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Comparison of the Effectiveness of Short-Term Intensive Dynamic Psychotherapy (ISTDP) and Schema Therapy for Mothers on Social Anxiety in Children Aged 5 to 6

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A r t i c l e   I n f o

A B S T R A C T

Objective: Social anxiety disorder is among the most common disorders during childhood and adolescence. The present study aimed to compare the effectiveness of short-term intensive dynamic psychotherapy (ISTDP) and schema therapy for mothers on social anxiety in children aged 5 to 6 years in Shahin Shahr.

Methods and Materials: This research was a quasi-experimental study with a pre-test, post-test, and follow-up design, including a control group. The research population consisted of all mothers of children aged 5 to 6 years with social anxiety in Shahin Shahr in 2023, from which 45 individuals were purposively selected based on scoring two standard deviations above the mean on the Spence Children's Anxiety Scale (Parent Version) and other entry criteria of the study, and were randomly assigned to two experimental groups and one control group (each containing 15 individuals). One experimental group received 10 weekly sessions of 90 minutes of schema therapy, while the second experimental group underwent 10 weekly sessions of 90 minutes of short-term intensive dynamic psychotherapy (ISTDP). The control group did not receive any intervention. The research tool was the Spence Children's Anxiety Scale (Parent Version, 1999), completed by the mothers at three stages: pre-test, post-test, and a 3-month follow-up. The obtained data were analyzed using repeated measures ANOVA, mixed-design ANOVA, and Bonferroni post-hoc tests with SPSS software version 24.

Findings: The results showed that both treatments were effective in improving children's social anxiety (P<0.01), but the effectiveness of schema therapy for mothers on improving children's social anxiety was greater (P<0.01), and the effectiveness of both treatments was sustained until the end of the follow-up period.

Conclusion: Both treatment methods, especially schema therapy for mothers, are effective in improving social anxiety in children and can be utilized.

Keywords: *Short-Term Intensive Dynamic Psychotherapy, Schema Therapy, Social Anxiety.*

1. Introduction

Social anxiety disorder is one of the most common disorders during childhood and adolescence (Polanczyk et al., 2015). These problems usually begin in childhood, and the disorder often has a chronic course (Chen & Clarke, 2017). The comorbidity with other disorders and the groundwork for emergence in adulthood underscore the importance of diagnosing and treating them during childhood (Shahni et al., 2017). According to prior research, social anxiety is one of the most common anxiety disorders, affecting about 4% of the global population (McCall et al., 2018). The American Psychiatric Association (2022) defines social anxiety disorder as significant anxiety from one or more social situations where there is a potential for evaluation by others (APA, 2022). This fear stems from social mishaps and the individual's beliefs about themselves or their competencies. These individuals expect to be rejected and negatively judged in situations where evaluation is likely (Bögels & Mansell, 2004).

Given that anxiety disorders confront individuals with challenges at all stages of their career and educational life, it can be expected that parenting styles and their control mechanisms play a role in the development of these disorders. In this context, mothers, in particular, are the most important co-therapists for psychotherapists. In fact, the psychological state of the mother in the family is one of the predictors affecting the psychological state of the children. Piaget and Bowlby believe that parental performance leads to the creation and expansion of models within the individual's cognitive organization known as schemas. These schemas, formed during childhood experiences (which mostly played a role as internal trauma), control the individual's response to environmental events (Young & Gluhoski, 1997; Young, 1998). Although factors related to society, school, and peers play a role in forming these schemas, their impact does not have the breadth and stability of family factors (Torres, 2002). Research has shown that parents' dysfunctional schemas are a very good predictor for children's early maladaptive schemas and behavioral problems in future interpersonal relationships (Borges & Dell'Aglio, 2020; Borjali et al., 2017; Bosmans et al., 2010). On the other hand, McCarthy and Lumley found that parents' unresolved problems and emotional maltreatment in their children's childhood have the strongest connection with their children's early maladaptive schemas (McCarthy & Lumley, 2012). Researchers suggest that allowing mothers to talk about their past experiences, in their original families and treating them could help these mothers come to terms with their past experiences and, on the other hand, lead to a better understanding of their emotional relationships with their children (Schoppe-Sullivan et al., 2007). According to Rahbar Kouhi, Abolghasemi, and Rahbarkouhi (2020), schema therapy addresses the deepest level of cognition, targeting early maladaptive schemas and assisting patients in overcoming these schemas using cognitive, emotional, behavioral, and interpersonal strategies (Rahbar Karbasdehi et al., 2020). According to research by Askari et al. (2017), schema therapy for mothers is effective in reducing children's behavioral problems (Askari et al., 2017). And according to research by Penny and Norton (2022), schema therapy reduces symptoms of social anxiety (Penney & Norton, 2022).

