# Reasons Behind the Discrepancies in Studies on the Impact of Parental Behavior on Children's Social Anxiety Disorder

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**Abstract.** Social Anxiety Disorder (SAD) is a prevalent mental health concern among children and adolescents, with parental behavior identified as a key influencing factor. However, existing studies on the correlation between parental behavior and children's SAD exhibit significant discrepancies. This study aims to systematically explore the underlying causes of these discrepancies and propose culturally adaptive intervention strategies. Through a meta-analysis of 13 peer-reviewed journal articles, combined with Hofstede's Cultural Dimensions Model, we analyze the limitations of current research methods and the moderating role of cultural contexts. The results indicate that unadvanced research methods (over-reliance on self-report measures, gender imbalance in samples, and the Hawthorne effect) and cultural differences (individualism-collectivism and power distance) are the primary drivers of inconsistent findings. Furthermore, we propose targeted intervention strategies tailored to Western individualistic and Eastern collectivistic cultures, and provide practical guidelines for parents and mental health practitioners. This study enriches the theoretical framework of parental influence on children's SAD by integrating cultural factors and research method critiques, and offers actionable insights for reducing research discrepancies and improving intervention effectiveness.

**Keywords:** Parental Behavior; Children's Social Anxiety Disorder; Research Discrepancies; Cultural Moderation; Intervention Strategies.

## 1 Introduction

Social Anxiety Disorder (SAD) is defined as a persistent and excessive fear of social situations involving potential scrutiny, leading to avoidance behaviors and significant impairment in daily functioning[1]. As the third most common mental disorder globally, SAD has a lifetime prevalence of 7%-16% in the United States[2] and affects 10%-20% of children and adolescents worldwide[3]. In Asian countries such as China, the prevalence among school-age children reaches 8%-12%[4]. For children, SAD not only hinders social skill development and academic achievement[5] but also increases the risk of comorbid mental health conditions such as depression and substance abuse



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in adulthood[6], exerting a profound and long-lasting negative impact on individual development.

Parental behavior is widely recognized as a critical environmental factor influencing children's SAD. Existing literature has identified three core mechanisms: overprotective parenting, lack of emotional warmth, and intergenerational transmission of parental anxiety[7]. Additionally, fathers and mothers play distinct roles: fathers often model social competence to alleviate children's anxiety, while mothers may transmit social wariness[8,9]. However, these findings are not universally consistent. For example, Inam et al.[10] argue that overprotective parenting has no significant impact on children's SAD, while Gao et al. suggest that parental psychological control is less harmful in collectivistic cultures. Such discrepancies undermine the generalizability of research conclusions and hinder the development of effective intervention strategies.

Despite extensive research on parental behavior and children's SAD, two critical gaps remain. First, the causes of research discrepancies have not been systematically explored. While some studies attribute inconsistencies to methodological differences[11], few have quantitatively analyzed the impact of research methods (e.g., self-report vs. experimental designs) or systematically integrated cultural factors into the analysis. Existing research is predominantly based on Western individualistic cultural contexts, with insufficient attention to the unique dynamics of parent-child interactions in Eastern collectivistic cultures. Second, existing interventions are predominantly based on Western individualistic cultures[12], with limited consideration of cultural adaptability in collectivistic contexts. This "one-size-fits-all" approach reduces intervention effectiveness in non-Western societies.

This study aims to identify the main causes of discrepancies in studies on parental behavior and children's SAD, focusing on research method limitations and cultural moderating effects. We try to propose culturally adaptive intervention strategies for different cultural contexts as well as providing practical guidelines for parents and mental health practitioners.

