

School Phobia and Its Consequences on School Children: The Way Forward

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ABSTRACT

School phobia behaviour is a psychosocial problem for students characterized by severe emotional distress and anxiety at the prospect of going to school, leading to difficulties in attending school and, in some cases, significant absences from school. This study examines the consequences, signs, causes and interventions or treatment of school phobia. Having discovered that school phobia is harmful to the prospect of the school children, this study proposes that through adequate and effective programmes such as seminars, conferences, workshops, computer cognitive restructuring counselling technique (CRT), graded exposure technique (GET) and so on. Parents, teachers and students of all categories should be trained to keep them abreast with the consequences and relevant interventions necessary to reduce or eliminate the both the short term and long term effect of school phobia on school children.

Keywords: *school phobia, consequences, school children and way forward*

INTRODUCTION

School phobia is a challenging problem facing the child and adolescents and has become an important matter to counsellors, teachers, parents, psychologists, psychiatrists, medical doctors, mental health practitioners and educationists especially those who are involved with the education of the children and adolescents. Kearney (2008) indicates that this behaviour occurs in approximately 2 – 5% of children of school age. Berg, Nicholas and Pritchard (1969) have noted that school phobia involves difficulties in school attendance, emotional distress at the prospect of going to school but an absence of antisocial characteristics. School phobia has a complex etiology with temperament characteristics, school experience, and family influences contributing to the onset and maintenance of the problems (King, Ollendick and Tonge, 1995). Also, stressful life events at home or school frequently occasion the onset of school attendance difficulties.

Many studies have recorded that the incidence of school phobia is almost a common occurrence in all schools that students may develop physical symptoms such as headache, dizziness, or stomach ache when they are made to go to school. According to Wimmer (2004), prevalence or incidence of school phobia ranges between 2% to 5% of school age children and adolescents. Boys and girls exhibit school phobia at the same rates. School phobia is highest in children ages five to seven and eleven to fourteen. These ages correspond with starting school and transition through middle school or junior high school, both unusually stressful periods. Many different factors influence the process of school phobia among students and these factors could be the student's temperament, events at

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school or family situation. School phobia usually develops after a child has been home from school for an illness or injury, death of a relative, or a move to a new school. Usually school phobia develops gradually, with children putting up increasingly intense difficulties in staying in school as time passes. School phobia among secondary school students has forced many schools to introduce various activities to encourage students to make their stay in school a pleasurable event. Many secondary schools in Kaduna metropolis have introduced co-curriculum activities, games and several other social activities. Some schools have organised inter house game activities, cultural festivals, visit to important tourist centres and school or community wide approaches to reduce school phobia, but the behavioural problem still persist.

School counsellors have staged a lot of programmes to make students feel happy and find staying in school less difficult. Various socio-personal counselling activities, workshops, and other programmes of assurance have been staged. Counsellors have persuaded and keep records of students who exhibit school phobia. Also, teachers have employed many methods such as being caring and friendly to students. Many teachers act as school guardians or parents to many students, occasionally visit students' home or even invite their parents to schools. Hence, they engage such students in discussion or report them to counsellors, teachers or the school authority. Some parents have taken their children to medical doctors with a view to reducing school phobia. On this premise therefore, this study is preoccupied with assessing school phobia, its consequences on the school children and the way forward.

Concept of School Phobia

There is no consensus among authors on the term "school phobia" (Davies, 2012). Thus, the term has been used interchangeably with other terms like "school refusal", "school avoidance", "fear of school", "school fear", "phobia of school", "*scolionophobia*", and or "*didaskaleinophobia*" to describe the same phenomenon (Davies, 2012 and Linden, 2014). Linden (2014) describes school phobia as the enduring refusal to school attendance observed in children and adolescents who, for irrational reasons, develop active reactions of anxiety or panic in line with fears associated with a school distressing situation. The problem often begins with an undefined complain related to school or poor motivation for school attendance which progresses to a total refusal, in which permanence at school can only be achieved by parental persuasion, begs, or punishment as well as pressure from teachers. Avoiding behaviour can also be accompanied by clear symptoms of anxiety or even generalized panic at the time to go to school.

