibility in affecting this problem (see page 314, table 7.38) where 35 % of children said they do not like their friends, 27% said they do not like their teachers, 20 % said they do not like the school activities, and 19 % said they do not like school subjects.

Comparing the results of this research and the results of previous studies, there is a good measure of agreement. Both results (present and previous) found that separation from the family may be a factor in the development of the problem of school phobia. It appears that children who show strong dependence on the family (especially the mother) see the school as potentially breaking this dependence. Therefore, such children may develop fear and anxiety towards school.

Usually, when children express anxiety because of separation from the family, they also show dependency on their parents. It



was found by Chazan (1962) and Gittelman-Klein and Klein (1971) that school phobic children tend to show a relatively high dependency on their parents. This relatively high dependency between the mother and her child appears to be a possible cause of the problem of school phobia.

The findings of this study agree strongly with the results of the previously published studies. It was found that 63 % of teachers stated that school phobic children are not able to depend on themselves (see table 7.8, page 287), and 74 % of teachers believed that these children are not able to make their own decisions (see table 7.13 page 291). In table 7.15 (see page 293), 62 % of teachers indicated that these school phobic children are not able to complete their school activities without help.

On other hand, parents hold a different view about their children's dependency. 77 % of parents believed that their children are able to be independent and take care of themselves when in school (see table 7.20 page 297); 62 % of parents also said that children should be solely responsible for their behaviour in school (see table 7.21 page 298), and 90 % of parents said that they have tried to teach their children to take care of themselves in different situations (see table 7.23 page 299). However, in table 7.24, 65 % of parents stated that they usually tend to help their children in completing tasks such as dressing and taking a bath (see page 300). It is

apparent that parents' responses may be a little contradictory to those of teachers, which is not unexpected.

From another viewpoint, 35 % of school phobic children stated that they find some difficulties in working well when they are away from their parents (see table 7.43, page 318), while 43 % of children said that it is easier for them to work at home than at school (see table 7.44, page 319). A conclusion which may be made in this case is that school phobia appears to be related to relatively high dependency between the mother and her child. The parents' concern about their children when they are in school may encourage such children to avoid attending school in order to satisfy the mother. Parents may thus play an important role in developing the problem of school phobia. At the same time, school phobia is likely to have multiple causation, and dependency relationships between parents and offspring may be just one cause among a number of different causes. In this chapter already, difficulties in academic work and social relationships have been suggested as possible antecedents of school phobia. Parental dependency would now seem to join this list.

### Unpleasant Experiences in School

An unpleasant experience of school may make a child withdraw from school. According to Wiener and Elkind (1972), Leventhal and Sills, (1962), and Leventhal, Weinberger, Stander and

Stearns (1967), school phobic children sometimes experience some humiliation or embarrassment or fail to find emotional support or over-value themselves. Each of these can be considered as an unpleasant experience in school and such situations may be threatening to children fragile sense of personal adequacy and even become too painful to talk about or admit. Therefore, such children may refuse to attend school in order to avoid these feelings.

It was found (see table 7.16, page 294) that 61 % of parents reported that their children had unpleasant experiences in school. In addition, it was found in tables 7.37 and 7.39 (see pages 313 and 315) that 48 % (a similar percentage for table 7.39) of the school phobic children were unsatisfied in school because of teachers' methods of teaching, problems with friendships and/or difficult subjects. Only 27 % of children said that they liked their teachers very much, and only 35 % of them made positive remarks about their peers (see table 7.38 page 314). Therefore, it may be said that unpleasant experiences in school could cause the children to withdraw from school and develop a problem of school phobia. Both relationships in school and home suggest that phobia can derive from certain negatively reinforcing contacts and should not be regarded in any static sense, as an endowed part of a child's personality. Contextual or environmental variables may be also linked with school phobia, either acting independently of personality or interacting with it.

### 9.3 Consequences of the Treatment

The first and most important aim of this research was to examine the treatment (Rogerian group counselling) of school phobic children at the elementary school level in the state of Kuwait. In other words, the main goal of this research was to investigate whether or not Rogerian group counselling is a viable technique for children aged between 7 to 11 years at the elementary school level in the state of Kuwait. A decision about the degree of the appropriateness of using the Rogerian group counselling with the school phobic children at the elementary school levels comes from the results presented in Chapter 8 (see sections 1, 3 and 4). Pertinent results will now be discussed.

#### **School Achievement**

One of the main aims of this study was to investigate the relationship between school phobia and the level of school achievement. Comparing the school phobic children and non-school phobic children in terms of school achievement, it was found (table 7.62, page 340) that the mean (117) of non-school phobic children was higher than the means (77 and 79) of school phobic children (experimental and control groups). In addition, 40 % of teachers in table 7.5 (see page 285) indicated that children exhibiting phobic behaviour in school show a lack of

ability to learn.

The above result agrees with Mitchell and Shepherd (1967). According to Mitchell and Shepherd (1967), school phobic children usually show relatively poor attainment in school and are relatively less successful than other children in tests of school achievement.

Comparing the school phobic children in the experimental group and the school phobic children in control (A) group in terms of their progress in school achievement during the life of the experiment, the means (+19.26 and +6.43) of experimental and control (A) groups indicate that both groups made positive gains (see table 8.1, page 351).

It was expected that both groups would increase their scores by the end of the school year due to the following reasons. First, teachers naturally make an effort to increase pupils' school achievement. Second, parents usually give more attention to their children at the end of the school year in order to help their children pass the final examinations. Third, most parents tend to force their children to go to school regularly when they are approaching the end of the school year. Finally, children tend to work harder during the second half of the school year in Kuwait in order to achieve well promotion. All or some of the above reasons may play an important role in helping both experimental and control (A) groups of children to improve their school achievement.

However, the school reports of school achievement indicated that the school phobic children who joined the experimental group achieved a significantly higher mean (+19.26) than that (+6.43) of school phobic children who joined the control (A) group (see table 8.1, page 351 and histogram 1, page 354 and histogram 2, page 355 ). In addition, parents were asked (see question 9) about their children's school achievement. Table 8.26 (see page 400) reveals that 71 % of parents believed that the experimental group children showed positive and improved achievement in school, while 42 % of the control (A) group parents indicated that their children showed positive achievement in school.

A supportive result for the above may be seen in the tables 8.7, 8.8, 8.10 and 8.13 (chapter 8 see pages 367, 369, 372 and 377). These tables show that 60 % of teachers considered the experimental group children as exhibiting positive behaviour in the classroom, 65 % of teachers said such children were attentive, 49 % of teachers stated that these children responded positively when they were asked questions, and 57 % of teachers considered the experimental group children as responding positively when they were requested to do their homework. These percentages were significantly higher than for the control (A) group.

Moreover, parents provided a similar view regarding their school phobic children. 81 % of parents whose children were

allocated to the experimental group perceived a positive response when their children were requested to complete their homework (see table 8.19 page 389), and 71 % of parents believed that their children's school achievement had improved (see table 8.26, page 400). They considered that their children were achieving higher scores compared with their performance before the treatment. Again, these percentages are significantly higher than for the control (A) group.

This reveals that the weakening of the problem of school phobia by using a group counselling process helped the experimental group phobic children to achieve higher scores than the school phobic children who were allocated to control (A) group. In other words, the results reveal that the group counselling process helped the experimental group children to improve their school achievement significantly more than the control (A) group.

#### **Absence From School**

Absence from school may be seen as one of the most important, natural and obvious of indicators of the problem of school phobia. Various authors and researchers ( Mitchell and Shepherd 1967, Pritchard and Ward 1974, and Pritchard and Butter 1978) emphasise that school phobic children are reported absent more than other 'normal' children. According to these studies, there is a significant difference between school phobic children and

non-school phobic children in terms of absence from school.

The result of this study agrees with the above researchers' view, that school phobic children show a higher number of days absence than non-school phobic children. Table 7.7 (see page 287) indicates that 48 % of teachers stated that school phobic children do not come to school regularly. The result in table 7.41 (see page 316) reveals that 49 % of children do not come to school regularly because of the phobia problem. When comparing school phobic children and non school-phobic children in terms of absence from school, it was found (table 7.64 page 342) that the pre-experiment means (5.14 and 4.97) of the average number 'days absent' for experimental and control (A) groups was greater than the mean (2.05) of the non school-phobic children (control (B) group). According to the above results it can be seen that one of the main indicators and consequences of school phobia is absence from school.

Comparing the means of the experimental and control (A) groups in table 8.2 (see page 352, see also histogram 3 page 356 and histogram 4 page 357), there is a statistically significant difference in change in days absence following the treatment. The mean (-2.71) of experimental group is much lower than the mean (+2.92) of the control (A) group. It is apparent that the mean of the experimental group children indicates that these children decreased in the number of the days they were absent after the treatment compared with their absence rate before the



treatment. In contrast, the mean of the control (A) group school phobic children indicates that these children increased in the number of days they were absent after the treatment period compared with their absence before the treatment period. In addition, the result in table 8.6 (see page 366) indicates that 64 % of teachers noted that the experimental group children showed 'positive' attendance, while only 36 % of teachers noted that the control (A) group children showed 'positive' attendance. On other hand, 39 % of teachers indicated that the experimental group children showed 'negative' attendance, while 61 % of teachers indicated 'negative' attendance for the control (A) group children. This table reveals a marginally significant ( $p = 0.06$ ) difference between the experimental and control (A) groups in terms of school attendance as viewed by teachers.

The above results reveal that the school phobic children who had joined the experimental group progressed in terms of absence from school, while the school phobic children who had joined the control (A) group regressed in terms of their absence from school. In other words, Rogerian group counselling appeared successful in terms of decreasing absence from school.

## Feelings Towards School

School phobic children essentially develop negative feelings towards school (Lazarus, Davison and Polefka, 1965, Hsia, 1984 and Blagg, 1987). 78 % of teachers stated that in this research (table 7.1, page 282) there were some school phobic pupils in their school who had negative feelings towards school. Therefore, it is important to help school phobic children to examine and explore their feelings towards school through group counselling sessions. In many cases, parents can be seen as individuals who are potentially best able to understand their children's real feelings. Therefore, parents were questioned about their children's feelings towards school. Such feelings towards school were examined from three viewpoints (see tables 8.20, 8.24 and 8.25, pages 391, 397 and 399). These tables concern (1) children's feelings and attitudes when they talk about school, (2) overall feelings towards school and (3) children's feelings when they depart from school.

According to Bolger (1978), the success of the counselling process in the treatment of school phobia depends on children's feelings when they think about school. If they feel peaceful and happy when they attend and/or think about school and are able to cope at school, then it can be said that the counselling treatment has been successful.

In terms of the teachers' and parents' post-experiment observations, the results, in tables 8.5, 8.6, 8.18, 8.20, 8.24 and 8.25 (see pages 364, 366, 387, 391, 397 and 399) revealed that the school phobic children who joined the experimental group showed more 'positive' feelings and attitudes towards school compared with the control (A) group. 92 % of teachers noted 'positive' behaviour and feelings for these experimental group children when coming to school; 64% of teachers noted positive behaviour for these school phobic children when attending school; 89 % of parents stated that their school phobic children showed 'positive' behaviour ('eager to go to school' and 'regularly going') when they went to school, 56 % of parents indicated that their children had 'positive' feelings and attitudes when they were asked about school or talked about it; 69 % of parents who were asked about the general feelings and attitudes of their children about school revealed that their school phobic children who had joined the experimental group showed 'positive' feelings and attitudes towards school, and finally, 83 % of parents noted 'positive' behaviour by their school phobic children after departing from the school. All of these percentages were significantly higher than those for control (A) group pupils.

The results of three tables (8.20, 8.24 and 8.25) indicated that the majority of school phobic children who joined the control (A) group were still suffering from the problem of

school phobia, so in overall contrast to the experiental group, their feelings and behaviour could be described as relatively more negative, whereas the feelings and behaviour of the majority of the school phobic children who joined the experimental group could be described as relatively more positive. This reveals that the school phobic children who joined the experimental group learned from the counselling sessions, and this helped them to adapt better to school society.

The above results reveal an agreement between teachers and parents about the experimental school phobic children's feelings and attitudes towards school. Analysis of both parents and teachers responses revealed that the school phobic children who joined the experimental group mostly came to like school and showed positive feelings and attitudes towards it following the treatment. This indicates that Rogerian group counselling was a helpful technique for the school phobic children in developing their feelings and attitudes positively towards school. In other words, it can be said that the group counselling technique played an important role in helping the school phobic children to reduce their problem of school phobia.

## Going To School

According to many studies (Mitchell and Shepherd, 1967 and Kelly, 1973; Pritchard and Butler, 1978; Baker and Wills, 1978), school phobic children tend to show different undesirable behaviours on different days. That is the symptoms of school phobia can vary from day to day. Certain tables touched upon this issue.

It was found (table 8.5, see page 364) that 92 % of teachers stated that school phobic children who joined the experimental group showed positive behaviour every morning, while 81 % of teachers decided that the control (A) group school phobic children exhibited positive behaviour in this situation. The same table reveals that there is no significant difference between the experimental and control (A) groups in terms of 'coming to school'.

By examining table 8.18 (see page 387), we can possibly understand one reason why there was no difference between the experimental and control (A) groups in terms of 'coming to school'. 61 % of control (A) group parents indicated that their school phobic children showed negative behaviour ('forced to go, hesitates to go', 'always looks for excuses' and 'cries every morning') when they took them to the school each morning, while only 8 % of parents whose school phobic children joined the experimental group said their offspring had negative

behaviour and feelings in this situation.

It appears that most of the control group parents (61 %) forced their children to go to school. This result may explain the reason why there was no difference between the experimental and control (A) groups in terms of 'coming to school'.

### School Activities

Many teachers view pupils' participation in school activities as a very important indicator of pupil's potential school achievement level. Pupils show their motivation through their willingness to engage in different activities in school ( e.g. group work and participating in classroom discussion). Comparing school phobic children who joined the experimental group and the control (A) group in terms of participation in school activities, it was found:

1. 60 % of teachers (table 8.7, page 367) stated that the experimental group children showed positive behaviour in the classroom, while only 33 % of teachers described the control (A) group children's behaviour as positive.
2. Table 8.9 (see page 371), provided an unexpected result. It was found that 76 % of teachers indicated that the experimental group children showed negative 'classroom talk' behaviour (i.e. 'never talks until asked', talks a lot with friends', or 'too shy to talk'), while only

22 % of the teachers indicated that these children showed positive behaviour ('talks when he/she wants to ask a question', or 'just like other children'). In comparison, 92 % of teachers noted that the control (A) group children showed negative behaviour when they talk in the classroom, whereas only 8 % of teachers noted that control (A) group children showed positive behaviour. Thus it can be concluded that, although the experimental group were rated above the control group, both groups were exhibiting more negative than positive behaviour with respect to classroom talk. The treatment had apparently not had a large effect on the classroom talk of the experimental group.

3. 49 % of teachers (table 8.10, page 372) described the experimental children's reaction to being asked questions as positive ('always ready to answer' and 'eager to be questioned'), while only 11 % of teachers described the control (A) group children's reactions as such.
4. 55 % of teachers (table 8.12, see page 375) believed that the experimental group children showed a positive sense of responsibility in the classroom, whereas only 15 % of teachers viewed the school phobic children who joined the control (A) group in this way. Reciprocally 67 % of teachers stated that the control (A) group

children showed a negative sense of responsibility in the classroom, whereas 28 % of teachers described the experimental group children in this way.

5. Homework is another important indicator of a pupil's participation in school activities. It was found (table 8.13, see page 377) that 57 % of teachers stated that school phobic children who joined the experimental group showed positive feelings and behaviour when they had homework. In contrast, 41 % of teachers categorized the control (A) group children's homework on the positive side. The level of significance indicates that there is no significant difference ( $P < 0.40$ ) between the control (A) and experimental groups in terms of homework activity.

When examining table 8.19 (see page 389), it is evident that 81 % of parents believed that their children who joined the experimental group showed a positive approach to homework (i.e. 'soon starts doing it' and 'regularly does it'). On the other hand 66 % of parents stated that their children who joined the control (A) group showed negative behaviour (i.e. 'avoids doing it', 'always seeks help', 'always does it just before going to bed' and 'forced to do it') when they had homework.

The result of the interview with parents indicates that most of school phobic children who joined the control (A) group were



forced by their parents to complete their homework. This may explain the non-significant difference on the homework question on the teachers' questionnaire. Parental control over homework prevented the testing of the effect of the treatment on homework.

6. Playing in school can be seen as a procedure to help pupils to use up their surplus energy and develop sporting and social skills in a beneficial way. Therefore, many pupils use their free time or sport lessons to play with peers. It was found (table 8.16, see page 382) that 68 % of teachers stated that the pupils who had joined the experimental group displayed positive behaviour in such circumstances ('energetic' and 'prefers group games'), whereas only 21 % of teachers categorized pupils who had joined the control (A) group in this way. On other hand, 68 % of teachers stated that the control (A) school phobic group children showed negative behaviour ('eager to play but soon loses interest', 'uninterested', 'prefers individual games' and 'sluggish').

7. Free activity time is the pupil's time. Each school is expected to allow at least 90 minutes each week for its pupils to engage in their own activities. Each pupil has to select one of the following activities: drawing, sport, religion, art, agriculture or library. Joining

any of these groups is considered to be a part of participation in school activities.

The result in table 8.17 (see page 384) reveals that 53% of teachers indicated that the school phobic children who joined the experimental group showed (post-experimentally) positive behaviour ('always know what they want' and 'can always amuse themselves'), while only 19 % of teachers indicated that control (A) group children showed such positive behaviour during school activity free time. On the other hand, 61 % of teachers decided that the control (A) group children showed negative behaviour ('does not know what he/she wants', 'prefers individual activities' and 'can never stick at anything for long').

A conclusion which can be drawn from tables 8.7, 8.10, 8.12, 8.13, 8.16 and 8.17 is that the experimental group school phobic children appeared to participate better in the school activities than the school phobic children who joined the control (A) group. This indicates that the Rogerian group counselling helped the experimental group children to improve their participation in school activities. In other words, the school phobic children who had an opportunity to join the experimental group became able to develop and extend their participation in the group counselling sessions by joining other groups in school. Thus some generalization of social

skills from a smaller social environment (group counselling) to a larger social environment (classroom) appears to have been achieved.

### Social Relationships

Teachers and parents were asked about their observation of the school phobic children's social relationships in both the experimental and control (A) groups. It was found that 50 % (table 8.11, page 374) of teachers noted that the experimental group children showed positive social relationships ('good mixer'), while only 14 % of teachers indicated that the control (A) group children showed positive social relationships. On the other hand, 74 % of teachers noted that the control (A) group children showed negative social relationships ('sometimes wonders off alone', 'can never keeps a friend for long, or 'anxious to be in gang').

Parents supported the teachers's view about children's social relationships. In table 8.22 (see page 394) 83 % of parents noted that the experimental group children showed positive social relationships, while only 39 % of parents indicated that the control group (A) children showed positive social relationships. On the other hand, 58 % of parents said that the control group (A) children showed negative social relationships, while only 8 % of parents noted that the experimental group children showed negative social

relationships.

It is obvious from the above results that children who joined the experimental group showed better social relationships compared with children who had joined the control (A) group. This result reveals that the experimental group children had developed their social relationships with their peers, teachers and parents over the treatment period. It appears that the Rogerian group counselling helped the experimental group children to improve their ability and skills in developing social relationships.

### Attentiveness

Attentiveness is a very important attribute for the pupil in order to understand lessons in the classroom. In addition, attentiveness may be seen by the teachers as evidence that pupils are well motivated towards school learning. It is also an important attribute to enable pupils to participate effectively in the classroom.

It was found (table 8.8, see page 369) that 65 % of teachers stated that the school phobic children who joined the experimental group showed positive attentiveness in the classroom, while 42 % of teachers stated that the control (A) group children showed positive attentiveness in the classroom.

58 % of teachers of control (A) group children decided that the pupils showed 'negative' attentiveness ('dreamy', 'destructive' and 'plays with things under the desk'). While only 24 % of teachers stated 'negative' attentiveness to the experimntal group children. The above result reveals that the school phobic children who joined the experimental group apparently gained an advantage from the group counselling process by developing improved attentiveness in the classroom compared with control (A) group school phobic children.

### Independence and Responsibility

Client-centred therapy places great importance on the client's independence. The theory emphasises the importance of clients' independence and ability to find solutions for their own problems. Therefore, counsellors should encourage their clients from the beginning to be independent in decision-making. Clients must understand that they are the ones who are responsible for the direction of their lives.

Table 8.14 (see page 378) indicated that 89 % of teachers considered that the experimental school phobic children displayed positive independence ('show high independence', 'depends on the type of the activity' and 'just normal'), whereas 43 % of teachers made the same comments about the school phobic children who had joined the control (A) group. On the other hand, 11 % of teachers decided that the

experimental group children showed dependence or apathy ('I cannot depend on him/her' and 'does not care'), while 51 % of teachers decided that the control (A) group children were not independent.

Asking too many questions may be seen as one kind of dependence. Children at the elementary school level in Kuwait are encouraged to ask questions when it is necessary. However, in the main, children are encouraged to solve most of their problems independently without continuously asking trivial questions. Teachers were asked in statement 11 (see table 8.15, page 380) to categorize their pupils' feelings and behaviour when asked questions. In response to statement 11, it was found that 70 % of teachers decided that their experimental group children showed positive behaviour and feelings ('seeks help only when necessary', 'seldom asks for help' and 'just likes other children'). In comparison, 49 % of teachers indicated that their control (A) group children showed positive behaviour and feelings when asking questions.

Parents were also asked about their school phobic children's independence. 78 % of parents indicated (table 8.21, see page 392) that their children who joined the experimental group displayed positive independence ('tends to be independent' and/or 'sometimes asks for help'), while 55 % of parents said that their control (A) group children showed positive independence at home. Reciprocally, 40 % of parents said that

their children who joined the control (A) group showed negative behaviour in terms of independence (always seeks help, cannot depend on himself/herself and/or avoids responsibilities). In contrast, only 17 % of parents indicated that their experimental group children showed such 'negative' independence.

Parents were also asked about their children's sense of responsibility (see table 8.23, page 396). It was found that 91 % of parents indicated that the experimental group children displayed a positive responsibility ('always responsible for his/her behaviour', sometimes taking responsibilities' or consistently takes responsibility'), while 55 % of parents indicated that school phobic children who had joined the control group showed positive behaviour in terms of responsibility. On other hand, 45 % of parents noted that their children who were allocated to the control group showed negative responsibility ('avoids taking responsibility'), whereas only 9 % of parents indicated that the experimental group children showed negative behaviour in terms of taking responsibility.

The above results revealed a marginally significant difference between the experimental and control (A) groups in terms of independence. However, the result in table 8.23 (see page 396) reveals that the experimental group children showed improved behaviour in terms of taking responsibility. Thus the group

counselling process appeared to help the experimental group children progress in terms of independence and responsibility when compared with the control (A) group children. In addition, the results indicate that the school phobic children who joined the experimental group took advantage of the process of group counselling and developed their independence at school as well as at home.

#### 9.4 The Possible Interactions of Assigned Variables with the Success of the Treatment

A normal part of experimental analysis is to inspect the possible interactions between the assigned variables (e.g. gender, child's birth order, nationality, parents' education) and the apparent success of the treatment. For example, did the school phobic children who joined the experimental group and who live in the Ahmadi area perform relatively better on the measure of school achievement compared with other school phobic children who also joined the experimental group, but who live in the Kuwait City area?