## 2 Literature Review

### 2.1 Core Mechanisms of Parental Influence on Children's SAD

**Overprotective Parenting.**
Overprotective parenting is characterized by restricting children's social experiences, discouraging independent interaction, and overreacting to children's autonomous behaviors. This style hinders the development of social skills and reinforces the association between independence and anxiety. For example, children raised by overprotective parents lack opportunities to practice social interaction, resulting in insufficient coping skills when facing social challenges[13]. However, conflicting findings exist: Zalk et al. found that paternal overcontrol does not directly cause children's SAD, while Gao et al. reported that parental control is perceived as care rather than harm in collectivistic cultures.

**Lack of Emotional Warmth.**
Emotional warmth refers to parental responsiveness, support, and acceptance. Children who experience emotional neglect are more vulnerable to SAD because they lack the psychological resources to cope with social stress. Negative parental evaluations (e.g., criticism, comparison) also increase children's hypersensitivity to others' opinions, exacerbating social anxiety. However, Bogels et al. argue that lack of emotional support is not specific to SAD and may contribute to other anxiety disorders, suggesting the need for more targeted research.

**Intergenerational Transmission of Anxiety.**
Socially anxious parents transmit anxiety to children through observational learning[14]. Infants and young children mimic parental reactions to social situations, such as avoiding strangers or expressing negative emotions toward social interaction. For example, socially anxious parents often display avoidance behaviors in social situations, and children internalize these behaviors as appropriate responses. However, Inam et al. found no significant effect of parental anxiety on children's SAD, highlighting the influence of contextual factors.

**Differential Roles of Fathers and Mothers.**
Fathers and mothers exert distinct influences on children's SAD. Fathers often serve as models of social competence: school-age children perceive fathers as symbols of peer acceptance and confidence, which helps reduce social anxiety. Fathers' involvement in social activities with children provides opportunities for children to learn social skills and build confidence. In contrast, mothers are more likely to transmit social wariness: socially anxious mothers increase infants' fear of strangers through social referencing. Additionally, birth order interacts with parental behavior: firstborn or only children are more likely to experience overprotection, increasing their risk of SAD. However, few studies have explored how gender differences between parents and children (e.g., father-son vs. mother-daughter dyads) moderate these effects.

## 2.2 Research Discrepancies and Critical Analysis

**Methodologically Driven Discrepancies.**
Most existing studies rely on self-report measures, which are prone to bias. Jefferies & Ungar found that 18% of participants who self-reported no social anxiety met the diagnostic criteria for SAD, while 16% of self-reported anxious participants did not exceed the threshold. This inaccuracy stems from children's limited ability to recognize and express emotional states, as well as social desirability bias (e.g., underreporting anxiety to please parents or researchers). For example, a study using self-report measures may overestimate the correlation between lack of emotional warmth and SAD due to children's tendency to conflate general dissatisfaction with specific anxiety symptoms.

Sample gender imbalance is another major issue. Many studies focus on maternal behavior, ignoring the buffering effect of fathers. For instance, Murray et al. admitted

that excluding fathers from their study led to an overestimation of the negative impact of maternal overprotection. Experimental studies are rare (only 3 out of 13 studies in this meta-analysis), and those conducted are affected by the Hawthorne effect, where participants alter their behavior when aware of being observed[15].

**Culturally Driven Discrepancies.**
Existing research is predominantly conducted in Western individualistic cultures, with limited attention to non-Western collectivistic contexts. Hofstede's Cultural Dimensions Model[16] highlights two key dimensions: individualism-collectivism and power distance. In individualistic cultures (e.g., the United States), parental control is perceived as a restriction on autonomy, increasing children's SAD. In collectivistic cultures (e.g., China, Pakistan), parental control is viewed as a sign of care, reducing its negative impact.

Power distance also plays a role: in high-power-distance cultures, children are taught to obey parents, so parental control is less likely to evoke resentment or anxiety. For example, in China, children often interpret parental restrictions as expressions of love and concern, whereas in the United States, such restrictions are more likely to be seen as infringements on personal freedom. These cultural differences lead to inconsistent findings across studies.

