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Anxiety Disorders and Adolescent School Aversion: An Analysis of the Phenomenon in Chinese Mainland and Intervention Approaches

Leyang Zhang

Shandong Agricultural Engineering University, Jinan, China
3373717846@qq.com

Abstract. In the context of rising academic pressure and increasing emotional distress among adolescents in mainland China, anxiety disorders and school aversion are becoming increasingly prevalent, comoirbid, and younger in onset. This study applies the 4P—Predisposing, Precipitating, Perpetuating, and Protective factors—to explore the psychological mechanisms underlying this comorbidity. Results showed: (1) Predisposing factors such as only-child status and conflict-driven parenting significantly amplified risk; (2) Precipitating factors such as frequent test rankings, peer comparison, and high parental expectations trigger negative emotions quickly; (3) Perpetuating factors including learned helplessness and negative self-schema reinforce school aversion through feedback loops; (4) On the protective level, growth mindset, emotion-regulating strategies and teacher-student attachment relationships can effectively buffer the above risks. Based on these findings, a four-dimensional intervention model is proposed across school, family, individual, and societal levels: optimizing supportive classroom environments, training teachers in positive psychology, enhancing home-school communication, promoting cognitive behavioral therapy and mindfulness training at the student level, and expanding access to psychological services through community networks and hotlines. The study aims to offer evidence-based, culturally appropriate intervention pathways to break the vicious cycle of anxiety and school aversion and promote the synergistic development of lifelong learning ability and psychological resilience among adolescents.

Keywords: Anxiety disorder, Teenagers, Dislike of school, Chinese mainland

1. Introduction

Anxiety is a prevalent mental health condition among students, presenting through emotional, cognitive, and behavioral symptoms that significantly affect academic performance and well-being [1]. In recent years, growing attention from media and clinical services such as "school refusal clinics" has highlighted the widespread issue of school aversion among adolescents [2, 3]. Increasing academic stress has led to a notable overlap between anxiety disorders and school aversion, forming a vicious cycle that undermines both mental health and educational engagement. School aversion manifests in diverse student groups. Underachieving students often experience

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exclusion, criticism from teachers, and negative feedback at home, contributing to hostility toward school. Conversely, high-achieving students, while often praised, may suffer from low psychological resilience and experience intense anxiety when failing to meet expectations. Estimates show that about 4.4% of teenagers aged 10 to 14 suffer from anxiety disorders, and 5.5% of those aged 15. This mental burden not only affects learning efficiency, but can also create a vicious cycle to 19. Anxiety disorders seriously affect academic performance and attendance, and avoiding social activities increases feelings of isolation and loneliness. And a mental health survey at a key middle school in Nanjing shows that more than 65% of students are facing pre-exam anxiety [4]. This study adopts a literature review approach to analyze the relationship between adolescent anxiety and school aversion in the mainland China. Using the 4P model, it identifies key psychological mechanisms and intervention approaches. Three databases, pubmed, CNKI and Wanfang Data, were used. The findings are expected to provide a systematic, stratified and replicable intervention blueprint for mental health teachers in primary and secondary schools and a decision-making basis for education administrative departments to formulate more precise and culturally appropriate campus mental health policies.

2. Prevalence and incidence: the current state of anxiety and school aversion

According to data released by the National Health Commission in 2025, 24.6% of Chinese adolescents have varying degrees of anxiety and depression symptoms. This figure has drawn widespread social attention, reflecting the severity of current mental health problems among teenagers. At the same time, the data shows that 46% of teenagers have little interest in learning, 33% of students show obvious aversion to learning, and only 21% of students have a positive attitude towards learning. The problem has become prominent after the pandemic.