The results in tables 8.3 and 8.4 (see page 360 and 361) indicated that there were no significant two-way interactions between groups and other variables on either absence or school achievement. In other words, the two-way interactions between these assigned variables and the success of the treatment



proved negative. The majority of the school phobic children who joined the experimental group reduced their school phobia problem regardless of their background characteristics. For example, the above result reveals that the Rogerian group counselling helped the school phobic child who joined the experimental group and who lived in the Ahmadi area just as much as it helped the school phobic child who joined the experimental group but who lived in the Kuwait City area. The group counselling technique was thus helpful to the majority of the school phobic children who were randomly allocated to the experimental group. The school phobia problem, regardless of background characteristics, appeared to be successfully treated by group counselling. Such absence of two-way interactions indicates the generalization of the process of counselling across gender, nationality, birth order, parental background, and area in Kuwait.

## 9.5 Limitations of the Research

The limitations of this study can be examined from four perspectives; the philosophy of client-centred therapy, the limitations of the human being (the child), the process of application and generalization, and the limitations of the research design.

### Philosophy of Client-Centred Therapy

According to the philosophy of client-centred therapy, counsellors need to be skilled and hold positive attitudes towards clients. This philosophy requires counsellors to deal with the process of counselling in an indirect way. Counsellors must be able to encourage clients to take responsibility for their behaviour and their problems. Counsellors must be able to create a helpful relationship with their clients. This relationship must include genuineness, warmth and empathic understanding. These characteristics of the relationship are very important for the process of counselling to be successful. Therefore, failing to provide any of these elements may affect the success of counselling. Thus, such therapy is person-dependent for its degree of success. Not all counsellors may be equally good or as successful in using this procedure, and such success will vary with age of the clients, their perception of the counsellor and the counselling process. This theme will be returned to later in terms of experimental design limitations.

Creating this kind of a helpful relationship mostly depends on the counsellors' skills and abilities as well as their knowledge of their clients' level of ability and personality. Achieving a real relationship helps to provide a safe climate conducive to clients' self-exploration, to enable them to move towards openness in experiencing and greater trust in the self. Counsellors must be patient listeners, reflecting feelings, and clarifying matters for their clients. These characteristics of the relationship between counsellors and their clients, and the counsellors' personal skills are necessary for the success of counselling, and must be seen as potential limitations of generalization in the use of the Rogerian group counselling technique.

#### **Children's Limitations As Human Beings**

According to client-centred therapy, clients are given the main role during the process of counselling for self-growth and self-understanding. Clients are considered to have enough ability to direct themselves and solve their own problems. But, it must be understood that children's ability to direct themselves is less than an adults' ability because of the limitations in thinking and experience.

Such cognitive and emotional immaturity may well become a limitation in using the Rogerian group counselling technique successfully with children. Children need to have certain

cognitive skills and social abilities to respond effectively to this process. Counsellors should understand from the beginning that children need extra attention in order to be able to understand themselves and their problems. Counsellors need to be close enough to children in order to understand their feelings and behaviour. Counselling children needs counsellors who are knowledgeable in children's development and growth. It is evident that children are not always able to concentrate on the goal of counselling during a session. Therefore, counsellors must be able to keep children 'on target' during the process of counselling, otherwise the process of counselling will decrease in potency and children will lose interest in the counselling process and the counsellor. Thus client-centred therapy needs adaption from techniques which work with adults to techniques suitable for children.

### **Application of the Process of Counselling**

There are some difficulties in the passage of this study. These difficulties can be catagorized in terms of the follow in areas:

#### **Identifying the school phobic children.**

The researcher faced some difficulties when he sought to identify his sample of school phobic children. The first difficulty was that the problem of school phobia had not

previously received attention from the Ministry of Education (Administration of Social and Psychological Service) which is the responsible organization for such a problem. Thus the researcher was embarking on new territory in terms of Kuwaiti research. The second difficulty was that there was not an educational research tradition in Kuwait. Finally, there were no available research tools or test procedures to identify the school phobic children in Kuwait. Therefore, the researcher had to create research tools to identify the school phobic children (a questionnaire for teachers and interviews with parents and children). Creating these tools was necessary in order to identify the school phobic children as accurately as possible. However, creating these tools provided some difficulties in accurate testing in terms of reliability and validity. It should be noticed that these tools are the first in the identification of school phobic children in Kuwait, hence they are without known validity or reliability. However, the researcher sought assistance from previous British studies (Statt & Sykes, 1965, Lewis & Pumfrey, 1978 and Youngman, 1979) and also sought the judgement of various experts from Kuwait University in assembling the questionnaires. Further research needs to establish the reliability and validity of these scales, although this research indicates some initial validity. Another important point which can be considered as a limitation of the research is that there were some difficulties in organizing the schedule of counselling sessions. First, it was

difficult to arrange to meet all experimental group members from each school at one time twice a week. Sometimes, pupils from the experimental group needed to remain in their classroom because they had examinations. At other times, they had an important subject or they had to participate in other school activities. The participation rate was 85 % (see appendix 8).

Second, it was known that absence from school is a common symptom of school phobia. So, it was initially difficult to get these school phobic children to come to the counselling sessions regularly. This may affect the results of the counselling experiment, and is the inherent paradoxical problem of counselling phobic children in school! However, most of the school phobic children who joined the experimental group started to come regularly by the third or the fourth session. Such a limitation will tend to understate the results, not exaggerate them.

Third, some school administrators were not always co-operative with the researcher. They did not encourage the social workers to help, particularly in preparing a room for the counselling sessions or assisting with the counselling schedule.

Finally, the distance between some of the schools was large, hence the counsellor spent large amounts of his time in moving between schools. This may affect the counsellor's effort and liveliness when he started a new group counselling session. The

counsellor should not be exhausted during the counselling sessions in order to participate positively and fully.

### Limitations of the Research Design

There are some limitations of the research design which may affect the final results of using the Rogerian group counselling with the school phobic children in elementary schools in the State of Kuwait. The following are the general limitations of the research design.

**Novelty:** As the research is novel at the elementary school level in the State of Kuwait, there is a possibility that the results will be exaggerated. Were the experiment to be repeated, the novelty value would decrease and the treatment may not be quite so successful. With a new approach may go extra enthusiasm, extra interest and commitment, hence giving 'inflated' results. Therefore, such research needs replication to see whether the effects are constant over time.

**Drop-Out:** Another limitation in the research design is the problem of experimental mortality. Experimental mortality refers to original members leaving the experimental (or control) groups, thereby affecting the final results. For example, if drop-outs were those most resistant to change, the research results would be a little inflated. Two children left the experimental group after a few sessions. In addition, there was one school phobic child who was requested ( by the

counsellor) to leave the experimental group. The counsellor noticed that this child remained silent during a number of group counselling sessions and showed no evidence of improvement. Again, such exclusion may have slightly inflated the results.

**The Sample:** The researcher tried to select his sample from different areas in Kuwait to achieve good representation of the general population. However, it is the case that the sample did not accurately represent the whole of the elementary school children (nor the population of school phobic children) for the following reasons:

- a. The distribution of elementary school children in Kuwait is different from area to area. For example, there are 55917 elementary school children in the Hawalli area, while there are only 6856 elementary school children in the Kuwait City area. This big difference between the number of children in each area may have affected the degree of representativeness of children from each area, with selection from smaller strata probably being more representative.
- b. As only one counsellor (the researcher) worked in this research, it was not easy to cover a great number of elementary schools in Kuwait. The counsellor had to take 16 sessions each week in order to cover all experimental



groups in the schools. This aspect played an important role in limiting the representativeness and size of the sample.

- c. There are some schools which are quite far from the Kuwait City (more than 70 K.M.) and to which the researcher was not able to travel everyday. Therefore, these schools were necessarily excluded from the research sample.

**Social Desirability:** When questionnaires and interviews are used as part of the research design, there is usually the problem of socially desirable responses. That is respondents may consciously or unconsciously give answers which place them in the best light and make them appear more attractive or positive. Teachers, parents and pupils in this research may each have answered to give themselves a 'halo'. Separately, these three groups may also have answered in a way which they perceived would please the experimenter. An ingratiation motive, for example, might lead respondents to give replies they thought might be wanted by the researcher. This response effect may have been present in parents and teachers measures. Since many parents may have known their children were in the experimental group (this seemed unavoidable), they may have given answers to please and 'reward' the experimenter for his sessions with their children. Teachers also may well have

spotted who was in the experimental and control groups, and in answering the post-experimental questionnaire, may have given the researcher answers they felt he expected or wanted.

However, social desirability can work in the other direction. Respondents may give answers to attempt to destroy the research. That is, out of fun or awkwardness, some teachers may give answers that they believe would be against the experimenter's hopes. Certain teachers in this research were perceived as acting in this fashion. Perhaps because they felt the experimenter was encroaching into their professional domain, various teachers appeared to want to give negative answers. Thus social desirability may be more of a problem with parental data than teachers data.

It was because of the social desirability problem, that an early decision was made not to give the children a post-experiment interview. It was felt that answers from children would be too heavily loaded with social desirability such that validity would be imperiled.

**Side-Effects:** Another limitation of the research design might be the side-effects of the treatment. The results indicated that the majority of the school phobic children improved in different ways in their school behaviour. Comparing the experimental group children with the control (A) group children, it was found that the majority of the experimental

group children improved their independence, school achievement, absence from school and participation in school activities. There might be other characteristics which need to be measured (such as self-concept) in order to be sure that the treatment had no negative side effects on behaviours not measured in this research. Did the reduction of school phobia cause behavioural disturbance elsewhere in a person's behavioural repertoire (i.e. displacement)? Therefore, it is recommended that further replication studies measure other characteristics of these children in order to evaluate the group counselling treatment more fully. Such research may find positive as well as negative side-effects.

**Kuwait Society:** Kuwait society has developed and changed during the last decade. As a young and modern society, it is likely to develop further. Therefore, it is not possible to guarantee that Rogerian group counselling will always be an effective technique for the school phobic children in the years ahead. As change in the society continues, so will the effectiveness of any form of therapy. As culture develops and education evolves, treatment of school phobic children may need to be responsive to such change.

## 9.6 Recommendations

This research has tried to provide a contribution to the study of children's problems at the elementary school level in the State of Kuwait. The attempt centred on using the Rogerian group counselling technique to modify the undesirable behaviour of school phobic children at elementary school level. The result of this study revealed that a group counselling technique achieved positive consequences in the treatment of school phobia. The result indicated also that the majority of school phobic children who joined the experimental group reduced their school phobic problem, and showed relatively more desirable feelings and behaviour towards school.

The success of using the Rogerian group counselling technique in the treatment of school phobia needs to be extended and applied to children's other problems in schools. It is recommended that this technique to be used with other problems such as shyness, laziness or other psychological or social problems of children. It is believed that client-centred therapy is suitable where the client has a willingness to eliminate his/her problem. The client's active role in the counselling process is quintessential. Therefore, it is advisable to examine the willingness of clients before starting the counselling procedure.

It was noticeable during the process of this research that there are a great number of Kuwaiti children who suffer anxiety and who show negative feelings and behaviour towards school. The first questionnaire with teachers indicated that there were 403 (3.8 %) of the research population of 122140 children suffering from school phobia. In addition, it appears from the interviews with children and parents that there were many children who particularly dislike school. Such children mentioned many reasons for their negative feelings towards school. Indeed many of their views for disliking school were possibly not unreasonable. Some of remarks made were: that teachers were too authoritarian; there were too many examinations; the curriculum was too difficult, and there were unfriendly pupils. It is recommended that other researchers study these remarks carefully and seek to find some solutions to them. School should not be a place where children constantly suffer anxiety or fear. Maximal efficiency and achievement in an educational system requires the input and experience of more positive emotions.

More Kuwaiti studies are needed in this field to give more attention to children's problems at the elementary school level specifically, and at other school levels generally. The following are some specific recommendations for further development in this area:

1. The Ministry of Education may need to give more attention to its policy of employment of teachers. The policy surrounding the selection of teachers should be controlled by responsible people who understand the development of children's cognitive abilities, social skills and personality. Teachers can play a very important role in children's development. Therefore, it may be reasonable to specify some educational and psychological conditions and criteria that incoming teachers must satisfy.

Another important possibility is that the Ministry of Education re-evaluates its curriculum. Teachers and parents are the closest individuals to the children respectively in school and at home. Therefore, it is reasonable for the Ministry of Education to give them an opportunity to participate in the policy making process by surveying their opinions regarding the future curriculum.

2. Kuwait University and the Public Institute for Applied Learning and Training are responsible for supplying the Ministry of Education with teachers for all school levels. Therefore, these organizations must be sure that the elementary school teacher acquires the necessary skills and knowledge before he/she is allowed to join the school staff. Such skills must be in terms of

ability to impart knowledge and the ability to understand the needs of children. Teachers must have a high level of skills in dealing with children. They must understand the development of children's personality. They must show sympathy and empathy in dealing with children's problems. Finally, they must be religious and well educated in order to be models for pupils to imitate.

The results of this study indicate that children are able to be independent and take responsibility for themselves whenever they have an opportunity and wherever there is a helpful climate. An accepting type of climate helps children to feel safe enough to express their real feelings freely. Replication studies are needed in this field to examine children's ability to take responsibility in different situations in school or at home. It is believed that children have the power to engage in self-development and to be independent and responsible. The future of Kuwait society partly depends on the emotional health of its members. When the family and normal school operations either cause school phobia or fail to treat successfully that phobia, a specialized counselling procedure can usefully play a restorative role. This thesis has attempted to provide the first indication of the value of group therapy with school phobic Kuwaiti children in such a restorative role.

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## Appendix No. 1

Children experience different types of fear. Some of these fears are rational and are a form of self protection. Other fears are irrational such as a fear of water, school, tame animals, and so on. In this questionnaire, the emphasis will be on school phobia. Children with a school phobia problem imagine that something harmful or wrong will happen to them if they attend school, when so harmful will happen.

There are two purposes to this questionnaire; first, to elicit the symptoms of school phobia from your view and your experience. Second, to identify these children for possible later treatment of their phobic behaviour.

The following are 16 items. Please tick the appropriate alternative which best represents your view towards each statement. If your answer to the final statement is positive, please record the child's/children's name(s).

Stat.No.	Statement	Yes	No	I Do Not Know
1	I think there are some children in my school who are afraid of school			
2	I think their anxiety towards school is irrational.			
3	Children with this type of anxiety towards school often express emotional disturbance.			
4	Children with phobic behaviour often avoid participation in classroom or school activity			
5	Children suffering phobic behaviour in school show a lack of ability to learn.			
6	I think the problem with school phobic children is that they want to stay at home with their parents.			
7	Most of these school phobic children do not come to school regularly			
8	I think these children are not able to depend on themselves when they want to engage in their own activities.			
9	School phobic children rarely talk in the classroom.			
10	Most of these children do not have friends in school.			

Stat.No.	Statement			
11	These children are not active in school.			
12	I think these children have some difficulties in communication with other people.			
13	I believe that most of these children are not able to make their own decisions.			
14	I think parents play an important role in the development of children anxiety towards school.			
15	These children do not usually complete their activities without help.			
16	I know some of these children in my school. Their names are: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.			

## Appendix No. 2

### **Interviewing Parents**

Parents of children who suffer from school phobia will be interviewed and asked the following 18 questions.

1. Does your child occasionally have a distasteful experience in school?
2. Do you think that school is a valuable place for your child?
3. Do you think that school plays an important role in developing your child's anxiety towards school?
4. Does your child express anxiety when he/she attends school?
5. Do you think that your child is able to take care of himself/herself when he/she is in school?
6. Do you think that children should be solely responsible for their behaviour in school?
7. When your child is in school, do you tend to worry about him/her, for example, whether he/she is getting into trouble or dangerous situation over which you have no control.
8. Have you tried to teach your child to take care of himself/herself in different situation?

9. In raising your child, have you helped him/her in completing tasks?
10. Do you think that your child does not go to school regularly because something really worries him/her?
11. Has any of the teachers complained to you that your child does not talk in the classroom?
12. Do you think that your child's absence from school helps him/her to reduce his/her anxiety towards school?
13. Does your child have friends in school?
14. Do you believe that there are no real reasons for your child's anxiety towards school?
15. Do you think there is a relationship between the child's phobic behaviour and school activities?
16. Does your child participate in school activities?
17. Do you believe that your child wants to go to school but he/she is afraid?
18. Do you believe that your child's fear of school is reasonable?

Appendix No. 3

**Interviews with Children**

Children who suffer from school phobia were interviewed and asked the following 8 questions.

1. Can you describe to me your relationship with the following people?
  - a. Teachers.
  - b. Friends.
  - c. Parents.
2. Could you tell me how satisfied you are in school?
3. Can you tell me the things that you most like and dislike in your school?
4. Do you have friends in school?
5. Some children do not attend school regularly, what do you think is their problem?
6. Some children may be talkative at home but are almost silent in the classroom. Why do you think these children hardly ever talk in the classroom?
7. When children are away from their parents, do you think they find it as easy to work and play as in the home?
8. Which is an easier place for you to work and play, at school or at home?

Appendix No. 4

Child's Record

Child Symbol	E	Ca	Cb
--------------	---	----	----

1. Child Name : \_\_\_\_\_

2. Sex 

M	F
---	---

3. Age 

--

4. Nationality 

--

5. Area of Residence 

--

6. School Level 

2	3	4
---	---	---

7. IQ 

--

8. School Achievement 

B. T.	A. T.

9. Absence from School 

B. T.	A. T.

10. Child's Birth Order \_\_\_\_\_

11. Number of Brothers \_\_\_\_\_

12. Number of Sisters \_\_\_\_\_

13. Father's level of Ed. \_\_\_\_\_

14. Mother's Level of Ed. \_\_\_\_\_



وزارة التربية

إدارة الخدمة النفسية

## اختبار الذكاء غير اللفوي

الاسم \_\_\_\_\_  
 المدرسة \_\_\_\_\_  
 الصف \_\_\_\_\_ الفصل \_\_\_\_\_  
 الجنسية \_\_\_\_\_  
 تاريخ الاختبار \_\_\_\_\_  
 تاريخ الميلاد \_\_\_\_\_

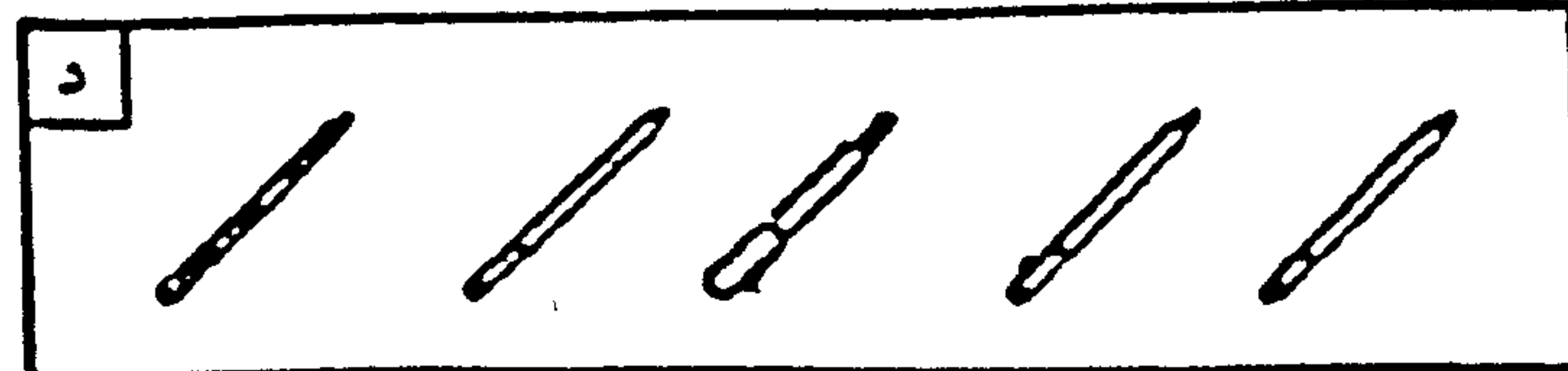
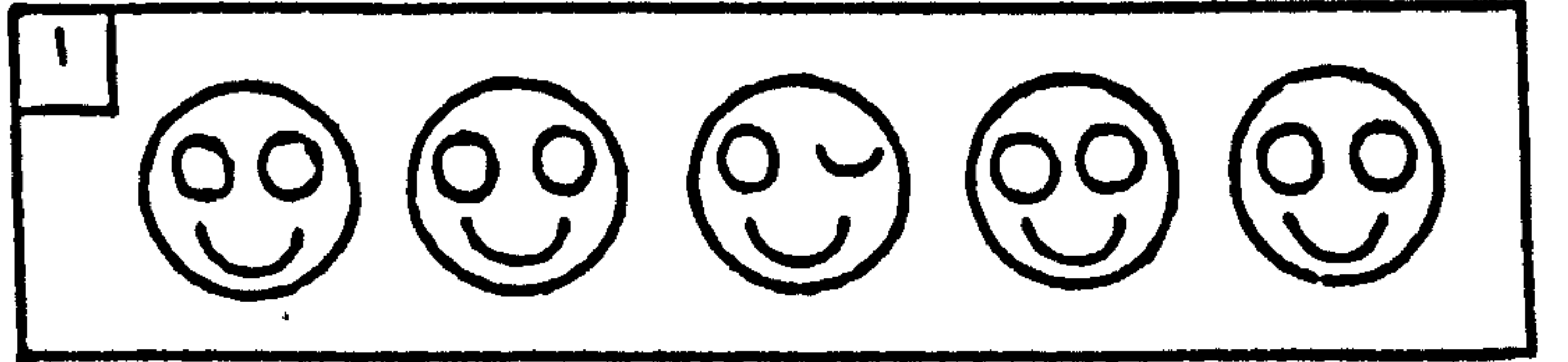
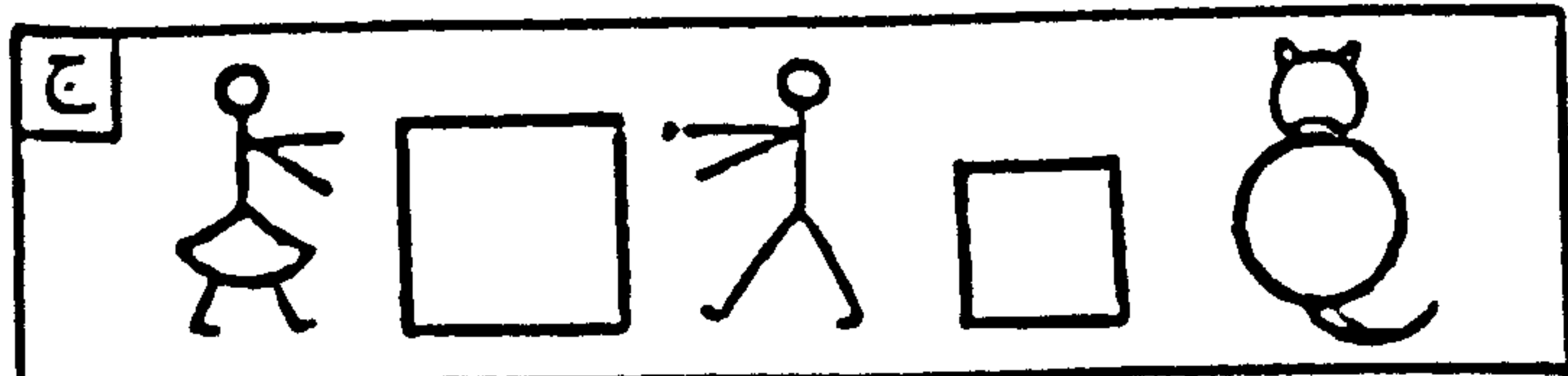
الدرجة \_\_\_\_\_

العمر الزمني \_\_\_\_\_

نسبة الذكاء \_\_\_\_\_

في كل مستطيل من المستطيلات الأربعة التالية نجد خمسة أشكال واحد منها يختلف عن الأربعة الأخرى أو لا يتفق معها أو لا ينسحب مع أي شكل آخر . والمطلوب منك أن تضع X على هذا الشكل .

