Too Tough to Face

Márianna Csóti discusses school phobia and the associated issues.

Clients who refuse or avoid school due to anxiety are commonly said to have school phobia but this is a misnomer as they do not have a morbid fear of the school building; going into the schoolyard on a non-school day does not elicit the same terror as when the schoolyard is full of children and they expect to be left there. However, since the term school phobia does indicate that the client's fears are extreme and lead to panic, it is a more suitable label to give to clients as an explanation for their plight.

School phobia is actually a mix of anxiety disorders: separation anxiety which is commonly accompanied by agoraphobia and panic disorder, and social phobia. Symptoms include: crying, diarrhoea, feeling faint, a frequent need to urinate, headaches, hyperventilation, insomnia, nausea and vomiting, a rapid heart beat, stomach aches, shaking and sweating. Spending many hours each day feeling anxious, and not getting sufficient refreshing sleep, can take its toll; clients will probably feel very tired all the time and feel low or depressed because of feeling so awful.

Possible triggers for school phobia include:

- Being bullied.
- Starting school for the first time.
- Moving to a new area and having to start a new school and make new friends or just changing schools.
- Being off school for a long time through illness or because of a holiday.
- Bereavement (of a person or pet).
- Feeling threatened by the arrival of a new baby.
- Having a traumatic experience such as being abused, being raped or having witnessed a tragic event.
- Problems at home such as a member of the family being very ill, marital rows, violence, abuse, separation and divorce.
- Not having good friends (or any friends at all).
- Being unpopular, being chosen last for teams and feeling a failure in PE lessons.
- Feeling an academic failure.
- Fearing panic attacks when travelling to school or while in school.

Some clients are anxious because of having a disability; they worry how others will react to them. Clients with autistic spectrum disorders are prone to anxiety; they need to be helped to overcome their fears in a different way to clients without the disorder using distraction, time out and breaks to do something physical.

There are three peaks in the incidence of school phobia. The first is at age five to seven, and is related to separation anxiety. (There may be another smaller peak when clients have to change from infants to juniors – or from first to middle schools - when a move to a different building is involved.) The second is at age 11-12, due to the anxieties associated with changing from a primary to a secondary school and is linked to social phobia. The third is at age 14-16 and is linked to social phobia and other psychiatric disorders such as depression and other phobias. It should be borne in mind that suffering from anxiety and depression significantly increases the risks of suicide and attempted suicide.

Separation anxiety

Separation anxiety is most common in clients up to age eight. Clients with separation anxiety can:

- Become nervous about being left alone or at the thought of being left alone. They can show distress when separation nears and this can continue long after their parents have left.
- Shadow parents even when at home.
- Be afraid to go out without their parents.
- Not want to sleep alone and have difficulty sleeping; fear being burgled or of something lurking in a dark corner or under the bed and want to have a light on at night.
- Worry something will happen to their parents, or that their parents will leave them or that something will happen to them when away from their parents.
- Have nightmares about becoming separated from their parents.

Where possible the root cause of separation anxiety should be identified and addressed. Recreating a warm atmosphere of home where the teacher is an effective replacement parent enormously helps clients; they need sympathy, comfort and understanding. Being given something to do on arrival in school can help distract an anxious client; peers can help support them too. Elements of cognitive behavioural therapy (CBT) are also useful in treating clients with separation anxiety – see below.

Agoraphobia

Clients may be afraid to travel on a school bus or on public transport or be in places or situations from where they cannot escape easily.

Anxiety about travelling may have begun through the client feeling ill on the bus, for example, or because someone else had been sick on the bus. Each day the client has to travel on the bus, they may feel worse, their anxiety spiralling into panic believing the bus makes them unwell; they may actually be sick. The client should not be forced to continue travelling on the bus until they have had help in the form of CBT.

Panic disorder

Panic disorder is when a client has unexpected and repeated periods of panic. Since these panic attacks can happen anywhere at any time (the anxiety is 'free-floating'), the client worries about when the next one might be and tries to avoid situations where panic was experienced – such as on a bus or in school - which quickly shrinks the client's world and can cause agoraphobia, separation anxiety and depression.

Although panic disorder can begin in childhood it more commonly starts in adolescence – clients may try to damp their fears through substance or alcohol misuse, they may fail or drop out of school, become socially isolated and almost housebound. Clients are helped with CBT.

