A Review of Intervention Approaches to Children's Social Anxiety

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Abstract. According to recent research findings, the social anxiety suffered by adults is acquired from the (later disappeared) horror experiences of childhood. The fears experienced in childhood may be reproduced when a person is weakened by illness or when attacked by new and severe traumatic factors. Therefore, understanding the causes of socially fearful behaviour in young children and having the means to correct it is not only necessary to ensure that children grow up physically and mentally healthy, but also to ensure that a person is shaped to have a healthy personality. Given that social anxiety in children is highly embedded and its causes are complex, this review aims to summarize the latest and most effective interventions. Through the review of relevant literature, three kinds of intervention methods for children's social anxiety are summarized, namely painting art therapy, systematic desensitization therapy, and sandplay therapy. By presenting the principles, cases, and effects, it is hoped that society will gain some awareness of children's social anxiety problems and provide parents and teachers with ideas for interventions to help children grow up healthily.

Keywords: Social anxiety · Children · Intervention approaches

1   Introduction

Social anxiety is an emotional response and avoidance behavior that is characterized by intense anxiety, tension, and fear of one or more social situations [1]. Social anxiety, first referred to as 'social terror', was introduced in 1970 by the British psychiatrist Marks, who identified people with milder mental disorders and a fear of social interaction and defined their symptoms as social anxiety. Social anxiety, an anxiety disorder, is characterized by a significant and persistent fear of being looked down upon or negatively judged by others in public places or when dealing with people, a fear of making a fool of oneself or in front of others, and an attempt to avoid it. Clark and Wells' cognitive model suggests that an individual's preoccupation with others' evaluations is one of the causes of social anxiety, while Rapee and Heimberg suggest that social anxiety is sustained by an interactive cycle of self-focus and self-monitoring [2, 3].

Chen divides social phobia into two sub-types, the generalized type, and the specific type. The generalized type refers to the patient's fear of and avoidance of many social situations, and in severe cases, even prolonged social isolation, preventing them from

Table 1. What children fear at different ages

Age	Objects of Fear
0–6 months	loud noises, loss of support
6–9 months	strangers
1 years	separation, trauma, going to the toilet
2 years	Imaginary "ghosts", death, robbers
3 years	dog, alone
4 years	darkness
6+ years	schooling, trauma, natural disasters

working and studying normally. The specific type refers to the patient's fear of a particular situation, which can generally be asymptomatic, except for the anticipatory worry that the feared situation will be encountered. Fear and anxiety may be present when the person is already in a fearful situation.

Having some anxiety reactions due to fear is common for children in their developmental process. Young children often show a momentary fear response (shrieking, crying, avoidance, rapid heartbeat) to some objective danger or possible danger, such as certain things, concepts, etc. Young children's fears can be seen as 3 types, the first being fear of natural phenomena, the second being fear of physical injury, and the third being social fear. The results of many studies have shown that there are significant differences in children's fears at different stages of their development. The details are shown in Table 1. According to the Table 1, children begin to fear strangers at the age of 6–9 months and have a fear of so-called 'socialization'.

However, many parents define social anxiety in young children as a personality problem or an age problem, believing that their children are 'just too young' or 'scared', and sometimes even intimidate them with the intention of training them. This will increase the child's fears and make them more anxious about social situations. Some parents try to hide their child's anxiety and fear to make him or her 'brave', even thinking that if they forbid the expression of this fear, it will cease to exist. They tend to stop their frightened child from showing their fears by blaming or ridiculing them. But these behaviors can exacerbate their fears and make them more anxious about social interaction instead of weakening their fears.

Current interventions for social anxiety mainly group cognitive, with two main types of interventions: first is the physical activity correction method. The principle of this method is to improve social anxiety through the three dimensions of group cooperation in sports activities, improving self-image, and rebuilding social confidence. Li found that physical activity could directly reduce the social anxiety level of left-behind children, and it can also reduce the level of social anxiety by improving the individual's psychological capital [4]. The second is Group Virtual Cognitive Behavioral Therapy (GVBT). The GVBT is a therapy that brings together socially anxious patients to form a group and simulates social situations that the group members fear or avoid to achieve therapeutic effects. Tang innovatively proposed to add a "third party" to the cognitive explanation

of social anxiety based on traditional social anxiety disorder group cognitive behavioral therapy, so that individuals can have a rational cognition of social anxiety [5].

However, there are disadvantages to these two approaches: firstly, although there is a large number of studies have demonstrated the effectiveness of these interventions, the process is not uniform. If people want to use this approach, they will need to design their process. Secondly, the approaches are aimed at groups and do not apply to individuals. For parents, the limited number of family members does not lend them to use these ways to intervene. For kindergarten teachers, it is likely that at the early childhood stage, other children will have difficulty in cooperating with the teacher to create the ideal group therapy environment for the affected child because of their young age. Also scheduling children takes a lot of time and effort for teachers, so a group cognitive approach is not the best option for socially anxious children at the kindergarten.