أمثلة : أظن المستطيل (أ) ثم استخرج الشكل المخالف وضع عليه علامة X وقم بنفس الشيء بالنسبة للمستطيلات ب ، ج ، د

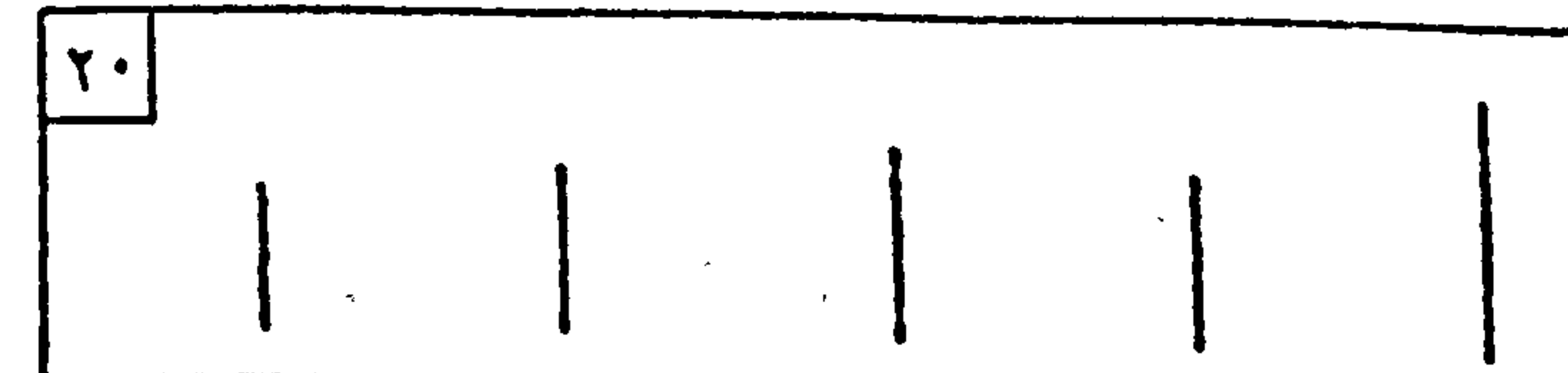
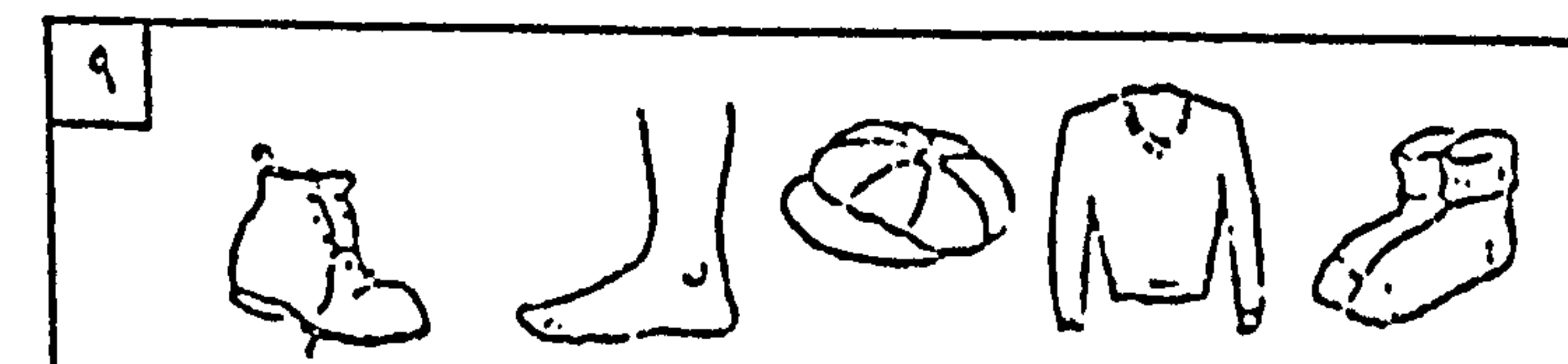
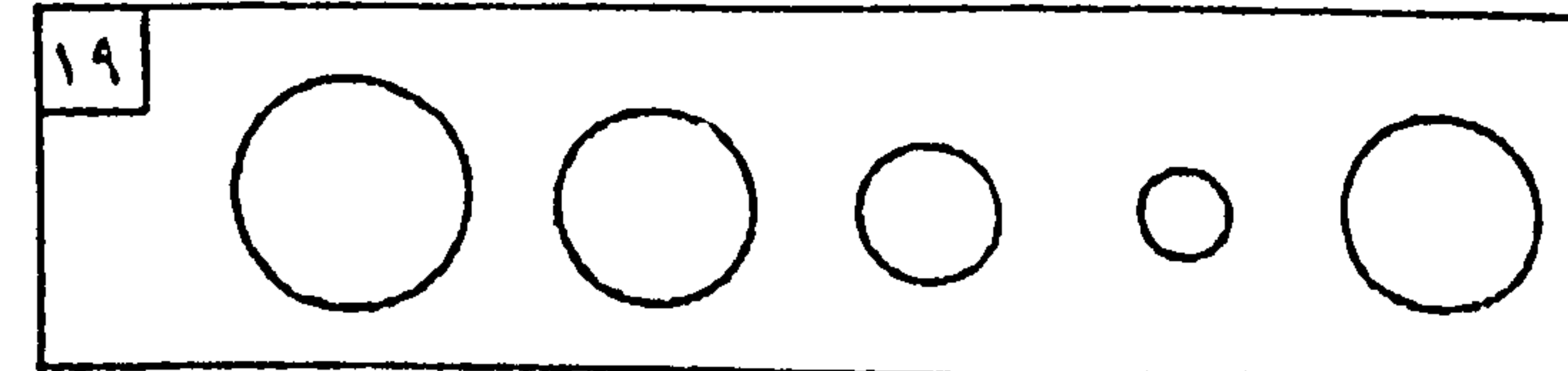
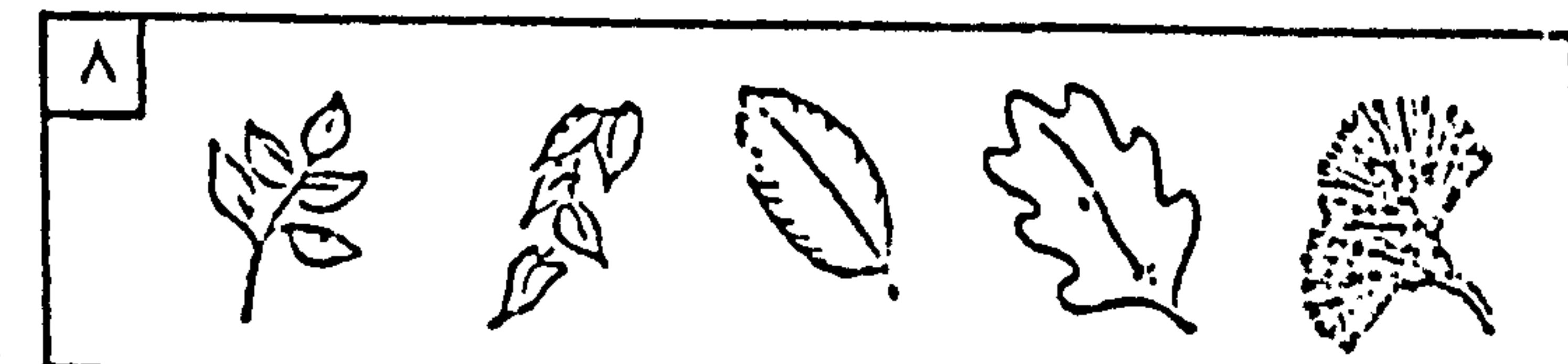
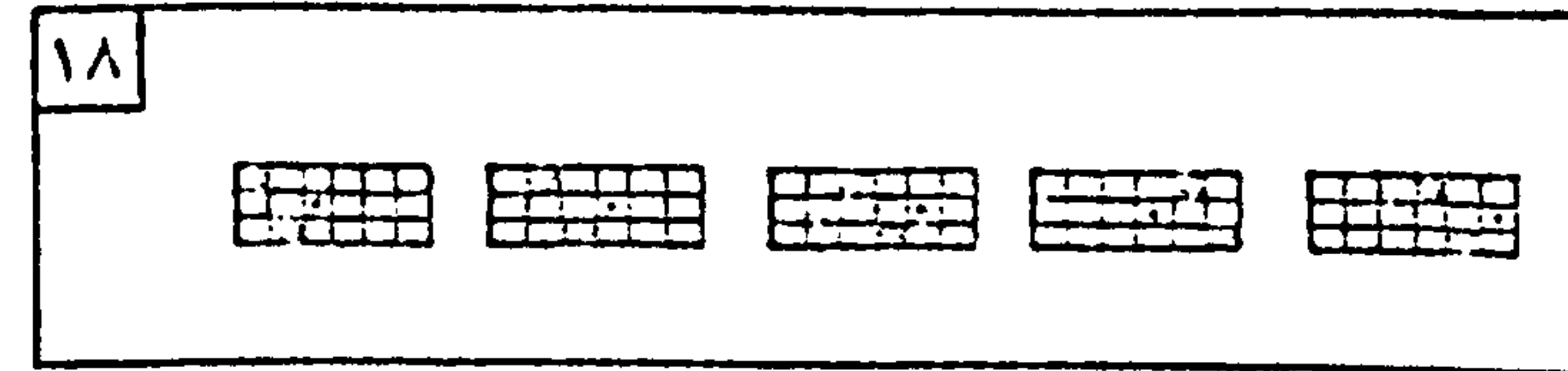
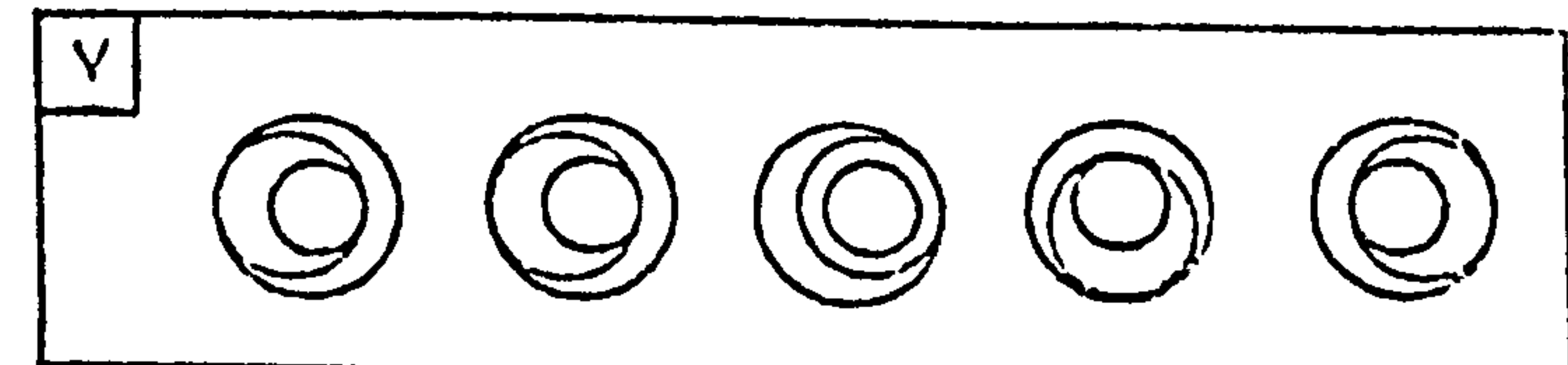
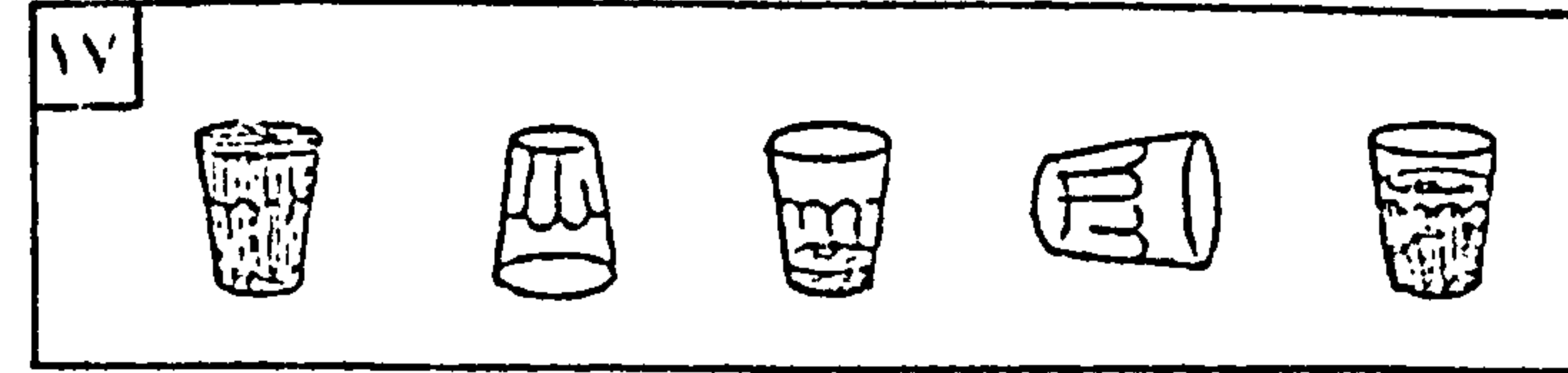
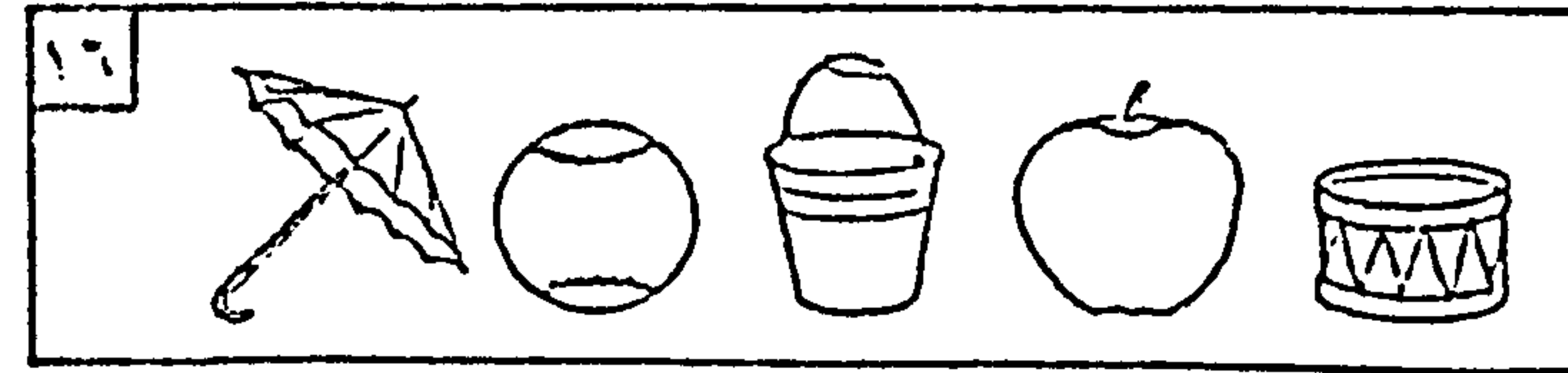
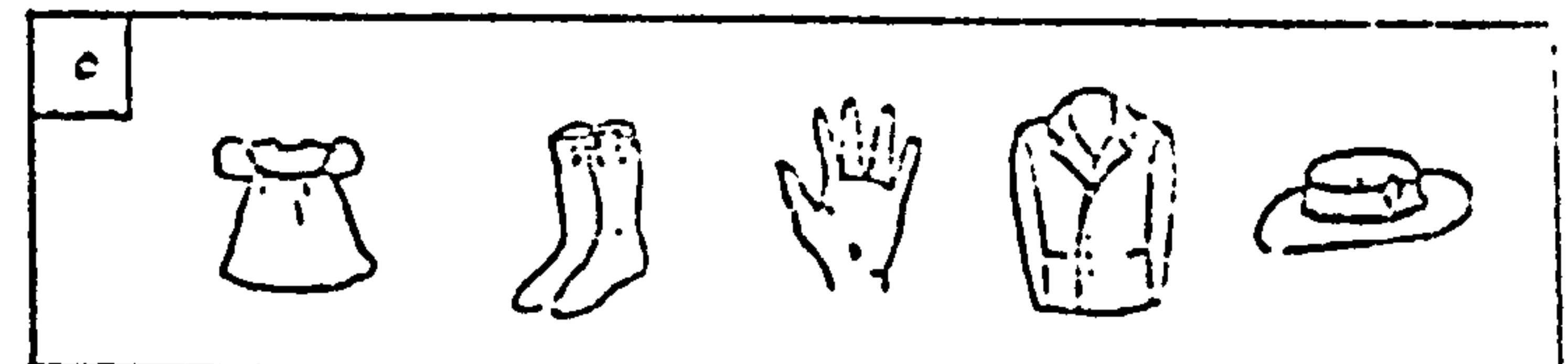
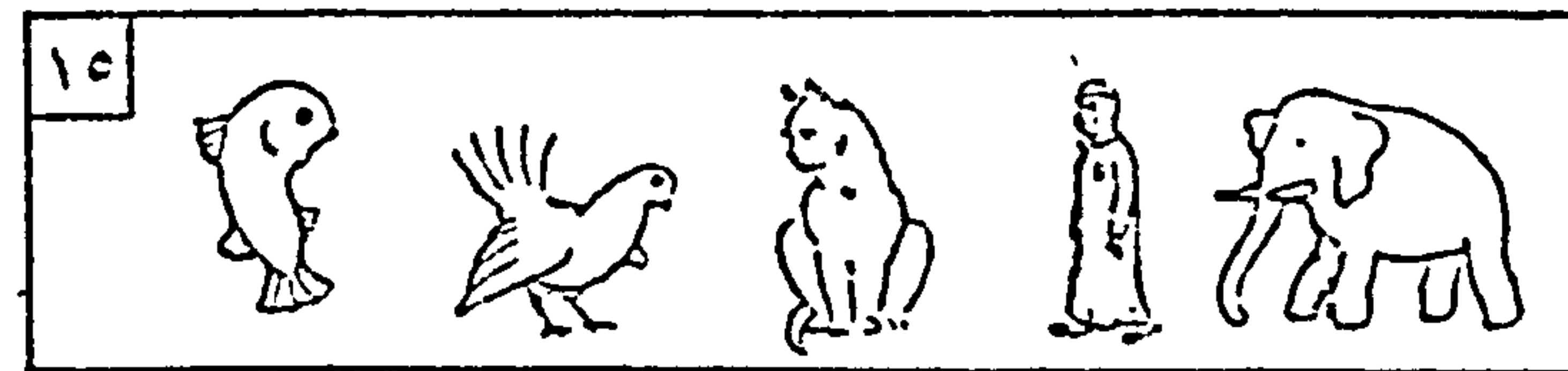
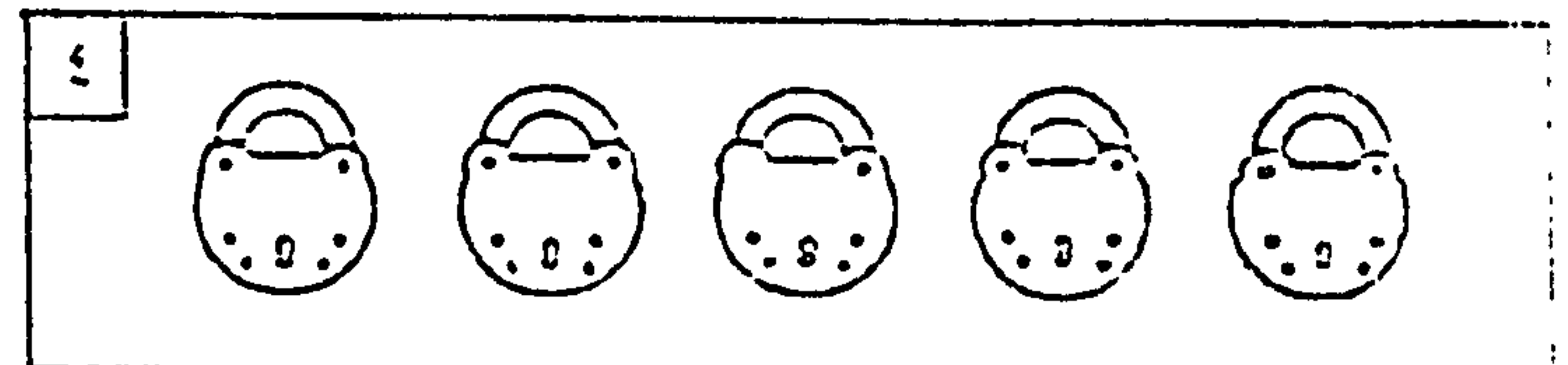
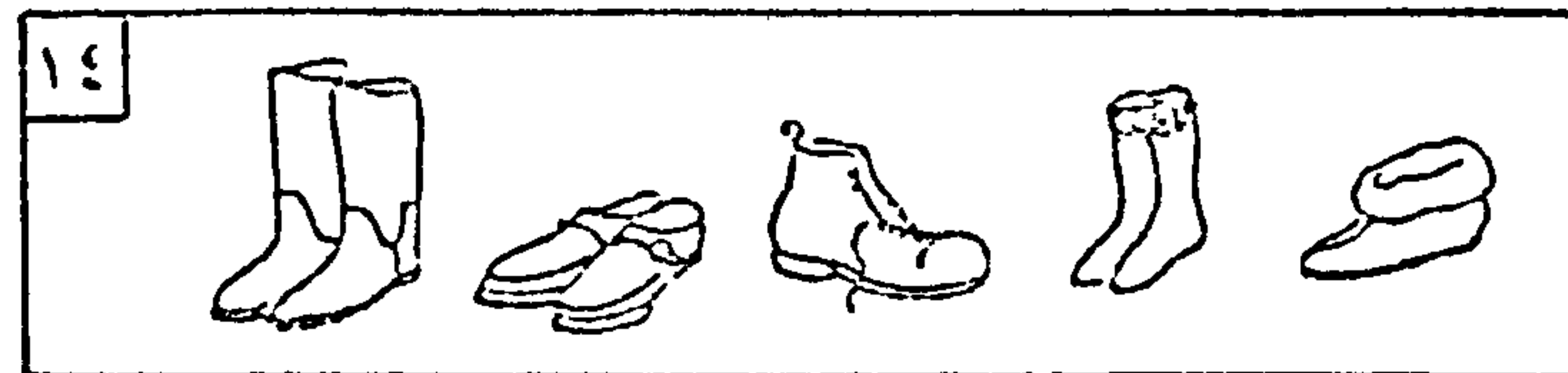
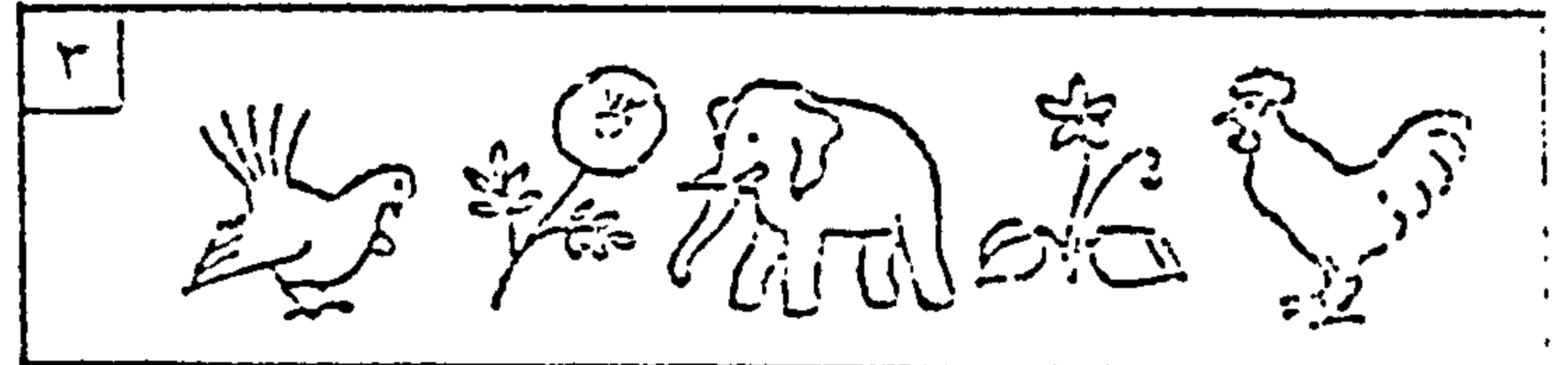
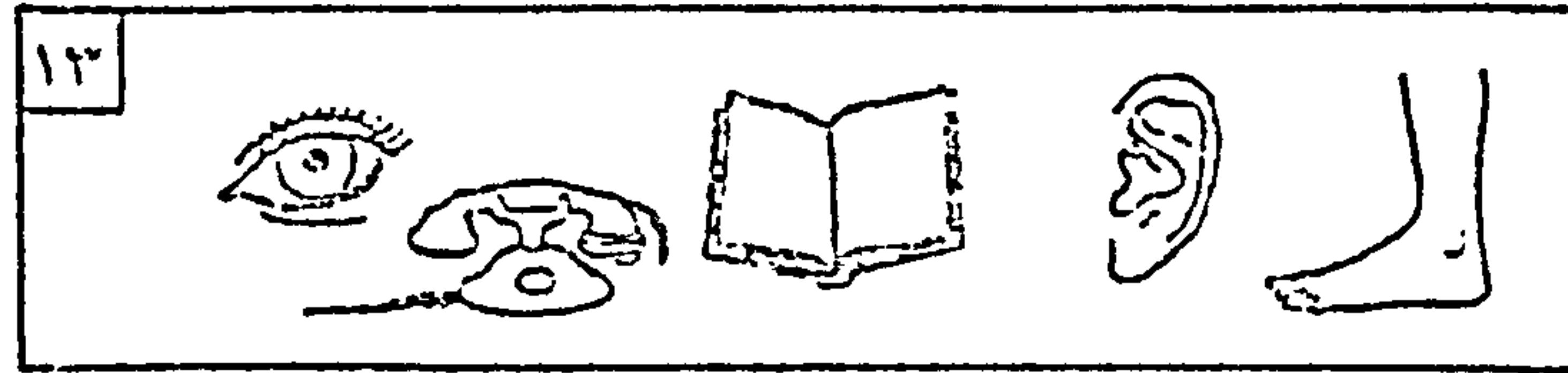
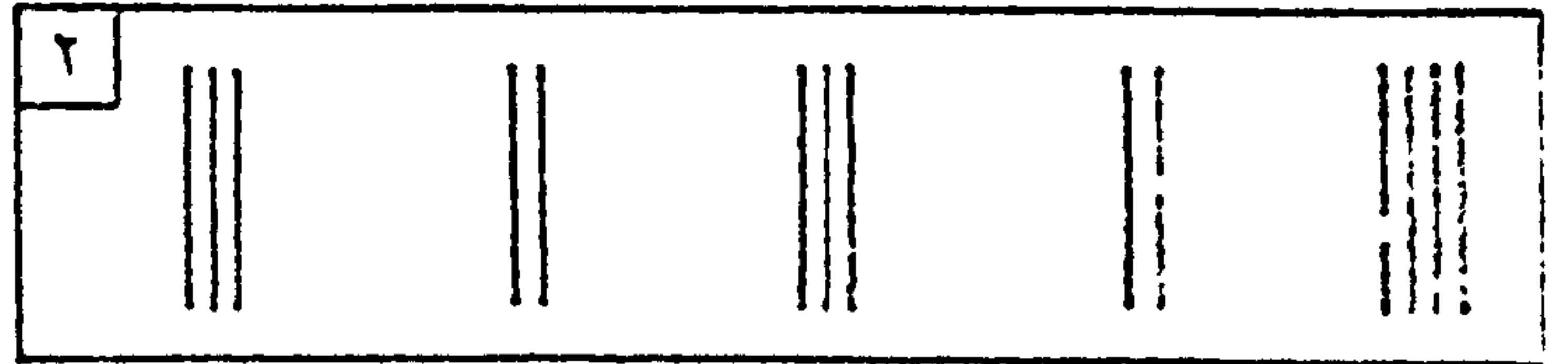
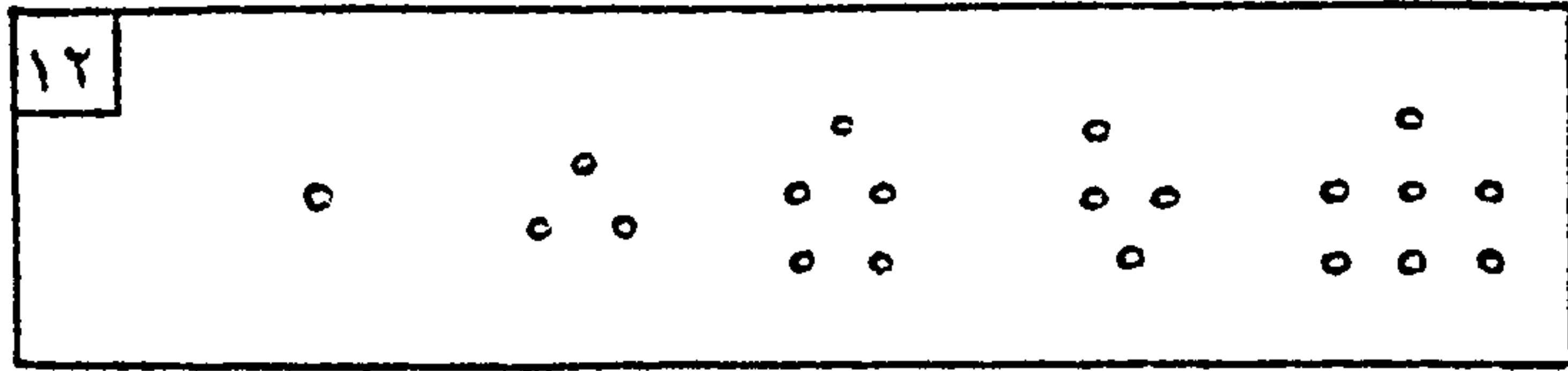
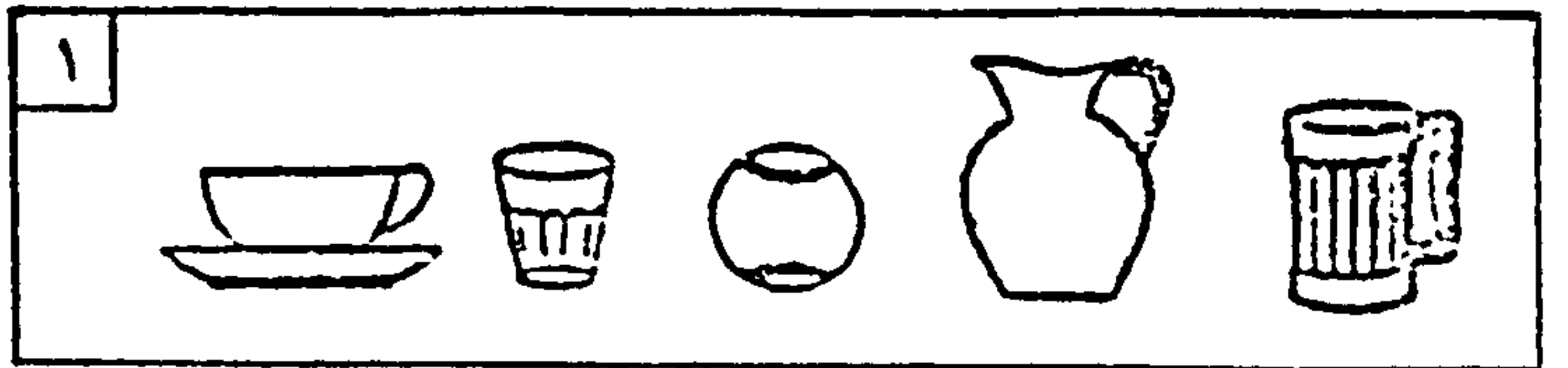
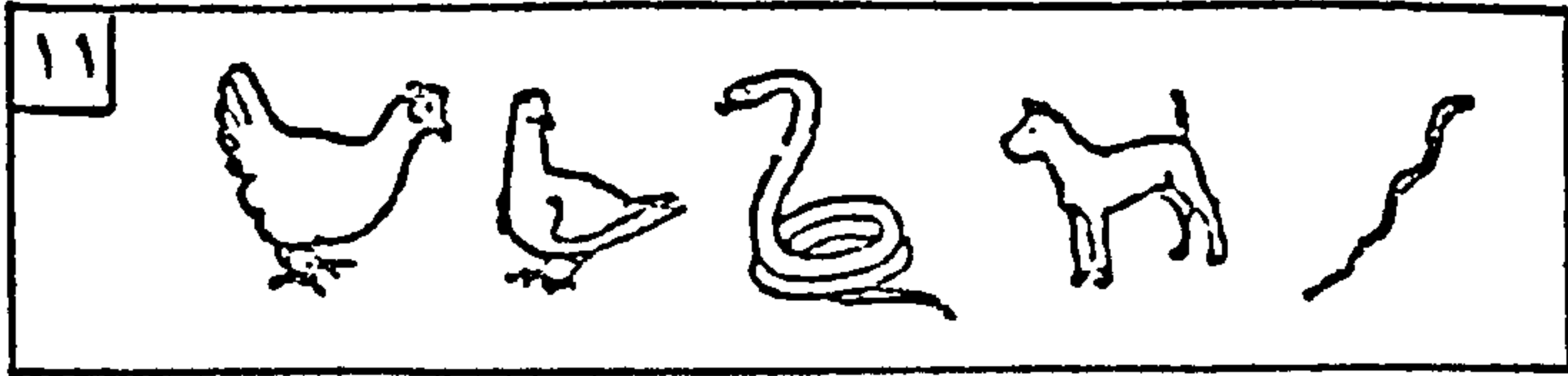


