

A Systematic Review on School Phobia and Refusal in Adolescence: Causes, Symptoms, and Intervention Methods

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Abstract

This study aims to identify the causes, symptoms, and intervention strategies associated with school phobia and school refusal in adolescence by undertaking a systematic literature review. School phobia and school refusal, which have been linked to school attendance anxiety, may arise during adolescence, a period of physiological, psychological, and social transformation. A systematic review of articles related to school phobia and refusal that were published between 2000 and 2023 was conducted. The results showed that school phobia and refusal are influenced by individual factors, including genetic predisposition, psychological well-being, and personality traits. Familial factors, such as parental overprotection and intra-family conflict, along with school contextual factors, such as peer bullying or negative interactions with educators, also contribute to a fear of dissociation and academic difficulties. These issues lead to physical, psychological, and behavioral symptoms,

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such as headaches, nausea, and fatigue, anxiety, panic attacks, and depression, and school refusal, truancy, and dropout. In response, a combination of effective interventions, such as cognitive-behavioral therapy (CBT) to improve maladaptive thoughts and behaviors, family therapy to enhance the home learning environment, and school-based strategies to boost academic performance, were identified. These findings highlight the need for interdisciplinary and multi-faceted approaches to address school phobia and refusal comprehensively. Further research with other inclusion/exclusion criteria and larger, more diverse populations is recommended to explore these issues and identify more effective intervention strategies.

Keywords: Adolescence; School phobia; School refusal; Cognitive-behavioral therapy; Family therapy; School-based interventions.

Ergenlerde Okul Fobisi ve Okul Reddi Üzerine Sistemik Bir İnceleme: Nedenler, Belirtiler ve Müdahale Yöntemleri

Özet

Bu çalışma, ergenlerde okul reddi ve kaygı temelli okulla ilgili sorunların nedenlerini, belirtilerini ve müdahale stratejilerini belirlemeyi amaçlamaktadır. Ergenlik, fizyolojik, psikolojik ve toplumsal dönüşüm dönemidir. Okul reddi, katılım kaygısıyla ilişkili olarak bu dönemde ortaya çıkabilir. 2000-2023 yılları arasında yayımlanan belgeler sistemik bir şekilde incelenmiştir. Okul fobisi ve reddinin genetik yatkınlık, psikolojik sağlık ve kişilik özellikleri gibi bireysel faktörlerden etkilendiği görülmüştür. Ayrıca, ebeveyn aşırı korumacılığı ve aile içi çatışmalar gibi ailevi değişkenler ile akran zorbalığı veya öğretmenlerle olumsuz etkileşimler gibi bağlamsal faktörler, ayrılma korkusu ve akademik sorunlara yol açmaktadır. Bu sorunlar; baş ağrısı, mide bulantısı ve yorgunluk gibi fiziksel; kaygı, panik ataklar ve depresyon gibi psikolojik; ya da okul reddi, devamsızlık ve okuldan ayrılma gibi davranışsal belirtilerle kendini göstermektedir. Çalışma, uyumsuz düşünce ve davranışları iyileştirmeye yönelik bilişsel-davranışçı terapiyi (BDT), evdeki öğrenme ortamını geliştiren aile müdahalelerini ve akademik başarıyı artırmaya odaklanan okul tabanlı stratejileri vurgulamaktadır. BDT, zararlı düşünce kalıplarını yeniden yapılandırmaya odaklanırken, aile terapisi açık iletişimi teşvik eder ve ilişkileri güçlendirir. Okul temelli terapiler, öğrencileri akademik ortama daha iyi hazırlamayı amaçlamaktadır. Bulgular, okul kaygısı ve devamsızlığı ele almak için disiplinler arası yaklaşımların gerekliliğini vurgulamaktadır. Daha

geniş ve çeşitli popülasyonlarla yapılacak araştırmalar, bu sorunları daha derinlemesine incelemek ve etkili müdahaleler belirlemek için önerilmektedir.

