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Relation Between Social Isolation and Anxiety for Saudi Children Ages 6-8 During the COVID-19 Pandemic

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Abstract

This study aimed to examine the relationship between social isolation and child's anxiety during the COVID-19 pandemic. Quantitative methods were used to collect data to explore children experiences pre and post COVID-19. An online survey was used which adapted the Spence Children's Anxiety Scale (SCAS-P). Participants were Saudi parents of 302 children (172 boys, 129 girls) aged between 6-8 years old. The result of this study indicated that there is no significant relationship between social isolation and child's anxiety. However, data showed that the COVID-19 pandemic has increased children's fears.

Keywords: Social isolation, COVID-19, anxiety.

الملخص

هدفت هذه الدراسة إلى فحص العلاقة بين العزلة الاجتماعية وقلق الطفل أثناء جائحة **COVID-19.** تم استخدام الأساليب الكمية لجمع البيانات لاستكشاف تجارب الأطفال قبل وبعد **COVID-19.** تم استخدام استطلاع عبر الإنترنت تم تكييفه مع مقياس قلق الأطفال **Spence (SCAS-P).** المشاركون هم آباء سعوديون لـ 302 طفل (172 ذكر و 129 فتاة) تتراوح أعمارهم بين 6-8 سنوات. أشارت نتائج هذه الدراسة إلى عدم وجود علاقة ذات دلالة إحصائية بين العزلة الاجتماعية وقلق الطفل. ومع ذلك ، أظهرت البيانات أن جائحة كوفيد -19 زاد مخاوف الأطفال.

الكلمات المفتاحية: العزلة الاجتماعية ، كوفيد -19 ، القلق.

Introduction

Social interaction is believed to play a critical role in the development of young children since many social, emotional, peer-related and school difficulties appear when children lack social interaction (Rubin et al., 2009). Children who experience good social development can bring their happiness and self-confidence into adulthood, thus providing the ability to deal with various social attitudes. Likewise, the lack of opportunities for social interactions may negatively affect children's development. The coronavirus (COVID-19) pandemic is causing significant damage at the country level and on children's development and health in particular by increasing the risks of school district closures, leading to social isolation (Rundle et al., 2020). Wilder-Smith and Freedman (2020) indicate that in light of this crisis, social distancing is one of the solutions to prevent the spread of this disease and reduce the number of infections, which entails closing public places such as schools and commercial complexes and reducing gatherings. Similarly, the OMEP Executive Committee World Origination for Early Childhood Education (2020) indicates that this pandemic has changed children's lives and routines by imposing restrictions on children's vital need to play, move, and communicate with their peers, and decreasing their social contacts. Batra (2020) states that COVID-19 has not only suspended children's normal activities, such as going to school, interacting with friends and peers, and playing, but has also disrupted these activities' social and emotional benefits.

One of the most concerning consequences of all these changes is the increased social isolation for children. According to the National Academies of Sciences Engineering and Medicine (2020), "social isolation is the objective state of having few social relationships or infrequent social contact with others" (p.57). Features of social isolation include avoiding engaging with others, sitting quiet without movement, being unable to form friendships, to form opinions, or to raise questions (Hassan and Sharaf, 2014). Allawneh and Smadi (2018) illustrated that isolation is an unpleasant experience that one lives and gives a painful feeling of lack of social relations due to the luck of enough friends and this isolation causes difficulties in areas of integration love and bonding.

Hassan and Sharaf (2014) emphasized that the concept of social isolation is linked to many psychological and emotional variables such as psychological unity, psychological alienation, social anxiety and shyness. This is in line with a study in 2009 by Kenneth H. Rubin, Robret J. Coplan, and Julie C. Bowker indicated that the withdrawn behavior is associated with fear, social anxiety, peer neglect, and rejection.

As children have engaged in less social interaction as a consequence of school closure and social distancing regulations due to COVID-19, their social isolation has increased. According to the United Nations Educational Scientific and Cultural Organization (UNESCO) school closures cause a high rate of isolation as there is less engagement and interaction with others, which effects learning and development (UNESCO, 2020). It is possible that the more children experience social isolation, the more negative consequences there will be. Researchers have found that social isolation is related to increased risk of inactivity, unhealthy diet, depression, introversion, poor social skills (Gupta & Dhamija, 2020). However, in this instance, we do not know in this circumstance the association between social isolation and child's anxiety, which is defined as a feeling that one's well-being is at risk.