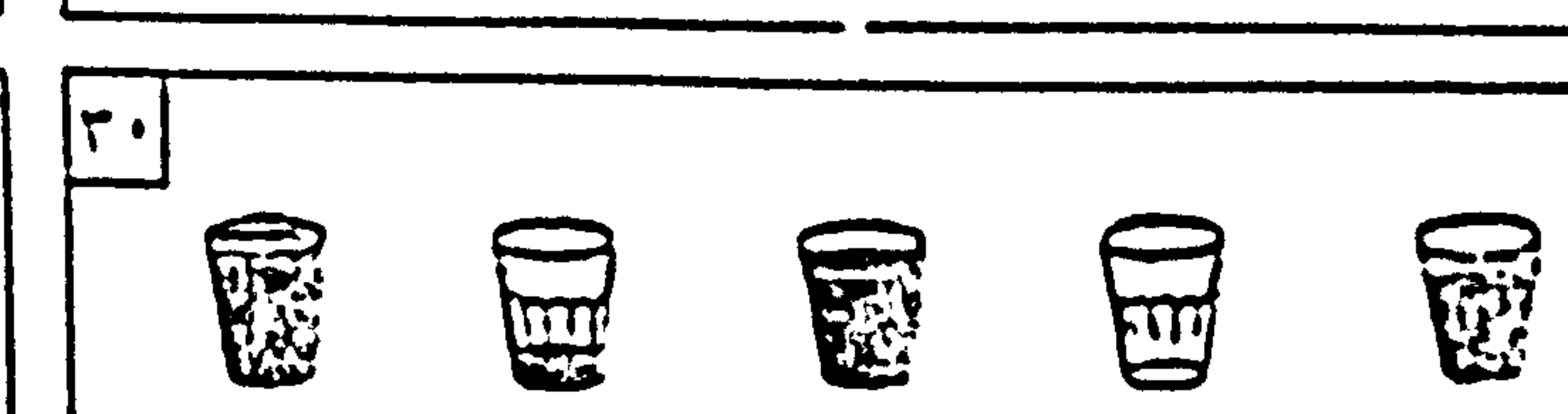
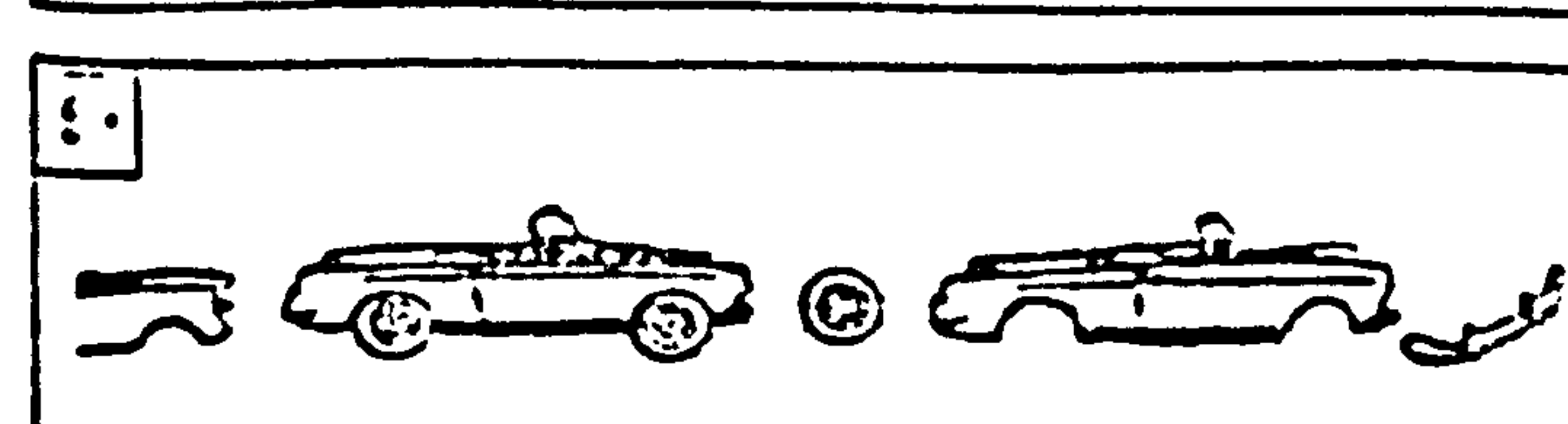
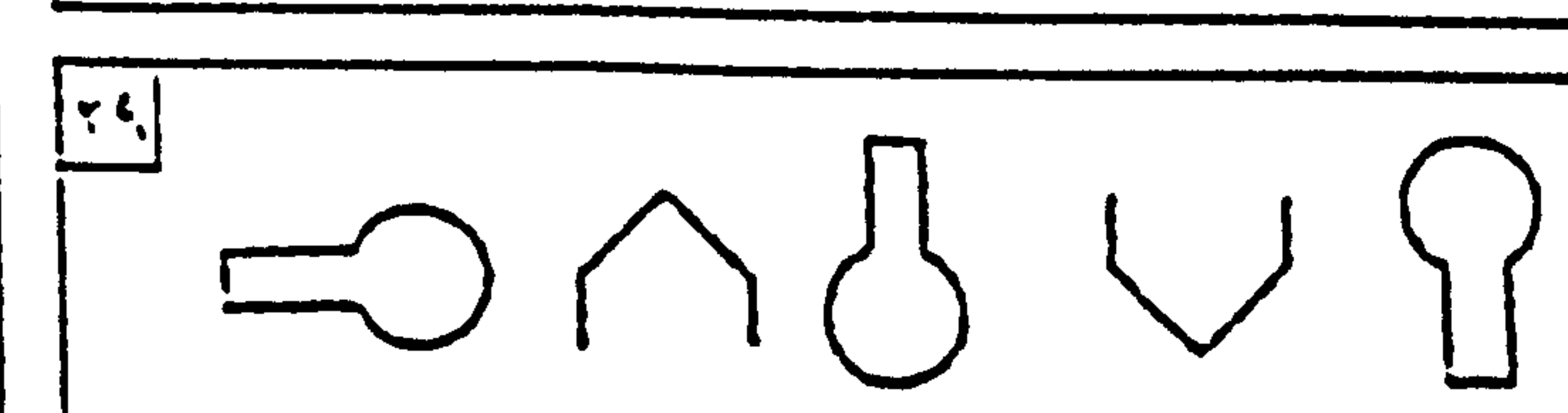
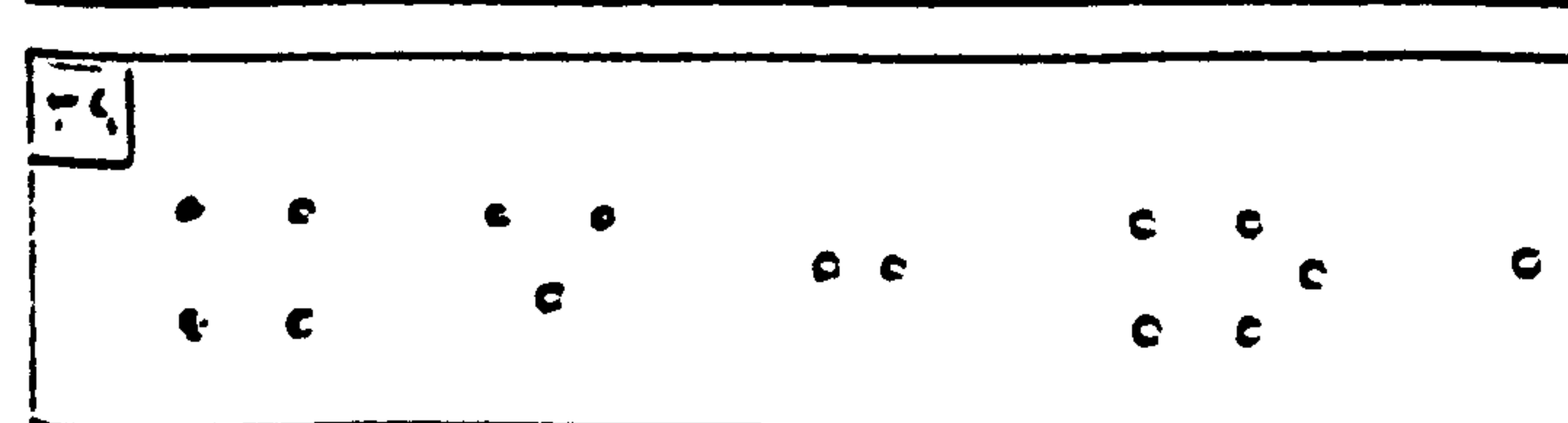
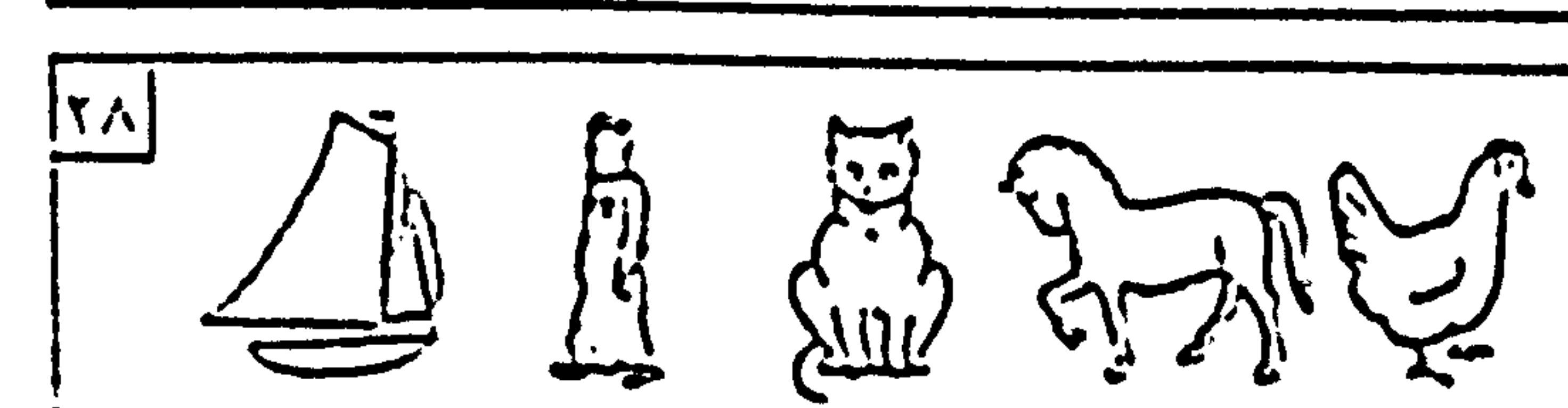
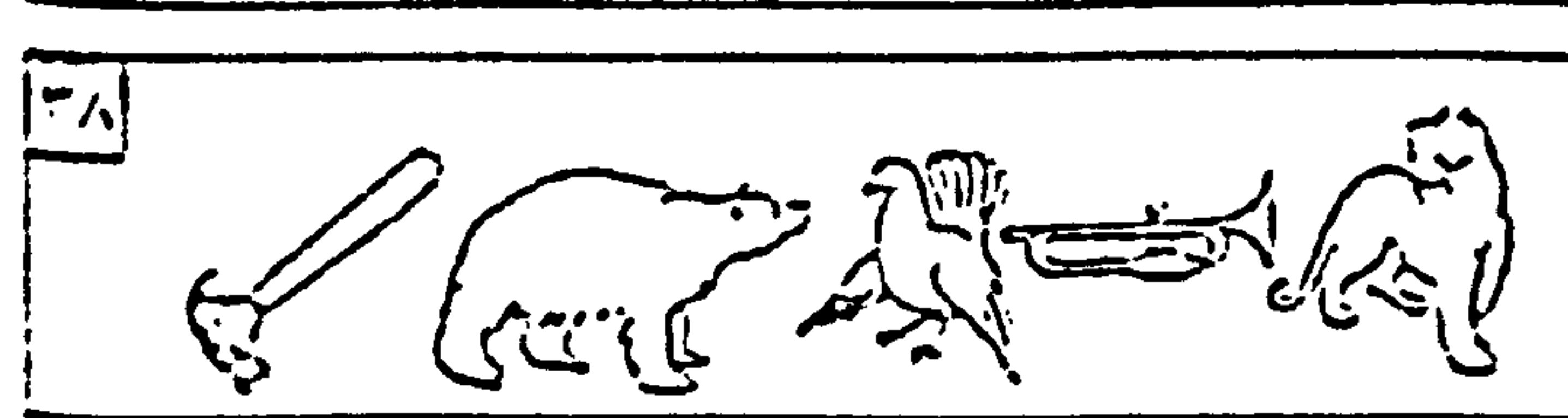
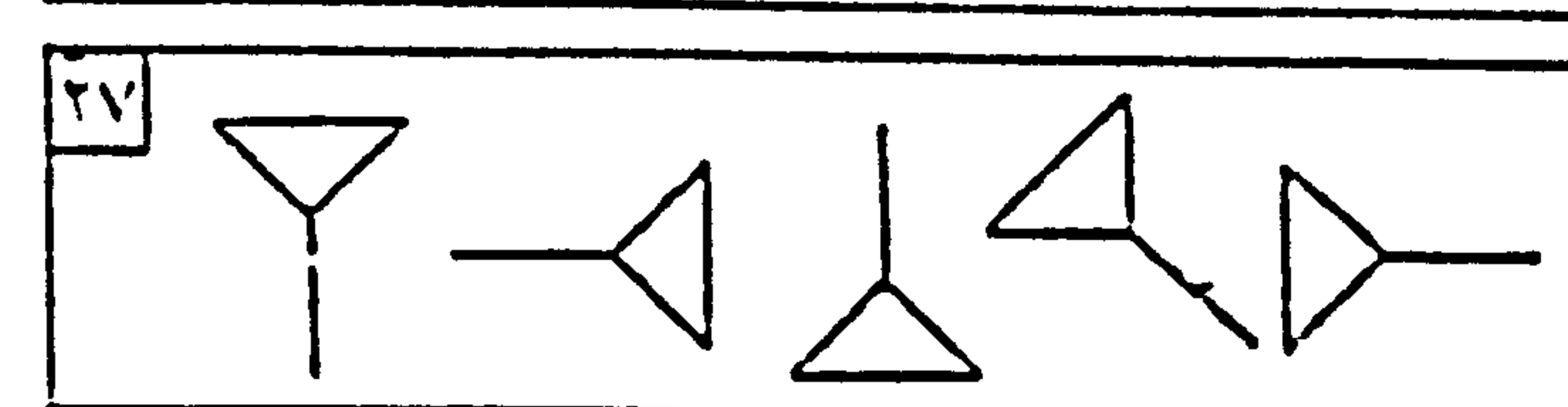
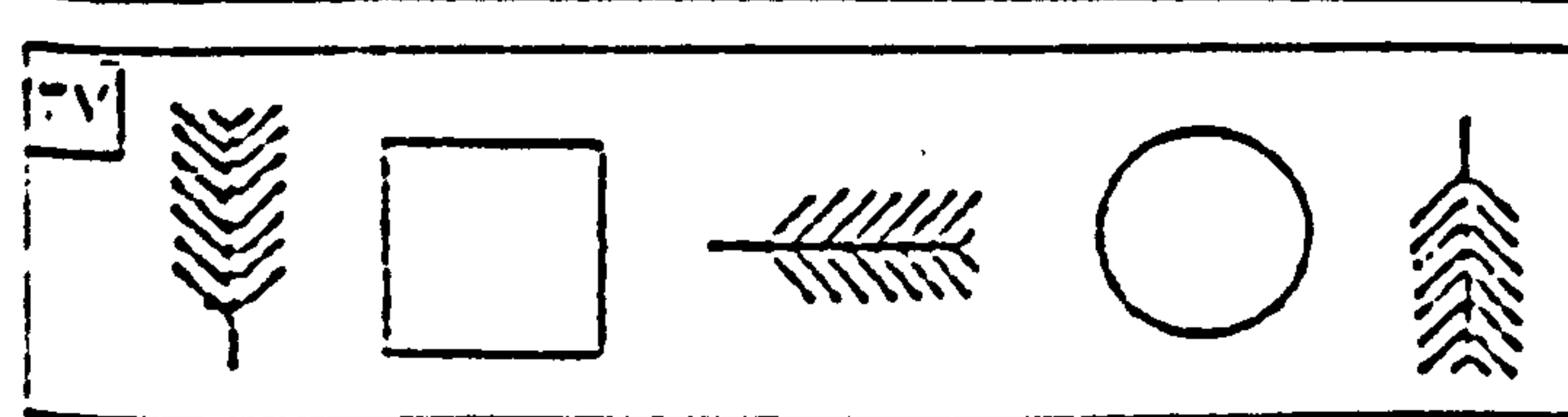
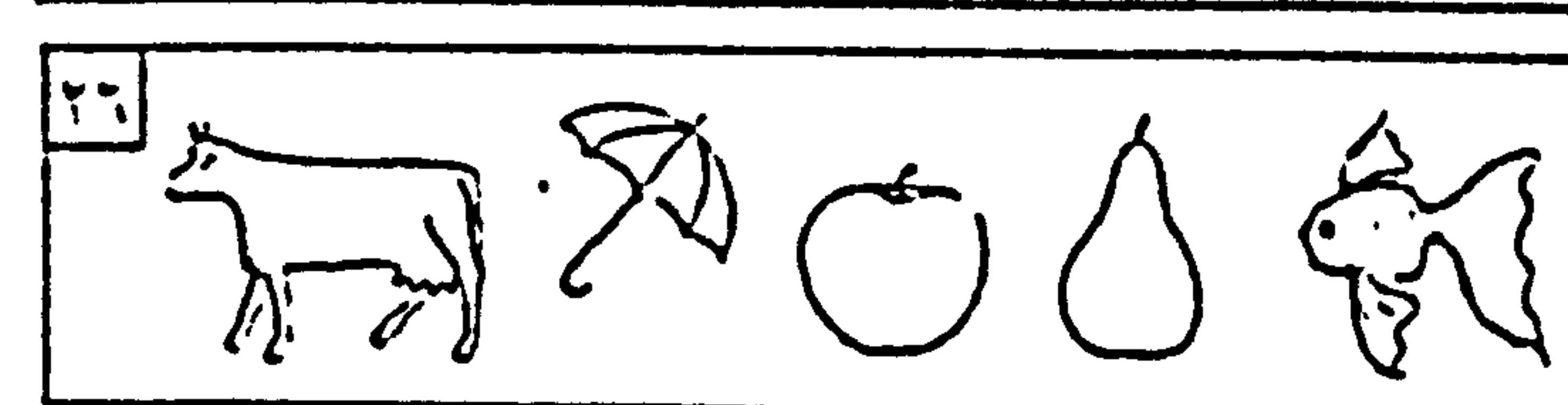
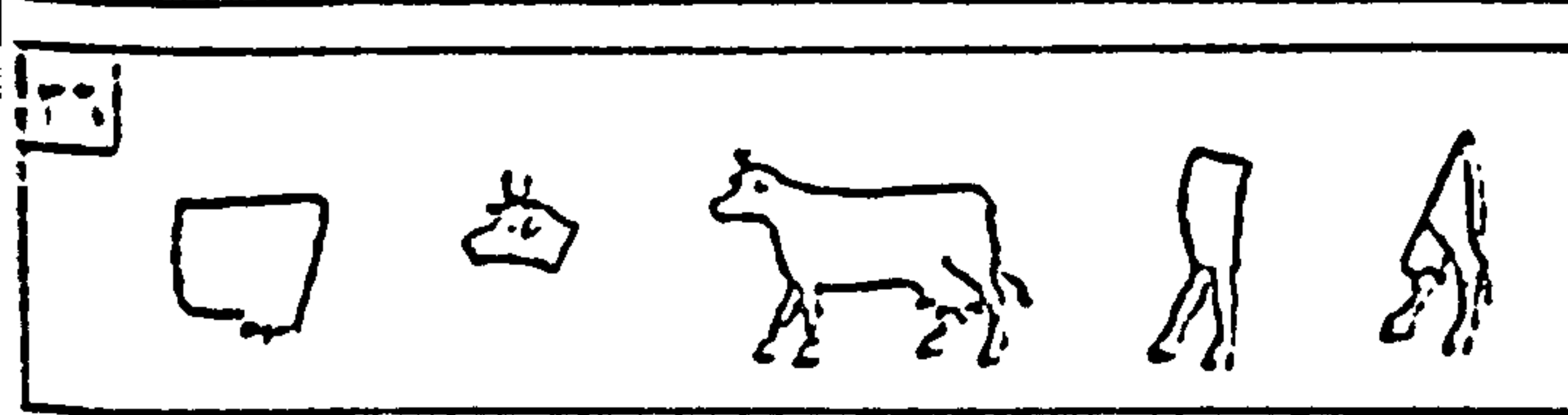
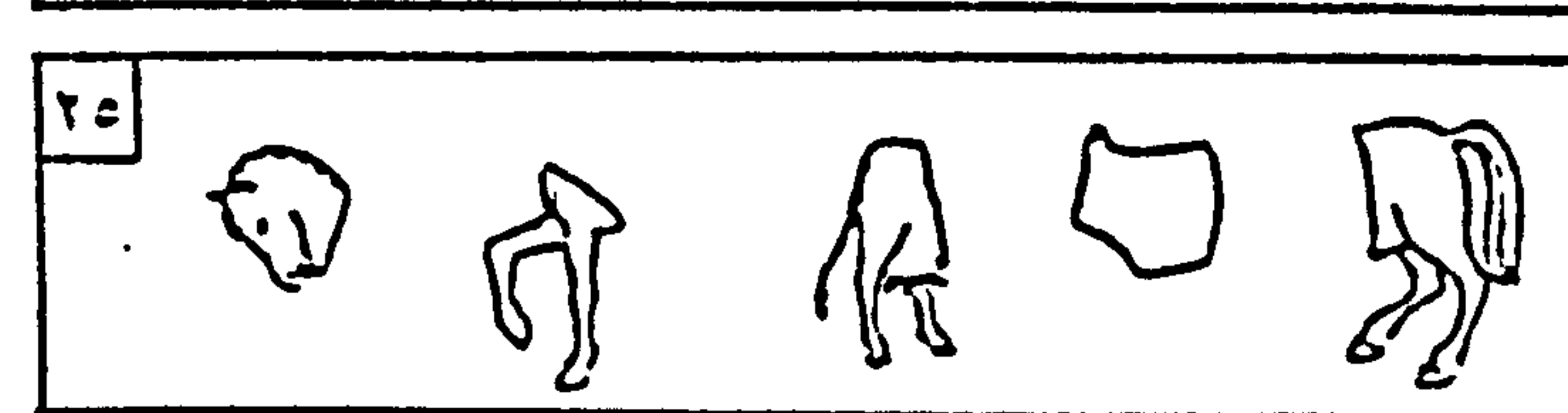
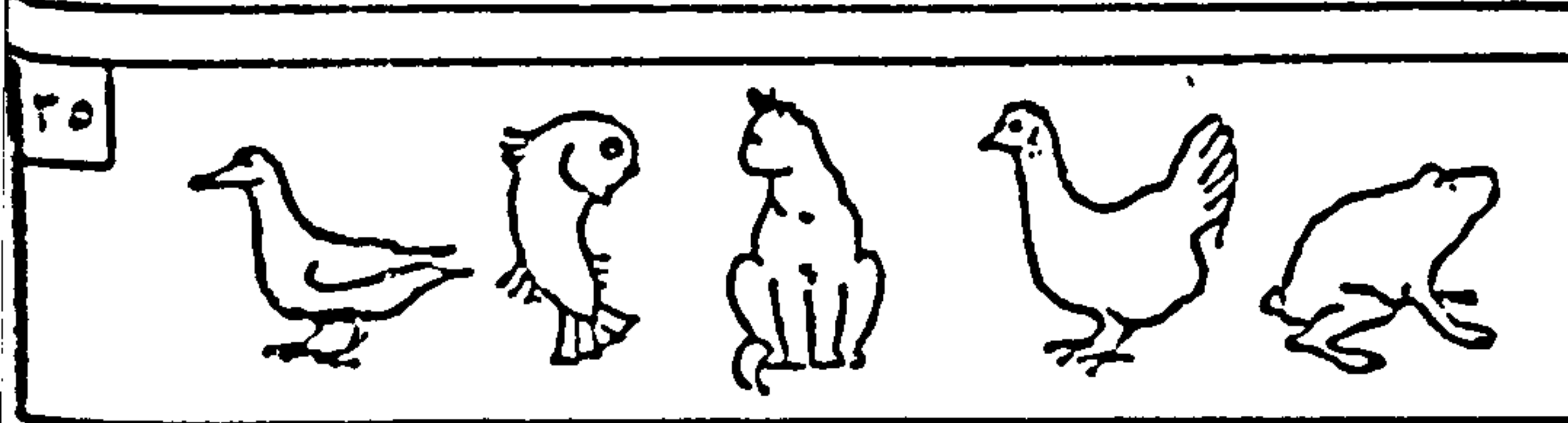
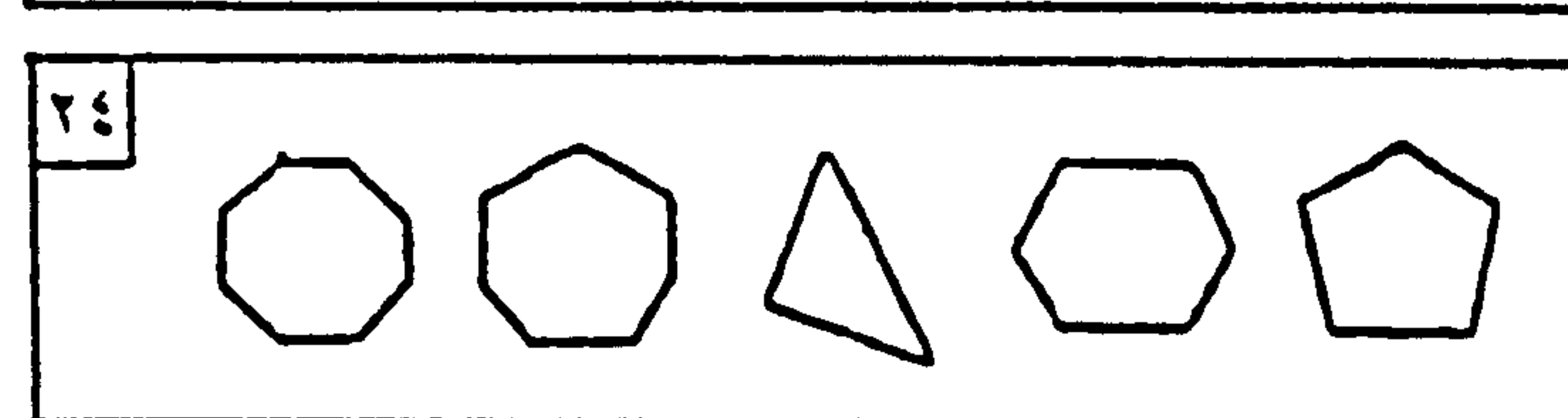
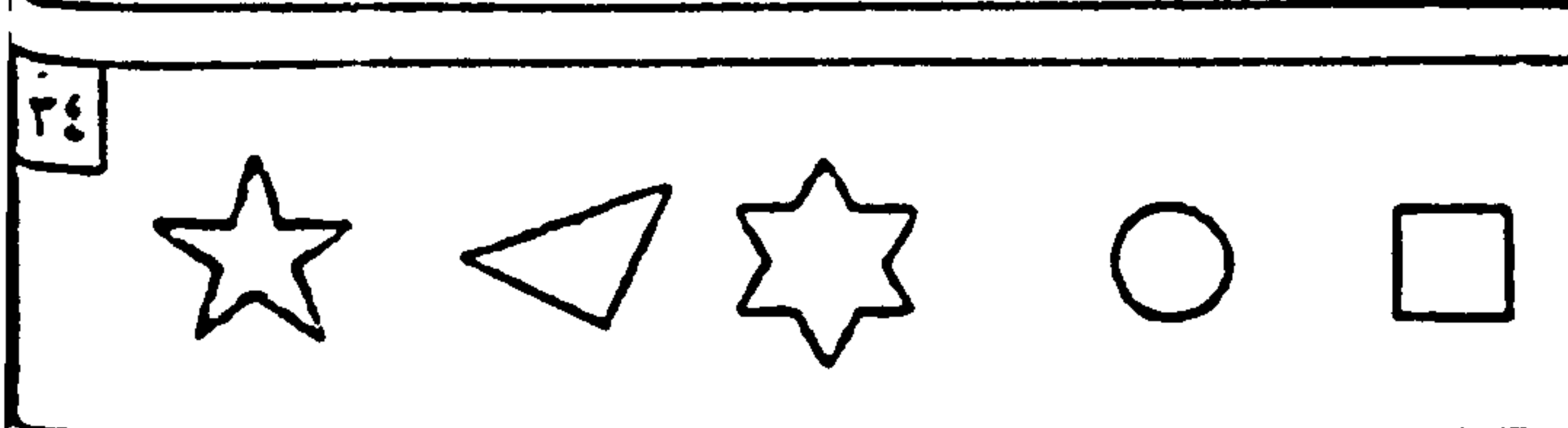