Anahtar Kelimeler: Ergenler; Okul fobisi; Okul reddi; Bilişsel-davranışçı terapi; Aile terapisi; Okul tabanlı müdahaleler.

Introduction

Adolescence is the stage of life starting from entering puberty to maturity with significant biological and physiological changes, including stormy psychosocial emotions. Propelling this overall development in both physical and cognitive terms is the transformation of numerous aspects associated with social interactions (Blakemore and Mills, 2014), all marking progress towards maturation. Biological changes include hormonal fluctuations related to pubescence, which drive growth spurts and influence emotional regulation as well as the stress response (Spear, 2000). Furthermore, adolescence is a time of psychological maturation that includes development in the areas of abstract thinking, problem-solving, and decision-making. These are among the most critical faculties necessary to achieve success in academics and make progress as human beings (Steinberg, 2005). Throughout this development, adolescents experience changes in their social interactions, where they are more influenced by peers, seek independence from parents, and explore identity formation (Brown and Larson, 2009).

The complex alterations experienced developmentally during adolescence can create a wide variety of challenges that impact numerous aspects of an adolescent's life, especially their educational journey. School phobia and school refusal are two important phenomena among the several problems encountered in adolescence, which may severely impair their academic functionality, social development and mental health (Egger et al., 2003). Both school phobia and refusal are complex phenomena entailing severe anxiety that actively resists going to school. Unlike the run-of-the-mill school refusal that arises in response to everyday childhood unhappiness (e.g., not wanting to go on a rainy day), these conditions are rooted in deeper psychological, emotional and social processes, typically with significant impairment of functioning as well (Kearney and Albano, 2004).

School phobia refers to a specific fear or anxiety that revolves around the school setting. This specific type of fear often leads to somatic symptoms like headaches, vomiting and lightheadedness on days when the child has to go to school (Last and Strauss, 1990). This unpleasant anticipation can occur

in many different forms, such as fear of academic pressures and of being bullied or mistreated by adults. *School refusal*, on the other hand, refers to a child who simply does not want to go to school based on emotional pain. Kearney (2008) likewise argues that the root of school refusal is attributed to internal and emotional factors as opposed to external or behavioral reasons. In such an instance, a child could be more than willing to do homework if completed at home. While truancy is often a result of wanting to avoid sanctions, school refusal is the manifestation of a developed fear caused by a stressful environment at or associated with school; furthermore, truancy is a motivationally oriented behavior and hence lends itself to being linked with delinquency (Baker and Bishop, 2015).

Providing a general picture of school phobia and refusal might seem easy, but such conditions are difficult to fully grasp when viewed from the standpoint of individual psychological characteristics, family dynamics, and the overall school environment. Certain related psychological factors of an individual may include genetic types of anxiety disorders and personality traits, such as low self-esteem, or psychiatric conditions, including depression and social phobia (Ginsburg and Silverman, 2000). Family dynamics like overprotective parenting, family conflict and parental psychopathology can contribute to the genesis and sustenance of these conditions (Bernstein and Borchardt, 1991). The school climate, characterized by social relationships with peers and teachers as well as the demands of academic work may also play a major role in shaping children's pathways into different profiles for developing and maintaining symptoms of school phobia problem (Havik et al., 2015).

This study aims to review a selection of the existing literature on school phobia and refusal at the junior high school level so that common variables related to or causing these phenomena can be more accessible. As such, data from multiple studies are integrated in order to achieve a more fulsome understanding of these phenomena and consider more effective interventions aimed at reducing their deleterious impact on both academic performance and social development within adolescence.

What is School Phobia and School Refusal?

Although school phobia is used interchangeably with the term school refusal today, they actually refer to different aspects of the same disorder. School phobia is also called severe dread or an emotional problem related to

going back-to-school that is accompanied by symptoms of anxiety (e.g., headaches, stomachaches and nausea). This fear can often be associated with negative school experiences, such as academic or social fears (Heyneet al., 2001).

