

The Effectiveness Of A Play Therapy Guidance Program To Reduce Shyness In Kindergarten

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ABSTRACT

The study aimed to identify the effectiveness of this therapeutic program by playing to raise the level of shyness in the kindergarten stage and to identify the extent of the child's interaction and the degree of play in the kindergarten stage and to identify the differences between children (male and female) in the degree of shyness in the kindergarten stage and to identify the different years of experience for teachers on reinforcement / regression Shy behavior in kindergarten children. The study sample was the study population consists of two categories, the first category includes kindergarten teachers, and the second category includes children in the kindergarten stage at the age of 4 to 6 years. Related to the study by selecting a simple random sample of kindergarten teachers through distributing the electronic questionnaire form to them. The number of female teachers who answered the questions of the questionnaire was 60 female teachers, while 60 kindergarten children were selected from the age of 4 to 6 years in a simple random sampling method, they were divided into two groups (controller and experimental), and the number of each of the experimental and control groups reached 30

students. The study reached the following results: 1- There is a high level of shyness among kindergarten children from the point of view of the study sample members of the kindergarten teachers, where the arithmetic mean reached 2.618 with a standard deviation of 0.466, which shows the importance of the therapeutic counseling program with play that the study will implement.

There is a low level of shyness among kindergarten children from the point of view of the study sample members of the kindergarten teachers, where the arithmetic mean was 1.097 with a standard deviation of 0.209, which shows the success and effectiveness of the therapeutic counseling program by playing that the study applied in reducing the level of shyness among kindergarten children Which answers the second question of the study, which shows the high level of child interaction and the degree of play in the kindergarten stage, as well as the validity of the second hypothesis of the study, which states the high level of children's interaction and the degree of play in the kindergarten stage, 3- There are no statistically significant differences between the average scores of the experimental and control groups Before applying the therapeutic program by playing, which shows that there is parity between the two groups before conducting the experiment. 4- There are statistically significant differences between the mean scores of the experimental and control groups after applying the remedial program by playing (post-test) in favor of the experimental group in the post-test, where the play-remedial program succeeded in reducing the level of shyness among kindergarten children, which explains the validity of the first study hypothesis that It states that "there are statistically significant differences at the significance level ($0.05 \geq \alpha$) in the scores of the shyness scale between the members of the two groups, the experimental group and the control group on the

post-measurement in favor of the experimental group when applying the remedial program by playing."

This result answers the first question of the study, 5- There are no statistically significant differences between the average scores of children (males and females) in the degree of shyness scale in kindergarten, which shows that there is parity between the two groups (males and females) in the degree of shyness scale in kindergarten, which is what It answers the third question of the study and explains the incorrectness of the third hypothesis of the study, which states that there are statistically significant differences at the significance level ($0.05 \geq \alpha$) between children (male and female) in the degree of shyness scale in kindergarten, 6- There are no statistically significant differences Between the teachers' ability to enhance/regress the shyness behavior of children in the kindergarten stage, which is attributed to the different years of experience of the teachers, which shows that there is equivalence between the groups of years of experience for the teachers, which answers the fourth question of the study and explains the invalidity of the fourth hypothesis of the study, which states that there are differences Statistically significant at the level of significance ($\alpha 0.05 \geq$) between the teachers' ability to enhance / regress the behavior of shyness among kindergarten children due to the difference in the years of experience of the teachers, 7- There are no statistically significant differences between kindergarten children in the degree of The shyness scale is attributed to the child's age stage, which shows that there is parity between the age groups of children, which answers the fifth question of the study and explains the invalidity of the fifth hypothesis of the study, which states that there are statistically significant differences at the significance level ($0.05 \geq \alpha$) among children in the kindergarten stage in The degree of shyness scale is attributed to the age of the child.

Keywords: therapy program - shyness - kindergarten

Introduction:

Humans are inherently social beings, which means we need to communicate with others, and physical and emotional contact (Hassanine, 2016). However, although this is a fait accompli, the variation of what everyone needs in terms of contact is quite great. Childhood shame often goes unnoticed for many years, with parents believing it to be a personal feature. Since a shy child is usually quiet, it does not attract attention, so it is difficult to realize that he has problems and needs professional help. This is because shy children do not manifest their problems externally, but keep them to themselves, and as a result, do not exhibit severe disruptive behaviors, which often worry parents.

However, the possibility of interacting with other children is essential for the child's development. During the first years of life, the child builds his own concept by interacting with others. In addition, it is a sensitive stage for the development of social

skills, so shyness can cause the child to waste precious time, which will be difficult to recover later. Indeed, in some cases, shame can trigger social phobia or other psychiatric disorders (Boukouba, 2022).