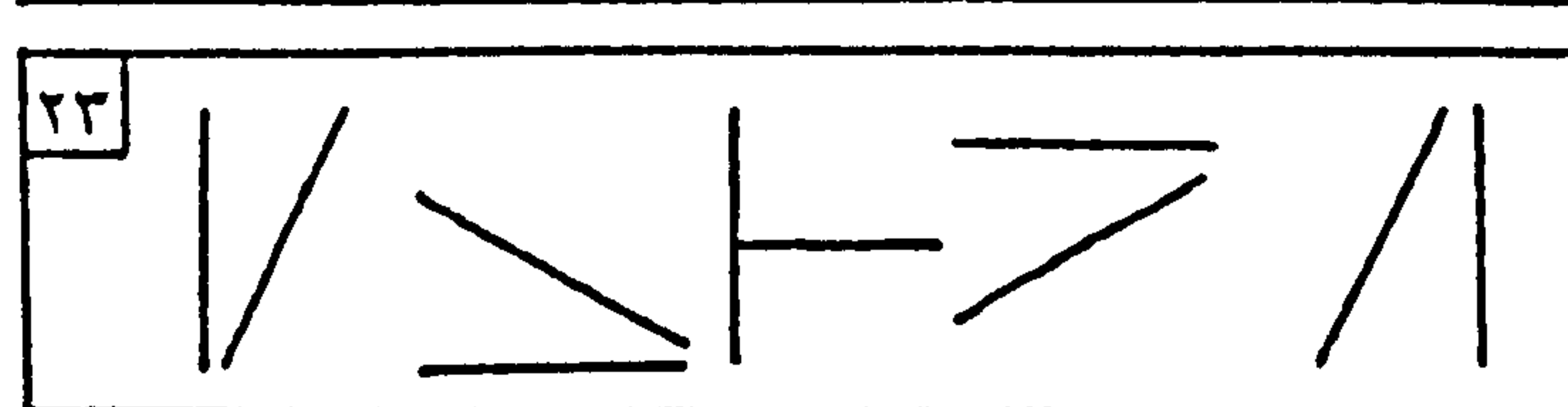
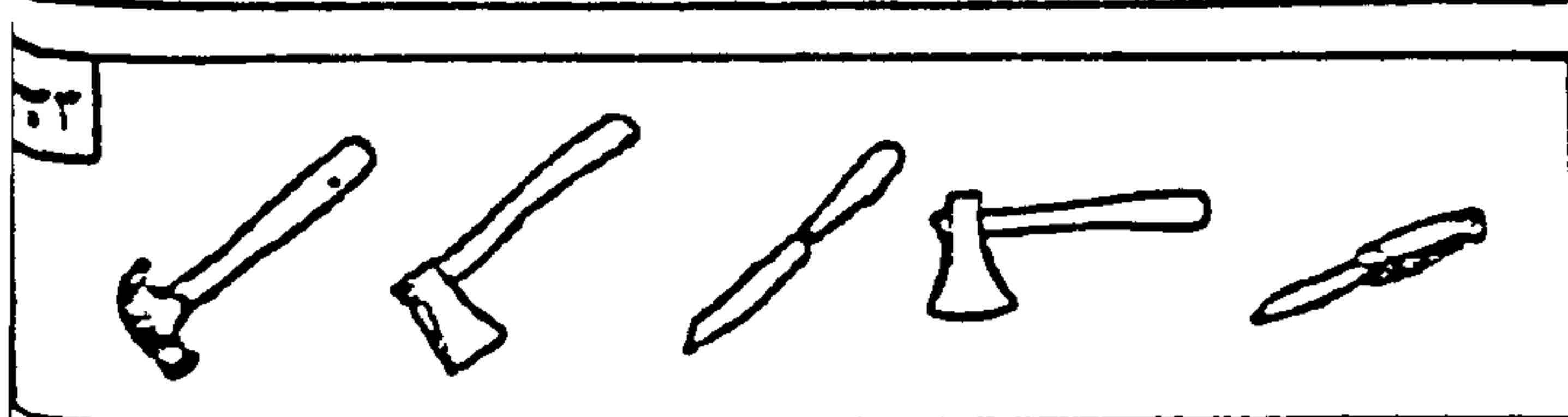
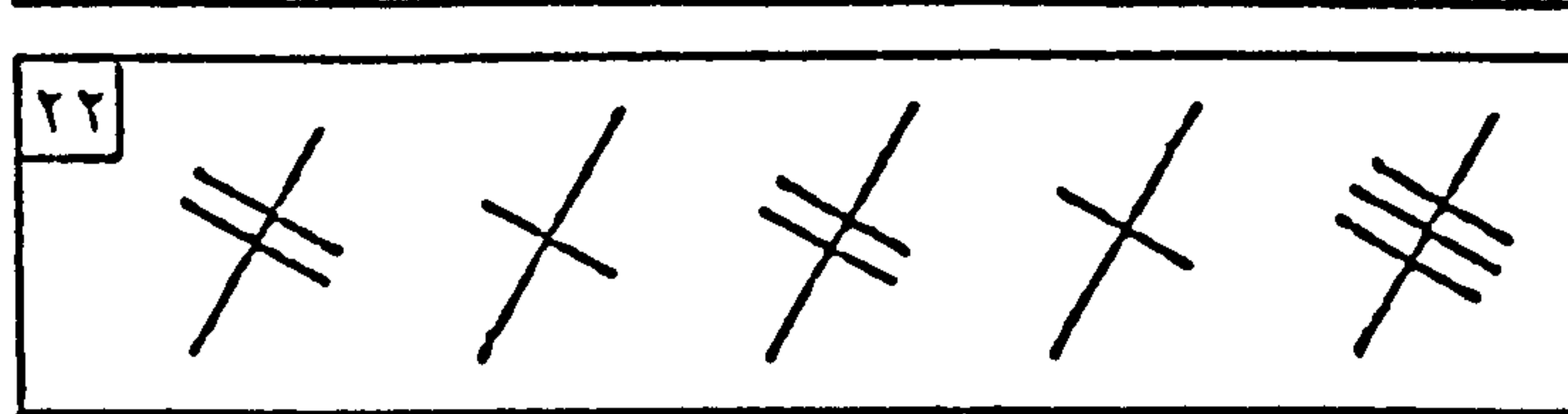
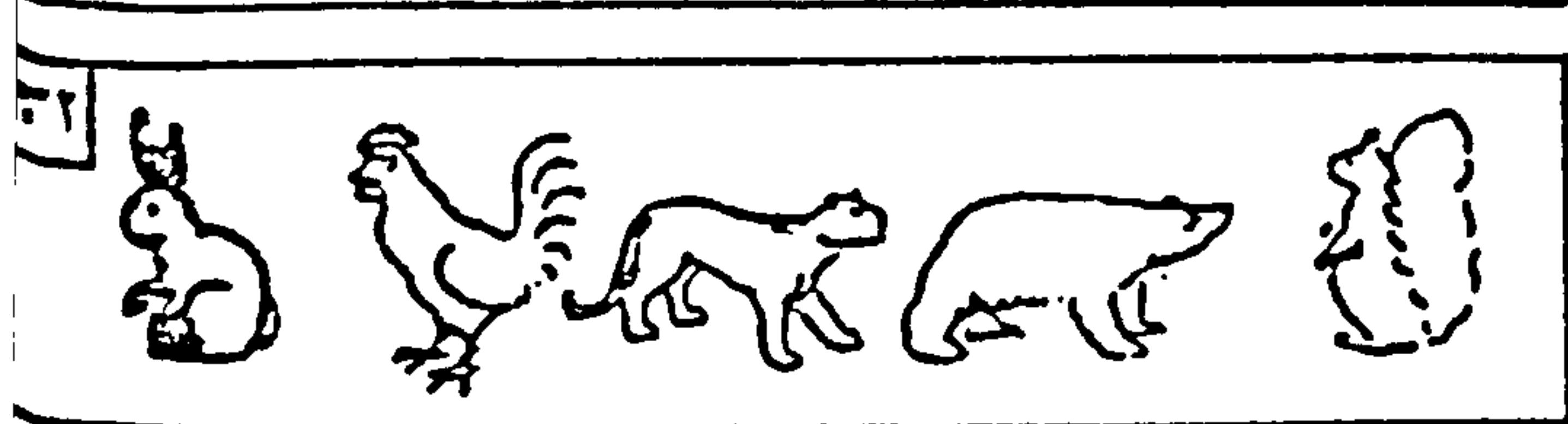
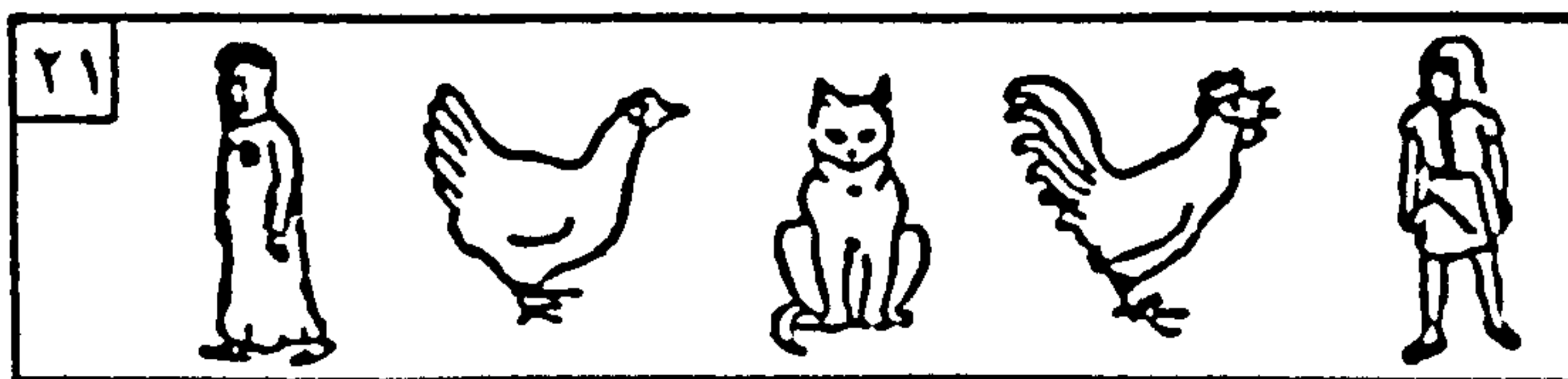
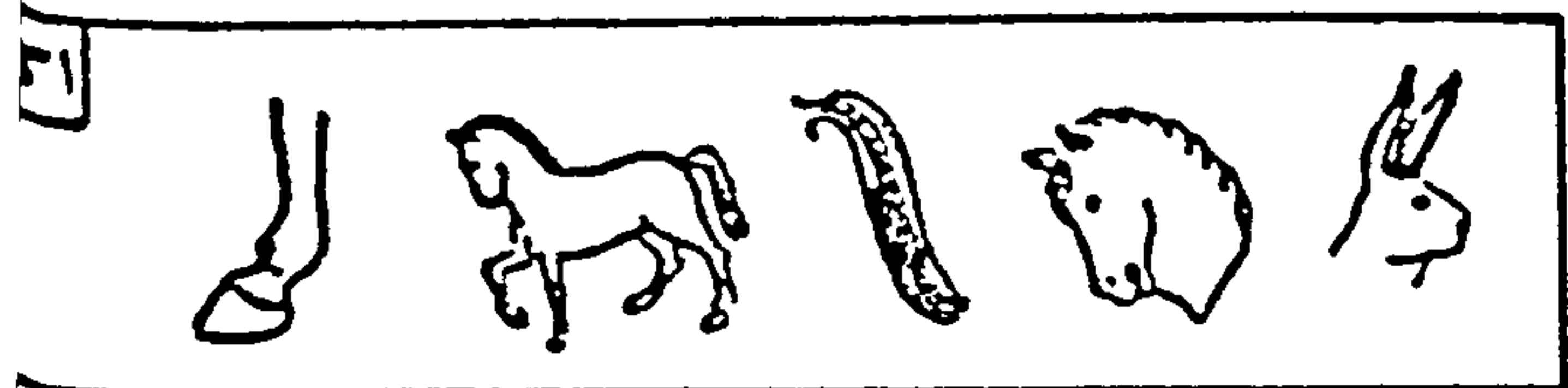
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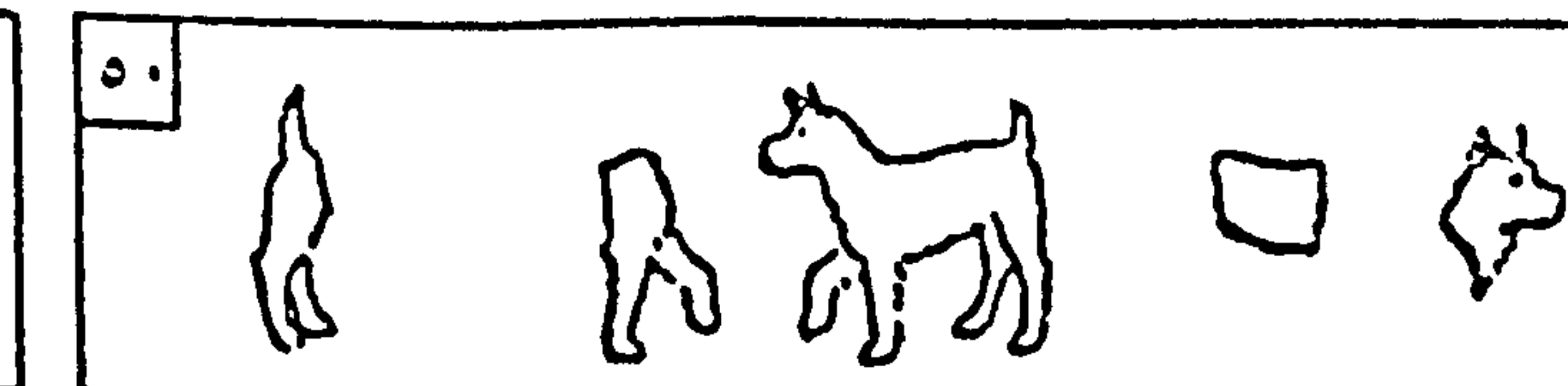
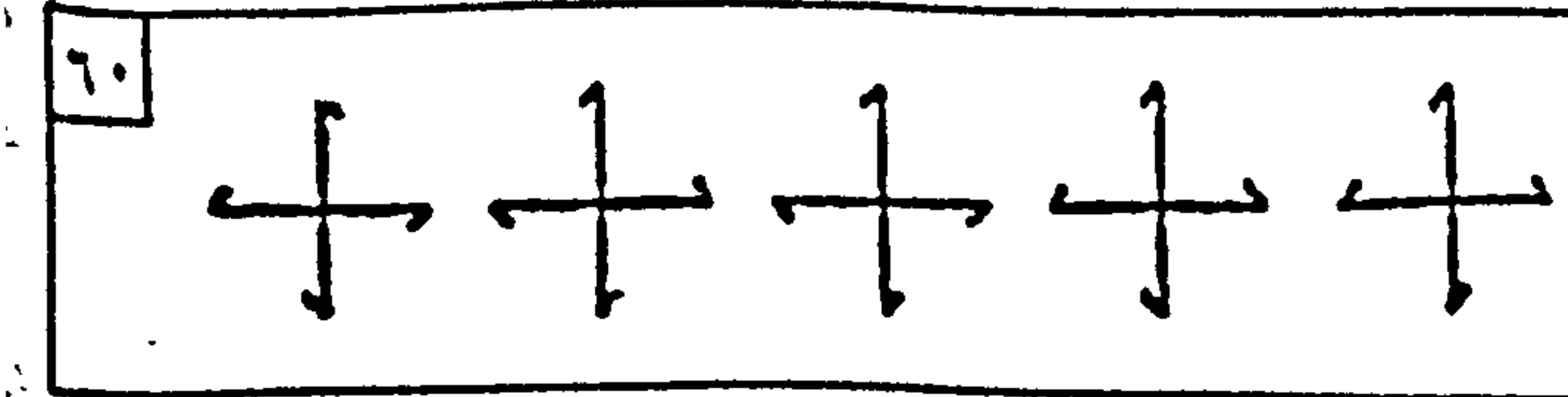
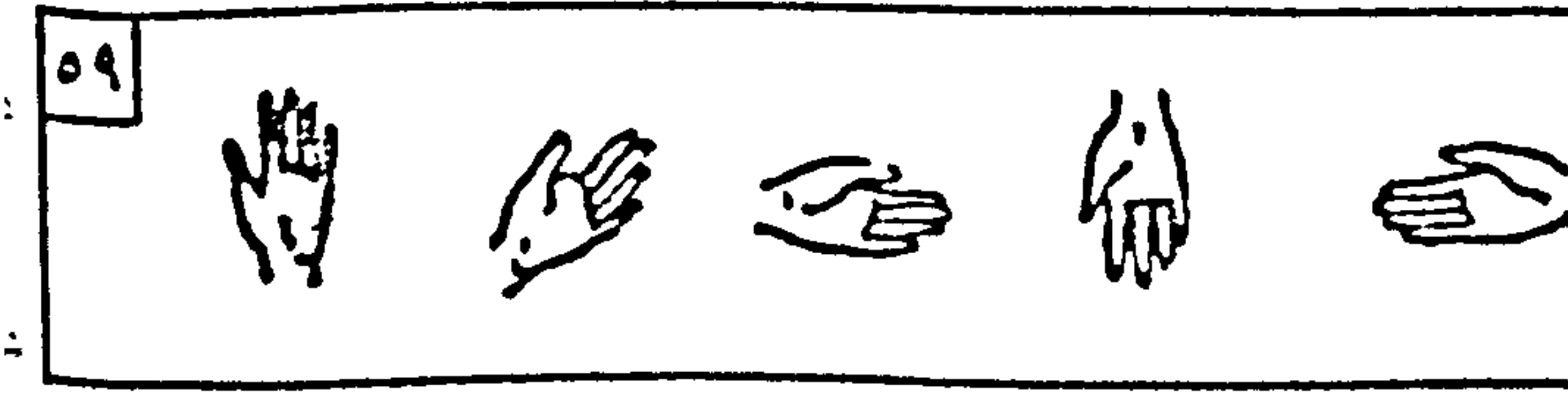
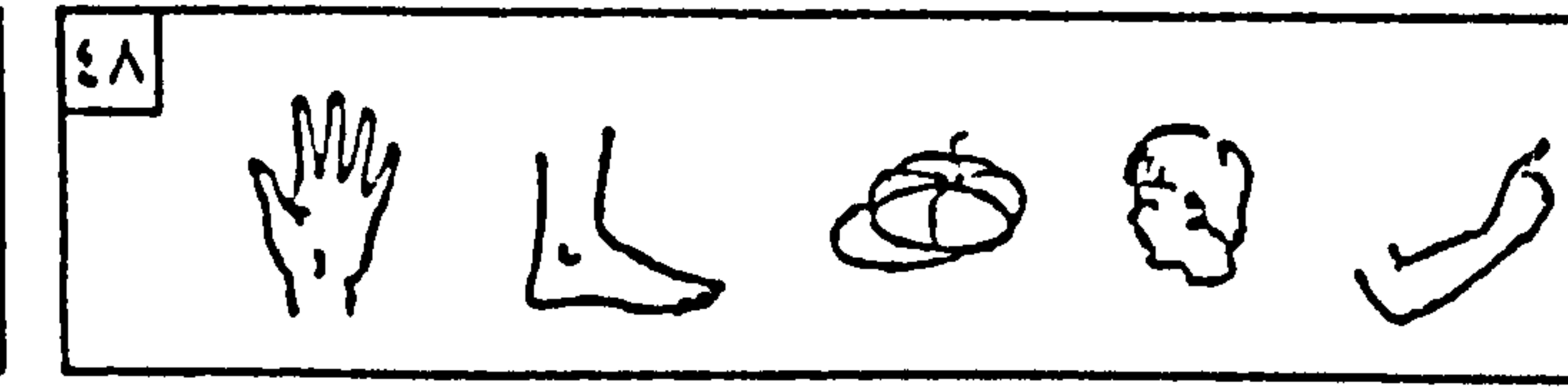
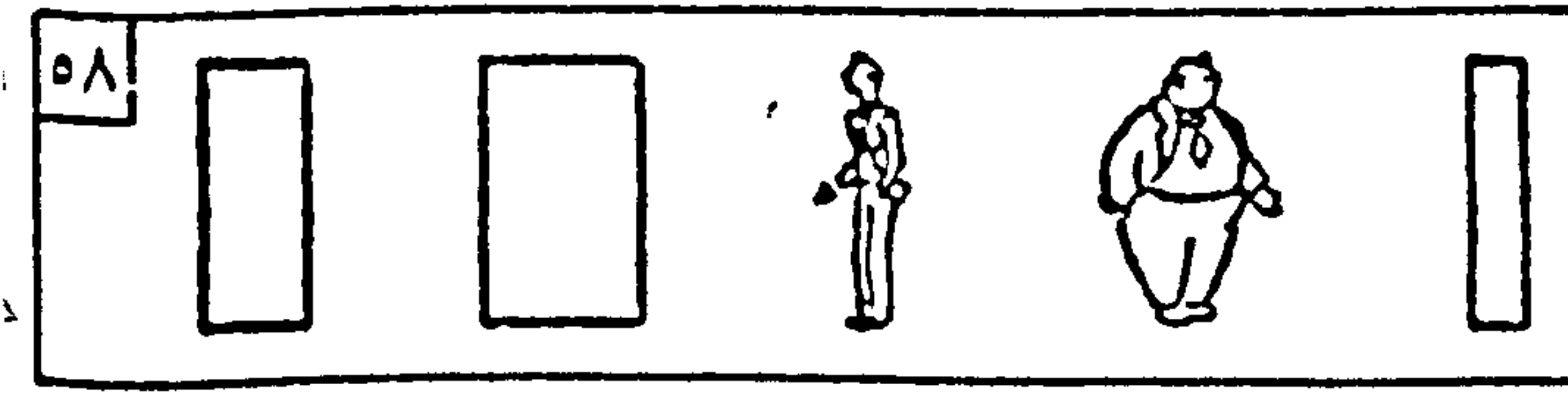
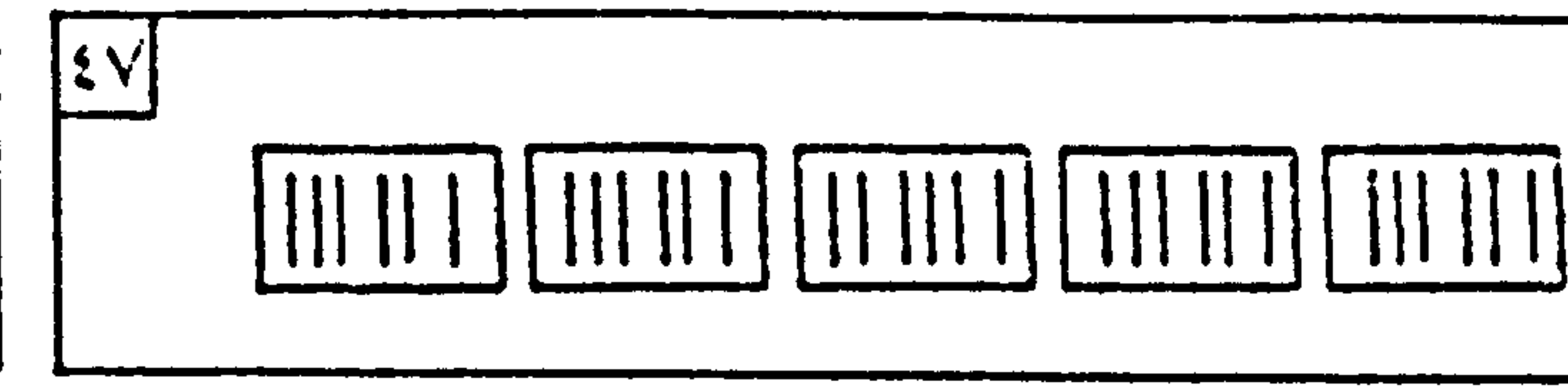
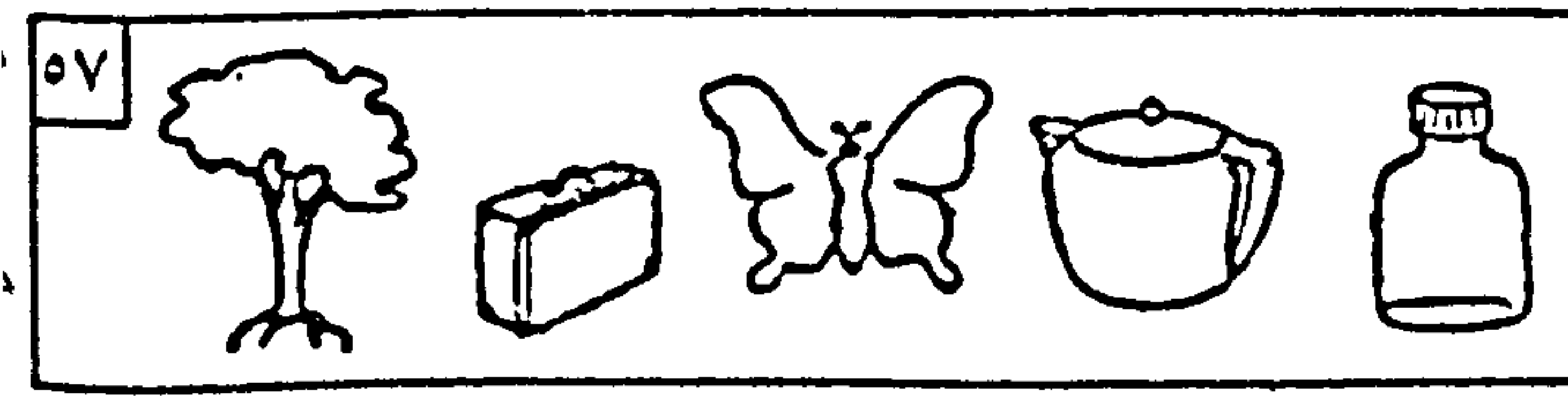