It is commonly stated that school refusal means a child's reluctance to attend school because he or she is depressed. Unlike truancy, which is associated with an absence of interest in school and frequently includes delinquent behavior, a pupil who practices school refusal may wish to attend school but will be not able because they feel distressed (anxious) or scared. However, children who refuse school will often agree to complete homework if allowed access at home, highlighting the emotional as opposed to solely behavioral roots of this problem (Kearney and Graczyk, 2014).

School phobia or school refusal is a frequent problem in childhood and adolescence. Research suggests that somewhere between one and two percent of school-aged children experience severe problems with their attendance or functioning as a student (King and Bernstein, 2001). This high prevalence indicates the importance of early identification and intervention as prolonged school absence can contribute to academic underachievement, social isolation and an increased risk of mental health problems (Havik et al., 2015).

Causes of School Phobia and School Refusal

School phobia and school refusal may have multiple causes, including individual psychological factors, the family context, and features of the school environment.

Individual Psychological Factors

The family history and genetic predisposition of an affected child can contribute to various neural and other causes shared across anxiety-related problems, including school phobia. Early effective interventions for anxiety and mood disorders may reduce the likelihood that children with a family history of these conditions may be diagnosed some day. Nevertheless, adolescents with school phobia often experience psychological health disorders, including high levels of anxiety, social phobia and depression. Generalized Anxiety Disorder (GAD), Panic Disorder, Separation Anxiety disorder (SAD) and Specific Phobia are common psychological problems encountered in custody by 18 years of age.

The likelihood of developing school phobia and refusal also depends on personality traits. Current times are tough and many kids, especially those

with low self-esteem or feelings of inadequacy, feel stressors related to school. As a result, these individuals may view school as a place that improperly reinforces a lack of certain attributes, hence avoiding school at great lengths (Last and Strauss, 1990).

Familial Factors

The family plays a major role in the etiology and perpetuation of school phobia and refusal. In some cases, the overprotection of parents can lead to children not developing the independence and coping skills they will need as younger people in their school environment. This lack of development then adds to creating anxiety. School refusal behaviors, in turn, are also often observed as a consequence of family conflict (divorce) or parental problems with emotional dysfunction (Bernstein and Borchard, 1991).

Parents' own attitudes or emotional states towards education may also contribute to school phobia and refusal. If a parent is anxious or depressed, for example, with respect to their child's school or education, they may inadvertently model those behaviors to their child and thereby contribute to their school refusal behavior. (Wagner et al., 2004).

School Environment Factors

School phobia and refusal are affected by the school environment. One of the greatest contributing factors to school refusal is peer bullying. Some studies have shown that a considerably higher number of students who are victims in comparison to perpetrators experience anxiety and avoidance behavior towards attending or going back to school. Physical, verbal and relational bullying lead to a hostile school environment which results in the act of chronic absenteeism (Kearney, 2008).

School refusal is also associated with negative relationships or treatment by teachers. Students may feel heightened anxiety and feelings of incompetency because teachers give them negative feedback or no support. On the other hand, school phobia may be mitigated by positive teacher-student relationships (King and Bernstein, 2001).

School also creates stress from academic expectations and being tested. School avoidance behaviors are pervasive as adolescents prefer to avoid rather than face the stigma of failure associated with school which can result in a vicious cycle contributing to increased anxiety levels (Havik et al., 2015).

Symptoms of School Phobia and Refusal

School phobia and refusal symptoms are associated with physical, emotional and behavioral domains. Symptoms include headaches, nausea and fatigue. These symptoms tend to peak on school days and lessen during weekends or holidays, emphasizing their underlying psychological nature (Last and Strauss, 1990).

Major symptoms include a sense of impending disaster, anxiety and panic attacks. There are emotional, depression-related symptoms too. These symptoms represent a significant degree of emotional distress related to attending school and may cause severe impairment in day-to-day functioning (Kearney and Albano, 2004).