Many children may return home at only half way of the school as others may leave school in an anxious state. Children might insist to express their desire to go to school and may even be ready to do it, however, they cannot overcome the fear they experience at that particular moment. School phobia may appear in presence of specific stimuli. For example, Monday's return to school from holidays, first day of classes after recovering from illness, change of classroom or school, change of subject teachers among others can evolve to a definitive refusal to attend school, preceded by anxiety symptoms and even

physical symptoms such as nausea, vomits, headaches, diarrhoea, abdominal pain and throat pain, which often disappear when the child is allowed to stay home and reappear as the possibility of attending school materializes. School phobia has been defined as an anxious fear of school caused by the child and mother's separation anxieties. School phobia behaviour is a psychosocial problem for students characterized by severe emotional distress and anxiety at the prospect of going to school, leading to difficulties in attending school and, in some cases, significant absences from school. School phobia, according to Davies (2012) refers to an anxiety disorder in children who have an irrational, persistent fear of going to school. Children with school phobia always want to be in close contact with their parent or caregiver. School phobic children are often insecure, insensitive, and do not know how to cope with their emotions. They appear anxious and may become physically ill at the thought of attending school.

School phobia is a broad term that encompasses a child motivated refusal to attend or remain at school, or a clear and apparent difficulty in doing so (Kearney, 2008). This school phobia often results from anxiety produced either by the separation from a major attachment figure or from fear of an aversive situation at school such as bullying or an oral presentation. School phobia can also result from positive reinforcement, or rewards, such as access to television, video games, or simply attention that is received outside of school. The main condition of school phobia is severe difficulty attending or remaining in school, resulting in prolonged absences. From this core symptom there can result both internalizing and externalizing behaviours (Kearney, 2008). Internalizing behaviours include anxiety, depression, fear, fatigue, and somatic complaints. Externalizing behaviours include tantrums, aggression, clinging non-compliance, refusing to move and running away. Some situations can preclude the school phobia, such as a legitimate illness or disorder.

Gutiérrez-Maldonado, Magallón-Neri, Rus-Calafell and Peñaloza-Salazar (2009) define school phobia as a condition characterized by fear to diverse events associated to school such as being beaten by a classmate, bullied or criticised in front of the class, having to speak in public, doing exams, getting undressed to practice sports and so on. Aliston (2003) also defines school phobia as a condition wherein a child has a fear of attending school. For these students, walking into a school can bring a frightening feeling, and they might be overwhelmed by the school's size, of the number of people in it or of feeling lost. Students with school phobia experience severe emotional distress when they think about attending school. Many of them are simply afraid to be away from home and experience high levels of anxiety when they are away from parents and or home.

Kearney (2008) defines school phobia as a denial to attend school or difficulty remaining in the school throughout the day. It is a gamut of behaviour exhibited by youth, or students which includes skipping parts of the school day, displaying extreme resistance to attending school in the morning, and constantly seeking the school nurse in order to be dismissed from school. It is an extreme unwarranted fear and or physical aversion to school. Kearney (2008) explains that school phobic students usually refuse or fear school and or tries to: (a) avoid school-related objects or situations that cause distress or negative effect, (b) escape aversive social and or evaluative situations, (c) receive attention from

others outside of school, and or (d) pursue reinforcement outside of school. School phobia has not been issued a formal psychiatric diagnosis, however, Fremont (2003), has designed criteria for differential diagnosis of sufferers which may include the following:

- i Severe emotional distress about attending school; may include anxiety, temper tantrums, depression, or somatic symptoms.
- ii Parents are aware of absence; child often tries to persuade parents to allow him or her to stay home.
- iii Absence of significant antisocial behaviours such as juvenile delinquency
- iv During school hours, a child usually stays in their home because it is considered a safe and secure environment.
- v Child expresses willingness to do school work and complies with completing work at home.

School phobia has also been categorized under social school phobia. School phobia occurs at all ages and when left untreated, it causes significant stress for parents. Potential consequences of prolonged school phobia are severe, from lack of academic progress, failure to develop satisfactory social relationships, and significant family conflict to adult emotional disorders (Wimmer, 2004).

Characteristics of Students with School Phobia

Common characteristics and features of school phobic students owing to emotional reasons according to Wimmer (2004) are varied, and include the following:

Separation Anxiety: Students who refuse school because of separation anxiety may be worried about the safety of a caregiver or other loved one and fear something bad will happen to that individual. It is common for these children to complain about going to school and engage in morning battles before school that may involve crying, yelling, kicking, or running away. While many young children experience separation anxiety in preschool or before going to kindergarten, the behaviour is more serious when separation anxiety is so extreme that it results in refusal to attend school.

Performance Anxiety: Some students have extreme anxiety about taking tests, giving speeches, or athletic competition in physical education class. Those who have anxiety about these types of performance situations worry about being embarrassed or humiliated in front of their peers.