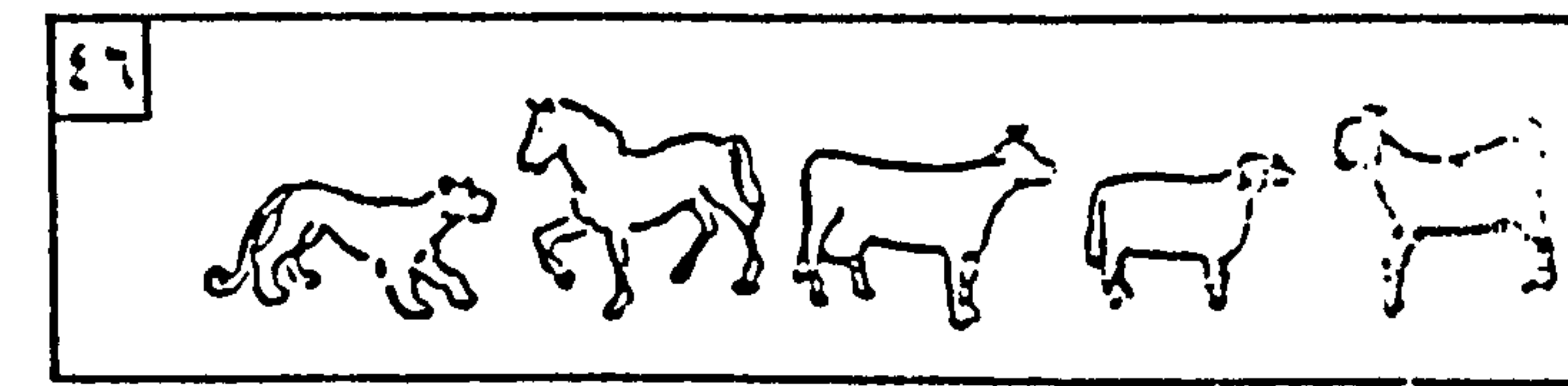
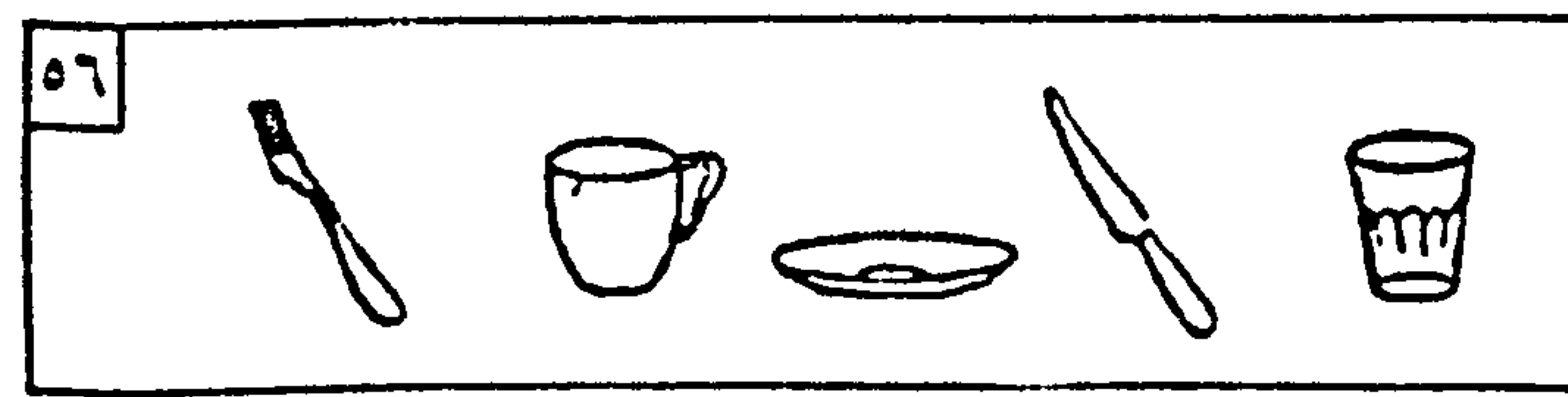
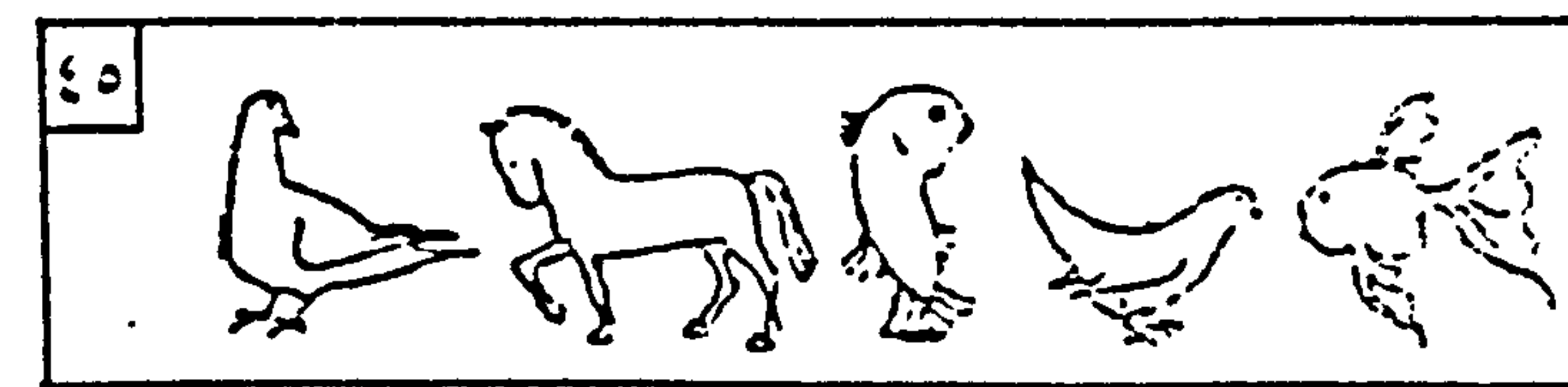
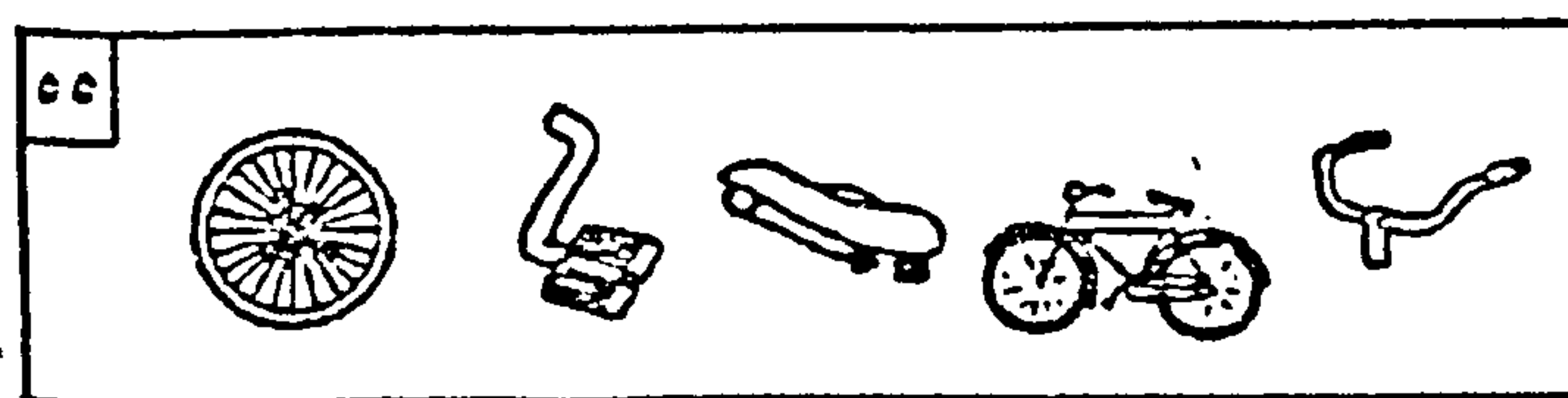
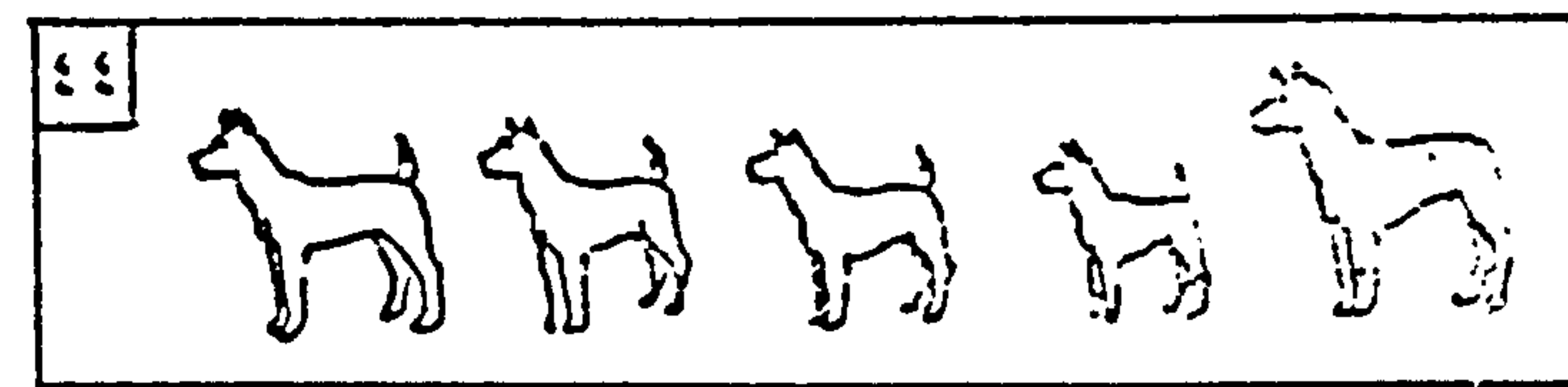
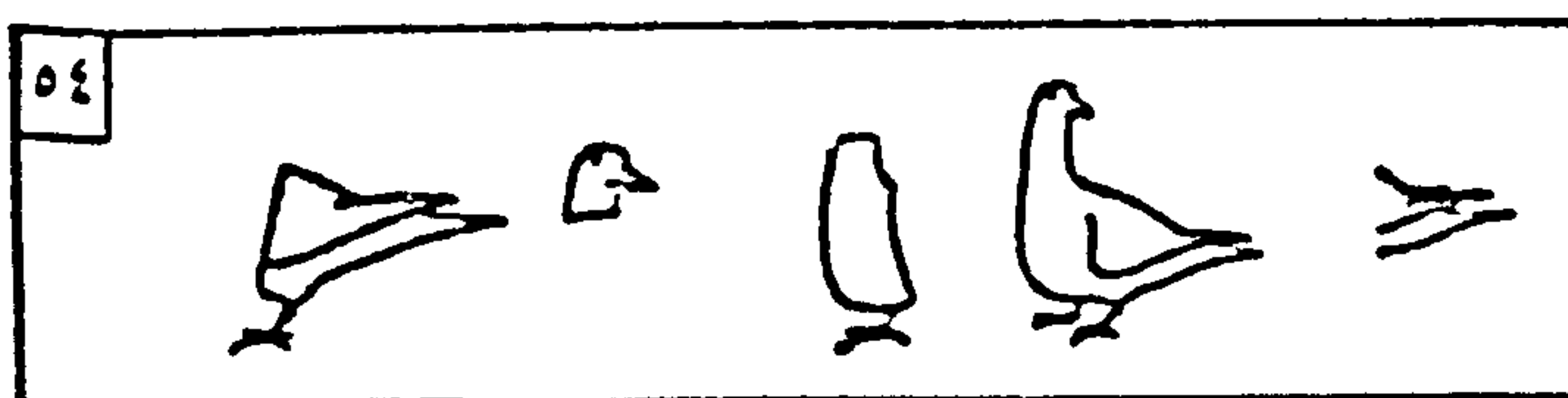
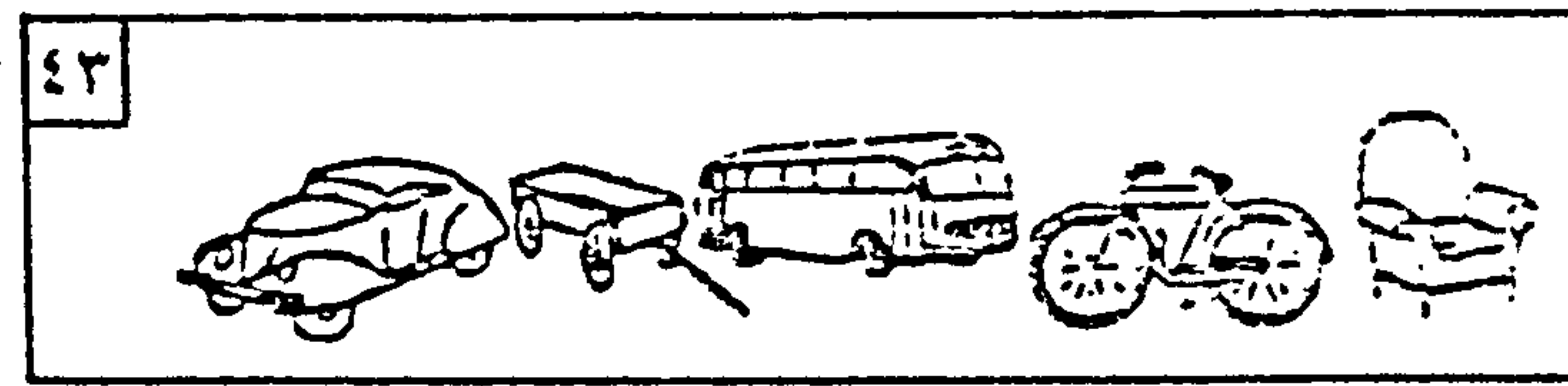
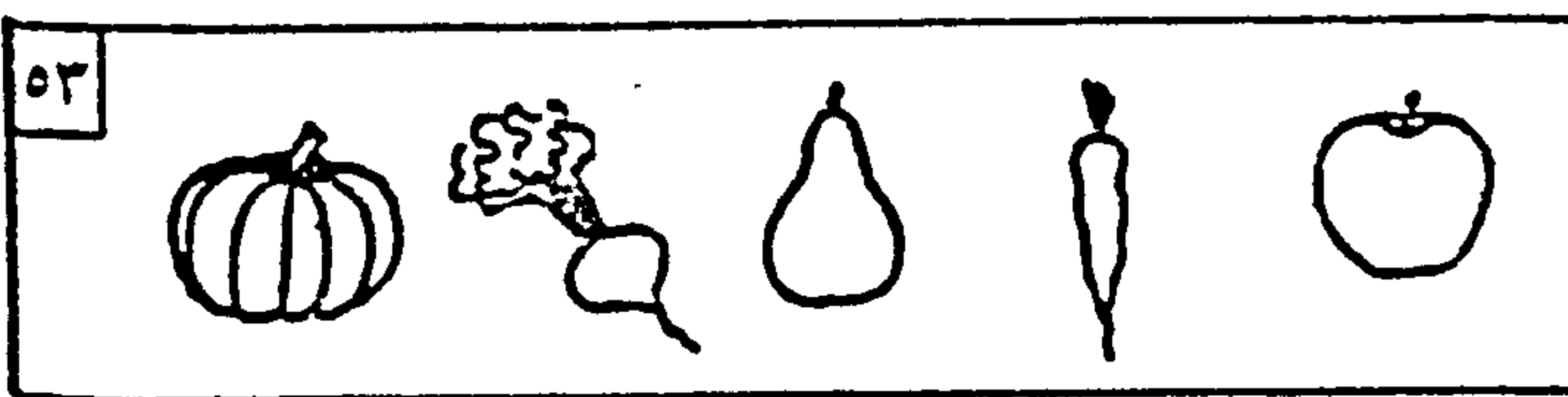
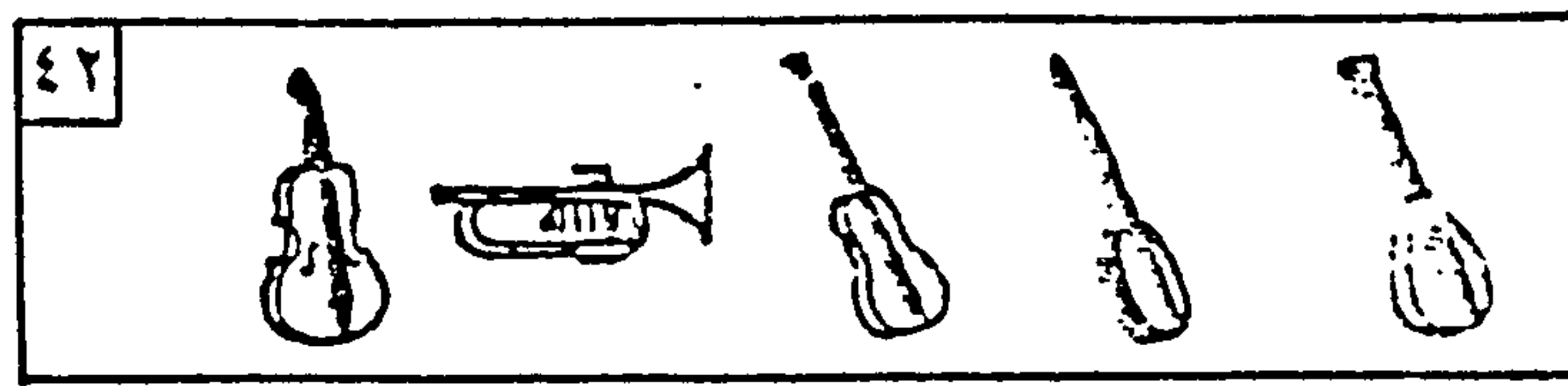
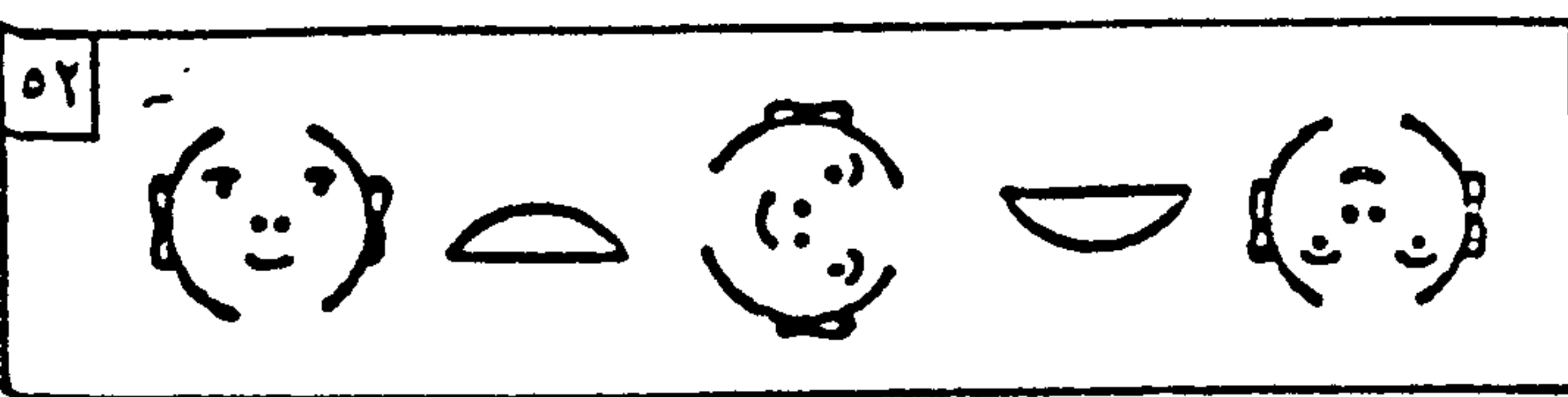
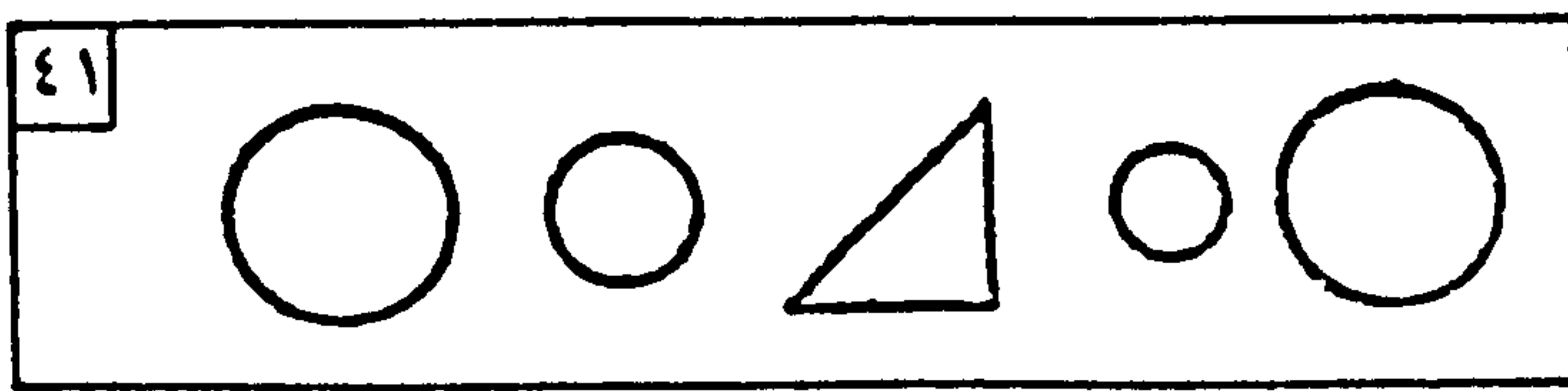
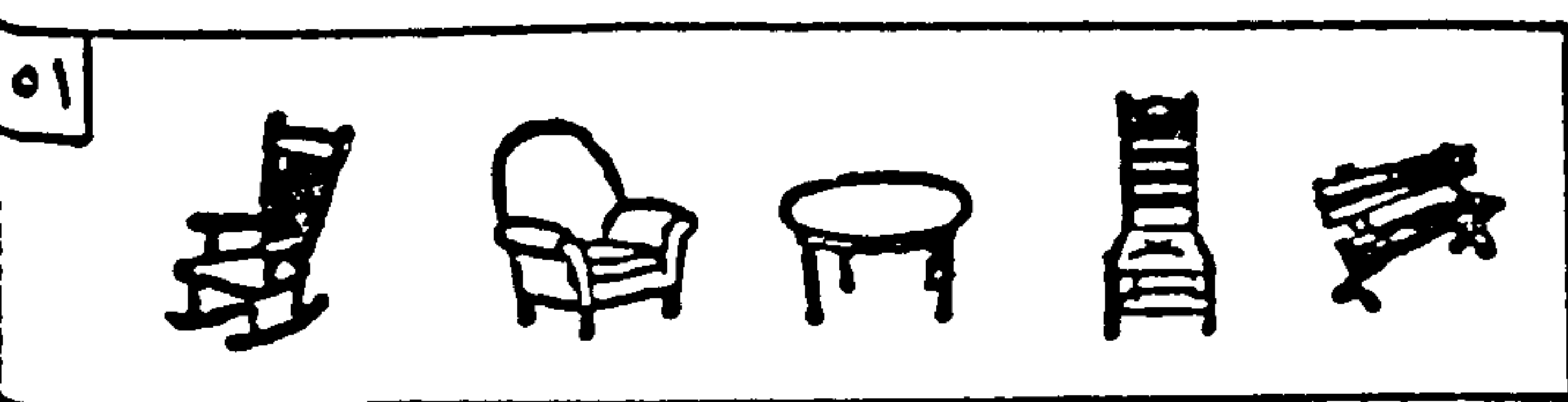
وعندما يؤذن لك افتح الكراسة وقم بنفس العمل ، أي ضع علامة X على الشكل المخالف لكل سؤال .