On the other hand, in the mother-child relationship, part of the conflicts arises from the internal world of the mother's mind. Thus, what creates conflict in her relationship with her child are the mother's psychological defenses against confronting her painful feelings. This process deprives the mother of problem-solving and other beneficial actions (Pasbani Ardabili et al., 2018; Rezaei et al., 2023). In fact, whenever a stimulus occurs, the individual feels an emotional reaction that induces anxiety. Anxiety triggers defenses, and defenses lead to symptoms and current problems. Emotion, anxiety, and defense together form the conflict triangle (Frederickson, 2013). This also applies to children. Meaning, in every interactive relationship, both parties play a role in the emergence and persistence of problems. In other words, conflict arises when an issue in a bilateral relationship points to painful feelings and the mother's psychological defenses. Thus, the mother's approach to problem-solving and issue management will be similar to how she deals with her painful emotions (Kenny et al., 2014). Defenses automatically and unconsciously keep away aspects of reality and feelings that are anxiety-inducing. Since defenses prevent the correct perception of reality, we cannot respond adaptively. As a result, we fail to achieve our goals and experience more negative feelings (Cramer, 2006). Therefore, in interactive relationships, the mother's psychological defenses will be ineffective in solving problems or will not be accepted by children. For an individual to deeply feel their emotions, they must be able to observe and pay attention to them. This process causes anxiety that needs to be regulated and reduced. Then, they realize their defenses and observe the suffering from them, thus, with the therapist's help, they set aside those defenses, experience the emotions behind them, and ultimately adopt

more adaptive responses to solve problems (Frederickson, 2013). In short-term intensive dynamic psychotherapy (ISTDP) for mothers, they are encouraged to move past their defenses and experience their suppressed feelings and emotions to develop more effective communication methods with the outside world and their children (Kenny et al., 2014). According to research by Pasbani, Barjali, and Pezeshk (2018), ISTDP improves the conflicting mother-child relationship (Pasbani Ardabili et al., 2018). Moreover, according to research by Ranjbar and Sharifi (2017), ISTDP is effective on children's social anxiety (Ranjbar Sudejani & Sharifi, 2017).

Thus, considering the importance of mothers' roles in their children's psychological state, and the lack of research comparing the effectiveness of ISTDP and schema therapy for mothers on social anxiety in children aged 5 to 6 years in Shahin Shahr, and the importance of choosing the appropriate treatment for these individuals, the question arises: Is the effectiveness of ISTDP and schema therapy for mothers on social anxiety in children aged 5 to 6 years in Shahin Shahr different?

2. Methods and Materials

2.1. Study Design and Participants

The present study was a semi-experimental research with a pre-test, post-test, and follow-up design, accompanied by a control group. The research population included all mothers of children aged 5 to 6 years with social anxiety in Shahin Shahr in the year 2023. The sample consisted of 45 mothers of children aged 5 to 6 years with social anxiety in Shahin Shahr in 2023, who were purposefully selected based on scoring two standard deviations above the mean social anxiety according to the Spence Children's Anxiety Scale (Parent Version). Entry criteria for this study included a diagnosis of social anxiety based on two standard deviations above the mean social anxiety on the Spence Children's Anxiety Scale (Parent Version), having a child aged 5 to 6 years, no psychiatric medication use by the child and mother, no substance use by the mother, no diagnosis of other psychological disorders in the mother and child, and no diagnosis of personality disorders in the mother concurrently. The exclusion criterion was missing more than two sessions of therapy and receiving other drug and psychological treatments.

Initially, the Spence Children's Anxiety Scale - Parent Version was completed by mothers of 300 children aged 5 to 6 years in Shahin Shahr. From them, 45 individuals were selected based on scoring two standard deviations above the mean social anxiety on the Spence Children's Anxiety Scale (Parent Version) and other entry criteria of the study, and were randomly assigned to two experimental groups and one control group. One experimental group received 10 weekly sessions of 90 minutes of schema therapy, while the second experimental group underwent 10 weekly sessions of 90 minutes of ISTDP. The control group did not receive any intervention. The Spence Children's Anxiety Scale - Parent Version (1999) was completed by the mothers before and after treatment and at the follow-up time. For ethical considerations, participants were informed that the information collected from each of them would remain completely confidential, and they could withdraw from the training program at any time. In this research, to keep the information confidential, the results were only made available to the researchers.