**Other Moderating Variables.**
Children's temperament also moderates the relationship between parental behavior and SAD. Children with neurotic temperaments are more sensitive to parental overprotection, increasing their risk of SAD[17]. However, few studies have integrated these variables into their analyses, resulting in incomplete understanding of the causal relationships.

# 3 Methodology

## 3.1 Research Design

This study adopts a meta-analysis approach to synthesize existing literature on parental behavior and children's SAD. Meta-analysis is suitable for identifying patterns and discrepancies across studies, as it quantitatively integrates results from multiple studies to increase statistical power and generalizability[18].

## 3.2 Data Collection

**Inclusion and Exclusion Criteria.**
Inclusion criteria: (1) peer-reviewed journal articles published between 1996 and 2022; (2) focusing on the correlation between parental behavior (overprotection, emotional warmth, intergenerational transmission) and children's SAD (aged 3-18); (3) using quantitative or qualitative research methods; (4) providing clear research methods and results. Exclusion criteria: (1) non-peer-reviewed studies, books, or book

chapters; (2) focusing on other anxiety disorders (e.g., generalized anxiety disorder) without specific analysis of SAD; (3) insufficient data to extract key findings.

**Search Strategy.**
Databases searched include PubMed, PsycINFO, Web of Science, and SpringerLink. Keywords used: "parental behavior," "parenting style," "social anxiety disorder," "children," "adolescents," "intergenerational transmission," "cultural differences." The search yielded 327 studies, which were screened based on titles and abstracts to exclude 289 irrelevant studies. Full-text reviews of the remaining 38 studies led to the inclusion of 13 peer-reviewed journal articles that met all criteria. Among these, 8 are from Western countries (the United States, Europe), 4 from Eastern countries (China, Pakistan), and 1 is a cross-cultural study; the sample size ranges from 50 to 500, with children aged 6-16[19].

### 3.3 Data Analysis

**Thematic Synthesis.**
Thematic synthesis was used to analyze qualitative and quantitative data from the 13 studies. First, key findings from each study were extracted, including parental behavior types, research methods, cultural context, and results. Second, recurring themes were identified, such as the impact of overprotective parenting, cultural differences in parental control, and methodological limitations. Third, themes were compared and contrasted to explain discrepancies.

**Cultural Dimension Analysis.**
Hofstede's Cultural Dimensions Model was used to analyze the moderating effect of culture. Two key dimensions were focused on: individualism-collectivism and power distance. Studies were categorized into Western individualistic and Eastern collectivistic cultures, and differences in the correlation between parental behavior and children's SAD were compared.

**Methodological Quality Assessment.**
The methodological quality of each study was assessed using the Newcastle-Ottawa Scale (NOS) for observational studies and the Cochrane Risk of Bias Tool for experimental studies. Assessment criteria included sample representativeness, data collection methods, and statistical analysis. This assessment helped identify the impact of methodological quality on research results.

## 4 Limitations of Current Research Methods

Due to the significant discrepancies among studies on the impact of parental behavior on children's social anxiety disorder, it is necessary to examine the research methods

to explain the research gaps. This chapter evaluates the experimental methods of the included studies, including self-report, observational study, and experimental study.

### 4.1 Experimental Methods Statistics

Among the thirteen included studies, seven (53.8%) used self-report questionnaires to collect data and determine anxiety levels, three (23.1%) did not conduct surveys or were not directly related to the impact of parental behavior on children's social anxiety disorder, and three (23.1%) conducted experimental studies. The distribution of research methods is shown in Table 1.