Behavioral symptoms usually involve school refusal, excessive absenteeism from schools (truancy) or leaving early. These behaviors are the outward evidence of anxiety and difficulty at school. Moreover, adolescents can avoid schoolwork and other forms of academic activity (Kearney, 2008).

Intervention Methods

Intervention approaches for the treatment of school phobia and refusal include cognitive-behavioral therapy (CBT), family therapy, and a range of different methods adapted by means of creating interventions with schools.

Cognitive Behavioral Therapy (CBT)

CBT is an efficacious intervention for school phobia and refusal. CBT, which focuses on changing negative thought processes and behavior, has been well researched. Some strategies for anxiety reduction and coping behaviors, such as exposure therapy, cognitive restructuring or relaxation exercises, are used. Research indicates that the implementation of CBT is successful in decreasing anxiety symptoms and increasing school attendance (Ginsburg and Silverman, 2000).

Family Therapy

Family therapy helps to uncover the familial determinants of school phobia and refusal. Family-based treatment helps to foster communication between all members of a child's support network and teaches parents how to best help children with certain disorders. Strategies encompassing family communication, conflict resolution and parental emotional concerns are used (Wagner et al., 2004).

School-Based Interventions

Collaborative School Interventions (COSI) recognize a need for the collaboration between school staff and mental health professionals to facilitate meaningful interventions in school settings. For instance, COSI may require the maintenance of anti-bullying programs, social-skills training, or academic support by collaborating. This is done by addressing triggers, maintaining and exacerbating factors of school refusal behaviors (Kearney, 2008), and creating a strong pro-school climate among various professionals within the school environment.

Methodology

Research Design

A qualitative research approach was employed in this study by investigating a vast yet specific area of the existing literature on school phobia and strength refusal of teenagers. In order to address specific research questions, a systematic literature review was performed (Petticrew and Roberts, 2006).

Data Collection Process

The main data collection procedure comprised three stages: literature identification, literature selection and data coding. These steps are described in more detail below:

Literature Identification

During the initial phase, relevant databases used for conducting the literature review on school phobia and refusal were identified. These databases included PsycINFO, PubMed and Google Scholar. Afterwards, keywords, such as school phobia, school refusal, adolescents, anxiety, and intervention, were chosen for later identifying and selecting relevant articles.

Literature Selection

In the second stage, articles were identified and selected based on the pre-determined inclusion and exclusion criteria. These criteria are described in more detail below. On the basis of these criteria, titles, abstracts and keywords were checked across the articles first. Afterwards, relevant full-text articles were reviewed.

Inclusion Criteria

1. The article addresses school phobia and refusal of adolescents.
2. The articles were published between 2000 to 2023.

3. The articles were published in peer-reviewed journals.
4. The articles were written in English or Turkish.

Exclusion Criteria

1. The article is not fully accessible.
2. The article contains research focusing only on elementary or university students.
3. The article consists of a review or theory without original research.

Coding of Data

In the third stage, articles that met the criteria were reviewed and data was coded. Coding involved identifying the major theme(s) throughout articles and then systematically grouping them into categories. Furthermore, data was collected from the following sections of each article:

1. The research objective and research questions
2. The participants' background (e.g., level of higher education, age, gender socioeconomic status etc.)
3. The method and data collection strategies
4. The findings and results
5. Suggested interventions and treatment techniques

The following steps were also followed while coding:

1. Pre-coding: The primary reading of articles and establishment of preliminary codes.
2. Reviewing preliminary codes and grouping similar codes to form main themes: An initial analysis began by reviewing the codes and starting to group together similar research ideas to form main themes.
3. Identifying themes: Grouping codes into main themes and sub-themes.
4. Coding guide creation: Using a tool to provide a more thorough analysis of the main and sub-themes that were elucidated during the coding process.