2.2. Measures

2.2.1. Social Anxiety

Spence Children's Anxiety Scale - Parent Version (SCAS-P): This questionnaire was developed by Spence (1999) to assess anxiety symptoms in the age range of 3 to 17 years in the general population. It contains 38 items answered on a Likert scale (never, sometimes, most of the time, always) with responses scored from 0 (never) to 3 (always). The social anxiety component is calculated based on the total of the following questions: 6, 7, 9, 10, 26, 31 (Spence, 1999). The validity and reliability of this scale were assessed by Nauta et al. (2003), who reported satisfactory discriminative validity. Parent-child agreement in the anxiety group ranged from 0.41 to 0.66 and in the control group from 0.23 to 0.60. According to Nauta et al. (2003), the Cronbach's alpha and the Spearman-Brown coefficient for the social anxiety group were 0.77 and 0.92, respectively, and for the control (normative) group were 0.74 and 0.90, respectively, indicating significant internal consistency for the subscales in both the normal and anxious groups, with most being excellent (Nauta et al., 2004).

2.3. Interventions

2.3.1. ISTDP

The ISTDP protocol, based on the method of Davanloo (1995), consists of 7 stages and was administered in 10 weekly sessions of 90 minutes each on an individual basis by the researcher. ISTDP includes the initial stage of

examining the individual's problems, primary ability to respond to therapy; the second stage: pressure for more specific responses and experiencing emotions; the third stage: challenge and acquainting the client with their defenses; the fourth stage: transference resistance; the fifth stage: direct access to the unconscious; the sixth stage: systematic analysis of transference; the seventh stage: dynamic exploration in the unconscious (Fooladi et al., 2018; Ranjbar Sudejani & Sharifi, 2017).

2.3.2. Schema Therapy

The schema therapy protocol by Young et al. (2006) was administered in 10 weekly sessions of 90 minutes each on an individual basis by the researcher. The sessions included establishing a positive relationship, assessing candidates for schema therapy with a focus on personal history, explaining the schema model in simple and clear language, educating the client about schemas and defining schema therapy, conceptualizing the client's problem according to the schema approach, teaching two cognitive techniques of schema therapy, education on coping styles, practicing two other cognitive techniques including assessing the advantages and disadvantages of the individual's coping styles and establishing a dialogue between the schema aspect and the healthy aspect and learning the responses of the healthy aspect by them, presenting the rationale for using experiential techniques, mental imagery of painful childhood and current experiences of the client, creating an opportunity for the client to identify their feelings towards their parents and their unmet needs by them, finding new ways to communicate and giving up avoidance and overcompensation coping styles, and confronting the most problematic behavior, overcoming obstacles to behavior change, creating motivation for change, summarizing and concluding (Young et al., 2006).

2.4. Data analysis

The software used for data analysis in this research was SPSS-24, and results were analyzed descriptively using mean, standard deviation, and inferentially using repeated measures ANOVA, mixed-design ANOVA, and Bonferroni post-hoc tests.

3. Findings and Results

The mean (standard deviation) age of the children participating in the experimental group was 5.7 (1.4) years, and in the control group, it was 5.2 (1.2) years. Additionally, the minimum and maximum ages in both the experimental and control groups were 5 and 6 years, respectively. The mean (standard deviation) age of the mothers participating in the experimental group was 38.6 (11.2) years, and in the control group, it was 37.9 (10.8) years.

Table 1

Central and Dispersion Indices of Research Variables Scores in Both Experimental and Control Groups

Variable	Group	Pre-test		Post-test		Follow-up	
		Mean	Standard Deviation	Mean	Standard Deviation	Mean	Standard Deviation
Social Anxiety	Schema Therapy	16.20	0.86	11.46	0.83	12.06	0.96
	ISTDP	16.06	0.59	12.73	0.70	13.06	0.88
	Control	15.86	0.51	15.33	0.48	15.46	0.63

To examine the significance of the difference between social anxiety scores in the two experimental groups and the control group, repeated measures analysis of variance was used.