**Table 1.** Distribution of Research Methods in Included Studies

| Research Method | Number of Studies | Percentage |
|---|---|---|
| Self-Report Questionnaire | 7 | 53.8% |
| No Survey/Irrelevant to Parental Impact | 3 | 23.1% |
| Experimental Study | 3 | 23.1% |

### 4.2 Limitations of Methods

First, many studies in this field rely on self-reports, which are often problematic as children may inaccurately report their experiences or feelings of anxiety. Jefferies & Ungar found that a large percentage of participants who self-reported no social anxiety met the diagnostic criteria for the disorder, illustrating the limitations of self-report questionnaires. Specifically, 16% perceived themselves to be socially anxious yet did not exceed the threshold for social anxiety, and 18% perceived themselves not to be socially anxious yet exceeded the threshold. For example, a self-report study by Bogels et al. found a strong correlation between overprotective parenting and children's SAD, but subsequent studies using combined measurement methods (self-report + teacher rating) found a weaker correlation. Therefore, studies based solely on self-report surveys may not accurately reflect the actual causal relationship between social anxiety and parental behavior, leading to discrepancies in the field.

Second, the uneven gender distribution of parents in the studies has led to inconsistent results. As mentioned in previous chapters, fathers tend to model social competence and confidence, which can reduce children's social anxiety. In contrast, mothers are a source of social wariness, making their children wary of strangers and new social interactions. Due to the different effects of fathers and mothers, when studies generalize fathers and mothers as "parents" without distinguishing their genders, discrepancies arise. For instance, Murray et al. admitted that the exclusive use of female participants in their study overlooked the buffering effect of fathers against the impact of maternal depression on children's social anxiety. Similarly, a study by Zalk et al. that included both parents found that paternal overcontrol did not directly lead to

children's SAD, while maternal overcontrol did, which contradicts studies that only included mothers.

Finally, although three studies conducted experiments, the results may not reflect participants' real-life reactions due to the Hawthorne effect. The Hawthorne effect refers to the phenomenon where individuals change their behavior when they are aware of being observed. Participants' reactions during observation may differ, especially since anxiety levels are nuanced and inherently difficult to quantify. For example, in an experimental study by Rosnay et al., mothers were asked to express anxiety toward strangers in front of their infants. However, mothers may have exaggerated their anxiety due to being observed, leading to an overestimation of the intergenerational transmission effect. In real-life settings, parental behavior is more natural, so the actual impact may be weaker.

# 5 Moderating Effects of Culture on Children's Social Anxiety

Cultural background has been overlooked by most researchers when exploring the correlation between parental behavior and children's social anxiety disorder. However, cultural factors often disturb study results and trigger controversies. This chapter uses Hofstede's Cultural Dimensions Model to analyze the relationship between cultural differences (individualistic Western culture and collectivistic Eastern culture) and the impact of parenting styles. The moderating effect of culture is also discussed. The previous chapter already addressed the impact of parental behavior on children's social anxiety, but as indicated in the analysis of discrepancies in Chapter 3, cultural factors lead to inconsistent findings. Therefore, it is necessary to delve deeper into cross-cultural effects, especially in the context of non-Western parenting practices, which may be a key variable in this field of study.

## 5.1 Cultural Dimensions and Differences in Parenting Styles

By examining Hofstede's Cultural Dimensions Model, it is evident that different cultural backgrounds lead to varying goals in child education. First, the power-distance index refers to the extent to which less powerful members of organizations and institutions accept and expect unequal power distribution. This not only indicates the degree of role differentiation in society but also the consensus on the parent-child relationship. Specifically, in countries with a low power-distance index (e.g., the United States), parents tend to be more accepting when children act against or argue with them. In contrast, in cultures with a high power-distance index (e.g., China), parents expect children to be more obedient. For example, Chinese parents often make decisions for their children in social situations, while American parents are more likely to let children make their own choices.

Second, differences between collectivistic and individualistic societies imply inconsistent mindsets that parents impart to their children. Individualism means that everyone is expected to take care of themselves and their immediate family; collec-

tivism means that people are born into extended families or clans that protect them in exchange for loyalty. In Western culture, independence is encouraged, and parents emphasize autonomy. As a result, children are sensitive to the degree of freedom and rights they receive from their parents. In Eastern cultures where collectivism prevails, people focus more on the well-being of society (or the family as a whole), and parents tend to educate children to be obedient, respectful of authority, and concerned about others' opinions. For instance, Western children are often praised for expressing their own opinions, while Eastern children are more likely to be praised for being considerate of others.

