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The Effect of Emotional Disclosure on Social Functioning and Emotion Regulation in Anxious Children

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ABSTRACT

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Objective: Anxiety is among the most prevalent psychological problems in childhood and is frequently associated with impaired emotion regulation and reduced social functioning. Identifying accessible and developmentally appropriate interventions is therefore essential. This study aimed to examine the effectiveness of emotional disclosure through drawing on social functioning and emotion regulation difficulties in anxious children.

Methods: A quasi-experimental design with pretest, posttest, and a two-month follow-up, including a control group, was employed. The study population consisted of children aged 8–10 years in Qaen, Iran, in 2024. Thirty children who met the inclusion criteria were selected using purposive sampling and randomly assigned to an experimental group ($n = 15$) or a control group ($n = 15$). Following the pretest, the experimental group participated in an emotional disclosure intervention based on drawing, delivered in eight 45-minute sessions held twice weekly. The control group received no intervention during this period. Data were analyzed using SPSS version 26.

Results: The results indicated a significant effect of the intervention on both outcome variables ($p < 0.05$). Large effect sizes were observed for social functioning ($\eta^2 = 0.62$) and emotion regulation difficulties ($\eta^2 = 0.59$). Improvements achieved at posttest were largely maintained at the two-month follow-up.

Conclusions: The findings suggest that emotional disclosure through drawing is an effective and sustainable intervention for enhancing social functioning and improving emotion regulation in anxious children, supporting its applicability in child mental health settings.

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Introduction

Anxiety and depressive disorders are among the most prevalent and debilitating mental health disorders in childhood and adolescence. In addition to causing significant psychological distress, these disorders have wide-ranging consequences for children's emotional, social, and academic development. Cognitive-behavioral therapy (CBT) is recognized as one of the most evidence-based interventions for the treatment of these disorders; however, research evidence indicates that approximately 50% of children receiving CBT do not achieve diagnostic remission (James et al., 2020). Furthermore, limited access to evidence-based mental health services—particularly for children and adolescents—represents a major challenge, such that only about 19% of children with anxiety and depressive disorders receive such services (Gandhi et al., 2022). These limitations highlight the urgent need to examine and develop alternative, accessible interventions that are developmentally appropriate for children.

Anxiety disorders are biopsychosocial conditions characterized by excessive, generalized, or situation-specific responses to perceived threats (Quick et al., 2019). They are among the most common psychiatric disorders in children, typically emerging early in life and often following a chronic course accompanied by high comorbidity with other mental disorders and profound impairments in individual and social functioning (Rassin, 2022). Epidemiological studies have reported lifetime prevalence rates of anxiety disorders ranging from 15% to 20% among children and adolescents. In Iran, Mohammadi et al. (2020) reported prevalence rates of 13.2% in boys and 15.1% in girls. Nevertheless, researchers argue that the actual prevalence of these disorders is considerably higher, as many parents remain unaware of anxiety symptoms in their children (Mardani et al., 2019).

Children with anxiety frequently experience difficulties in identifying, understanding, and managing their emotions. Deficits in emotion regulation can lead to heightened anxiety, avoidance behaviors, academic underachievement, and impaired social relationships (Ren, 2021). Emotion regulation refers to a set of cognitive and behavioral processes through which individuals monitor, evaluate, and modify the experience, intensity, and expression of their emotions (Gross, 2015). Children with maladaptive emotion regulation often misinterpret environmental stimuli, struggle to control physiological responses, lack effective coping strategies, exhibit negative thinking

patterns, and experience significant impairments in social and academic functioning (Haleyon, 2018).

Behavioral problems in children are commonly categorized into internalizing and externalizing domains. Internalizing problems include anxiety, depression, social withdrawal, and emotional inhibition, whereas externalizing problems are characterized by behaviors such as aggression, defiance, hyperactivity, property destruction, and behaviors that violate social norms. Both types of problems can have serious negative consequences for children's social and emotional development and can significantly disrupt their social functioning.