This is in a particular concern in Saudi Arabia, because there, the COVID-19 pandemic that began in March,2020 has led to approximately 4033 cases as of March 2 and still continues sporadically (Alhumaid et al., 2020). Indeed, the imposed social distancing measures included a 24-hour curfew and the closure of schools and universities, childcare facilities, religious services, entertainment venues, and other places where people congregate and a shift to online work from home situations. These rapid changes in people's way of life have left them alarmed and frightened (Alkhamees et al., 2020). Research by Alkhamees et al. (2020) found that one-fourth of the sampled general population experienced moderate to severe psychological impact since the early stages of the COVID-19 outbreak in Saudi Arabia. These changes in social relationships because of the social distancing measures may influence a child's psychology passively by increasing feelings of anxiety.

Although there is limited data about the psychological impact during the COVID-19 pandemic in Saudi Arabia, there appear to be no published studies exploring the possible short-term consequences of this pandemic for Saudi children.

Research questions

- What types of emotional challenges were children in Saudi Arabia experiencing before COVID-19?
- To what extent are young children ages 6-8 in Saudi Arabia experiencing social isolation due to COVID-19?
- Is there a relationship between social isolation and a child's anxiety?
- How do children's emotional challenges (specifically fears) compare pre- to post-COVID-19?

Theoretical framework

Social isolation may lead to negative outcomes for children because of the lack of opportunities they have for social interaction. Accordioning to the Vygotsky's Social Theory, social interaction is the fundamental tool for learning and development (Crain, 2011). According to this theory, children develop skills such as making new acquaintances and cooperating with others (Mutekwe, 2017). Social interaction teaches children communication skills as well as their own cultures' values and beliefs (DeVries, 2000). Vygotsky's theory emphasizes the vital role of the social dimension in the development of human cognition and learning, especially in young children (Crain, 2011). Ericson's theory also emphasizes social interaction and its significant effects on human development (Bugajska, 2016). Specifically, the theory suggests that environmental factors, such as social relationships, stimulate an individual's development (Hoare, 2005). These two theories support that children may be negatively affected by social isolation during this pandemic because of the lack of opportunity for varied social interactions with the social world, and social activities with peers.

Literature Review

Social isolation

Humans have a fundamental need to be socially connected to and supported by others, and research suggests that social isolation among children is associated with poor health and with taking increased risks in relation to their health (Lacey et al., 2014). Results of other studies also indicate that the outcomes of social isolation in children include poor mental health and behavioral problems (Matthews et al., 2015). Abundant research has provided evidence showing the negative implications of social isolation on health (Nicholson, 2012; National Academies of Sciences, Engineering, and Medicine, 2020). Social isolation is one measure for preventing the spread of COVID-19. Loades et al. (2020) researched the effect of social isolation during the pandemic on the mental health of children and adolescents and found that children are more likely to experience high rates of anxiety during and after enforced isolation due to COVID-19. In their research, Teo et al. (2013) reported significant positive relationships between social isolation and social anxiety disorder. This is in line with a study conducted by Anooshian (2003), who found that there is an association between social isolation among children and emotional health issues such as depression and social anxiety.

In this study, the author-examined children who were socially isolated analyzed the extended impact of isolation on feeling anxiety.

Child anxiety

Anxiety in children has negative influences on their educational achievements, family lives, and leisure activities, and community studies have reported that anxiety disorders in childhood are often associated with lifelong psychiatric disturbances (Creswell et al., 2014). Researchers found that the impact of loneliness was associated with later anxiety (Loades et al., 2020). Rubin et al., (2009) also stated that anxiety is one of the main social and emotional difficulties resulting from a lack of social interaction. Loades et al. (2020) point out that anxiety that is identified as resulting from loneliness is due to a lack of social relationships. A recent study linked social anxiety to social withdrawal among children as a result, and found this to be a result of a lack of social interaction (Coplan et al., 2017).

These studies suggest that social isolation and anxiety can be profoundly serious issues for young children. There is abundant evidence that social isolation and increased anxiety can negatively affect children's academic performance, social interactions, and health. Social isolation may also exacerbate behavioral disorders and psychological problems such as anxiety and social depression. This study contributed important data to increase understanding of these phenomena. As children's social interactions are limited due to the pandemic, more data on children's experiences and their social isolation during COVID-19 and its relationship with anxiety are sorely needed.