### 5.2 The Moderating Effect of Culture on Parental Impact

In Western culture, self-expression and independence are important qualities that children should develop as they grow, and parents are expected to encourage them to handle social situations independently. Therefore, when children perceive their parents (especially mothers) as overprotective, they interpret this protection as a restriction on their independence, which may lead to the development of social anxiety. In Western studies, overcontrolling parents undermine children's self-confidence, and parental overcontrol and children's anxiety are likely to form a reciprocal relationship. For example, a study by Bogels et al. in the Netherlands found that overprotective parenting significantly increased the risk of social anxiety in children aged 8-12, as children felt their autonomy was restricted.

In contrast, cultural factors lead to different results in Chinese culture. According to Gao et al., while parental control in individualistic Western culture has a strong impact on early adolescents' social anxiety, psychological control in collectivistic Chinese culture has a less harmful effect on children. This is because when parents use psychological control to regulate children's misbehavior, it evokes feelings of guilt and shame in children. Children perceive parental control as concern and warmth rather than hostility or rejection. Conversely, parents who adopt permissive behaviors and encourage independent decision-making do not effectively promote children's self-worth or academic engagement. This indicates that collectivism leads children to prioritize family feelings over their own, so such parenting practices are less harmful to children's mental health, demonstrating the moderating effect of cultural backgrounds.

### 5.3 Controversies and Criticisms

Existing studies are mostly conducted in major Western countries (such as the United States) or limited to the author's local area, resulting in insufficient examination of cultural differences. For example, Inam et al. conducted a study in Pakistan (a collectivistic country) and found that adverse childhood experiences and authoritative parental behaviors were not responsible for children's social anxiety, which contradicts findings from Western studies. This is mainly because in Pakistan's collectivistic culture, children consider complying with parental requirements as normal, leading to different results. Similarly, a study by Gao et al. in China found no significant corre-

lation between parental psychological control and children's social anxiety, which differs from Western studies that report a strong positive correlation.

Another criticism is that existing cross-cultural studies often simplify cultural differences into a binary distinction between individualism and collectivism, ignoring internal cultural variations. For example, within China, there are significant differences between urban and rural cultures: urban areas are more influenced by individualism, while rural areas retain stronger collectivistic values. However, few studies have explored these internal cultural differences, leading to incomplete understanding of the moderating effect of culture.

# 6 Culturally Adaptive Interventions

Based on the discussion in the previous chapter that the impact of parenting styles on children's social anxiety disorder varies across cultures, corresponding intervention approaches should also be culturally adaptive. In Western countries, overprotective parental behaviors are more likely to cause children's social anxiety, while in Eastern countries, overcontrol is rationalized as an expression of family concern and love. Existing literature on the prevention and intervention of social anxiety disorder (such as CBT) is mostly based on Western cultural models. Therefore, future studies should explore and test approaches adjusted to meet the needs of diverse cultures. This chapter proposes intervention strategies, discusses challenges, and outlines expectations for future research.

## 6.1 Culturally Adaptive Intervention Strategies

**Interventions for Western Individualistic Cultures.**
Due to the emphasis on independence and individualism in Western values, therapy should focus on enhancing children's autonomy and social skills, while parents should reduce their controlling and protective roles. Cognitive-Behavioral Therapy (CBT) is the dominant approach for treating social anxiety in Western cultures. CBT is the most thoroughly researched non-pharmacological treatment for social anxiety disorder, including four core components: exposure therapy, cognitive restructuring, relaxation training, and social skills training. By providing these interventions to patients, they can recognize misunderstandings about potential risks and gradually adapt to feared situations. For example, communities can organize parental education workshops to promote emotionally supportive parenting styles and emphasize the importance of children's independent exploration. Specifically, workshops can teach parents to gradually let children engage in independent social activities (e.g., starting with encouraging participation in class activities and progressing to organizing gatherings with friends independently) and provide emotional support skills (e.g., listening to children's anxiety without criticism).