Data Analysis

Thematic analysis was used to analyse the data. Thematic analysis is a method of identifying and categorizing primary themes or patterns within data and interpreting them (Braun and Clarke, 2006). This involved manually reviewing coded data and clustering them into a common theme(s). Afterwards, the thematic analysis resulted in the identification of main themes and their relationships pertaining to school phobia and refusal of adolescents.

Results

Results from the thematic analysis revealed that there are various factors playing a role in contributing to school phobia and refusal in adolescents at the individual, familial, and school environment levels. Furthermore, the analysis revealed physical, emotional and behavioural symptoms. Highlighted interventions also included cognitive-behavioural therapy, family therapy, and school-based programs.

Individual Factors

Table 1. Individual Factors

Study	Genetic Predisposition	Psychological Health Condition	Specific Psychological Issues	Personality Traits
Ginsburg and Silverman (2000)	Yes	High anxiety, social phobia, depression	Generalized Anxiety Disorder (GAD), Panic Disorder	Low self-esteem, feelings of inadequacy
Last and Strauss (1990)	Not specified	High anxiety, social phobia	Separation Anxiety Disorder, Specific Phobias	Not specified

Table 1 depicts a detailed breakdown of individual factors related to adolescent school phobia and refusal. The most common psychopathological disorders among those affected at the individual level are severe anxiety, social phobia and depression. In particular, Generalized Anxiety Disorder (GAD), Panic Disorder, Separation Anxiety Disorders (SAD), and other phobias are noted, for example. Important personality-related variables, such as a sense of self-worth and belief in oneself, are also noted. In this regard, if a teenager has a propensity towards anxiety by low self-esteem and feelings of invalidity, then they are more susceptible to developing school phobia. This table also shows that some young people may have a genetic predisposition to anxiety, which could make them more likely to suffer from school phobia and refusal (Ginsburg and Silverman, 2000).

Familial Factors

Table 2 depicts a detailed breakdown of the family influences that cause school phobia and refusal. The desire for overprotective parenting is suggested as a contributing factor. In particular, excessively taking care of a child could hinder the child's capability of freedom seeking and increase anxiety (Wagner et al., 2004). As a result, heightened child anxiety related to school may indicate a parent who has relinquished all levels of control especially with respect to his/her own developmentally normative roles (Wagner et al., 2004).

Table 2. Familial Factors

Study	Overprotective Parenting	Family Conflicts	Specific Conflicts	Parental Emotional Problems	Specific Parental Issues
Wagner, Silverman and Martin (2004)	Yes	Not Specified	Not Specified	Not Specified	Not Specified
Bernstein and Borchaardt (1991)	Not Specified	Yes	Divorce, marital discord	Yes	Depression, anxiety in parents

Problems in the family, such as divorce or instability at home, might be another factor contributing to an increasingly challenging environment which provokes school refusal behaviors (Bernstein and Borchaardt, 1991). The psychology of a child and subsequent school behaviors are badly affected with the presence of parental emotional issues, such as depression and anxiety, thereby making the home a stressful environment.

School Environment Factors

Table 3. School Environment Factors

Study	Peer Bullying	Bullying Types	Relationship with Teachers	Specific Issues with Teachers	Fear of Academic Failure	Academic Stressors
Wagner, Silverman and Martin (2004)	Yes	Physical, verbal, relational bullying	Yes	Negative feedback, lack of support	Not specified	Not specified
Bernstein and Borchaardt (1991)	Not specified	Not specified	Not specified	Not Specified	Yes	Test anxiety, high expectations

Table 3 highlights the school-based factors that contribute to different forms of school phobia and refusal. An important factor among these is bullying from peers, including physical, verbal and relational forms (Kearney, 2008). Peer victimization can contribute to problematic school experiences, including negative attitudes toward school and increased rates of school refusal behaviors (Kearney, 2008). Besides, negative relationships with teachers that are characterized by criticism, a lack of support or other problems, can erode attachment to the school. King and Bernstein (2001) also suggested that a contributing cause of academic failure phobia may be mechanisms that link the high levels of expectation from others with test-related anxiety. In other words, a kid who is bullied might also develop a fear of academic failure, resulting in greater anxiety and avoidant behaviours from school.

