

cooperating with her. Respect as a person not only is a fundamental for mental health but also a basic right of every child.

The Unique Place of the School

The question is often raised as to what the school can do when the home does not supply the child's needs. Sometimes this has led to the hopeless attitude that the school can do nothing if the child's difficulty lies in home conditions. The desire to do something has, unfortunately, led to some schools trying to assume the functions of the home. The school cannot and should not attempt to take the place of the home. However inadequate the home, the school is still only the school. But with

knowledge of the lacks in the home, the teachers and other responsible adults can often understand what the child is trying to attain by his "bad" behavior.

To understand is not to condone but to direct; not to accuse but to teach. If a child ties his shoes incorrectly he is taught, but too often if he carries on his social activities incorrectly he is accused. Even punishment can be carried out with respect—and results in respect by the child. The school cannot entirely negate the effect of home situations—either a good school and a poor home or a poor school and a good home—but it does go far in establishing the child's concept of what the community accepts as standards and expects of its members, whatever their age.

The Cost of Failure

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Many educators have long questioned the schools' policy of failure in terms of its effect upon a child. In this article Audrey Arkola, instructor in the department of pediatrics and clinical psychologist, and Dr. Reynold A. Jensen, associate professor of pediatrics and psychiatry, both of the University of Minnesota Medical School, look at school failure from the standpoint of the individual who works with children in a psychiatric clinic. Dr. Jensen and Miss Arkola tell us that of the total number of children referred to a psychiatric clinic, a fairly large number have difficulties related in one way or another to the school situation.

SCHOOL FAILURE is a real threat to total life adjustment. It is costly, not only in terms of time and money, but also in its total effect upon the child and his family.

The causes of failure are many and often complex. They vary with different age groups. In many instances failure is due to a combination of factors

which require definition before a rational remedial program can be arranged. These factors do, however, tend to fall into broad general groups.

The Intellectual "Borderline"

In evaluating a child having school difficulties it is essential to determine his intellectual capacity. Adequate intelli-



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gence is necessary for a reasonable degree of school success. Unfortunately, while marked retardation may be easy to recognize, abilities which fall between those classed as "average" and those definitely retarded are more difficult to define.

Children who fall in the "borderline" and particularly the "dull normal" ranges of intelligence often are misunderstood by parents and teachers alike. Superficially they appear quite normal. In many cases it is only in the academic situation that they meet difficulties of competition with other children of their age. As a rule these youngsters tend to have trouble from the first year on, hovering between "passing" and "failing" until the fourth or fifth grade. At this point failure is the rule, for these youngsters are not mentally equipped to manage long division or fractions or grammar satisfactorily.

A modified program designed to utilize manual skills which enable the child to attain reasonable pleasure and satisfaction from school work is a much more desirable plan than passing him along from year to year, only to become more and more inadequate. Unfortu-

nately, while an increasing number of the larger schools are equipped to provide satisfying experiences for the more severely backward child, many of the children in the in-between groups are "forgotten children." Too bright in terms of measured I.Q. to be eligible for special classes, yet not quite able to keep up with the regular classes, they are continually penalized. Too often they are met only with increasing pressures of being urged to "study harder."

Ultimately they come to the physician or a psychiatric clinic with a variety of complaints. These range from behavior difficulties to actual symptoms of illness which are a result of the anxieties and tensions arising from their failure to please parents and teachers and to keep up with their friends. Since school becomes a constantly frustrating experience about which they themselves can do little, dislike of school itself is an understandable reaction. Understanding, on the part of both teacher and parents, of the child's limitations with a consequent lessening of pressure on all sides is the main step in helping these children.

Attention must be given not only to the child who differs from the norm in an inferior direction but also to the superior child. Extremely bright children sometimes do poorly in school. These children too often find school experiences, designed for the average, of little interest and challenge. Relieved of any need to keep busy during the school day, there is a resort to phantasy and trouble begins.

Variety in Physical Handicaps

The physically handicapped child too often faces the frustrating experi-

ence of school failure. Accurate sensory perception is a first essential in education. Any defect of sight or hearing naturally penalizes the child. Because they are so often overlooked, minimal defects are probably more, rather than less, important than major sensory ones. The slightly deaf child, for example, may often appear dull because he misses parts of a lesson. He may give incorrect responses to questions because he has misunderstood. In some respects such a child is more handicapped than the one with defects so apparent that account is taken of them. Identifying a child suffering from slightly diminished hearing is often difficult, particularly when the child himself may not be aware that he hears less well than other children. Early detection of a sensory defect is, of course, the best way to avert school difficulty in these cases.

The child with poor muscular coordination and control needs special consideration and encouragement. Speech disorders, such as stuttering or those related to cleft palate defects, likewise can contribute to school maladjustment. In addition to the necessary corrective measures and aid by the speech therapist, an unemotional acceptance of the speech defect by the school teacher is of immeasurable help in treating the problems of these children.

Chronic and acute illnesses often take their toll in school failure. Repeated or prolonged absences from school because of sickness cause the child to fall behind in his work. Faced with overwhelming odds upon return to school, he may become discouraged, lose faith in himself, and view the future with hopelessness. Special help during convalescence is often the answer in such cases.