**Interventions for Eastern Collectivistic Cultures.**
In Eastern collectivistic cultures where parental control is regarded as family care, interventions for children's social anxiety disorder should integrate indirect social anxiety interventions into children's daily lives based on values of social harmony and family cohesion, rather than relying solely on CBT classes. For children growing up in environments with high pressure from authority figures (such as parents and teachers), the ideal approach is to reduce the power-distance index. For example, parents should treat children as equals, respect their opinions, and avoid forcing them to obey all requirements without expressing their own thoughts. By encouraging children to practice self-expression, they can build confidence, thereby reducing avoidance of communication with authority figures. Specifically, interventions can include "family equal communication training," where parents learn the "three-step rule for listening to children's opinions" (listen patiently, do not interrupt, and negotiate together) and children learn "confident expression skills" (e.g., politely refusing unreasonable requests). These interventions can be integrated into daily life through family meetings and parent-child games.

## 6.2 Challenges

Despite the well-established principles and approaches for improving social anxiety disorder, significant gaps remain in their real-world implementation. First, despite the proposed culturally adaptive methods, there are cultural and generational differences within broader cultural contexts, requiring tailored treatments. However, identifying every unique cultural style is challenging. For example, within the collectivistic cultural context of Pakistan, rural areas adhere more strictly to traditional values than urban areas, so a single intervention approach may not be effective. Second, in some collectivistic societies, people tend to adhere to traditions and avoid novelty. Parents may be skeptical of new parenting styles aimed at improving children's mental health. For instance, in traditional Chinese families, "parental authority" is deeply rooted, and many parents are reluctant to adopt equal communication methods, making it difficult to address the root cause of the problem. Third, unequal distribution of educational resources leads to a lack of awareness about education and children's mental health in some remote areas. Parents in these regions have limited access to information on educational methods, inadvertently negatively affecting children's growth and even leading to mental health issues.

## 6.3 Expectations for Future Research

Although the effectiveness of cognitive-behavioral therapy has been thoroughly examined, research on the long-term effects of intervention strategies across different cultures needs further refinement. Future studies should conduct longitudinal follow-ups (1 year and 3 years post-intervention) to assess changes in children's social anxiety symptoms, social skills, and parent-child relationships. Additionally, the combined effects of other factors besides cultural background (such as parents' edu-

cational level, economic status, and cultural values) may influence CBT outcomes and require further exploration.

Furthermore, since fathers and mothers have different impacts on the development of social anxiety in boys and girls, gender effects should be considered when designing child intervention strategies. Specifically, fathers should serve as models for building confidence (e.g., participating in social activities with sons to demonstrate social competence), while mothers should focus on emotional regulation and warmth transmission (e.g., engaging in emotional discussions with daughters to provide support).

Finally, in the era of rapid development in digital technology and artificial intelligence, it is wise to explore ways to use these technologies to mitigate the negative impacts of inappropriate parental behaviors on children. For example, developing mobile applications for parental training, including video tutorials, interactive exercises, and online consultations, can address the lack of resources in remote areas. Additionally, virtual reality (VR) technology can be used to create simulated social scenarios for children to practice social skills in a safe environment.

# 7 Practical Applications and Recommendations

This chapter provides guidelines for parents and mental health practitioners to take action to alleviate children's social anxiety disorder, based on the findings of previous chapters. It translates research results into practical advice, thereby enhancing the practical significance of this study.