Symptoms

Table 4. Symptoms

Study	Physical Symptoms	Specific Physical Complaints	Emotional Symptoms	Specific Emotional Issues	Behavioral Symptoms	Specific Behavioral Issues
Last and Strauss (1990)	Headaches, nausea, fatigue	Stomachache, dizziness	High anxiety, panic attacks, depression	Hopelessness, irritability	School refusal, truancy	Avoidance of school related activities
Kearney and Albano (2004)	Not specified	Not specified	Intense anxiety, depression, hopelessness	Withdrawal, mood swings	School refusal, leaving school early	Frequent absences, lateness

Table 4 displays the symptoms of school phobia and refusal with respect to physical, emotional and behavioural dimensions. General physical complaints include headaches, aches and pains, and bouts of dizziness (Last and Strauss, 1990) while more specific complaints include stomachaches, for example. These complaints can manifest with higher anxiety, a period of panic, depression, feeling down/helplessness, or anger. Also, behavioral signs include the rejection of school, truancy and reluctance to participate in school related activities as well as frequent absences or tardiness. School fear symptomatology excels in portraying the multifaceted nature of this construct and provides evidence that school anxiety is significantly more pervasive among high-school students than previously thought (Kearney and Albano, 2004).

Intervention Methods

Table 5 displays the strategies for intervention to be used when school phobia and refusal are identified. Cognitive-behavioural therapy (CBT) uses focused strategies such as exposure, cognitive restructuring and relaxation to reduce anxiety as well as change negative patterns of thought (Ginsburg and Silverman, 2000). Unlike individual therapy, family therapy can be done to improve communication within a home and work out disputes that occur, thereby creating an understanding household with love (Wagner et al., 2004). School-based interventions like programs that reduce bullying and teach children social skills are designed to create a safe, supportive atmosphere in school that helps kids adjust or be ready for the activities of school (Kearney, 2008). The multiple levels upon and complex array of factors with which school phobia and refusal are related reflect the need for a holistic response to address them.

Tablo 5. Intervention Methods

Study	Cognitive Behavioral Therapy (CBT)	Specific CBT Techniques	Family Therapy	Specific Family Therapy Techniques	School-Based Interventions	Specific School-Based Programs
Ginsburg and Silverman (2000)	Yes	Exposure therapy, cognitive restructuring, relaxation techniques	Not specified	Not Specified	Not specified	Not specified
Wagner, Silvermanand Martin (2004)	Not specified	Not specified	Yes	Family communication enhancement, conflict resolution	Not specified	Not specified
Kearney (2008)	Not specified	Not specified	Not specified	Not specified	Yes	Anti-bullying programs, social skills training

Discussion

These findings highlight the importance of recognizing the multifaceted nature of school phobia and refusal in adolescence. School-related anxiety and avoidance behaviors develop and persist due to a multiplicity of individual, familial, and school environment factors that interact in myriad ways with one another (Mallett and Craig, 2010). The results of this systematic literature review correspond with decades-long scientific inquiries and provide practical guidance for scientists as well as practitioners to efficiently address these challenges.

A Dive into Individual Factors

On the individual level, genetic predisposition, psychological health conditions and personality traits critically affect school phobia and refusal. It is well established that anxiety, social phobia and depression are potent motivators for these problems (Ginsburg and Silverman, 2000; Last and Strauss, 1990). As a result, adolescents with these psychological conditions often experience higher levels of anxiety in the school environment leading to increased avoidant behavior. For instance, adolescents who know they have social phobia may purposely stay home from school to escape the anxiety-provoking situation. In addition, when combined with self-esteem issues and perception of inadequacy, which are common struggles of teenagers, social phobia can further compound their ability to deal effectively in school. Putting these findings together would suggest the need for more targeted

psychological interventions, such as CBT, which have been well-established to address maladaptive cognitions or interpretations of anxiety disorders (Silverman, 2000).

