School Anxiety: Why Children Chronically Resist Going to School

Most children claim to “hate school” or “play hooky” on occasion during the course of their primary and secondary education (grades K-12). That’s to be expected. Chronic resistance or refusal to attend school is another matter. “School anxiety/refusal” sometimes is fueled by a legitimate concern or fear, such as bullying. But an estimated two-thirds of school refusal cases result from an underlying psychiatric disorder—usually anxiety. For these children, attending school causes extreme emotional distress. Some even develop physical symptoms such as headache, dizziness or nausea.

Anxiety disorders that contribute to school-refusal behaviors typically arise through some combination of biology/genetics, learning/modeling, and circumstances:

**Biology.** Some children may be born with a lower tolerance for stress and higher susceptibility to anxiety. Children of anxious parents are 7 times more likely to develop an anxiety disorder than are children of non-anxious parents.

**Modeling.** Besides a possible genetic connection, anxious parents also influence the way their children view and interact with the world. Even well-meaning parents who aren’t overly anxious themselves may try to shield an anxious child from stressful situations, reinforcing the notion that anxiety is warranted.

**Life circumstances.** Anxiety is a common response to events that disrupt a child’s sense of order or safety – divorce, death of a parent, relocation, or trauma, for example. Normally it resolves on its own after an adjustment period. If not, treatment is indicated.

Some parents ignore the problem of school refusal, thinking it will run its course. Others allow their child to stay home in an effort to shield him/her from stressful experiences. Though well-meaning, neither approach is advisable. The longer that school-refusal behavior is not addressed, the more entrenched it becomes and the worse the short- and long-term consequences can be. It doesn’t take long for a child who misses school to fall behind, which only compounds the anxiety. Children with unresolved anxiety often self-medicate with drugs and alcohol. They may make decisions that protect them from stress in the short term (such as not going to college, or choosing a less challenging career) but can hold them back down the road and limit their ability to fully enjoy life. One study found that teenagers and young adults ages 14 to 24 with social anxiety were nearly 3 times as likely to develop depression later in life than those without the anxiety disorder.

If a child’s anxiety is interfering with his ability to function, prompt professional treatment is best. The main treatment for school-refusal behavior and underlying anxiety disorders is cognitive behavioral therapy (CBT). Medications such as antidepressants also may be prescribed.

CBT teaches patients how to confront and change negative thoughts and behaviors. Typically it starts with “psychoeducation”—in this case explaining what anxiety is, how it is triggered, and how it differs from danger. “Cognitive restructuring” helps the child change how he evaluates a situation. Instruction in breathing and relaxation techniques help the child calm the physical
response he may experience. Then “exposure therapy” involves breaking down of anxiety-producing situations into small, manageable steps through which the child gradually faces and overcome his fears. For example, he may start by attending his favorite class while his parent waits in the car. After a while, a second-favorite class is added, and so forth.

Setbacks do occur, but the success rate is high: About 70 percent to 80 percent of children experience a significant improvement in function and decrease in symptoms.

With treatment and parental/family support, children can learn how to successfully manage the symptoms of anxiety disorder. In addition to living a more normal childhood, they will be much better prepared for adulthood.