## 7.1 Recommendations for Parents

Since parental behavior is a major contributor to children's social anxiety, modifying parenting styles is crucial. First, to avoid overprotection, parents should encourage children to engage in independent social interactions and participate in group activities (e.g., school clubs, volunteer work). When children refuse to participate in social activities, parents should avoid coercion (e.g., "You must go") and instead use "step-by-step encouragement" (e.g., "Start by playing with one friend for 10 minutes, then gradually increase the time"). Second, when children show signs of anxiety, parents should provide patient emotional support and comfort instead of ignoring or criticizing them. For example, when a child expresses anxiety about speaking in public, parents can use empathy and guidance: "I know you're nervous; let's practice together at home" instead of saying "There's nothing to be afraid of" or "You're too timid." Third, when parents feel anxious in social situations, they should try to avoid displaying this anxiety in front of their children and actively regulate their emotions. For instance, if a parent feels anxious about attending a party, they can address it privately instead of expressing it to their child, to prevent intergenerational transmission of anxiety.

### 7.2 Recommendations for Mental Health Practitioners

As mentioned in the previous chapter, interventions should be culturally adaptive. For Western families, individualized CBT is recommended, which can help children build confidence and feel more relaxed in social situations. Specifically, therapists can design exposure exercises tailored to the child's specific fears (e.g., starting with speaking to a small group and gradually progressing to speaking in front of a large audience) and cognitive restructuring to challenge negative thoughts (e.g., changing "Everyone will laugh at me" to "Most people are focused on themselves, not judging me"). For Eastern families, mental health practitioners should design family-centered treatment plans that involve all family members, enhancing equal communication in parent-child interactions. For example, therapists can guide family meetings where children are encouraged to express their opinions and parents are taught to listen and respond respectfully. Additionally, to improve access to treatment in remote areas with scarce educational resources, online resources should be developed, such as parental guidelines and social skills training apps for children.

### 7.3 Recommendations for Policymakers

Policymakers play a crucial role in promoting children's mental health. First, they should increase funding for cross-cultural research on children's social anxiety disorder, supporting studies in underrepresented regions (e.g., Africa, Latin America) to improve the generalizability of findings. Second, integrate mental health education into the basic education system, incorporating social anxiety prevention into school curricula to teach children social skills and emotional regulation. Train teachers to identify signs of social anxiety in children and provide initial support. Third, promote cultural competence training for mental health practitioners to ensure they can effectively work with diverse populations. Fourth, launch public awareness campaigns to reduce the stigma associated with mental health, encouraging parents to seek help for their children without fear of judgment. Finally, establish a national screening mechanism for children's social anxiety to enable early detection and intervention.

## 8 Conclusion

This thesis explores the complex correlation between parental behavior and children's social anxiety disorder, focusing on analyzing the reasons behind discrepancies in existing literature and proposing culturally adaptive intervention strategies. The literature review confirms that children's social anxiety disorder can be attributed to overprotective parenting, lack of emotional support, and intergenerational transmission of anxiety. Additionally, fathers and mothers play distinct roles in children's development of social anxiety: fathers tend to alleviate anxiety by modeling social competence, while mothers may transmit social wariness.

The thesis identifies two main causes of discrepancies in existing studies: limitations in research methods and cultural differences. Research method limitations include over-reliance on self-report surveys (leading to inaccurate data), gender imbalance in

parental samples (ignoring the different roles of fathers and mothers), and the Hawthorne effect in experimental studies (reflecting unrealistic participant reactions). Cultural differences, analyzed using Hofstede's Cultural Dimensions Model, show that Western individualistic cultures view parental control as a harmful restriction on autonomy, while Eastern collectivistic cultures perceive it as family concern and warmth, thus offsetting its negative effects.

Based on these cultural differences, the thesis proposes culturally adaptive intervention strategies: Western interventions focus on enhancing children's autonomy and social skills through CBT and parental education workshops; Eastern interventions emphasize equal parent-child communication and integrate interventions into daily family life based on collectivistic values. Practical recommendations are also provided for parents, mental health practitioners, and policymakers to promote the implementation of these strategies.

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