Social anxiety is one of the most common manifestations of anxiety in children and is characterized by an intense fear of negative evaluation by others and avoidance of social situations. These children often avoid group settings, participation in collective activities, and interactions with peers, resulting in marked reductions in quality of life and social functioning (Carter et al., 2022). In this context, the role of parents, caregivers, and mental health professionals in early identification and timely intervention is critical, as effective support can enhance coping skills, foster a sense of security, and strengthen children's social competence (Poole et al., 2021; Graham et al., 2022).

Childhood is a sensitive developmental period during which the foundations of mental, emotional, and social health are established. Exposure to stressful events during this stage can disrupt neurobiological development and emotional and cognitive functioning, leading to outcomes such as reduced self-esteem, poor social skills, increased anger and aggression, and difficulties with self-control (Majidian-Fard et al., 2019). Therefore, early intervention for anxious children can prevent the emergence of future emotional, social, and academic problems and facilitate the development of social skills and effective environmental adaptation (Barros & Zajenkowski, 2020).

Social functioning is a core component of child development and refers to an individual's ability to communicate, interact effectively, and fulfill social roles across different contexts. Children who lack adequate social skills are more likely to experience social isolation, social anxiety, aggression, or withdrawal and are at increased risk for academic and psychological difficulties (Mansoubi et al., 2016). Given children's limited capacity for verbal emotional expression, the use of nonverbal

approaches such as art therapy and play therapy can play a crucial role in enhancing social skills and emotion regulation (Bilby, 2018).

Within this framework, emotional disclosure through drawing, as an effective art-therapy approach, provides children with a safe and indirect means of expressing emotions, conflicts, and internal experiences. Drawing enables children to express their feelings without fear of judgment or shame, thereby facilitating emotional processing, reducing anxiety, and enhancing self-awareness (Bilby, 2014). Research suggests that artistic activities—particularly group drawing—can increase social interaction, cooperation, creativity, and emotion regulation in children (Moghaddam & Irani, 2010).

Mohammadian et al. (2025), in a study comparing the effectiveness of play therapy and storytelling therapy on executive functions and verbal memory in children with attention-deficit/hyperactivity disorder (ADHD), found that both interventions significantly improved executive functions and verbal memory and could be effectively incorporated into therapeutic and school-based programs. Moradi et al. (2025) examined the effectiveness of play therapy on executive functions in children with ADHD and reported that manipulation with the “Pop-It” tool had significant effects on decision-making, planning, and organization, with effect sizes of 0.68, 0.66, and 0.65, respectively. Mohammadi et al. (2022), in an experimental study investigating the combined effects of group play therapy and drawing on internalizing and externalizing problems in children with separation anxiety disorder, demonstrated a significant reduction in behavioral problems. Mikaeili and Saeedi (2022) found that drawing-based art therapy improved emotion regulation, reduced anxiety and depression, and increased positive emotions in children. Furthermore, Niroomand et al. (2021) showed that written emotional disclosure was an effective strategy for reducing aggression and emotion regulation difficulties in adolescents with oppositional defiant disorder.

Soroush-Vala (2025), in a study examining the effects of Floortime play therapy and other play-based interventions on anxiety reduction and emotion regulation in children, concluded that Floortime play therapy, by establishing a secure and supportive therapist-child relationship, reduced anxiety, improved emotion regulation, and enhanced children’s social and communicative competencies. The findings also indicated improvements in executive functioning among anxious children. Wang (2023) investigated the effectiveness of child-centered play therapy on executive

functions in children with ADHD and found significant post-intervention improvements in cognitive flexibility, whereas no such changes were observed in the comparison group.

Stewart (2023), in a case study examining the combined effects of child-centered play therapy and rhythmic attunement on emotion regulation in children with autism, reported that experiences of emotional co-regulation across 25 weekly sessions led to substantial improvements in emotion regulation, consistent with the therapist's clinical observations. Gupta et al. (2023), in a systematic review of play therapy outcomes in school-aged children with emotional and behavioral problems, concluded that play therapy is an effective approach for reducing anxiety, depression, trauma symptoms, and behavioral difficulties, while enabling children to express emotions in a safe and nonverbal manner. Lima (2023) also demonstrated that art-based interventions grounded in expressive therapies continuum (ETC) principles hold strong potential for enhancing working memory, planning, and self-control and can serve as creative and effective interventions for disorders associated with executive function deficits.