Social anxiety in children is a common condition. But if the right interventions are not given in early childhood, future relationships in adulthood will be affected. At the same time, the public does not have a systematic and comprehensive understanding of social anxiety about children and often has misconceptions about it. And few interventions are currently available that are appropriate for preschool children. Thus, the review of intervention approaches to children's social anxiety which are widely available and appropriate for preschoolers is particularly important for parents and teachers of children with social anxiety.

2   Intervention Approaches

2.1   Painting Art Therapy

Art therapy has gradually emerged in the public eye as a new type of intervention. The National Federation of Creative Arts Therapy believes that art therapy refers to the purposeful use of the creative process of art forms to intervene in individuals with various psychological difficulties, so as a psychological treatment of promoting the individual's will to express, improving social participation, improving self-efficacy, and promoting cognitive transformation [6]. Art therapy is based on the idea of creating something that triggers an association, expresses a repressed emotion, or expresses a metaphorical idea, so it is less restricted by subjective factors such as venues, creative skills, artistic aesthetics, cognitive ability, and communication does not require language. It is more suitable for children whose language is still developing.

The key factor that self-focusing causes individuals to cause social anxiety is that they pay too much attention to self-related internal information, which limits the acquisition of external information and can't transform from internal attention to external attention. Most children with social anxiety are not good at language and social interaction. Therefore, finding a carrier to promote language socialization is a way to improve self-focus. The study assumes that the metaphorical symbol expression form of painting art therapy can analyze children's inappropriate cognition, release children's self-focus, and the positive response of parents and teachers can rebuild children's social beliefs and overcome the fear of external attention [7]. Then, the scientific, autonomous, and guiding intervention of parents and teachers can help children change their inappropriate cognition and evaluation of social situations.

According to the existing experimental results, group painting art therapy can significantly reduce the level of children's social anxiety. Painting art therapy can understand and explain the inner metaphors of children by analyzing children's works. These symbols often represent children's past experiences and future thinking. Therefore, using painting art therapy for children can transform self-related internal information into more external information in the form of painting symbols, to relieve excessive self-focusing attention and treat social anxiety.

For example, in the painting activities of houses, trees, and people, children generally use basic graphics to outline the appearance of the house, while for the description of the interior of the house, such as the interior design of the house, only a few children can draw. Generally speaking, the description of details reflects the individual's desire and interest in exploring the external world [8]. The more details of the house, the deeper the individual's cognition of the external environment. This trend in children's drawings shows that they are less interested in the external environment and are more willing to stay within their safety zone. Teachers and parents can grasp the characteristics of children and gradually cultivate the awareness of painting details, thereby increasing the awareness of exploring the external world. In addition, the painting of houses, trees, and people painting can also use the observation and depiction of "group" objects to stimulate the formation of children's collective consciousness and team consciousness, improve communication awareness, and promote the harmonious development of interpersonal relationships.

2.2 Sandplay Therapy

Sandplay therapy is also a form of non-verbal therapy that is appealing to children. While providing children with a free, safe, and protected space, parents and teachers should give them acceptance and unconditional positive attention, help children let go of their inner fears and worries, and open up and express themselves [9].

The social behaviors of the subjects were observed before and after the intervention. The results showed that after the intervention, the subjects were able to help the teacher for the main test, spoke more fluently than before the intervention, and could express their thoughts; Feedback from parents: The subjects were willing to communicate and share interesting things with their parents at home, they were more cheerful and optimistic than before the intervention; the speed of homework writing was significantly improved. The subjects can communicate well with their classmates, and the interpersonal relationships among classmates tend to be harmonious.

First, the initial sandbox presents a scene (eg: war), but the sandbox is dynamic. The sand-making area is below the sand table and closes to the side of the children. Children can use the sand table to make scenes and tell stories. During this process, both teachers and parents can obtain verbal and non-verbal information. For example, some children have the motivation to express and communicate with others, and they are in the anxiety and disturbance about breaking through themselves, which provides teachers and parents with a healing direction for future treatment.

According to previous experiments, children with social anxiety disorder can take the initiative to communicate with people after being treated with sandplay, and the number of communication behaviors has increased significantly compared with that before the

intervention, and their self-confidence has been enhanced. In the free, safe, and protected space provided by sandplay therapy, children are free to express their ideas, try problem-solving [10], and learn how to relate to others. At the same time, with the deepening of sandplay therapy, children's self-efficacy has been improved, and the confidence and strength of actively contacting the external environment have been enhanced, as well as the ability to adapt to the outside world [11].

2.3 Systemic Desensitization Therapy

Systemic desensitization therapy, also known as cross-inhibition, was found and developed by American scholar Volpa. Its basic principle is cross-inhibition. Let the client relax the whole body to resist so that this stimulus gradually loses the effect of causing negative emotions such as fear and anxiety [12]. That is to say, a normal reaction is induced by a specific stimulus that causes an adverse reaction, which will compete with the original adverse reaction, and then the normal reaction induced by this stimulus will be strengthened, and the adverse reaction will gradually subside soon. Systemic desensitization is generally divided into three parts, one is relaxation training, the other is children begin to design anxiety rating scales (that is, they give different levels of fear in their minds), and the third is imaginative desensitization.