The results of the Kolmogorov-Smirnov test in the research variables confirmed the normality of the data. The test of homogeneity of variances by Levene's test in the experimental and control groups indicated equality of variances of the research variables at the pre-test, post-test, and follow-up stages. Furthermore, the results of the Mauchly's Test of Sphericity indicated the non-sphericity of the covariance matrix among groups and the non-fulfillment of this assumption, requiring the use of the conservative Greenhouse-Geisser test. The results of the multivariate repeated measures analysis of variance among the studied groups in the social anxiety variable showed that the effect between subjects (group) is significant, meaning that at least one of the groups differs from the others in the social anxiety variable. The within-subject effect (time) for the research variables was also significant, indicating that over time, from pre-test to follow-up, there was a significant change in at least one of the mean variables.

Table 2

Repeated Measures ANOVA for Comparing Pre-test, Post-test, and Follow-up of Social Anxiety among Experimental and Control Groups

Scale	Source of Effect	Sum of Squares	Degrees of Freedom	Mean Square	F	Significance	Eta Squared
Social Anxiety	Time	219.74	1.46	150.08	461.47	0.001	0.91
	Time*Group	82.91	2.92	28.31	87.06	0.001	0.80
	Group	126.10	2	63.05	54.41	0.001	0.72

The results of Table 2 indicate that the analysis of variance for the within-group factor (time) is significant, and the between-group is also significant. These results mean that considering the group effect, the time effect is also significant on its own. Additionally, the interaction of group and time is significant. The Bonferroni post-hoc test was also used for pairwise comparisons between groups.

Table 3

Bonferroni Post Hoc Test Results for Comparing Social Anxiety Between Groups

Variable	Group 1	Group 2	Mean Difference	Significance
Social Anxiety	Schema Therapy	ISTDP	-0.71	0.009
	Schema Therapy	Control	-2.31	0.001
	ISTDP	Control	-1.60	0.001

The results of Table 3 show that social anxiety in both the schema therapy and dynamic psychotherapy groups, compared to the control group at the post-test stage, was lower than at the pre-test stage (p<0.01). Furthermore, the comparison between the two experimental groups showed that the social anxiety score significantly differed between the schema therapy and dynamic psychotherapy groups (p<0.05), with schema therapy having a greater effect in reducing social anxiety.

Table 4

Bonferroni Post Hoc Test Results for Within-Group Effects on Social Anxiety in Experimental Groups

Variable	Group	Time	Mean Difference	Standard Error	Significance
Social Anxiety	Schema Therapy	Pre - Post	4.74	2.33	0.001
	Schema Therapy	Post - Follow-up	-0.60	1.46	0.547
	ISTDP	Pre - Post	3.33	2.08	0.001
	ISTDP	Post - Follow-up	-0.33	1.11	0.446

Changes over time in the experimental group, as shown in Table 4, indicated that the social anxiety variable in both the schema therapy and dynamic psychotherapy groups at the post-test stage was significantly different from the pre-test (p<0.001). Also, at the follow-up stage compared to the pre-test, a significant difference was observed in both (p<0.001). However, no significant difference was observed at the follow-up stage compared to the post-test (p>0.01), indicating the persistence of the therapeutic effects of both treatments.

4. Discussion and Conclusion

The objective of the current research was to compare the effectiveness of ISTDP and Schema Therapy for mothers on social anxiety in children aged 5 to 6 years in Shahin Shahr. The findings from the study indicated that both ISTDP and Schema Therapy for mothers significantly reduce social anxiety in children. Moreover, this effect was stable, and the effectiveness was maintained after the follow-up period. Comparisons between the treatments also showed that Schema Therapy was more effective in reducing social anxiety in children than ISTDP. This finding is consistent with the results of previous research (Rezaei et al., 2023; Varmazyar et al., 2021).

In explaining this finding, it can be said that the way mothers handle their emotions can affect their performance and their relationship with their children. The goal of emotional regulation is personal efficacy, self-esteem

formation, and individuality. Mothers who experience emotional dysregulation have lower self-esteem and efficacy, lack the necessary skills in social interactions, and experience anxiety in social situations and in relationships with others, which in turn can create or exacerbate anxiety and negative reactions in children (Ghadampour et al., 2018). According to Gratz & Roemer (2004), emotional regulation includes the dimensions of emotional awareness, understanding, acceptance of emotions, the ability to control impulsive behaviors, and the ability to regulate emotions using strategies that flexibly shape emotional responses (Gratz & Roemer, 2004). Difficulty in having such abilities and not using appropriate emotional regulation strategies increases mothers' social anxiety, thereby increasing social anxiety in children of such parents. In other words, inappropriate emotional reactions of mothers, due to creating a negative communicative atmosphere and unresolved accommodation, increase the likelihood of negative emotions and social anxiety in children, and on the other hand, based on learning theories such as social learning theory, are learned through processes such as observing behaviors and emotions of mothers and reinforcement of such behaviors and emotions. In fact, since Schema Therapy causes new learning and conditioning in the brain and especially through its emotional techniques, individuals learn to regulate their emotions and feelings differently, so it is natural that in the long term, it also has a positive effect on the level of anxiety (Nikoogoftar & Sangani, 2020).