Therefore, considering the high prevalence of anxiety disorders in children, the central role of emotion regulation and social functioning in mental health, and the scarcity of comparative studies in this area, conducting research to examine the effects of emotional disclosure through drawing on social functioning and emotion regulation difficulties in children with anxiety symptoms appears essential. The findings of this study may provide valuable empirical evidence for counselors, psychotherapists, and educational and clinical centers and contribute meaningfully to improving the quality of life and mental health of anxious children.

Material and Methods

The present study employed a quasi-experimental design with pretest, posttest, and a two-month follow-up, including a control group. The statistical population consisted of children aged 8 to 10 years residing in Qaen City, Iran, during the year 2024 (1403). From this population, 30 children who met the inclusion criteria were selected using purposive sampling and were then randomly assigned to an experimental group ($n = 15$) and a control group ($n = 15$). The inclusion criteria were the absence of specific physical illnesses and parental consent for the child's participation in the study. The exclusion criterion was absence from more than two intervention sessions. The present study was conducted in accordance with ethical principles for research involving human

participants. Prior to the implementation of the study, parents or legal guardians of all participating children were fully informed about the purpose, procedures, potential benefits, and possible risks of the research, and written informed consent was obtained for their children's participation. Participation was entirely voluntary, and parents and children were informed that they could withdraw from the study at any stage without any negative consequences.

To protect participants' rights and well-being, children with specific physical illnesses were excluded, and attendance was monitored to ensure appropriate engagement with the intervention. All collected data were kept confidential, used solely for research purposes, and reported in aggregate form to prevent identification of individual participants. No identifying personal information was disclosed at any stage of the study. The study involved minimal risk, and the intervention procedures were appropriate for the developmental level of children aged 8 to 10 years. Following the completion of the research, the control group was provided with access to the intervention materials to ensure ethical fairness. Overall, the study adhered to ethical standards consistent with psychological and educational research guidelines in Iran.

Instruments

Data were collected using the Matson Evaluation of Social Skills and the Difficulties in Emotion Regulation Scale (revised version). Both instruments have demonstrated acceptable validity and reliability in previous research.

Intervention

Following the administration of the pretest, the experimental group participated in an emotional disclosure through drawing program, consisting of eight 45-minute sessions, conducted twice per week. The session content included structured drawing activities designed to facilitate the expression, identification, and processing of emotions, as well as to enhance children's social interactions. The control group received no intervention during this period.

Data Collection and Analysis

The posttest was administered immediately after the completion of the intervention, and the follow-up assessment was conducted two months after the end of the intervention. Data were analyzed using SPSS software (version 26). Descriptive statistics, including means and standard deviations, were used to summarize the data. To examine the effectiveness of the intervention

while controlling for pretest scores, analysis of covariance (ANCOVA) was employed. Prior to conducting the analyses, the relevant statistical assumptions were examined and confirmed.

Results

To analyze the data, descriptive statistics were first used to summarize the characteristics of the study variables. Subsequently, inferential statistics were applied to test the research hypotheses. Prior to conducting inferential analyses, the required assumptions—including normality of data distribution—were examined to ensure the appropriateness of parametric tests. All statistical analyses were performed at a significance level of 0.05. Table 1 presents the means and standard deviations of the research variables at the pretest, posttest, and follow-up stages.