System desensitization therapy, as a relatively common treatment method for psychological problems, is the easiest to operate and the most suitable for parents and teachers to carry out one-on-one treatment for children. In the process, parents and teachers are required to patiently help children desensitize and overcome their inner fears.

Before using systematic desensitization, it is important to consult with the child and try to identify all the events that make the child feel fearful or anxious. If the child is not able to articulate this well, the child can be guided by asking questions and listing the subjective degree of fear or anxiety he/she feels about each event. This is followed by a relaxation exercise, taking into account the age of the child and the child's level of trust in the parents or teachers, which requires repeated verbal help to build or reinforce the child's level of trust in the parents or teachers. Through verbal reinforcement, the child can feel the constant care and love of the parents or teachers, and the child's trust and sense of security in the parents or teachers will be enhanced. Ultimately, the child will feel less fearful as long as the parents or teachers are around, and will naturally relax. In the process of correction, as soon as the child's behavior changes, the parents or teachers will provide positive reinforcement (praise, encouragement, or material rewards) to reinforce the change in the child's behaviour. The child is then desensitized to a hierarchy of fear or anxiety in a relaxed manner. This starts with seeing other children of the same age from a distance with a parent or teacher, then with being near children of the same age with a parent or teacher, then with talking, playing games, and having conflicts with children of the same age with a parent or teacher, and finally with interacting with the child alone.

However, systemic desensitization therapy is a gradual process that requires great patience from teachers and parents. Moreover, the role of the leader in therapy is very significant. If parents or teachers do not have enough patience and contempt, children will not have enough trust in parents or teachers which will affect the implementation of therapy. Therefore, it is very important to establish a trusting relationship between

parents or teachers and children. Parents are more suggested as facilitators because the trusting relationship between parents and young children is the longest and most stable.

3 Conclusion

This review is mainly aimed at children with limited language expression and summarizes the three most suitable intervention methods for children. They are painting art therapy, systematic desensitization therapy, and sandplay. Social anxiety in childhood is very critical because it is the first step for human beings to move from individual life to group life. Only by taking effective measures can we better help them integrate into group life and lay the foundation for later life.

These three approaches are more suitable for children and require a strong trusting relationship between the child and the parents or teachers, and all the parents or teachers need to be patient. Social anxiety can not be resolved with just a few sessions, so teachers and parents should not be aggressive or intimidating to the children during the treatment process. Because this kind of behavior may make the children more anxious and even fearful about the behaviors which relate to these methods later in life. Overall, this review is of great significance for the treatment of children's social anxiety.

References

1. Du, K. Z., Bao, W., Yin, G. L., & Peng, X. F. (2019). The relationship between parental emotional warmth and children's social anxiety: the mediating role of hope. In Abstracts of the 22nd National Psychology Conference (Vol. 1626).
2. Clark, D. M., & Wells, A. (1995). *A cognitive model of social phobia* (pp. 69–93). Guilford Press.
3. Heimberg, R. G., Brozovich, F. A., & Rapee, R. M. (2010). *A cognitive behavioral model of social anxiety disorder: Update and extension. Social anxiety* (pp. 395–422). Academic Press.
4. Li, M. L., Ren, Y. J., Yang, J., & Lei, X. Y. (2020). The effect of physical activity on social anxiety in rural left-behind children: The mediating role of psychological capital. *Chinese Journal of Clinical Psychology, 28*(06), 1297–1300.
5. Tang, J. L., Yu, J. Y., Xuan, B., & Wang, J. Z. (2018). The construction of "group empirical cognitive-behavioral therapy" for social anxiety disorder. *Chinese Journal of Clinical Psychology, 26*(01), 200–204.
6. Qiu, H. Z. (Ed.). (2010). *The theory and practice of art psychotherapy*. Jinan University Press.
7. Jian, F. P., & He, S. R. A study on the intervention of group painting art therapy on social anxiety of left-behind children. *Journal of Chongqing University of Commerce and Industry (Social Science Edition),* 1–11. http://kns.cnki.net/kcms/detail/50.1154.c.20220524.1756.002.html
8. Cui, G. C., & Qiu, H. Z. (Ed.). (2003). *Psychotherapeutics*. Beijing Science and Technology Press.
9. Xu, K., & Zhang, T. (2018). A case study of sandplay therapy to alleviate 'children's social anxiety. *China Educational Technology Equipment, 12*, 55–57.
10. Gao, L., & Shen, H. Y. (2012). *Sandplay therapy*. People's University of China Press.

11. Xu, K., Zhai, D. C., Fan, M., et al. (2012). Evaluation of psychological adjustment interventions for new students in independent colleges. *China Public Health, 28*(3), 369–370.
12. Yang, G. H., & Yang, M. R. (2020). A case study on the application of systematic desensitization therapy for the treatment of fear psychology. *Psychological Monthly, 15*(19), 41–46. https://doi.org/10.19738/j.cnki.psy.2020.19.013