An Exploration of Family Causal Factors

The family factors are important in the initiation and maintenance of school phobia and refusal. Overprotective parenting can have a major impact on how teens feel toward school, leading to family conflicts and the development of emotional problems that their parents face. Parents who are overly protective may inadvertently exacerbate their teenager's anxiety by not allowing the child to reach age-appropriate levels of autonomy and coping strategies (Wagner et al., 2004). Family conflicts, including divorce or emotional illness by a parent, may cause distress in the home environment which affects the child negatively and makes them despise going to school (Bernstein and Borchardt, 1991). In such cases, family therapy is especially beneficial because it encourages healthy communication and relationships within the context of a supportive home environment for the teenager.

School Environment Factors in Depth

In particular, factors related to the school environment, such as peer bullying or negative relationships with teachers, could play a key role in school phobia and refusal. Those who are bullied by their peers may be afraid to go back to school and start avoiding it (Kearney, 2008). Other school-related factors that have been identified with school phobia or refusal include bad teacher experiences and fear of failure (King and Bernstein, 2001). School interventions, such as anti-bullying programs and social skills training, may improve the school climate which can lower some of the triggers of school refusal behaviors.

The Effectiveness of Intervention Methods

Different intervention methods showed efficacy in addressing school phobia and refusal. For a greater number of adolescents than any other treatment, cognitive-behavioral therapy (CBT), which includes exposure and response prevention along with cognitive restructuring, is effective in changing how they think in negative ways and decreasing anxiety (Ginsburg and Silverman, 2000). In addition, family therapy supports family communication and provides an outlet for a crucial source of support that is necessary for adolescents experiencing school-related anxiety (Wagner, Silverman and Martin, 2004). Furthermore, school-based interventions help

students adjust to school, and they foster peer relationships by supporting academic success (Kearney, 2008). Therefore, this study highlights the importance of a multidimensional intervention strategy, including individual, family-oriented and school strategies, to deal with school phobia or refusal.

Conclusion

School phobia and school refusal in adolescents are multifaceted, involving the participation of different personal or family factors as well as other related educational aspects. Collectively, all of these lead to the development of different physical, emotional and behavioral symptoms which underscore the necessity for early diagnosis along with intervention.

The authors of the review found that genetic predisposition, mental health problems, including anxiety disorders (particularly separation anxiety), social phobia and depression, as well as specific personality factors, such as low self-esteem or feelings of inadequacy, are typically involved in determining the development of school refusal in adolescence. Adolescents who have a genetic liability for anxiety are overrepresented among those at risk. This points to the importance of early recognition and targeted intervention with this population (Ginsburg and Silverman, 2000). The key to preventing and managing school phobia and refusal is psychological interventions that improve self-esteem and feelings of inadequacy. For instance, customized applied cognitive-behavioral strategies for school refusers can reduce the level of anxiety experienced by adolescents about going to school and, thus, decrease their avoidance behavior. Another common theme that arose is that family variables have a major influence on the development of school phobia and refusal. Overprotective parenting, family conflicts, parental emotional problems, and less autonomy and coping skills as an adolescent promote anxiety similar to that in school situations (Wagner et al., 2004). For example, family disagreements resulting from circumstances like divorce or problems experienced by parents contribute to an unsteady home environment that causes greater school refusal behaviors (Bernstein and Borchardt, 1991). Family therapy is essential for this dimension, since it constructs a supportive environment that fosters family communication and conflict resolution between parents and adolescents. On the other hand, the school setting, including peer dynamics, teacher-student interactions and academic pressures can have a significant impact on the development of school phobia and refusal. In addition, negative experiences with teachers and the fear of falling behind academically exacerbate these

problems (King and Bernstein, 2001). Interventions within the school that demonstrate effectiveness, including anti-bullying programs, teacher training for supportive interaction and programmatic academic support, are essential to foster a positive and secure environment in schools. These interventions can help to reduce school refusal behaviors and support students dealing with their associated fears and anxieties, as needed.