Table 1. Descriptive statistics of the research variables at pretest, posttest, and follow-up

Variable	Stage	Mean	SD
Social functioning	Pretest	41.32	6.15
	Posttest	53.87	5.42
	Follow-up	52.10	5.76
Emotion regulation (total difficulty score)	Pretest	78.45	8.91
	Posttest	61.28	7.34
	Follow-up	63.02	7.89

As shown in Table 1, the mean scores of social functioning in anxious children increased markedly from the pretest to the posttest, and this improvement was largely maintained at the follow-up stage. This finding indicates that the emotional disclosure intervention was effective in enhancing children's social functioning and that its effects remained relatively stable over time. In addition, the mean scores of emotion regulation difficulties decreased substantially at the posttest compared with the pretest, reflecting improved emotion regulation abilities among the participating children. The persistence of this reduction at the follow-up stage suggests the durability of the intervention effects on emotion regulation in anxious children. Table 2 reports the results of the Shapiro–Wilk test for assessing the normality of data distribution.

Table 2. Shapiro–Wilk test results

Variable	Stage	Statistic	Sig.
Social functioning	Pretest	0.96	0.18
Emotion regulation	Pretest	0.97	0.22

As indicated in Table 2, the significance levels for both social functioning and emotion regulation at the pretest stage were greater than 0.05. Therefore, the assumption of normal distribution was satisfied, and the use of parametric statistical tests was deemed appropriate. To examine changes across time, repeated measures analysis of variance (ANOVA) was conducted. The results are presented in Table 3.

Table 3. Results of repeated measures ANOVA

Variable	Source	F	Sig.	η^2
Social functioning	Time	31.45	0.001	0.62
Emotion regulation	Time	28.17	0.001	0.59

Note. Effect size is considered large when $\eta^2 > 0.14$.

According to the results shown in Table 3, the main effect of time on social functioning scores was statistically significant ($p < 0.001$), indicating significant differences among pretest, posttest, and follow-up means. The large effect size ($\eta^2 = 0.62$) suggests that emotional disclosure through drawing had a substantial impact on the social functioning of anxious children. Similarly, for emotion regulation, the effect of time was statistically significant ($p < 0.001$), demonstrating meaningful changes in emotion regulation difficulties across the measurement stages. The large effect size ($\eta^2 = 0.59$) indicates that emotional disclosure played a significant role in improving emotion regulation in anxious children. To identify specific differences between measurement stages, Bonferroni-adjusted pairwise comparisons were performed. The results are presented in Table 4.

Table 4. Pairwise comparisons of measurement stages

Variable	Comparison	Mean Difference	Sig.
Social functioning	Pretest – Posttest	-12.55	0.001
Social functioning	Posttest – Follow-up	1.77	0.09
Emotion regulation	Pretest – Posttest	17.17	0.001
Emotion regulation	Posttest – Follow-up	-1.74	0.11

The Bonferroni-adjusted results revealed a significant difference between pretest and posttest scores for social functioning, with posttest scores being significantly higher. However, the difference between posttest and follow-up was not statistically significant, indicating the stability of the intervention effects over time.

Regarding emotion regulation, a significant difference was observed between pretest and posttest scores, reflecting a reduction in emotion regulation difficulties following the emotional disclosure

intervention. The non-significant difference between posttest and follow-up further suggests that the therapeutic effects were maintained during the follow-up period.

Discussion

The present study aimed to examine the effect of emotional disclosure through drawing on social functioning and emotion regulation in anxious children. To test the primary hypothesis, repeated measures analysis of variance was employed. The results indicated that the effect of time on both social functioning and emotion regulation scores was statistically significant.

Specifically, the findings revealed a significant difference among the mean scores of social functioning at the pretest, posttest, and follow-up stages. The mean social functioning score increased from 41.32 ± 6.15 at pretest to 53.87 ± 5.42 at posttest and remained relatively high at follow-up (52.10 ± 5.76). Bonferroni post hoc comparisons showed a significant difference between pretest and posttest ($p < 0.001$), whereas the difference between posttest and follow-up was not statistically significant ($p = 0.09$).

These findings can be explained by the fact that children who are able to identify and express their emotions are less likely to engage in avoidance, withdrawal, or intense emotional reactions in social situations. Emotional disclosure, particularly through nonverbal modalities such as drawing, allows children to express complex emotions without verbal pressure or fear of negative evaluation. This process may contribute to reduced social anxiety, increased emotional control, and ultimately, improved social functioning. The absence of a significant difference between posttest and follow-up further suggests that the effects of the intervention were maintained over time and were not merely temporary.