Method

Design

To explore the research questions, a quantitative survey research method was used. Afterwards, the data collected were analyzed using a quantitative method of data analysis, such as correlations and descriptive statistics. A quantitative method of data analysis refers to the objective analysis of the data provided (Queirós, et al., 2017**).**

Sample

In this research, the original sample size was 303 parents in Saudi Arabia with children aged 6-8. This age range was chosen since this is when friendships become important to children, and they start thinking more about friendships and teamwork (CDC, 2019). COVID-19 is a hindrance to children interacting with their friends. The method of sampling that the author used was a convenience sample. Participants were recruited via a Google Forms survey distributed first to potential respondents that the researcher knew through different digital platforms, such as email and WhatsApp. The participants then shared the survey invitation with potential participants who were similar to them who met the specific qualifications for the target population; this method is called snowball sampling (Dusek et al., 2015). In this research, the recipients shared the link with their friends and acquaintances as long as they were eligible (i.e., had at least one child between 6–8 years of age).

All participants provided informed consent to participate in this research via an online consent form by click on an agree tick box. Participants were also informed that the data were and maintained confidentially; they were further assured that they would not be asked to provide any identifying information.

Participants were also provided some background information about the study, including the purpose of this research, and the informed consent. Participants were then asked to provide demographic information such as the participating parent's gender, the child's age and gender, and the total number of siblings. The final analysis sample featured 301 parents, because 2 participants were excluded due to missing data. Table 1 shows the analysis sample's demographic data. The participants were parents of children, with 172 boys and 129 girls (57.1% and 42.2%, respectively) aged 6 years (108, 35%), 7 years (87, 28.9), and 8 years old (106, 35.2%).

Table 1

Age	Frequency	Percent	Valid Percent	Cumulative Percent
6	108	35.9	35.9	35.9
7	87	28.9	28.9	64.8
8	106	35.2	35.2	100.0
Total	301	100.0	100.0	
Gender				
Boys	172	57.1	57.1	57.1
Girls	129	42.9	42.9	100.0
Total	301	100.0	100.0	

Demographic Data

Instrument. In light of the conditions of social distancing due to the COVID-19 pandemic, all of this research study's instruments were given online. The data for this project were collected from the parents through an online Google Forms survey. The author used this technique due to existing precautions against the current COVID-19 pandemic that prevent interviewing or meeting parents in person, and to facilitate increased response rates since data are more easily gathered online. The first section of the survey was demographic information included data such as language, parent's gender, country the child's age and gender, and the total number of siblings.

Social isolation was measured by asking parents to indicated how long their child
has been isolated as a social distancing measure since the COVID-19 pandemic starting. The item included forced choice in length of time in months. The answer choices were (Not at all isolated, one month, 2 months, 3 months, 4 months, 5 months, 6 months, 7 months, 8 months, and Other). The survey also included questions about fears and challenges before COVID-19 that paralleled the anxiety scale described below. One question about specific fears offered the answers of darkness, sleeping alone, crowded places, being alone at home, closed/small places, no fears, and other. Another question related to any challenges that the child had before COVID-19. This question's answer choices were anxiety, shyness, stress, and other. Where possible, responses under "other" were recoded into appropriate categories (e.g., writing in 10 months for length of social isolation was included in the recoded value for social isolation as "10 or more months of isolation.")

Spence Child's Anxiety Scale for Parents (SCAS-P; Spence, 1999) was used to measure the child's anxiety. This is a self-reported scale for anxiety that was originally developed to screen for symptoms of anxiety in children aged 8-12 years (Spence et al., 2003). The scale is widely used to assess symptoms of anxiety disorders among children and adolescents. Several studies have reported the scale's good reliability for children and teenagers from different backgrounds (Orgilés et al., 2016). SCAS-P consists of 44 items. Of these, 38 assess specific symptoms; the items are organized into six sub-measures: social phobia, separation anxiety, panic attacks/agoraphobia, obsessive-compulsive disorder, generalized anxiety, and fear of physical injury (Spence et al., 2003).

In this study, the items of the SCAS-P were adapted to connect them to the research questions. The parents were asked to respond to an 18-item survey about their child's anxiety now, during the COVID-19 crisis. The survey contains items addressing anxiety. The respondents were asked to indicate the frequency of each symptom they perceive that their child has, by choosing one of the options on the four-point scale: Never (1), Sometimes (2), Often (3), or Always (4).