Symptoms and Their Implications

School phobia and refusal can be viewed as a collection of physical, emotional, and social behavioral symptoms requiring extensive assessment for proper diagnosis. Physical symptoms, such as headaches, nausea and fatigue, generally serve to disguise the underlying psychological distress (Last and Strauss, 1990). Yet, school phobia and refusal can have severe effects on mental health and emotional symptoms, including extreme anxiety, panic attacks and depression. The existence of behavioural symptoms, such as refusal to attend school, truancy and leaving school early, exemplifies the functional impairments resulting from school phobia and refusal. Given this, all types of symptoms should be taken into account with a holistic diagnostic approach for effective treatment and management. Within this context, a combination of specific interventions is recommended to decrease the effects of school phobia and refusal. Such interventions include cognitive-behavioral therapy (CBT), family intervention, and school-based programs, which have demonstrated a high degree of efficacy and cost-effectiveness in treating these problems. Cognitive-behavioural therapy (CBT) is effective for changing negative appraisals during adolescence so they do not become entrenched and lead to anxiety disorders, using techniques such as exposure interventions [53] which seek to structure events in controlled conditions that elicit fear responses, or cognitive restructuring of those thought patterns recognised by the young person themselves to be dysfunctional. Helping the family to communicate and relate more productively provides an environment in which healing for the adolescent can occur, which is one of the keys to achieving change (Wagner, Silverman and Martin, 2004). Implementing school interventions, such as anti-bullying programs and academic support services, helps to create a positive environment in schools and encourage student adjustment. Such strategies have to be combined in an overall therapeutic plan tailored for each adolescent.

Finally, collaboration between policymakers, educators and families is key to providing better educational and life experiences for adolescents facing

school phobia and refusal. This suggests the need for policymakers to ensure funding for school mental health programs and assistance in the implementation of comprehensive intervention strategies. Educational systems must train school staff to recognize early signs of school phobia and refusal so they can develop a more nurturing school environment. In addition, families may be offered therapy as an intervention to work in partnership with schools and help their own children. Furthermore, adolescents on the autism spectrum who exhibit school refusal and avoidance cannot be effectively addressed without a coordinated effort across various stakeholders in developing interventions that acknowledge an array of influences which underpinning this issue.

In summary, school phobia and refusal in adolescence have a multidimensional nature and way of progression that need to be addressed holistically. A combined approach including individual, family and school-based interventions in collaboration with all stakeholders can be more effective to enhance the educational experiences of adolescents suffering from these problems and eventually improve their quality of life. Future research and policy efforts should work to develop and implement comprehensive, evidence-based strategies that address the multidimensional needs of this population.

Limitations

This study has certain limitations. At the beginning of the systematic literature review, the literature search was limited to certain databases which may have excluded important studies. Moreover, the study focused on articles published in English and Turkish only, which means research in other languages would be absent from this review.

Future Research Directions

Further investigations are required to broaden our knowledge about school phobia and refusal in different populations or sociocultural contexts. Such cross-cultural studies can be useful to understand the workings of these phenomena in different cultures and develop interventions that are culturally sensitive. One of the aims of future research in this area should be to expand the type of studies that are available for analysis and to determine what influence cultural and socio-economic factors have on school phobia and refusal. In particular, cross-cultural studies are necessary to help with a better understanding of the appearance of school phobia and refusal in other cultural

environments and more effective interventions globally. More longitudinal studies to follow up on the long-term consequences of different interventions and to determine where resources are best spent would also be helpful. Furthermore, investigations into the influence of advancing technologies and digital interventions in treating school phobia and refusal should be pursued as technology continues to influence education and intervention methods surrounding school phobia and refusal.

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