Regarding emotion regulation, the results of the repeated measures ANOVA indicated a significant difference across measurement stages. The mean score for emotion regulation difficulties decreased from 78.45 ± 8.91 at pretest to 61.28 ± 7.34 at posttest and was 63.02 ± 7.89 at follow-up. Bonferroni post hoc analyses demonstrated a significant difference between pretest and posttest ($p < 0.001$), while the difference between posttest and follow-up was not significant ($p = 0.11$). Given the statistically significant F values and significance levels below 0.05, the main research hypothesis was confirmed.

The large effect sizes obtained for both variables ($\eta^2 = 0.62$ for social functioning and $\eta^2 = 0.59$ for emotion regulation) indicate a strong impact of emotional disclosure through drawing. Therefore, it can be concluded that emotional disclosure is an effective intervention for improving social functioning and reducing emotion regulation difficulties in anxious children, with effects that remain stable during the follow-up period.

In relation to emotion regulation, the findings suggest that emotional disclosure significantly reduced emotion regulation difficulties from pretest to posttest. This indicates that the intervention was successful in strengthening core components of emotion regulation, including emotional awareness, acceptance of emotions, and access to adaptive coping strategies. From the perspective of emotion regulation theories, emotional disclosure facilitates cognitive and emotional processing, enabling children to experience and manage negative emotions in an adaptive manner rather than through avoidance or suppression. This is particularly important for anxious children, who often exhibit emotional avoidance or exaggerated emotional responses.

The relative stability of the intervention effects at the follow-up stage, despite slight fluctuations in mean scores, suggests that the skills acquired during the intervention were largely maintained in children's daily lives. This finding implies that emotional disclosure not only reduces emotional symptoms in the short term but also promotes emotional insight and self-regulation, thereby supporting the continuation of positive changes. The large effect sizes observed for both social functioning and emotion regulation further emphasize the clinical significance and practical value of this intervention.

Overall, the results of this study indicate that emotional disclosure through drawing can serve as an effective, accessible, and developmentally appropriate intervention for improving social functioning and reducing emotion regulation difficulties in anxious children. These findings highlight the importance of greater attention by mental health professionals and educational centers to emotion-focused and nonverbal interventions when working with anxious children and may provide a foundation for designing effective preventive and therapeutic programs in this field.

Limitations and Suggestions for Future Research

Several limitations of the present study should be acknowledged. First, the study was conducted on children aged 8 to 10 years with anxiety in Qaen City, which limits the generalizability of the

findings to other age groups and populations. Therefore, caution should be exercised when extending these results to different cultural or demographic contexts.

Another important limitation was the reliance on self-report questionnaires to assess the study variables, which may increase the likelihood of response bias. Future studies are recommended to incorporate multi-informant assessments, such as parent and teacher reports or behavioral observations.

Based on the findings of the present study, it is recommended that therapeutic clinics, in addition to pharmacological and conventional clinical treatments, make greater use of psychotherapeutic approaches such as emotional disclosure to more effectively improve the social functioning and emotional well-being of anxious children. Specifically, it is suggested that clinics integrate emotional disclosure through drawing and family-based Floortime play therapy alongside medical treatments to enhance executive functions, emotional adjustment, and overall, well-being in children with anxiety. Furthermore, in light of the results related to emotion regulation and emotional symptoms, it is recommended that future research examine the long-term effectiveness of drawing-based art therapy and Floortime play therapy on the functioning of children with anxiety disorders, including reductions in internalizing and externalizing symptoms.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by the ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

References

Barros, V., Polga, N. D., & Lebowitz, E. R. (2020). Family accommodation mediates the impact of childhood anxiety on functional impairment. *Journal of Anxiety Disorders*, 76, Article 102318.

Beilby, J. (2014). Psychosocial impact of living with a stuttering disorder: Knowing is not enough. *Seminars in Speech and Language*, 35(2), 132–143.

Beilby, J. (2018). Psychosocial impact of living with a stuttering disorder. *Seminars in Speech and Language*, 35(2), 135–143.

