

Psychosocial Strategies for Managing Social Withdrawal among Primary School Pupils

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Abstract

This paper focused on psychosocial strategies for managing social withdrawal among primary school pupils. Social withdrawal is a syndrome of avoiding people and activities which one would usually enjoy or participate. Psychosocial strategies are provisions of psychological and social support and resources to a person for the benefit of the individual to cope with problems or challenging situations. The underlying causes of social withdrawal such as anxiety attack, agoraphobia, family crises and a history of abuse, loss of a loved one, and nature and type of parenting styles used have been discussed. The effects of social withdrawal such as maternal deprivation syndrome, depression, emotional challenges in a form of feeling of loneliness, shame, guilt, fear of others and negative self-esteem have also been analyzed. The paper has discussed the psychosocial strategies for managing social withdrawal. These include psychotherapy, psycho education, self-help strategy, psychosocial rehabilitation, modeling and training for solving social problems. The paper recommends that primary school pupils should be trained and coached on social interaction and social skills as well as be reinforced for socially appropriate behaviours, to assist in addressing the problem of social withdrawal among them.

Introduction

Social withdrawal is a syndrome of avoiding people and activities which one would usually enjoy. For some people, social withdrawal can transcend to a point of social isolation (avoidance of contact with family members, close friends and associates). Social withdrawal therefore is a fear of or withdrawal from people or social situations (Milter, Perlman, & Brehu, 2007).

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Social withdrawal is a state of lack of contact between an individual and the society. However, social withdrawal differs from loneliness which reflects a temporary lack of contact with other fellow beings. Social withdrawal is a developmental issue for individuals of any age, class or personality type. It is associated with anxiety problems which occur from person to person; with multiple causes. In this context, social withdrawal syndrome represents the developmental outcome of specific and particular temperamental dispositions which has a severe detrimental effect to a child's social development and academic achievements (Rubin & Caplan, 2010). Primary school pupils are children of age from 6-12 years who are enrolled into the primary education level. One of the objectives of primary education among others is to: "... instill social, moral norms and values in the child, and develop in the child the ability to adapt to the changing environment." (National Policy on Education, 2014). Therefore, children of primary school have developmental needs which parents, teachers, and other caregivers are required to play vital roles by providing them with the opportunity of meeting those needs. Baji (2013) has identified the following needs of children:

1. The need for love and affections
2. The need for achievement
3. The need for belonging
4. The need for self-respect
5. The need to be free from deep feeling of fears
6. The need to be free from deep feeling of guilt
7. The need for economic security
8. The need for understanding of self

Thus, children are supposed to be protected while in school from danger, fear, rejection, fighting, bullying and other forms of violent acts to avoid creating an environment for withdrawal syndrome. Hence, supporting primary school pupils that suffer from social withdrawal to gain sense of belonging in schools through psychosocial strategies is paramount for their social and emotional well-being as well as academic success.

Contextually, psychosocial strategies refer to several key areas related to psychological and social functioning which is available to provide necessary supports for better adjustment of people. Psychosocial strategies are deliberate efforts that bring to bear experiences of individuals in order to achieve good fitness in the environment. Psychosocial strategies involve the provision of psychological and social resources to a person to enhance his/her ability to cope with problems and varying situations. Psychosocial

strategies aimed at easing normal life and preventing pathological consequences of potentially traumatic situations. This might be in forms of informational and instrumental supports. Thus, children who have severe problems of social withdrawal run a serious risk of developing lifelong patterns of social maladjustment (Rubin & Coplan, 2010). Similarly, Kauffman Hermanns, Ory, and Schrijvers (2005) stated that the emergence of social, emotional and behavioural problems in children depends on the individual child's predisposition and the social context such as the home and the school environment.

One important aspect of the social context is the school where children and young people spend a considerable amount of their time. Unfriendly school environment contributes to the development and or exacerbation of social, emotional and behavioural difficulties among children. The problems posed by unfriendly school environment in children and young people therefore call for collective efforts to manage and reduce the risk of pupils from developing such difficulties and to intervene as early as possible through research.

Theoretical Framework on Social Withdrawal

Theories are perspectives that are conceived to explain a concept or a phenomenon. In this paper, the theoretical models or viewpoints on social interaction and withdrawal by Piaget, Mead and Sullivan have been presented. First, is the view of Piaget (1932). Piaget portrayed children's relationships with peers as being relatively balanced, egalitarian and falling along a more or less horizontal plane of power assertion and dominance. According to Piaget, children experience opportunities to examine conflicting ideas and explanations, and to negotiate and discuss multiple perspectives held by peers within the egalitarian context. Piaget argued that children develop the ability to understand the thoughts, feelings, and literal viewpoints of others to form the basis for socially competent behaviour and development of meaningful and rich social relationships (Rubin, Bowker, Gazelle, 2010). Mead (1934) was another early theorist who postulated the significance of social interaction. Mead posited the role of the development of perspective taking through peer interaction. He maintained that participation in organized, rule-governed activities with peers, children learn to consider and coordinate the perspectives of multiple others with respect to the self. The experiences gained from such perspective taking lead children to the conceptualization of the generalized or organized perspective of the social group, which in turn, lead to the emergence of an organized sense of self. Furthermore, the classic personality theory of Sullivan (1953) has