Analysis of the Data

The dataset was analyzed using the Statistical Package of Social Sciences (SPSS). Descriptive statistics, such as frequencies and percentages were used to examined demographic variables (gender and age) in order to explain the contribution of these variables in explaining anxiety symptoms in children. Moreover, to explore the correlations between social isolation and SCAS-P Anxiety total scores.

Results

Descriptive Analyses

Research Question 1."What types of emotional challenges were children in Saudi Arabia experiencing before COVID-19?" Survey Items 7, 8, and 9 were used to answer research the first question. Table 2 shows the mean with standard deviation for pre-COVID-19 fears was higher for boys than girls, (M = 1.28, SD = 1.088) and (M = 1.16, SD = 1.095), respectively (total: 1.23, 1.091). As can be seen in the Table 2 pre-COVID-19 boys experienced more challenges than girls had (M = 0.42, SD = 0.621) and (M = 0.41, SD = 0.635). Boys also experienced more pre-COVID-19 challenges, fears, and other fears than girls, with (M = 1.70, SD = 1.289) and (M = 1.57, SD = 1.435). Further, boys experienced more anxiety than girls (M=1.9629, SD=.39949) and (M= 1.9866, SD = 0.40384, respectively; total: 1.9731 ± 0.40086). However, girls were isolated longer than boys (M=4.01, SD = 2.454 vs. M= 3.77, 2.355 SD = 2.397**.** There was no statistically significant difference between the genders in the emotional challenges before COVID-19.

Table 2

Pre-COVID Fears, Challenges, Fears, Other, Anxiety Scale, and Duration of

Gender		Pre-COVID Fears	Pre-COVID Challenges	Pre-COVID Challenges, Fears, Other	Anxiety Scale: Total Mean Score not including "other"	Duration of Isolation
Boy	Mean	1.28	.42	1.70	1.9629	3.77
	N	172	172	172	172	172
	Std. Deviation	1.088	.621	1.289	.39949	2.355
Girl	Mean	1.16	.41	1.57	1.9866	4.01
	N	129	129	129	129	129
	Std. Deviation	1.095	.657	1.435	.40384	2.454
Total	Mean	1.23	.42	1.64	1.9731	3.87
	N	301	301	301	301	301
	Std. Deviation	1.091	.635	1.353	.40086	2.397

Isolation by Gender

While Table 3 indicates the following mean values for pre-COVID-19 challenges, organized by age: (M = 0.44, SD= 0.616) for 6-year-olds, (M = 0.36, SD = 0.570) for 7-year-olds, and (M = 0.44, SD = 0.705) for 8-year-olds. These values show that 6- and 8-year-olds experienced the least challenges. Moreover, the mean values for pre-COVID-19 challenges, fears, and other feels are higher for 6-year-olds (a mean score of 1.77 and a stander deviation of 1.371) than for 7- and 8-year-olds (1.59, 1.157 and 1.57, 1.480, respectively).

Furthermore, the mean values for pre-COVID-19 fears are higher for 6-years- old (*M*= 1.33, *SD* = 1.094), than 7-years-old and 8- years- old (*M*=1.23, *SD* = 1.064) (*M* =1.23, *SD* =1.091) and these ages are similar in the mean of pre-COVID-19 fears. There was no statistically significant difference between the ages in the emotional challenges before COVID-19.

Table 3

Pre-COVID Fears, Challenges, Fears, Other, Anxiety Scale, and Duration of Isolation by Age

Age		Total Pre-COVID Fears	Total Pre-COVID Challenges	Total Pre-COVID Challenges, Fears, Other
6	Mean	1.33	.44	1.77
	N	108	108	108
	Std. Deviation	1.094	.616	1.371
7	Mean	1.23	.36	1.59
	N	87	87	87
	Std. Deviation	1.064	.570	1.157
8	Mean	1.12	.44	1.57
	N	106	106	106
	Std. Deviation	1.110	.705	1.480
Total	Mean	1.23	.42	1.64
	N	301	301	301
	Std. Deviation	1.091	.635	1.353

Research Question 2. "To what extent are young children ages 6-8 in Saudi Arabia experiencing social isolation due to COVID-19?" Survey Item 6 was used to answer this question. Table 4 indicates how long isolation, a COVID-19 social distancing measure, was enforced for children.