School aversion is mainly manifested as low mood, rebellion, and dislike of learning, and in some serious cases, self-harm and suicide may occur, seriously affecting the lives and safety of teenagers [5]. The relevant research results show that in urban areas, positive parenting, inconsistent discipline, and lack of discipline are more severe than in rural areas and towns, resulting in urban adolescents being more reluctant to study and possibly having lower academic performance than in rural areas and towns [6]; and the rate of school aversion among boys (23%) is significantly higher than that among girls (14.2%). Compared with girls, boys' school aversion is more overt, with more truancy, lateness, cheating, and other school aversion behaviors [7].

In terms of causes, anxiety is one of the important triggers for teenagers' aversion to school. Academic stress is the main source of anxiety among teenagers. If teenagers experience difficulty concentrating, memory decline, and slow thinking due to anxiety, their learning efficiency will decline, their grades will drop, and they will develop a fear of learning and a dislike for studying. Long-term intense study and exam competition stress makes teenagers mentally tense and unable to relax, thus generating anxiety. What's more serious is that anxiety and school aversion can create a vicious cycle: when teenagers are in a state of school aversion for a long time, academic tasks will pile up, grades will decline significantly, and when facing criticism and expectations from teachers and parents, great psychological pressure and frustration will come, further intensifying anxiety.

3. The psychological mechanisms and sustaining factors of anxiety and aversion to school

Predisposing factors: Genetic or personality factors are important predisposing factors that affect the mental state of adolescents. Most current high school students are only children and are doted on and spoiled by their parents in terms of life and economy. However, when they encounter difficulties

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in their studies and life, or do not perform well in exams, they lack self-confidence and often avoid learning by procrastinating and copying homework, being inattentive in class, falling in love, and indulging in Internet cafes, which leads to a decline in their interest in learning and the development of a dislike for it. And parenting styles also have a profound impact on the mental state of teenagers. Some parents use uncaring, critical, and other educational methods, which make children resistant to their parents' discipline and develop a dislike for school [6].

Triggering factors: Under the impetus of specific events, the latent state of school aversion and anxiety may be rapidly activated. The triggers include frustrating events such as academic failures and exam failures. Teenagers are in a stage of rapid self-awareness and are highly sensitive to external evaluations. One failure may lead to doubt of ability and denial of value, thereby losing motivation to learn. In addition, family conflicts and tense teacher-student relationships also have a negative impact on teenagers' mental health. Some parents, in an attempt to satisfy their vanity, put pressure on their children before exams, disregarding the actual situation of the students and blindly demanding that they achieve good grades in the exams, which invisibly increases the psychological burden of the students and thereby intensifies their test anxiety [8]. And when there are conflicts with teachers at school, this negative sentiment may be further exacerbated. A critical turning point like the transition from junior high school to senior high school can also trigger anxiety and school aversion.

Persistent factors: Due to the adverse experience of past exam failures, poor learning foundation, lack of good learning habits and test-taking skills, test anxiety is prone to occur [9]. During this process, this negative thinking pattern is constantly reinforced, causing the aversion to learning to solidify.

Protective factor: Despite multiple risk factors, if teenagers have good psychological resources and external support systems, their anxiety and school aversion can be effectively alleviated. First, educators have the ability to provide students with various forms of support, including emotional, instrumental and assessment aspects. In addition, students with good emotional regulation skills can effectively cope with stress and frustration and maintain a positive attitude towards learning. When students feel they are capable and valuable, they are more likely to perform well and succeed, and teenagers can also get important social support from the understanding and support of the classroom and peers [10].

4. Interventions

Interventions for adolescent anxiety and school aversion should be carried out at multiple levels and dimensions, and schools, families, individuals, and social systems need to form collaborative mechanisms to jointly promote the construction and improvement of mental health support systems.

School intervention in adolescent anxiety and school aversion is crucial. School interventions can start from aspects such as teaching atmosphere intervention, safety-oriented intervention, physical and mental health intervention, life and academic skills intervention, and increasing communication and cooperation with various resources such as parents, communities, and hospitals [2]. The school psychological counseling center is at the core, but it faces problems such as low awareness among teachers and students, questioned privacy protection, and poor timeliness. The teacher training model can be improved to provide positive psychology training for teachers [11]. At the same time, school counselors can adopt music therapy, which is low-cost and has no side effects. The moderate to strong stress-relieving effect of music therapy is very important for the prevention and treatment of stress-related problems [12].