provided a guide concerning children's peer relationships and social skills. Sullivan believed that the concepts of mutual respect, equality, and reciprocity developed from peer relationships. He argued that the intimacy of children's same-sex chum ships during the juvenile years and beyond promote the psychological well-being and identity development of the child, which contribute to romantic relationships among children.

Social withdrawal, in this context, focuses on primary school children who are socially fearful and shy while in the school setting or environment. The rationale for undertaking this study is as a result of the fact that some primary school children are not only adverse to peer interactions but also lack a strong motivation and self-efficacy to engage other peers in social interactions. This low social-approach motivation in children which is labeled as unsociability (Asendorpf, 1991) and social disinterest (Coplan, Arbeau, & Armer, 2008) has been characterized by the combination of low social-approach and high social-avoidance motivations (lack of motivation to engage others in social interactions) among primary school pupils which requires management and intervention through psychosocial strategies.

Causes of Social Withdrawal

Social withdrawal is a potential symptom of emotional or psychological challenges which vary from person to person. Its underlying causes depend on the manner and level of manifestation of anxiety among people. Thus, Miller, Perlman, Brehn, (2010), Rubin and Coplan, (2010) and Woodward, (2015) have identified the following as causes of social withdrawal:

1. Anxiety attacks: Individuals who suffer from anxiety often develop fears of anxiety attacks before public, thereby making them to retreat from the society, staying indoor and avoiding the world around them. children who suffer from some symptoms of anxiety such as racing heart, sweating, paleness, and shaking are relatively weak, and therefore become disinterested and simply keep away from peers because of the unbearably nature provoking them to be present in social situations. Thus, the fear of social embarrassment and or rejection can play a significant role in a child's decision to keep away from peers and school activities.
2. Social phobia: Social phobia is an irrational fear of social interactions. This involves making obsessive, negative assumptions about what people think of a person, the judgment they may be making and the consequences that can come from such predispositions. Hence, those who have social phobia often avoid meeting people because of how

bad their anxiety may make them feel about themselves which eventually lead them to withdrawal.

3. Withdrawal in some cases may be a symptom of anxiety. Social withdrawal may be a symptom of anxiety. Many people who deal with stressful situations often feel overwhelming to stay alone. However, staying alone may make anxiety worsen and stuck in one's mind and thought. Hence, emotional support from people around a person is beneficial to the one's emotional wellbeing, self-esteem and mental health.
4. Agoraphobia: Agoraphobia is a condition in which crowded or unfamiliar spaces cause anxiety (Daniel, 2018). The symptoms may range from mild discomfort with the society and new places or people. Agoraphobia commonly occurs as a result of anxiety attack where the children affected become afraid to leave their homes or places of residence because they tend to get attack when they are out of their comfort zone (Daniel, 2018).
5. Poor teacher-child relationships: Children who have poor relationship and less closeness with teachers are at predictive risks for a number of school adjustment difficulties such as social interactions. Thus, primary school children require more attention and greater dependency from teachers for feeling of belongingness.
6. Family crises and a history of abuse and abandonment: When family members are imbued with crises, it causes actions of its members to harm the children. This situation may make those children to end up in shocks, panics, which eventually lead them to the feeling of inadequacy, neglect and social withdrawal.
7. Loss of a loved one: Studies have shown that widows who keep in contact with friends or relatives have better psychological health and fewer depressive symptoms (Woodward, 2015 & Steve & Nicola, 2017). Thus, cases of marriage separations and deaths are responsible for single parenthoods which may cause over rejection of children as a result of unmet needs; which contribute to social withdrawal syndrome.
8. Nature of parenting styles used on children socialization process: The nature of parenting style used to raise children determines the kind of socialization pattern the children will imbibe. Therefore, different parenting styles evolve and play dominant roles on children socialization process among families. Parents who are overly protective, intrusive, over controlling and directive tend to over manage situations for their children. As a result, children who are raised by autocratic nature of

parenting may not develop necessary coping and problem-solving strategies in their interpersonal affairs (Oduolowu, 2011). Similarly, when family members are cold, unresponsive, unavailable or abusive, children might become socially isolated..