In specific, 32 children (10.6%) were not isolated, 19 (6.3%) were isolated for 1 month or less, 28 (9.3%) were isolated for 2 months, and 73 (24.3%) were isolated for 3 months. Further, 41 (13.6%) children were isolated for 4 months, while 24 (8%) and 35 (11.6%) children were isolated for 5 and 6 months, respectively. Lastly, 18 (6%) were isolated for 7 months, 28 (9.3%) were isolated for 8 months, 2 (0.7%) were isolated for 9 months, and 1 (0.3%) was isolated for 10 months.

Table 4

The Length of Isolation

	Time in Months	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not at all isolated	32	10.6	10.6	10.6
	1 month or less	19	6.3	6.3	16.9
	2 months	28	9.3	9.3	26.2
	3 months	73	24.3	24.3	50.5
	4 months	41	13.6	13.6	64.1
	5 months	24	8.0	8.0	72.1
	6 months	35	11.6	11.6	83.7
	7 months	18	6.0	6.0	89.7
	8 months	28	9.3	9.3	99.0
	9 months	2	.7	.7	99.7
	10 months	1	.3	.3	100.0
	Total	301	100.0	100.0	

Research Question 3. "Is there a relationship between social isolation and a child's anxiety?" Survey Items 6, 10,11,12,13,14,15,16,17 and 18 were used to answer this question. Table 5 shows there is no correlation between social isolation and child's anxiety since COVID-19 has started in Saudi Arabia was (p =.817, p > .05). As a result of the analysis the null hypothesis was rejected. In general, the results suggest that social isolation does not increase an anxiety feeling in children at age 6-8 years.

Table 5

The Correlation Between Social Isolation and Child's Anxiety

Correlations

		The Duration of Isolation	Anxiety scale: total mean score (not including "other")	Anxiety scale: total sum score (not including "other")
The length of being isolated	Pearson Correlation	1	.013	.013
	Sig. (2-tailed)		.817	.817
	N	301	301	301
Anxiety scale: total mean score (not including "other")	Pearson Correlation	.013	1	1.000**
	Sig. (2-tailed)	.817		.000
	N	301	301	301

Research Question 4. " How do children's emotional challenges (specifically fears) compare pre- to post COVID- 19?" Survey Items 7,8, and on the anxiety scale items 2, 3, 8,12, and 16 were used to answer question 4. Table 6 shows the percentage of parents whose children experienced fears before and during COVID-19. Being alone at home fear ranked first between fears (pre and during) COVID-19 crisis with an increasing percentage of (57.0%), there were (32.0%) for pre-COVID and (89.0%) during COVID, this results indicated that COVID-19 has increased children's fears related to being alone at home, followed by darkness with an increasing percentage of (48.0%), then sleeping alone with an increasing percentage of (40.0%), in the fourth, crowded places fares with an increasing percentage of (26.0%), finally closed places fears with an increasing percentage of (24.0%) there were (4.0%) for pre-COVID and (28.0%) during COVID.

Therefore, COVID-19 has played a significant role in increasing children's fears. A chi-square was used to check if the changes from pre-COVID to during-COVID fears represented a statistically significant difference. All comparisons were significant at the $p < .001$ level, except for fear of crowded places, which was still significant but with less of a difference between groups than the other comparisons, X^2 (1, N = 300) = 4.91, $p = .029$.

Table 6

Children Fears

	Pre-COVID		During - COVID (NOW)		Increase from Pre-Current
Fears	Percentage	N	Percentage	N	
Home Alone	32%	95	89%	267	57%
Closed Places	4%	11	28%	83	24%
Crowded Places	7%	20	33%	98	26%
Darkness	37%	110	85%	255	48%
Sleeping Alone	45%	144	84%	254	40%

Discussion

This research was conducted to answer several questions. The finding for the first question in this research was regarding 6-year-old Saudi children who had experienced challenges even before the COVID-19 pandemic started. These included fear, shyness, stress and other feelings also more than ages 7 to 8. This may be due to the child beginning school, being in a new environment, and separation from their parents. This is the youngest age group in the sample, as younger children usually do not have extensive experience in communication and engagement with others. Their experiences are still confined to their family. However, these mean differences did not reach statistical significance, so they should be interpreted with caution.