Carter, B., Paranjothy, S., Davies, A., & Kemp, A. (2022). Internalizing behaviors among children and adolescents exposed to domestic violence: A systematic review. *Trauma, Violence, & Abuse*, 23(2), 594–604.

Gandhi, E., O'Gradey-Lee, M., Jones, A., & Hudson, J. L. (2022). Receipt of evidence-based care for children and adolescents with anxiety. *Australian and New Zealand Journal of Psychiatry*, 56(11), 1463–1476.

Graham, B., Bowes, L., & Ehlers, A. (2022). External locus of control predicts increasing social anxiety among bullied children. *Clinical Psychology in Europe*, 4(2).

Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry*, 26(1), 1–26.

Gupta, M., Ikehara, F. Z., & Madabushi, J. (2023). Play therapy for emotional and behavioral problems in school-age children. *Cureus*, 15(6), e40093.

Hallion, L. S., Steinman, S. A., Tolin, D. F., & Diefenbach, G. J. (2018). Psychometric properties of the Difficulties in Emotion Regulation Scale. *Frontiers in Psychology*, 9, Article 539.

James, A. C., Reardon, T., Soler, A., James, G., & Creswell, C. (2020). Cognitive behavioral therapy for anxiety disorders in children and adolescents. *Cochrane Database of Systematic Reviews*, 11, CD013162.

Lima, H. (2023). *How art therapy and the expressive therapies continuum can enhance executive functioning skills. Expressive Therapies Capstone Theses*.

Majidian-Fard, J., Majidian-Fard, M. B., & Sadri-Nasab Paykan, M. (2021). The relationship between social skills, anxiety, and academic performance among university students. *Mehrgaz Educational Studies Journal*, 8(1), 24–34.

Mansoubi, H., Dehghanpour-Farashah, H., Keshavarz, A., & Afkari Shahrestani, Z. (2016). The role of social skills in predicting anxiety and social adjustment in children. *Journal of Educational Sciences*.

Mardani, F., Shafibadi, A., & Jafari, A. (2021). The effectiveness of drawing therapy on anxiety in children with attention-deficit/hyperactivity disorder. *Applied Family Therapy*, 1(2), 68–85.

Mikaeili, N., & Saeedi, Z. (2022). The effectiveness of drawing-based art therapy on children's emotions: A review study. In *Proceedings of the Second National Conference on Clinical Psychology of Children and Adolescents*.

Moghaddam, M., & Irani, F. (2010). *The role of artistic activities in children's emotional and social development*. Tehran, Iran: University Press.

Mohammadi Keshka, S., Abbas, S. M., & Abolghasemi, K. (2022). The effect of combining group play therapy with drawing on internalizing and externalizing problems in children with separation anxiety. *Journal of Exceptional Education*, 5(171), 24–34.

Niroomand, P., Aliakbari, M., & Owreki, M. (2021). The effect of written emotional disclosure on aggression and emotion regulation difficulties in adolescents with oppositional defiant disorder. *Social Cognition*, 10(19), 44–79.

Poole, K. L., Hassan, R., & Schmidt, L. A. (2021). Temperamental shyness and social anxiety in children. *Child Development*, 92(5), 2006–2019.

Quek, T., Tam, W., Tran, B., et al. (2019). Global prevalence of anxiety: A meta-analysis. *International Journal of Environmental Research and Public Health*, 16, Article 2735.

Racine, N. (2022). Anxiety disorders in childhood: Prevalence, course, and outcomes. *Journal of Child Psychology and Psychiatry*.

Ren, L., Wang, Y., Wu, L., et al. (2021). Network structure of depression and anxiety symptoms. *BMC Psychiatry*, 21(1).

Stuart, D. (2023). *Child-centred play therapy and rhythmic relating improves emotion regulation in autism: A single-case pilot study*.

Wong, C. H., Chang, Y. J., & Chang, L. Y. (2023). Effectiveness of child-centered play therapy for executive functions in children with ADHD. *Clinical Child Psychology and Psychiatry*, 28(3), 534–554.