Social phobia

In over eight-year-olds school phobia is more likely to be related to social phobia: being frightened of being criticised and evaluated by, or humiliated in front of, peers and teachers in assembly or class or during PE lessons; sometimes clients fear eating in public. In class, clients may be afraid of being asked a question or having to read out loud. In physical activities they may fear dropping the ball they're supposed to catch, coming last in a race or being one of the last to be picked for a team.

Clients with social phobia fear unpopularity with their peers and are highly sensitive to any form of rejection whether real or perceived, isolating themselves from others, being too anxious about rejection to form positive relationships and to initiate conversation. This affects the way they feel

about school and their performance in school: a stressed child cannot learn well.

Clients should not be forced to do something they fear but only encouraged to do it after they have had help in the form of CBT.

Cognitive behavioural therapy

Cognitive behavioural therapy combines cognitive therapy and behavioural therapy to provide an effective treatment for anxiety disorders - and depression.

The cognitive part of CBT is correcting inaccurate or distorted views the client has about themselves and the world around them and teaching them how their thinking patterns are causing their symptoms.

In assessing negative thoughts clients could be asked: Are their thoughts realistic? What would they think if a friend told them that was the way they saw it? What other viewpoints are there? Can they recognise that they have distorted their view of the situation and that that is why they feel badly about it?

Although very young clients cannot identify the frightening or negative thoughts they have, therapists could imagine what those thoughts might be and supply different ways of viewing them. For example, for a six-year-old client with agoraphobia, the therapist could say, 'Do you think the bus makes you sick? Has it always made you sick? Does it make all the children sick or just you? How can it make only you sick? That doesn't make sense. Perhaps it's something else that makes you sick…' And for a six-year-old child with separation anxiety they could be asked similar questions: 'Do you think school makes you feel poorly?' and 'Is school a scary place? Is it a scary place for everyone or just for you? Why is it scary only for you? That doesn't make sense…'

Once the client thinks more realistically, they will feel better and their symptoms will start to subside, allowing them to benefit from the behavioural part of CBT which involves helping the client to do things that will have a desirable effect on their life.

The behavioural bit

A graduated exposure programme can help clients of all ages. For a client who has stopped attending school a graduated exposure programme might involve getting them to watch peers arrive at school for one week, then having to stand in the schoolyard for 5 minutes another week, building up to 10 minutes and then attending school for registration and so on until, finally, one school day is completed. The client should be praised and rewarded for every tiny achievement and backward steps should not be punished.

A graduated exposure programme for a very young client with agoraphobia who has avoided travelling on the school bus might be: travel on the bus with their parent sitting next to them; travel on the bus with their parent sitting behind them; travel on the bus alone after their parent has seen them on it - their parent or teacher can then meet them off the bus outside school; travel on the bus without any assistance.

For clients with social phobia, the graduated exposure programme would have to be tailored to the client's particular stressors – with help, the client can supply a list of things they find difficult and put the situations in ascending order of difficulty. They can then be encouraged to work slowly down the list.

Clients over age seven can also be taught relaxation skills to deal with anxiety, panic and insomnia (breathing diaphragmatically, breathing through their noses and achieving deep relaxation) and taught social skills to make them socially more confident to help with social phobia (Social Awareness Skills for Children is a social skills training book for children aged 7 to 16).

Involvement of others

A multi-pronged approach to helping clients with school phobia is the most effective: teachers as well as parents and therapists need to be actively involved in helping the client feel more secure and supported in a variety of ways. Many teachers are unaware that a 'pull yourself together' approach makes clients withdraw and distrust them. Other therapies used in treating school phobia include: family therapy and systemic family therapy, solution focused brief therapy and motivational interviewing.

Some helpful thoughts to give anxious clients in general include:

- This is a hard thing to beat, but with help I can.
- I know I'm not (physically) ill. I've had these feelings before and I recognise them as worry feelings.
- I don't like feeling like this but it won't hurt me.
- These feelings won't last for long.
- I need to get stuck into things and forget about how my body feels. Then these feelings will go away.
- If I ignore these feelings, they will not get worse and will gradually go.
- It's natural to have feelings like this when I am worried.
- Many other people feel like this too. We need to be brave.
- I have learnt to worry about these feelings and it has made them worse. Now I need to tell them that they don't matter and that I'm carrying on anyway.
- When my brain tells me things that frighten me I must tell it to STOP and think of something nice. (I can have a list of nice things to remember for when this happens.)

Márianna Csóti is the author of *School Phobia, Panic Attacks and Anxiety in Children* (Jessica Kingsley Publishers £16.95) and Social Awareness Skills for Children (Jessica Kingsley Publishers £22.99). Her website is at: www.mariannacsoti.co.uk