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The family environment is a key variable influencing the mental state of teenagers. Family therapy plays a significant role in improving family communication patterns and reducing negative expectations. For example, schools can appoint dedicated mental health teachers to handle daily communication and connection with the parent group; Parents, on the other hand, can form parent committees and use their WeChat groups to convey information about mental health education. They can also provide one-on-one assistance specifically for families of students with special circumstances to ensure smooth communication of information and further improve the efficiency of education and teaching. The prerequisite for ensuring the effective implementation of home-school collaboration is that parents can have the right mindset and form a correct understanding of mental health education. Therefore, schools need to play their theoretical support role. Besides actively communicating some knowledge of mental health education to parents, it is more crucial to organize a series of parent-child mental health education activities. To create a more ideal growth environment for students [13].

In terms of individual intervention, cognitive behavioral therapy (CBT) has been widely proven as a range approach to dealing with anxiety and school aversion. By establishing positive cognitive patterns, it guides students to focus on their strengths and achievements, encourages them to set small goals and gradually achieve them, accumulates positive experiences, and builds the belief that "I can do it." For example, an experiment was conducted at a university in Nigeria to reduce test anxiety and improve the academic performance of vocational education students. The results confirmed that CBT remains an effective intervention for anxiety and related diseases, further verifying the findings of this study [1]. Exercise is also an effective approach [14]. Among them, aerobic exercise (such as walking cycling) and is the main intervention. Today, there is still considerable uncertainty about the value of exercise in alleviating anxiety symptoms, and some studies include combining exercise interventions with other treatments such as medication or cognitive behavioral therapy for anxiety. Mood can also be improved with mindfulness-based cognitive therapy. It includes breathing exercises, body scans, etc. When students are anxious, they can use mindfulness cognitive therapy to focus on the present feelings and get rid of negative thoughts to reduce anxiety and improve learning concentration. Taking an experiment at a minority middle school in Guizhou Province as an example, the study explored the impact of five days of short mindfulness training in a real test setting on alleviating state test anxiety and improving test scores. The results showed that after five days of mindfulness training, test anxiety was significantly reduced, inner calmness increased, test scores improved, and there was a significant impact on test anxiety and inner calmness after just one training session [15].

At the social level, we should actively respond to the "Special Action Plan for Comprehensively Strengthening and Improving Mental Health Work for Students in the New Era (2023-2025)" jointly issued by 17 departments, including the Ministry of Education. Specifically, we can provide professional support for teenagers and parents through public welfare psychological hotlines, psychological counseling services, etc. It can also serve as a supplement to school mental health education [11]. Social psychological service resources with professional qualifications should be encouraged to enter schools, and the government should introduce encouraging policies so that schools and institutions can cooperate to carry out activities such as lectures and group counseling, thereby forming a home-school-community collaborative education mechanism.

5. Discussion

The case of the mindfully cognitive therapy research on individual psychological intervention mentioned above is a short-term experimental study lacking tracking of the long-term effects of the

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intervention. Longitudinal tracking data are crucial for assessing the persistence and stability of the intervention. Short-term interventions may show positive effects during the trial, but it remains to be seen whether these effects can persist in the long term. For example, mindfulness training may be effective in alleviating test anxiety in the short term, but its long-term effects (such as sustained improvement in academic performance and long-term protection of mental health) need to be evaluated through longitudinal studies. And adolescents' mental states and behavioral patterns evolve with age and environment. Longitudinal tracking studies can help us better understand the effects of interventions at different developmental stages and how to adjust intervention strategies according to developmental needs.