Furthermore, the current research showed that ISTDP for mothers is effective in reducing children's social anxiety, and this effect is durable. This finding aligns with the results of prior research (Fooladi et al., 2018; Kenny et al., 2014; Rezaei et al., 2023; Taghavi et al., 2019).

In explaining these results, it can be stated that in psychodynamic psychotherapies, emotional conflict is assumed to be the root of psychological disorders. This method, through guided visualization techniques and gradual desensitization, gently and empathetically causes individuals to confront conflicts stemming from past and present relationships and in connection with the therapist, and by recognizing and experiencing activating and inhibitory emotions, to resolve their emotional conflicts (Maddux, 2013). Thus, in ISTDP, individuals' self-perception, confrontation, challenge, direct involvement, clarification, sense of competence, problem-solving skills, independence, coping skills for high-risk situations, and stress, among many other skills, are taught to improve mental health. Since individuals with social anxiety suppress

their emotions due to the projection of past experiences onto others and to avoid rejection, expressing emotions in a safe space without feeling rejected by the therapist leads to the proper improvement of this disorder (Shedler, 2010). Also, in explaining the effect of ISTDP for mothers on children's social anxiety, it can be said that maternal styles such as lack of warmth and rejection combined with high levels of maternal anxiety play a key role in the etiology of children's anxiety. Children in the experimental group, due to the therapeutic effect on their mothers, by modeling a self-esteem and assertive model in social interactions, were able to perform better in changing their behavior than the control group and sustain this success.

Finally, the results of the current study indicate the superiority of the effectiveness of Schema Therapy for mothers compared to ISTDP in reducing children's social anxiety. In explaining this finding, it can be said that, indeed, through their negative thoughts, individuals misinterpret situations in such a way that schemas are reinforced, thus creating a vicious cycle where maladaptive schemas lead to compensatory or avoidance coping behaviors, and these behaviors, in turn, reinforce maladaptive schemas (Nikoogoftar & Sangani, 2020). Moreover, as Bandura (1977) and Maddux (2013) have pointed out regarding self-efficacy, individuals shape their self-efficacy through two types of expectancy: efficacy and outcome (Maddux, 2013; Parsakia et al., 2023). Accordingly, Schema Therapy, by correcting individuals' beliefs about themselves, the environment, and the future, was able to create a basis for improving efficacy and outcome expectancy. Overall, it can be stated that individuals, through Schema Therapy techniques, can change their cognition and make progress in improving psychological capital, which is clearly connected with their perceptions of themselves, the environment, and the future. Schema Therapy, besides questioning maladaptive schemas, emotionally leads to the release of buried negative emotions and feelings. On the one hand, Schema Therapy, with behavioral pattern breaking, helps clients to replace adaptive behavioral patterns for maladaptive coping responses. Also, these techniques assist individuals in reorganizing their emotional states, acquiring new learnings, inter-personal emotion regulation, and self-soothing, creating a basis for the improvement of social anxiety.

5.   Limitations & Suggestions

This study also had limitations. Firstly, the sample was exclusively comprised of mothers of children aged 5 to 6 years with social anxiety in Shahin Shahr, so the generalization of results to children with other anxiety, psychological, and behavioral disorders should be done with caution. Additionally, generalizing the results to children of other ages in other areas of Iran should also be done with caution. Given the capability and effectiveness of both ISTDP and Schema Therapy for mothers, especially Schema Therapy in terms of the dependent variable of the research, it is recommended that these approaches, and especially Schema Therapy, be used for controlling social anxiety in children. It is also suggested that this research be conducted on children with other anxiety, behavioral, and psychological disorders, as well as children of other ages in other areas of Iran, and its results be compared with the results of the current study.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical approval IR.IAU.SHK.REC.1402.024 was obtained for the current study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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