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Unusual physical features such as tallness or shortness, obesity, or a physical deformity may be indirectly responsible for school adjustment difficulties. Some children do poorly in school because of difficulties such as malnutritional anemia. A number of children seem to perform inadequately because of definite "behavior disturbances." Certain of these are closely related to a concomitant somatic disease or defect, such as changes associated with an encephalitis. In others the relationship between the behavior disorder and the physical state is less clear, such as that associated with hyperthyroidism. In still others there is a less direct relationship between the physical and mental condition, but the behavior disorder seems to appear as an expression of the feelings of the child toward the handicaps of his physical condition. For example, the child limited by residuals of poliomyelitis, rheumatic heart disease, or the like may attempt to compensate through conduct disturbances for his inability to compete with normal children.

Reading Difficulties in the Lead

Many children with special school disabilities eventually find their way to

the child psychiatry clinic. The child who has failed to learn the common things that others learn so easily has associated a great deal of emotion with his problem. The emotional instability may be either cause or effect. For example, a child whose home is unhappy and unstable may be so emotionally disturbed that he lacks the proper attention required for learning. On the other hand, an apparently normal child may become emotionally disturbed as a result of the frustrations arising from his inability to learn by the same methods other children do.

Reading difficulties are the most common of these school disabilities. Estimates suggest that at least ten percent of our children of school age have difficulties in learning to read. These difficulties range from mere slowness in the mechanics of reading to a total reading disability involving a complete inability to recognize printed words.

The causes of inability to read are many. Failure to establish unilateral cerebral dominance enters into some cases. In others, lack of corresponding eye and hand dominance is involved. In addition to those cases in which normal functioning of the brain is interfered with to the detriment of the learning process, there are others resulting from sensory defects or physical handicaps, poor instruction, and too frequent changing of schools.

Some children cannot learn by the methods of instruction which are well suited to the average. They can usually learn by kinesthetic methods but, for reasons as yet little understood, do not have the ability to learn by the commonly used visual methods. Children with such a handicap often encounter

trouble early in school, having less difficulty with mathematics or subjects which do not require reading. On the other hand, bright children with reading difficulties occasionally manage to go along undetected for long periods of time in over-crowded classes where little individual attention can be given.

A case in point was that of a fourteen-year-old eighth grader who had begun failing when he entered junior high school. It was assumed that he was of inferior intelligence. Performance on individual intelligence tests placed him as "superior"; however, during the course of the testing it was discovered he had difficulty in reading, missing such simple words as "house." When interviewed, the lad acknowledged he had always had trouble in reading but had been so embarrassed by his difficulties he had put forth every effort to conceal them. He had managed to avoid reading aloud in classes by assuming an attitude of negativism and withdrawal. Because of his superior intelligence and excellent memory he had managed to earn just barely passing grades until he entered a large city junior high school. Here, with a considerable amount of individual work to be done and with reading assuming much greater importance than previously, he encountered his first failure.

Children such as this boy, of course, need intensive help from specially trained individuals. No regular classroom teacher can be expected to assume complete responsibility for such a case. Again, however, she can be of real help by recognizing the possibility of a learning disability and referring the child for help. If special help can be obtained for such children, additional aid can be

given in the classroom by decreasing pressures in the area of reading during the time of the treatment.

Inability to Face Adjustment

Emotional disturbances in children have not been sufficiently recognized as causes of school failure. They are of particular importance when the child begins his school career. From this time on, responsibility for adjustment rests primarily with him. In too many instances this constitutes a real threat to the child. In such cases the attitude of the teacher as well as the parents can help or hinder progress.

Real or imagined fears as well as anxiety, the commonest nervous disturbance in both children and adults, may be instrumental in failure. A tactless or unsympathetic teacher, a nagging parent who expects too much, parental discord, or lack of full acceptance of the child and his problems on the part of either teacher or parent need consideration. Fear of punishment, failure, criticism, or heckling by fellow students may produce sufficient strain to cause failure. Sometimes the expectation that a child live up to the performance of an older, and perhaps brighter, sibling who has made an outstanding school record is a primary cause for difficulty. In adolescence, tensions may increase with problems centering around emancipation from the home, choosing a life's work, and developing a healthy sense of heterosexuality. Wise guidance in these areas may mean the difference between school failure and success.

The Adult Responsibility

Children are trying to adjust themselves to life as they find it. Current

success or failure may affect not only the present adjustment but future adjustment as well. Recognizing this, all adults interested in the child's welfare will give support and encouragement.

School failure is too often considered only in terms of adequate academic performance. Actually, however, academic failure is only a part of the picture of school failure. The child who is overly good, who performs all study functions beautifully but who withdraws from contact with other children, is showing poor school adjustment from the social and inter-personal points of view. As such he is as much a failure as the child who does not absorb the required amount from his textbooks. Failures on the playground assume as much psychiatric significance as failures in the schoolroom.

Many enthusiastic teachers feel a real sense of lack in themselves when children in their classes fail to function adequately. If teachers are encouraged to think of school failure as some inability on the part of the child to meet experiences of living and learning successfully, then the inability can be recognized as a symptom of underlying difficulties. With this understanding the teacher need feel no threat of herself being a failure and need develop no feelings of guilt; and so is in a far better position to aid in the early diagnosis and management of children failing in school. In the more complicated cases she will recognize limitations placed on her and can feel free to suggest referral for specialized help. In other cases her own objective, sympathetic understanding may help the child sufficiently to reduce his chances of an unhappy and unsuccessful school experience.

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