When discussing the psychological improvement of patients, we need to clarify an important point: Mindfulness training itself is merely a tool or means, while the psychological improvement of patients is a complex process involving the interaction of multiple factors. Therefore, the improvement of the patient cannot be simply attributed to mindfulness training, nor can the effect of mindfulness training be completely excluded. On the one hand, the patient's own inner mindset and mental state play a crucial role in the improvement process. For example, a patient who is inherently resilient or has a positive attitude towards life may be more likely to benefit from mindfulness training. This psychological resilience, or positive attitude, may make them more willing to try new approaches to dealing with psychological problems and better able to understand and apply the techniques in mindfulness training. Conversely, if a patient already has serious mental problems or is resistant to mindfulness training, it is difficult to see significant improvement even with mindfulness training. On the other hand, mindfulness training can indeed contribute to psychological improvement in patients to some extent. Mindfulness training helps patients better understand their inner world by guiding them to focus on the present and accept their emotions and feelings. This process of self-awareness and acceptance can reduce patients' anxiety and depression and improve their ability to regulate emotions. For example, through mindfulness meditation, patients can learn not to judge negative emotions but to accept them with a peaceful state of mind. This attitude of acceptance helps relieve emotional tension and improve mental state.

However, the effect of mindfulness training is not isolated; it is closely related to the mental perception and mental state of the patient. If patients can gradually change their mindset during mindfulness training, such as from negative self-evaluation to more positive self-acceptance, then this mindset change may further promote their mental improvement. In other words, mindfulness training can be a trigger that leads patients to focus on their inner experiences and prompts them to reflect on and adjust their mental concepts, thereby achieving psychological improvement. It should be noted, however, that this shift in perception is not necessarily entirely due to mindfulness training. Other factors such as the patient's living environment, social support system, and personal experiences may also play a significant role. For example, a patient may also receive support and encouragement from family and friends while undergoing mindfulness training, and this external support may interact with the effects of mindfulness training to jointly promote psychological improvement in the patient.

Current research is mainly focused on the behavioral and psychological levels, while brain science can reveal the neural mechanisms of these problems and thus develop more precise intervention methods. Through neuroimaging techniques such as functional magnetic resonance imaging (fMRI) and neurophysiological methods such as electroencephalograph (EEG), patterns of brain activity in adolescents under anxiety and school aversion can be studied. For example, studies have found that the state of anxiety may be associated with functional abnormalities in the prefrontal

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cortex and amygdala. Understanding these neural mechanisms can help develop targeted neurofeedback training or drug interventions.

6. Conclusion

Among teenagers, anxiety and school aversion often coexist highly. Teenagers' cognitive functions are affected by anxiety, resulting in conditions such as inattention, memory loss, and slower thinking, which leads to reduced learning efficiency, declining grades, and further school aversion. And long-term school aversion exacerbates anxiety, creating a vicious cycle.

Systemic interventions at the individual, family, school, and policy levels are needed to address anxiety and school aversion. At the individual level, psychological interventions such as cognitive behavioral therapy (CBT) and mindfulness-based cognitive therapy can help teenagers build positive cognitive patterns, relieve anxiety, and improve learning concentration. At the family level, improving family communication patterns, reducing negative expectations, and providing emotional support are crucial. Schools should create a positive teaching atmosphere, provide psychological counseling, and enhance communication and cooperation with parents to support students. In terms of policy, the government should introduce encouraging policies to bring social psychological service resources into schools and strengthen the promotion and implementation of mental health education.

Local cultural variables such as face culture and parental comparison culture need to be considered more carefully in future research, as these cultural factors may play an important role in anxiety and school aversion. Long-term follow-up studies are crucial, as they assess the persistence and stability of the intervention and allow us to better understand the effects of the intervention at different stages of development so as to adjust the intervention strategy according to development needs. Brain science research also needs to be combined to explore the neural mechanisms of anxiety and school aversion and to develop more precise interventions such as neurofeedback training or drug intervention, which is also an important direction for future research.

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