Social Anxiety: Students may feel social anxiety or worry about social interactions with peers and or teachers. They are uncomfortable in social situations and may dread socializing with classmates.

Generalized Anxiety: Students have a tendency to perceive the world as threatening and have general worries about something bad happening. These children may also have specific fears of disastrous events like tornadoes or war.

Depression: Students experience depression or both anxiety and depression, and the symptoms include sadness, lack of interest in activities, failure to make expected weight

gains, sleep difficulties, feeling tired, feeling worthless, feelings of guilt, and irritability. A very serious symptom of depression is suicidal ideation. A child who is talking about harming himself or herself should be referred to a counsellor in order to ensure his or her safety.

Bullying: Students fear being bullied. These children want to avoid school because of very real situations in which they are physically threatened, teased, or left out by other children.

Health-related Concerns: Students tend to have high rates of physical complaints. Physicians and the school nurse can assist parents and school staff in determining whether a child has a legitimate physical problem or if physical complaints are related to anxiety. School phobia may also develop after a student has been home sick with an actual illness. In these situations the child refuses to go to school even after recovering physically. The child's physician can communicate with school counsellors regarding when the child who has been ill can return to school or whether there are any restrictions for the child at school. If there is no medical reason for staying home, the child should be at school.

Causes of School Phobia

Davidson (2014) opines that anxiety disorders including school phobia may have genetic component. Children whose parents have anxiety disorders may have symptoms than children whose parents do not have these disorders. School phobia is often associated with other anxiety disorders such as school phobia or other mental health disorders such as depression. Some experts theorized that another possible cause of school phobia is traumatic and prolonged separation from the primary caregiver in early childhood. For instance, a child who for one reason or the other had to lose the care of his or her biological mother to someone else may exhibit school phobia.

Family functioning affects school phobia. Stressful events or a dysfunctional family can cause children to feel compelled to stay in their home. For instance, a child whose mother had just been brutally battered by someone may fear going to school for fear of likely terrible thing that might happen to her. Young children are more likely to refuse to separate from their parent or caregiver because they fear something catastrophic will happen to the adult while they are at school (Davidson, 2014). According to Martin, Cabrol, Bouvard, Lepine, and Mouren-Simeoni (1999), problems with family functioning contribute to school refusal in children; however, few studies have systematically evaluated and measured these problems. Parents of children with school avoidance and separation anxiety have an increased rate of panic disorder and agoraphobia.

Older children may refuse to leave a parent who is ill or who has a substance abuse problem, in effect trying to cope for the parent. They may also be afraid of some specific aspect of school, such as riding the bus or eating in the cafeteria. It is not uncommon for middle and high school students to become school phobic because they are afraid of violence either at school or on the way to school, are afraid of failing academically, have been repeatedly bullied or humiliated at school, feel they have no friends at school, or are excluded. School phobic children who have school phobia usually try to win their parents'

permission to stay in the home (although some simply refuse to leave the house) or stay out of school. Dysfunctional family interactions that correlate with school refusal include over dependency, detachment with little interaction among family members, isolation with little interaction outside the family unit, and a high degree of conflict (Kearney and Silverman, 1995).

Consequences of School Phobia

Frequently fear of school events can cause young children to develop a chronic school phobia leading to significant social and academic difficulties. Fear of school can lead to students' absenteeism. According to Lowry, Sleet, Duncan, Powell and Kolbe (1995), students were reported to have stayed home from school because of fear of violence they experienced or witnessed at schools. The Centre for Disease Control and Prevention (1995), further corroborated this position with the report that students stayed away from school when they felt unsafe either at school or travelling to school. CDCP (1995) discovers that younger female students were more likely to miss school because of fear of school than older female students.

In addition to missing school due to fear of violence; students may begin to perceive certain areas of the school where crime often occurs as unsafe. In an attempt to ensure their own safety, they begin to avoid these places. DeVoe *et al.* (2004) report more specifically that the minorities, students in lower grades, in urban areas, who are attending public schools, were most likely to report avoiding specific places in schools. Fear of school may lead to psychological and emotional instability at school. In a cross-sectional survey conducted by Bowen G, Richman, Brewster and Bowen N. (1998), students' perceptions of danger at school negatively influenced students' sense of psychological engagement in school and confidence in their ability to meet school-related demands and challenges. In addition, students' sense of school coherence decreased as perceptions of school danger increased.