Appendix No. 6

Dear Teacher :

This observational guide is related to your pupils who were diagnosed as suffering from school phobia. Some of these pupils received treatment for their problems and other not. The purpose of this observational guide is to evaluate this treatment which was provided to these pupils.

Please underline the phrases which most describe the named pupils' behaviour or feelings towards school as you observed him/her during the last month or so. If you think that any of the phrases does not reflect your observation of the pupil, underline 'nothing noticeable'.

Name of the Pupil	
Class	
School	

1. Coming to school : Always comes on time/ Sometimes comes on time, other times not/ Does not care/ Never comes on time/ Comes crying/ Nothing noticeable.
2. Attendance : Good/ Frequently absent/ Some absence/ Nothing noticeable.
3. Classroom Behaviour : Well behaved/ Too naughty/ Has no life in him (her)/ Aggressive/ Withdrawn/ Anxious/ Nothing Noticeable.
4. Attentiveness : Normal/ Shows good attention/ Dreamy and destructive/ Plays with things under the desk/ Nothing noticeable.
5. Talking in Classroom : Talks when he (she) wants to ask a question/ Just like other children/ Never talks until asked/ Talks a lot with friends/ Too shy/ Nothing noticeable.
6. Answering Questions : Always ready to answer/ Eager to be questioned/ I have to repeat the question many times/ Ignores the questions/ Get nervous and blushes when he (she) is questioned/ Nothing noticeable.
7. Companionship : Good mixers/ Sometimes wanders off alone/ Can never keep a friend for long/ Anxious to be in with a gang/ Likes to be the centre of attention/ Nothing noticeable.
8. Classroom Activities : Just like other normal children/ Irresponsible/ Just stupid/ Changeable/ Nothing noticeable.

9. Homework : Good/ Completes it in the classroom/ Never does it/ Does not care/ Makes a lot of errors/ Nothing noticeable.
10. Independence : Shows high independence/ Depends on the type of activity/ Just normal/ I cannot depend on him (her)/ Does not care/ Nothing noticeable.
11. Asking for Help : Seeks help only when necessary/ Seldom ask for help/ Like other pupils/ Always asks for help/ Too shy to ask for help/ Nothing noticeable.
12. Playing : Energetic/ Prefers group games/ Eager to play but soon loses interest/ Uninterested/ Prefers individual games/ Always sluggish/ Changeable/ Nothing noticeable.
13. Free Activity : Always knows what he (she) wants/ Can always amuse himself (herself)/ Does not know what to do/ Prefers individual activities/ Can never stick at anything for long/ Nothing noticeable.