9. Poor attachment: The primary attachment between the mother and infants usually develop during the first year of life. The history of a socially withdrawn profile begins with newborn babies who are biologically predisposed to have a low threshold for arousal when confronted with social stimulation and novelty by the mothers or caregivers ((Ainsworth, Blehar, Waters, & Wall, 1978)). This hyper arousal tendency may make these babies difficult for their parents or caregivers to soothe and comfort. Maternal sensitivity and responsiveness influence whether the relationship will be secure or insecure. This situation, in turn, causes overprotective and oversolicitous parenting, which are posited to predict the development of an insecure parent-infants attachment. Secure attachment predicts social competence, whereas insecurity predicts both externalizing (aggression) and internalizing (social withdrawal) among children (Ainsworth, Blehar, Waters, & Wall, 1978).
10. Social withdrawal may coincide with developmental delays, learning disabilities and neurological disorders. For example, Cardona and Chronister, (2009) have found that individuals with learning deficits or impairments may have trouble with social interaction.
11. Depression: The relationship between depression and social withdrawal is bidirectional. Social withdrawal may lead to depression because of unmet needs which is suppressed while depression can cause social withdrawal (Myklestad, Roysamb, Tambs, 2012).
12. Physical disabilities or illness: Physical illness and deficiency has influence on social relationships of children. When a child is faced with a physical illness or challenge such as muscular dystrophy or conditions that are stigmatized, family members, close friends and peers start to spend less time with the affected child or the individual child may begin to pull away from people for fear of embarrassment, causing withdrawal syndrome.
13. Negative thoughts and feelings: Children's temperaments and feeling of insecurity may cause them onto trajectory toward behavioural inhibition (Buhs & Ladd, 2001; Oh, Rubin, Bowker, Booth-laforce, Rosekrasnor, & Laursen, 2008). Thus, negative thoughts and feelings of inadequacy due to social interactive failure among primary children may result into perceived helplessness; low self-esteem and negative

self-perception of social skills which consequently make the insecure children withdraw from the social worlds and become isolated from the peer group.

14. Unemployment: Children whose parents or guardians are fired or dismissed from jobs or workplaces, they tend to lose their means of livelihood due to financial bankruptcy. This situation has the risk of causing psychological and emotional problems to the children, which if not resolved, the symptoms could be imminent toward social withdrawal (Daniel, 2018).
15. Societal adversity: Adversities and episodes stemming from the society may cause people the desire to avoid dangers, discomforts, and threats. These unpleasant adversities induce hardships in dealing with primary school children, a circumstance that is enough to cause social withdrawal for fear of hostilities.

Effects of Social withdrawal

The following have been found as effects of social withdrawal:

1. Children who are isolated during the early years of their lives are less playful than those who are properly socialized (Miller, Perlman & Brehn, 2007).
2. Children who were deprived of social interactions as babies often suffer maternal deprivation syndrome, which manifests itself in the form of failure to thrive. They are also less responsive to the environment and poor relationship with their mother or caregivers (Woodward, 2015).
3. Children who are raised in isolation or in a setting where there is less human interactions exhibit a tendency of slowed language skills and development. The sensory and social deprivation may cause children to be severely delayed in language acquisition putting them at risk of being permanently socially disabled (Steve & Nicola, 2017).
4. Children who are isolated as infants often develop disturbing behaviour and troubles in connecting and mingling with their peers (Woods & Hollis, 1999). There is also evident of peer rejection, victimization, and poor friendship. (Rubin, Root, & Bowker, 2010).
5. Pupils who are withdrawn may be experiencing depression which can have an impact on their studies such as having difficulty in concentrating or completing work on time, decline in school attendance, and feelings of academic failure (Myklestad, Roysamb, Tambs, 2012).
6. Social withdrawal syndrome may lead individual child to the use of substance and alcoholic abuses in attempt to relieve tension and

frustration (Qualter, Brown, Munn, & Rotenberg, 2010).

7. Social withdrawal can lead to emotional challenges such as feelings of loneliness, shame, guilt, fear of others, negative self-esteem, trouble sleeping, ill-interpersonal relationships, and alienation during childhood (Steve & Nicola, 2017).

Psychosocial Strategies for Managing Social Withdrawal

The following strategies are recommended (Miller, Perlman & Brehm 2007; Scott, 2007; Cardoso & Chronister, 2009; & Rubin & Coplan, 2006).