Fear of school is tied to a school's ability to provide an environment conducive to learning, but it may also play a key role in how effective a school is in preventing crime in the first place. As students' fear increase; confidence in school administration, teachers, and other adults within the school diminishes, and informal social controls against evidence weaken. In a study conducted by Barker and Wills (1978), it is found that school phobic children tended to have more psychiatric problems that needed attention preceding the treatment of their school refusal behaviour. Some school phobic children were also found to have displayed more anxious and withdrawn characteristic too.

Also, Matthiessen (2013) has reported that school phobic children are more likely to drop out of school, have lower grade point average (GPA), and have other discipline problems at school. These outcomes are definitely against the school goals; and it is a setback to individuals and the national development when students drop out of the school. In addition, school phobia may lead to family disintegration or family dysfunction. A family whose children are experiencing school phobia may suffer emotional instability. Parents may be sad or even find themselves at logger head due to their school phobic child.

Signs and Symptoms of School Phobia

According to Wimmer (2004) and Davies (2012), the signs and symptoms of school phobia can include any of the following; therefore counsellors need to recognize them:

- i Frequent complaints about attending school
- ii Frequent tardiness or unexcused absences
- iii Absences on significant days (tests, speeches, physical education class, etc.)
- iv Frequent requests to call or go home
- v Excessive worrying about a parent when in school
- vi Frequent requests to go to the nurse's office because of physical complaints
- vii Crying about wanting to go home
- viii Frequent stomach-aches and other physical complaints such as nausea, vomiting, diarrhoea, exhaustion, or headaches that cannot be attributed to a physical ailment.
- ix Clinginess, tantrums and or panic when required to separate from parents or caregivers.
- x Fear of the dark or being in a room alone.
- xi Trouble going to sleep and or having nightmares.
- xii Exaggerated fears of animals, monsters, school, etc.
- xiii Constant thoughts concerning the safety of self or others.

Genuine physical symptoms are common and include dizziness, headaches, nausea, vomiting, diarrhoea, shaking or trembling, fast heart rate, chest pains, and back, joint or stomach pains. These symptoms usually improve once the child is allowed to stay home or out of school. Behavioural symptoms include temper tantrums, crying, angry outbursts, and threats to hurt themselves (self-mutilation). When a counsellor sees any of these signs it may be a good idea to speak to the child, teacher and the child's parents. It is important to develop an intervention plan as quickly as possible when these warning signs occur, because a quick response has been found to increase the probability of successful outcomes.

Intervention, Assessment, Diagnosis and Treatment of School Phobia

Because school phobia may be the result of many factors, assessment should involve a variety of methods and sources and should include information gathered across more than one setting, such as interviews, observation of the child, and a review of academic records and attendance history (Wimmer, 2004). Questionnaires completed by teachers, parents, and the student can provide additional information about the child's developmental, social, and emotional status. Academic achievement testing may be needed, particularly if there are academic difficulties contributing to the school phobia. An assessment of the reasons for the school phobia behaviour also involves determining the antecedents and consequences of the child's behaviour. Frequent reasons or causes include escape from anxiety-provoking situations or to gain attention from a parent or other caregiver. Alternately, some students may avoid school in order to engage in a payoff, for school phobia can help in determining the source of the problem. Wimmer (2004) and Davies (2012) suggest that both home and school issues need to be considered when assessing the reasons that contribute to school phobia.

Home Issues may include any of the following:

- Be experiencing a family change like a move, illness, separation, divorce, death, depression, or financial problems.
- Have been absent from school due to a long illness.
- Enjoy a parent's undivided attention when not in school.
- Be allowed to watch television, play video games or with toys rather than complete schoolwork.
- Have an overprotective parent who reinforces the idea that being away from him or her could be harmful.
- Be apprehensive of an impending tragedy at home.
- Fear of an adult at home might hurt a family member while the child is at school.
- Be afraid of neighbourhood violence, storms, floods, fires, etc.

School Issues: A child may ...

- Fear criticism, ridicule, confrontation or punishment by a teacher or other school personnel.
- Have learning difficulties - for example, afraid to read aloud, take tests, receive poor grades, be called on to answer questions or perform on a stage.
- Be afraid of not making perfect test scores.
- Be sensitive to a school activity such as singing a certain song, playing a specific game, attending a school assembly, eating in a lunchroom, or changing clothes for physical education in front of peers.
- Exhibit poor athletic ability, being chosen last for a team or being ridiculed for not performing well.
- Fear teasing due to appearance, clothes, weight, height, etc.
- Feel socially inadequate due to poor social interaction skills.
- Be a victim of peer bullying during school, walking to or from school, or on the school bus.
- Receive threats of physical harm.
- Have difficulty adjusting to a new school
- Have toilet issues concerning the use of a school restroom.
- Be environmentally sensitive to new carpet, fragrant cleaning supplies and/or poorly ventilated classrooms.