## Appendix No. 7

After one month from the end of the group counselling process, parents were interviewed and asked about their observations of their children's behaviour and feelings towards school. Parents were given some alternative answers in order to choose that which agreed most with their observation during this period. The interviewer underlined the parents choice of answer.

1. Could you describe your child's behaviour and reactions when going to school?

### **Alternatives**

Eager to attend school/ Regularly attends/ Forced to attend/  
Hesitates to attend/ Always looks for excuses/ Cries every  
morning/ Sometimes attends, sometimes does not attend/  
Nothing noticeable.

2. Could you describe your child's behaviour when he/she has homework?

### **Alternatives**

Soon starts doing it/ Regularly does it/ Avoids doing it/  
Always does it before he (she) goes to bed? Forced to do it/  
Always seeks help/ Nothing noticeable.

3. Could you tell me about your child's behaviour and feelings towards school?

**Alternatives**

Likes talking about school/ Avoids talking about school/  
When talking about school he (she) gets anxious/ Does not care/  
Behaviour various/ Nothing noticeable.

4. To what extent do you see your child as being dependent or independent?

**Alternatives**

tends to be independent/ Some-times asks for help/  
Always seeks help/ Cannot depend on himself (herself)/  
Avoids responsibility/ Nothing noticeable.

5. How do you perceive your child's social relationships?

**Alternatives**

Good mixer/ Does not have friends/ Over-anxious to be with a gang/  
Can never keep friends for long/ Avoids being with a peer group/  
Nothing noticeable.

6. How do you see your child's sense of responsibility?

**Alternatives**

Always responsible for his/her behaviour/ Sometimes takes responsibilities/  
Consistently on taking responsibility/  
Avoids taking responsibility/ Nothing noticeable.



7. How do you see your child's overall feelings towards school?

**Alternatives**

Happy/ Unhappy/ Changeable/ Nothing noticeable.

8. Can you describe your child's behaviour and feelings after he/she departs from school?

**Alternatives**

Happy/ Aggressive/ Anxious/ Crying/ Fearful/ Changeable/  
Nothing noticeable.

9. How do you see your child's school achievement at the present time?

**Alternatives**

Improving/ Still as before/ Getting worse/ Depends on  
subjects/ Changeable/ Nothing noticeable.

Appendix No. 8

Attendance Rate at Experimental Group Counselling Sessions

ID	Attendance	Percentage %
01	13	93
02	13	93
03	13	93
04	12	86
05	09	64
06	10	71
07	12	86
08	10	71
09	11	79
10	10	71
11	11	79
12	13	93
13	13	93
14	13	93
15	10	71
16	13	93
17	13	93
18	10	71
19	12	86
20	14	100
21	14	100
22	13	93
23	12	86
24	14	100
25	14	100
26	14	100
27	13	93
28	12	86
29	10	71
30	11	79
31	09	64
32	12	86
33	07	50
34	12	86
35	13	93
36	14	100
37	12	86
		85 %

## Appendix 9

### Notes on the Research Tools

#### (1) Questionnaire and Interview Schedules.

The researcher used three sources to create his questionnaire and interview questions (pre and post) for teachers, parents and children.

The first source was the use of previous British studies in this field (Stott and Sykes (1965), Lewis and Pumfrey (1978) and Youngma (1979). The contribution of these studies was as follows:

A. Stott and Sykes (1965) include relevant items in their Social Adjustment Guides. Such items concerned the following:

- a. Attitudes towards the teacher.
- b. Attitudes to school work.
- c. Games and play.
- d. Personal ways.

B. Lewis and Pumfrey (1978) created Counselling Inventory which includes items on:

- a. Relationships with teachers.
- b. Relationships with family.
- c. Relationships with peers.

- d. Irritability.
- e. Social Confidence.
- f. Health.

C. Youngman (1979) provides a questionnaire which can be used for assessing behavioural adjustment to school.

The second source was expert help. The researcher sought the judgement of six experts from Kuwait University and the Public Institute for Applied Learning and Training.

1. Two people from Kuwait University had expertise in counselling.
2. Two people from Kuwait University were expert in child development.
3. Two people from the Public Institute for Applied Learning and Training were experts in educational psychology.

The third source was a brief pilot study. The researcher presented a questionnaire and conducted interviews with a convenience sample of 20 teachers (10 males and 10 females), 20 children (10 boys and 10 girls) and 10 parents. Following this pilot, the researcher made some necessary changes to the language of the research tools.

## (2) The Non-Verbal Intelligence Test

The first home produced Arabic non-verbal intelligence test was used in Kuwait in 1969. It was used to detect under-achievement and slow learning pupils. However, the administrators in the Ministry of Education found that a more valid and reliable intelligence test was required. It is this new test, created in 1985, which was used in this research. The new test is the result of the efforts of the Ministry of Education which is the responsible institute for such psychological tests.

To create this new non-verbal intelligence test, the contributors used items from the following intelligence tests:

- a. A non-verbal intelligence test created by Hana, A.
- b. Terman IQ Test
- c. McCall IQ Test
- d. Non Language Multi- Mental Abilities Test (Lorge)

(N.B. the Arabic IQ manual for this test does not give references nor dates for the above four authors and their tests).

This new test was subject to an item analysis using 270 pupils in order to ensure the content of the test was suitable for elementary school pupils. The factorial validity (ie by factor analysis) and difficulty level (facility value) for each question was calculated. The level of difficulty ranged between 3 % to 92 % with a mean of 47 %.

### (3) School Achievement Tests

The elementary school in Kuwait consists of four levels of grades. When moving from one level to the next, the child faces a more difficult and advanced curriculum. The first two levels are similar in the distribution of achievement scores within the subject. Within the first two levels, the minimum score is 45 and the maximum score is 80. The child who achieves a score less than 45, will fail at that particular level and he (she) needs to repeat that level during the next schooling year.

The distribution of the scores at the first two levels is as follows:

From 45 to 59 = Acceptable

From 60 to 69 = Good

From 70 to 75 = Very Good

From 76 to 80 = Excellent

The criterion for classification into these four groups is not by equal distribution (e.g. 25 %) nor normal distribution. Rather allocation is on a 'criterion referenced' basis. Hence the distribution across groups can vary considerably from year to year.

The second two levels are also similar in the 'criterion referenced' distribution of scores within the subjects. The minimum score is 80 and the maximum score is 200. The child who

achieves a score less than 80 at these second levels will fail, and he (she) needs to repeat his (her) level next year. The distribution of the scores is as follows:

From 80 to 119 = Acceptable

From 120 to 159 = Good

from 160 to 184 = Very Good

from 185 to 200 = Excellent

The criterion for classification is as for the first two levels.

## BIBLIOGRAPHY

\*  
Abueita, S. 1984, "The Need of the elementary School in Kuwait for the Educational Counselling Services", The Educational Journal, Kuwait University 1, 75-102.

\*  
Abueita, 1987, The concept of the school counselling as perceived by school Counsellors, Psychologists Professors. 10th International Colloquium of school psychology, Intertaken: Switzerland.

\*  
Al-Abdulghafoor, F. Y., 1978, The development of Education in Kuwait (1912-1972) An M.A. Thesis, Al-Falah library: Kuwait.

\*  
Al-Refai, B., 1984, The Experiment of Educational and Vocational Guidance in Kuwait, The Administration of Social Service. Ministry of Education: Kuwait.

Bandura, A., 1969, Principles of Behaviour Modification, Holt, Rinehart and Winston Inc.: New York.

Baron, R. A., Byrne, D. and Kantowitz, B. H., 1980, Psychology Understanding Behaviour. Second Edition. Holt-Sauders Japan, LTD: Tokyo.

Bates, B. & Goodman, A., 1986 "The Effectiveness of Encounter Groups: Implication for Research for Counselling Practice" British Journal of Guidance and Counselling, 14, 3 240-251.



- Benson, H.B. 1979, Behaviour Modification and the Child: An Annotated Bibliography Greenwood Press Inc.: London.
- Berg, I., Nichols, K. & Pritchard, C. 1969, "School phobia -its Classification and Relationship to Dependency", J. Child Psychol. Psychiat.,10, 123-141.
- Berecz, J.M., 1968, "Phobias of Childhood: Aetiology and Treatment", Psychological Bulletin,70, 694-720.
- Bijou, S.W. & Inesta, E.R. 1972, Behaviour Modification: Issues and Extensions, Academic Press: New York.
- Blagg, N. and Yule, W., 1984, "The Behavioural Treatment of School refusal: A comparative Study", Behaviour, Research and Therapy, 22, 119-27.
- Blagg, 1987, School Phobia and Its Treatment, Croom Helm Ltd: London.
- Blocher, D.H., 1974, Developmental Counselling, 2nd. Edition, The Ronald Press Company: New York.
- Bolger, A.W. 1978, "Systematic Desensitisation as a Counselling Procedure",British Journal of Guidance and Counselling, 6, 1, 45-52.
- Bramley, W. & Donnachaidh, I., 1977, "Students and Group - Analytic Psychotherapy", British Journal of Guidance and Counselling,5, 2, 199-206.

Burbury, W.M., Balint, E.M. & Yagp, B.J., 1956, An Introduction to Child Guidance, Macmillan and Co. Ltd: London.

Button, L., 1974, Developmental Group Work with adolescents, University of London Ltd.: London.

Chazan, M. 1962, "School Phobia", British Journal of Education and Psychology, 32, 209-217.

Cohen, L. and Holliday, M., 1982, Statistics for Social Sciences. Harper & Row, Publishers: London.

Collinson, L. 1986, "Transactional Analysis," in Dryden, W.(ed.) Individual Therapy in Britain, London: Harper & Row Publishers

Cooper, C. L., 1977, 'Adverse and Growthful Effects of Experimental Learning Groups: The Role of the Trainer, Participant, and Group Characteristics.' Human Relations. 30,12,1103-1129.

Cooper, C., 1986, 'Psychodynamic Therapy: The Kleinian Approach.' in W. Dryden (ed). Individual Therapy in Britain. London: Harper & Row, Publishers.

Cooper, S. 1987, "A Brief, Collaborative-Structured Approach for Personal Development Groups", Journal of Counselling and Development, 65,10, 565-566.

Corey, G. 1982, Theory and Practice of Counselling and Psychotherapy, Wodsworth, Inc.: California.

Craighead, W.E., Kazdin, A.E. & Mahoney, M.J. 1976, Behaviour Modification, Principles, Issues, and Applications, Houghton Mifflin Company: New York.

Dave, I. 1984, The Basic Essentials of Counselling, Sterling Publishers Private Ltd.: New Delhi.

Davidson, S. 1960, "School Phobia as a Manifestation of Family Disturbance: its Structure and Treatment", Journal Child Psychol. Psychiat., 1,4, 270-287.

Daws, P. P., 1976, Early Days, C R A C, Cambridge.

Deurzen-Smith, E., 1986, Existential Therapy. in W. Dryden (ed), Individual Therapy in Britain. London: Harper & Row, Publishers.

Dinkmeyer, D. & Caldwell, E., 1970. Developmental Counselling and Guidance: A Comprehensive School Approach, McGraw Book Company: New York.

Dorfman, E., 1986, Play Therapy. in C. Rogers, Client-Centered Therapy. Boston: Houghton Mifflin Company.

Dryden, W. 1986. Individual Therapy in Britain. London: Helper & Raw Publishers.

Duncan, J. & Gumaer, J., 1980, Developmental Groups for Children Charles C. Thomas Publisher, Illinois.

Erikson, B. and Nosanchuk, T.A., 1979, Understanding Data. The Open University Press : London.

Ferster, C.. & Skinner, B.F., 1957, Schedules of Reinforcement. Appleton-Century-Crafts: New York.

Fransella, F., 1986, "Personal Construct Therapy, in W. Dryden, (ed.) Individual Therapy in Britain. London: Harper and Row Publishers.

Fischer, J. and Gochras, H. L., 1975, Planned Behaviour Change The Free Press: New York.

Gazda, G. M., 1978, Group Counselling: A Developmental Approach. Second Edition. Allyn & Bacon: Boston

Gazda, G. M. 1984, Group Counselling: A Developmental Approach Third Edition. Allyn and Bacon, : New York.

Gittelman-Klein, R. & Klein, D., 1971, "Controlled Imipromine Treatment of School Phobia", Arch. Gen. Psychiat. 25, 204-207.

Goldenberg, H. and Goldenberg, I., 1976, 'School Phobia: Childhood Neuraus or Learned Maladaptive Behaviour'? in P. Williams (ed). Behaviour Problems in School. London: Hodder and Staughton.

Graighead, W. E., Kazdin, A. E. and Mahoney, M. J., 1976, Behaviour Modification: Principles, Issues, and Applications. Houghton Mifflin: Boston.

Gumaer, J., 1984, Counselling and Therapy for Children, The Free Press: New York.

Hersov, L.A., 1960, "Refusal to go to School", Journal Child Psychol. Psychiat., 1, 2, 137-145.

Hobbs, N., 1961, Group Psychotherapy with Children, McGraw-Hill Book Company: New York.

Holtage, E., 1972, Communicating with Children, Longman Group Limited: London.

Hopkins, K. D. and Glass, G. V., 1978, Basic Statistic for the Behavioural Sciences, Prentice-Hall Inc., Englewood Cliffs : New York.

Howell, D. C., 1985, Fundamental Statistics for the Behavioural Sciences. PWS-KENT: Boston.

Hsia, H., 1984, "Structural and Strategic Approach to School Phobia/ School Refusal", Psychology in School. 21, 360-7.

Huhn, R. P. and others, 1985, "A survey of Programs of Professional Preparation for Group Counselling." Journal for Specialists in Group Work. 10, 3, 124-33.

\*  
Issa, M. R., 1984, "Towards New Strategy of Counselling", The Educational Journal, Kuwait University.3, 103-17.

Jacobs, M., 1986, "Psychodynamic Therapy: The Freudian Approach" in W. Dryden, (ed.), Individual Therapy in Britain, London: Harper & Row, Publishers.

Kahn, J.H., Nursten, J.P., & Carrall, H., 1981, Unwillingly to School 3rd. Ed. Pergamon Press: Oxford.

Kazdin, A.E., 1975, Behaviour Modification in Applied Settings, The Dorsey Press, Illinois.

Kazdin, A.E., 1978, History of Behaviour Modification, University Park Press, Monylan, U.S.A.

Kelly, E. W., 1973, "School Phobia: A review of Theory and Treatment", Psychology in School, 10, 1, 33-42.

Kennedy, W.A. 1965, "School Phobia: Rapid Treatment of Fifty Cases", Journal Abnorm. Psychology, 70, 4, 285-289.

Knox, P., 1988, Troubled Children: A Fresh Look at School Phobia, Angroffdy Arfon: North Wales.

Krumboltz, J.D. & Krumboltz H.B., 1972, Changing Children's Behaviour, Prentice-Hall, Inc., Englewood Cliffs: New Jersey.

Krumboltz, J.D. & Thoresen, C.E., 1976, Counselling Methods, Holt, Rinehart & Winston, Inc: New York.

\*  
Kuwait University, 1986/87, Introduction to Kuwait and Kuwait University. The Department of Public Relations and Information, Kuwait.

Lago, C.O., 1981, "Systematic Desensitisation: a Case-History Including Some Developments in the Use of Fantasy", British Journal of Guidance and Counselling, 9, 1, 94-99.

Lambert, K., 1986, "Psychodynamic Therapy: The Jungian Approach" in W. Dryden, (ed.), Individual Therapy in Britain, London: Harper & Row, Publishers.

Lazarus, A. A., Davison, G.C. & Polefka, D.A., 1965, "Classical and Operant Factors in the Treatment of School Phobia" Journal of Abnormal Psychology, 70, 3, 225-229.

Lefrancois, G. R. 1973, Of Children: An Introduction to Child Development. Wadsworth Publishing Company Inc.: California.

Lennox, D., 1982, Residential Therapy for Children, Tavistock Publications Ltd.: London.

Leventhal, T. and Sills, M., 1962, "Self-image in School Phobia", American Journal of Orthopsychiatry, 34, 685-95.

Leventhal, Weinberger, G., Stander, R. J. and Stearns, R. P., 1967, "Therapeutic Strategies With School Phobics" American Journal of Orthopsychiatry, 37, 64-70.

Levitt, E.E., 1980, Psychology of Anxiety, 2nd Ed. Lawrence Erlbaum Associates, Publishers: New Jersey.

Lewis, D.G. & Pumfrey, P.D., 1978, Lewis Counselling Inventory, Nfer Publishing Company Ltd.: London.

- \*  
Mansour, J., 1981, The Educational and Vocational Guidance in Secondary Schools in Kuwait, Unesco: Paris.
- Milner, P., 1974, Counselling in Education. J M Dent & Sons Ltd.: London.
- \*  
Ministry of Education, 1985, Intellectual Verbal Test, The Administration of Social Service 2nd Edition, Kuwait
- \*  
Ministry of Education, 1985/56, Guide of the Administrations of Social and Psychological Service., Kuwait.
- \*  
Ministry of Education, 1986, Annual Report of the administration of Social Service Administration of Social Service: Kuwait.
- \*  
Ministry of Information, 1986, Kuwait - Facts and Figures, Algabas: Kuwait.
- \*  
Ministry of Information, 1986, Spotlight on Kuwait, Education, Dar Al-Seyyasah: Kuwait
- \*  
Ministry of Planning. 1987, Social Statistics. Central Statistical Office. Ed. XVI, Publication, Research & Training Department: Kuwait.
- Mitchell, S. & Shepherd, M., 1967, "The Child who dislikes going to School", British Journal of Educ. Psychol., 37, 32-40.



Moore, T., 1976, 'Difficulties of The Ordinary Child in Adjusting to Primary School'. in Williams (ed). Behaviour Problems in School. London: Hodder and Staughton.

Morgan, G.A.V., 1959, "Children Who Refuse to Go to School". Medical Offprints, 102, 221-4.

Munro, E. A., Manthei, R. J. and Small, J. J., 1985, Counselling A Skills Approach. Methuen Publication: New Zealand.

Mussen, P.H., Congen, J. & Kagan, J., 1969, Child Development and Personality, 3rd. Edition, Harper & Row Publishers :New York.

Nelson-Jones, R., 1982, The Theory and Practice of Counselling Psychology, The Pitman Press: London.

Nelson-Jones, R.1983, Practical Counselling Skills. Rinehart and Winston Ltd: London.

Nelson-Jones R. 1988, Practical Counselling and Helping Skills. Second Edition. Cassel Educational Limited: London.

Neuringer, C. & Michael, J.L. 1970, Behaviour Modification in Clinical Psychology, Meredith Corporation: New York.

Nye, R.D., 1979, What is B.F. Skinner Really Saying ?, Prentice-Hall Inc.: New Jersey.

O'leary, E. 1982, The Psychology of Counselling., Ireland: Cork University.

Page, F. 1986, "Gestalt Therapy" in W. Dryden (ed.) Individual Therapy in Britain, London: Harper & Row Publishers.

Pearson, G.H.J., 1951, Emotional disorders of Children, Bradford & Dickens: London.

Peters, D.R., 1973, "Identification and Personal Learning in T-Groups", Human Relations, 26, 1, 1-21.

Pritchard, C. & Butler, A.J., 1978, "Teacher' Perception of School Phobia and Truant Behaviour and the Influence of the Youth Tutor", Adolescence, 1, 273-282.

Pritchard, C. & Word, R., 1974, "The Family Dynamics of School Phobics", British Journal of Social Workers, 4, 1, 61-78.

Rees, W. D. C., 1985, 'Developments in Pastoral Care and Counselling'. The Counsellor, Journal of The National Association of Counselling in Education. 5, 2, 1-4.

Ritter, K.Y., West, J.D. & Trotzer J.P., 1987, "Companing Family Counselling and Group Counselling: An Interview with G. Gazda, J. Hansen & A. Honestad." Journal of Counselling and Development, 65, 6, 295-300.

Rogers, C. R., 1985, Encounter Groups Penguin Books Ltd.: London

- Rogers, C.R., 1986, A Therapist View of Psychotherapy. On Becoming a Person, Constable and Company Ltd: London.
- Rogers, C.R., 1986, Client-Centered Therapy, Houghton Millin: Boston.
- Rutter, M., 1975, Helping Troubled Children, Cox and Wyman Ltd: London.
- Schordt, E. & Truckle, B., 1977, "A Counselling Group for Adolescents", British Journal of Guidance and Counselling, 5, 2, 189-197.
- Sheldon, B., 1982, Behaviour Modification, Javistock Publications Ltd: London.
- Shertzer, B. & Stone, S.C., 1980, Fundamentals of Counselling, 3rd., Ed., Houghton Mifflin Company: Boston.
- Shulman, L., 1985, The Skills of Helping Individuals and Groups 2nd. Ed., Peacock Publishers, Inc: Illinois.
- Skinner, B.F., 1966, The Behaviour of Organisms, An Experiment Analysis, Appleton Century-Cripts, Inc.: New York.
- Skinner, B.F., 1974, About Behaviourism, Jonathan Cope Ltd.: London.

Smith, R. E. and Sharpe, T. M., 1970, "Treatment of School Phobia with Implosive Therapy". Journal of Consulting Clinical Psychology. 35, 239-43.

Soliman, A. M., 1981 "Educational and Vocational Counselling Provisions in Some Arabs Countries". in H. Z. Hoxter, Division of Structures, Content, Methods and techniques of Education. Paris: UNESCO.

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Soliman, A. M., 1986, "Counselling: The Development And Uniqueness of Its Concept." Annals of The Faculty of Arts", Kuwait University, 34th. Monograph, VII.

Stott, D.H., & Skyes, E.G., 1965, The Child in School-(Boy), University of London Press, Ltd: London.

Sutherland, J. D., 1982, 'Some Reflections on the Development of Counselling Services'. in A. W. Bolger (ed). Counselling in Britain. London: Batsford Academic and Educational Ltd.

Thompson, S. & Kahn, J.H., 1976, The Group Process as a Helping Technique, A. Wheaton & Co: Exeter.

Thorne, B., 1986, "Person-Centered Therapy" in W. Dryden, (ed.), Individual Therapy in Britain, London: Harper & Row Publishers

Truax, C. B. & Carkhuff, R. R., 1967, Toward Effective Counselling And Psychotherapy: Training And Practice. Aldine Publishing Company: Chicago.

- Tyler, L. E., 1969, The Work of the Counsellor. 3rd. Ed. Appleton Century Craft: New York.
- Walker, S., 1984, Learning Theory and Behaviour Modification, Methuen Co. Ltd: New York.
- Watson, J. and Rayner, R., 1920, "Conditioned Emotional Reaction". Journal of Experimental Psychology. 3, 1-14.
- Weiner, I.B. & Elkind, D., 1972, Child Development: A core Approach, John Wiley & Sons, Inc.: New York.
- Williams, P., 1976, Behaviour Problems in School, Hodder and Stoughton Limited: London.
- Yardley, A., 1973, Learning to Adjust, Evans Brothers Limited: London.
- Youngman, M.B., 1979, Assessing Behavioural Adjustment to School. University of Nottingham: London.

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\* Arabic Reference