1. **Psychotherapy:** This is called the talk therapy. Psychotherapy is a technique which individuals, family, couples or group of people sit down and talk with a therapist or other mental health provider to provide solutions to psychological problems. Psychotherapy helps children learn about their moods, thoughts, behaviors and how they influence their lives. Psychotherapy also provides ways to help children restructure their thinking and respond to stress and other conditions appropriately.
2. **Psycho Education:** Psycho education is a strategy that teaches people about their illness and how they will receive treatment. The application of this strategy includes providing education for family and friends, where they learn things like coping strategies, problem solving skills and how to apply same to solve problem of social withdrawal among children. Family psycho education can help ease tension at home, which could assist the child experiencing withdrawal syndrome to recover.
3. **Self - help and support strategy:** Self - help strategy is used to address the feeling of isolation through providing insight for the clients into their mental health conditions. Parents and teachers may apply this strategy by sharing the feelings of frustrations and successes with primary school pupils to provide them with tips on how to manage social withdrawal tendency through formation of emotional ties and friendship to address the syndrome.
4. **Psychosocial rehabilitation:** Psychosocial rehabilitation helps people develop the social, emotional and intellectual skills they need in order to live happily with the smallest amount of professional assistance they can manage. Psychosocial rehabilitation uses two strategies for intervention: these include learning the coping skills so that one can be more successful in handling a stressful environment and developing resources that reduce future stressors. This technique could be used on primary school pupils in order to help them develop coping skills

when faced with stressful situations that can lead them to social withdrawal syndrome.

5. Social Skill Training (SST): This involves training in verbal and non-verbal communication skills (Daniel, 2018). Its components include coaching, modeling and training of the individual for solving social problems. Social training skill programmes should be designed specifically to meet particular needs of shy and socially withdrawn children among primary school pupils to enhance their social interaction with their peers.
6. Use of peer-mediated strategy: This is a strategy that consists of peer-pairing and facilitated play which incorporates socially withdrawn children to take part and participate in social activities along with other peers to boost their interactions (Rubin, Root, & Bowker, 2010). Peer-mediated strategy should be used by a way of pairing a socially withdrawn primary school child with another peer in a predetermined activity to make he/she mingle with others so as to expand his/her sociability.
7. Use of Emotional Regulation and Expressiveness: This is an approach in which children who are withdrawn are coached and regulated to express little negative internalizing emotions such as sadness, anxiety and fearfulness. This approach is used as a protective measure for primary school children who are withdrawn against rejection and victimization by their peers (Degnan, & Fox, 2007).
8. Education and Training Programmes for Parents and Teachers: Parents and teachers who are knowledgeable and well trained about developmental challenges and behavioural inhibited characteristics of children are sensitive to their needs. Thus, parents who encourage children's independence, provide opportunities for peer interactions and promote parent-child relationships help their children to become less inhibited and more socially skilled.
9. School-based Approach: School-based approach such as warm-supportive classroom, smooth transitions and friendly school environment benefit shy and wary primary school pupils and assist to minimize barriers, difficulties and stress that are associated with meeting unfamiliar peers and unconducive learning environment. (Buhs & Ladd, 2001 & Gazelle, 2006).
10. Engaging primary school pupils in organized skills and sports that are valued to them and the community: Engaging primary school pupils who are socially withdrawn to participate in extracurricular activities

such as clubs and sports will improve their positive thinking and make them feel valued about themselves and the social worlds (Coplan, Arbeau, & Armer, 2008).

Recommendations

The following recommendations are offered:

1. Children should be trained by parents, teachers and caregivers to get involved in play groups in order to facilitate their play with other peers for better sociability.
2. Parents or teachers should apply talking strategies when they suspect withdrawal syndrome from their school children to find out the reason why they do not want to mingle or play with other children for prompt intervention.
3. Children should be praised or rewarded by parents or teachers for socially appropriate behaviour for better social activities in future.
4. Children should be educated on effects of shyness and isolation through story books or other activities to unlearn them from the symptoms of withdrawal.
5. Social skills training should be organized by parents, teachers and caregivers for shy children to help improve their conversational skills. The children could use these conversational skills during unstructured situations and/or around unfamiliar people for proper adjustment.
6. Children should be encouraged for a high sense of humor. Jokes are a possible way for children to interact and communicate, as long as they are not making fun of others.
7. The classroom or school environment should be designed and organized to support all areas of individual differences among school children.
8. School children should be encouraged to participate in social clubs and activities (e.g., scouts, sports, festivals, etc.) to expand their social interaction among their peers.
9. Parents, teachers and caregivers should build a trusted relationship with their school children by talking relating freely, setting realistic expectations, being supportive, and encouraging to boost social relations among them.

Conclusion

Human being is a product of biological and social factors. As children develop, they interact in a number of various social arenas including the school. Social withdrawn children frequently refrain from social activities. This may result from a variety of causes, including social fear and anxiety,

poor parenting and attachment, and unfriendly school and classroom environments. The effect of social withdrawal on children is systemic and is significantly correlated with school difficulties, lack of close friends or peer difficulties, and negative adjustment outcomes such as emotional or behavioural problems. . Consequent upon this, proffering psychosocial strategies to provide social support for school children to spend time with peers and friends is a strong protective measure toward managing the consequences of social withdrawal among primary school pupils.

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