In terms of gender differences concerning, despite the slight non-significant difference between boys and girls in feeling fears and challenges before the COVID-19 crisis, boys faced more fears and challenges compared to girls (again, non-significant). If this mean difference were to reach significance with a larger sample, this may be due to boys preferring more forceful and violent games than girls, who tend to play quietly. Also, the manner in which a child is dealt with at home may enhance the development of fear rather than reduce it. Additionally, parental fear of a child may affect the child by increasing their fear as well as other feelings such as stress and/or shyness.

Surprisingly, 10.6% of children, according to their parent, were not isolated, and 6.3% of children were isolated for less than month. This is somewhat surprising, as a 24-hour curfew has been implemented in several cities in Saudi Arabia (Alhumaid et al., 2020). Although residents are required to stay within the boundaries of their residential area and only one passenger is permitted in each vehicle, residents are allowed to leave home between 6 am and 3 pm to purchase necessary food and other items (Alhumaid et al., 2020).

This research study hypothesized that the longer a child is socially isolated, the more anxiety they will experience. The finding did not support this hypothesis, as the author found there is no significant relationship between social isolation and child's anxiety at least in this sample. This is contrary to the previous research, such as Teo et al. (2013), Anooshian (2003), and Loades et al. (2020), that found social isolation to be positively associated with social anxiety disorder. In addition, this finding is counter to Alkhamees et al. (2020), who concluded that social distancing measures due to COVID-19 have the potential to increase anxious feelings in children. The reason for this discrepancy may be the issue of parents' bias; when analyzing their children's anxiety symptoms, parents' responses about their child's anxiety may be swayed because the child or the family have not felt isolated due to using technology that makes communication easier and brings people together.

There was a significant increase in the frequency with which families reported their children to have certain fears from pre-COVID to current-COVID. This may be because of implications of COVID-19, such as schools closed, parents switching to work from home, or suddenly stopping work, and many people adhering to stay-at-home guidelines, the daily rhythm of people's daily routine changed, noticing their parents 'anxiety and increasing the number of cases or some of their relevant has infection perhaps cause or increase fear and emotional challenges, for instance, feel scared of sleeping alone, fear from crowded and closed places, darkness. This is in line with studies conducted by (Anooshian, 2003; Matthews et al., 2015) that indicated the negative implications of social isolation on emotional health and behavioral problems. Similarly, Creswell et al., (2014) found that anxiety at a young age causes other psychiatric issues.

Implications for Future Research

The findings presented here include several implications for future research. First, scholars should minimize the choices used to measure the duration of the independent variable to more effectively address the research questions although the survey provided the meaning of social isolation due to COVID-19. This study may not have measured the duration of social isolation during the COVID-19 pandemic accurately, based on the fact that several parents offered responses that were irrational. Second, future research ought to Explore the anxiety through the original Spence Children's Anxiety Scale (SCAS-P) without adaption to find significant results. Furthermore, it is recommended that future studies use a larger sample from various countries to provide better insight into the topic because this is a global issue. Additionally, future research should examine psychological concepts that do not overlap because such behavior and symptoms are difficult for non-specialists (i.e., parents) to distinguish. For instance, this study explored various emotions, such as fear, stress, and anxiety in a short period, which many participants were unable to identify in their children. Ultimately, when conducting future research, it is also important to be able to measure the impacts of COVID-19 on children learning since the pandemic has expanded to almost a year and children learning has become remote-learning.

Conclusion

The purpose of this research was to examine the relationship between social isolation and a child's anxiety during COVID-19. Social isolation in this research refers to the lack of opportunity of having social interaction and meeting people outside the immediate family such as peers, neighbors, going to school etc. This lack of interaction can have negative implications for child development, particularly an increase in anxiety. A positive correlation was hypothesized between social isolation and a child's anxiety. This hypothesis was based on the theories presented by Vygotsky's Social Theory and Erikson's theory. These theories emphasize the importance of social interaction and relationships on child development. However, this study found no significant relationship between social isolation and a child's anxiety. These findings are unlike those of another research (Teo et al., 2013; Anooshian, 2003; Loades et al., 2020). This study strived also to addressed other questions that indicated the impact of social isolation on emotional challenges, the duration of children's isolation, and comparing children's fears changing due to COVID-19. However, the author did find a significant increase in fears from pre- to current-COVID in children. If children are more fearful, knowing and understanding this is important so assistance can be provided to help them overcome their fears.

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