The primary treatment goal for children with school phobia is early return to school (Fremont, 2003 and Davidson, 2014). Treatment also should address comorbid psychiatric problems, family dysfunction, and other contributing problems. Because children who are school phobic often present physical symptoms, counsellor may need to explain that the problem is a manifestation of psychological distress rather than a sign of biological illness. A multimodal, collaborative team approach should include the counsellor, physician, child, parents, and school staff that may be useful in the treatment of the school phobic. Treatment options include behaviour strategies, family interventions, education and consultation and possibly pharmacotherapy. Factors that have been proved effective for treatment improvement are parental involvement and exposure to school. Treatment strategies must

take into account the severity of symptoms, comorbid diagnosis, family dysfunction, and parental psychopathology. Davidson (2014) has stated that the combination of cognitive and behavioural therapy appears to produce the most successful treatment results. Davidson (2014) cites a study where more than 80 percent of children receiving this combination of therapies were attending school normally one year after treatment. Fremont (2003) also opines that there are range of empirically supported exposure-based treatment options that are available in the management of school phobia. When a child is younger and displays minimal symptoms of fear, anxiety, and depression, working directly with parents and school personnel without direct intervention with the child may be sufficient treatment. If the child's difficulties include prolonged school absence, comorbid psychiatric diagnosis, and deficits in social skills, child counselling with parental and school staff involvement is indicated (Fremont, 2003 and Davidson, 2014).

Despite effort made by the teachers, parents, schools, psychologists and counsellors, government and nongovernmental organisations, the problem still persist, however, this motivated the researcher to use cognitive restructuring and graded exposure counselling techniques to re-address school phobia among secondary school students in Nigeria. Evidence abound in literature about the role and efficacy of cognitive restructuring technique on various behavioural problems especially those concerning students. Studies like Fremont (2003), Dattilio (2004), Carleson (2008), Gladding (2009), Cluxton-Keller (2010), Asikha (2014), Cuncic (2014); Rodriguez (2014), Passers and Smith (2004) have reveal several roles and efficacies of cognitive restructuring techniques. Cognitive restructuring counselling is widely accepted as an evidence-base technique for many disorders. It has been proved to be effective for treatment of a variety of conditions including school and other school phobias, mood, anxiety, personality, eating substance abuse, tic and psychotic disorders. It is a counselling technique that is popular and widely used and acceptable for guidance counsellors, clinical social workers, medical doctors, psychologists, psychiatrists, and other professional helpers.

Cognitive restructuring counselling is also one of the most successful techniques suitable for dealing with stress, anxiety, depression social school phobia, irrational thinking, eating disorder and anger management. If cognition is an important cause of abnormal behaviour, it follows that such behaviour can be treated by changing cognition. Cognitive restructuring counselling technique (CRT) is useful for helping a client to learn the truth and therefore act differently and thus gives himself or herself treatment whenever he or she has faulty cognition (Boyes, 2013). Apart from this, CRT has also been used as a supporting procedure in the treatment of school refusal, correcting erroneous thoughts and beliefs in order to obtain or facilitate the behavioural and emotional desired change (King, Ollendick and Tonge, 1995). Graded exposure counselling technique has been found to be efficacious in the treatment of social school phobia, anxiety disorder, panic disorder, obsessive-compulsive disorder post traumatic stress disorder (PTSD), and anger management (Kaplan and Tolin, 2011). Also, it has the power of helping the clients to weaken the connections between troublesome thoughts and situations surrounding them. Furthermore, Graded Exposure Technique (GET) has the potential for not just making the clients to gradually

face the feared event or object on step by step basis, but also gain control over the situation.

CONCLUDING REMARKS

The purpose of this study is to examine the consequences, signs, causes and interventions or treatment of school phobia. After reviewing others position of school phobia, it comes to the conclusion that school phobia is a challenging problem facing the child and adolescents and has become an important matter to counsellors, teachers, parents, psychologists, psychiatrists, medical doctors, mental health practitioners and educationists especially those who are involved with the education of the child and adolescent. Having discovered that school phobia is harmful to the prospect of the school children, this study proposes that school psychologists and counsellors should be adequately trained on skills and techniques such as cognitive restructuring counselling technique (CRT), graded exposure technique (GET), reinforcement, token economy and time-out; seminar, conferences and workshops should be organized for parents, teachers, pupils, students of all categories to discuss the consequences and intervention to reduced its future occurrence.

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