No one doubts the importance of interaction between persons in the child's development and psychological, school and family performance (Tolba, 2019). From the first steps with their peers in day-care centres to subsequent education, a child must build, as an essential part of his or her education from a series of social skills acquired by the child through everyday experiences, which can be limited in many aspects of his or her performance, in addition to causing significant emotional suffering. Hence the importance of spotting shy children early and providing them with useful tools so that they can build healthy communication between people more effectively (Alush, 2022).

Shame occurs less or more in childhood in most children, but for some it

can be a big social barrier, shame is not necessarily a bad thing, as long as the degree of shame doesn't go to the extreme and turns into anxiety or social phobia. In fact, having a certain degree of shyness may be helpful, the key point is knowing how to deal with it and getting the best results from each child by promoting self-esteem (Hussein, 2017).

It should be noted here that shame was not the subject of major systematic studies and received little attention in clinical psychology. This is due to various reasons. Undoubtedly, a shy child is usually a quiet, calm and fearful person, avoiding social interactions, and despite being able to attract the attention of parents, teachers and educators, he does not usually identify himself. As a person causes or suffers from problems, therefore, it is certainly that he needs professional help .

Study Problem:

Shyness is a routine reaction and a reasonable response for the child to the unknown. There are some who are born and have a willingness to be ashamed. In addition, we know that during their maturity, children begin to feel like another one, and shyness can emerge from a child's first year, when fear arises of being separated from the form attached to it. Around the age of three when faced with a new social context when the period of study begins, shame can emerge .

In the year between 5 and 6 years when socialization begins in full swing. Children begin to take care of what others think and begin to avoid behaviors that prevent them from criticizing, so they will take into account everything that surrounds them before they engage in behaviour that may have a positive or negative impact on them (Mortaza, 2018).

Different degrees of shame in children determine the fact that avoiding social relations becomes an obstacle to a child's development or a feature of his

personality that enriches him and his environment. A person who has "a certain degree of withdrawal in relationships with other children or adults and shows a certain tendency to avoid interacting with unknown persons or interacting in personal contexts outside the known or complex routine, because it causes the power of feelings of shame, discomfort, insecurity or anxiety" (Abdulaal, 2019).

A shy child is a combination of innate and acquired traits. Children in a more introverted or innately introspective mood are more likely to become somewhat shy. They show more intense neural activity and interaction against environmental stimuli. A more sensitive understanding of the full flow of the sensory and social information they receive. This causes them a lot of information that often overwhelms them and tends to be considered threatening, causing them stress and a certain emotional blockage (Sarraj, 2014).

Some babies are born shy and more sensitive. Sometimes children behave with shame. Shame means feeling a little scared, almost everyone feels ashamed from time to time. But shame isn't necessarily a bad thing. It's okay if it takes some time to feel comfortable with people and new situations. In fact, it might be helpful to be somewhat shy.

The difference between health shame and that that is difficult to manage is identified through contexts in which the child's self-esteem and "collective participation" are enhanced. In these cases, shy children are usually more cautious and interested in the needs of others; More aware of social norms and conventions when regulating their behaviour. In case of sick shame, it can have serious repercussions on the child's life, as it is a source of severe suffering that can lead to anxiety, depression or social phobia in adolescence and adulthood (Bahha, 2021).

A quiet child who enjoys isolation may not be shy. There are few who enjoy loneliness. But in the case of shy children, "they feel ashamed or afraid when they try to interact, so loneliness is not a voluntary decision. A social child searches for and enjoys social relationships, while when he plays shame, he is a cause of anxiety, discomfort, and even physical discomfort, such as stomach pain (Abdulaal, 2019). It is common throughout a child's life to have stages that occur at a certain level of shame, such as in the case of changes in the educational center, school year or colleagues. Fear of peer evaluation and avoiding certain social attitudes is very common in adolescents. However, shame is not a problem per se. It depends on whether it becomes an obstacle to the child's social interaction or whether they can establish satisfactory social relations without affecting their potential or their companions.

Study Questions:

The problem of the study can be formulated based on the above in the main question:

What is the effectiveness of a gameplay program to raise the level of shyness in kindergarten ?

Which branches out the following questions:

1. How interactive is the child and the degree of play and amusement in kindergarten ?
2. What are the differences between boys and girls in the degree of shame in kindergarten ?
3. What are the different years of experience for female teachers to promote/reverse the shyness behaviour of children in kindergarten ?
4. What is the impact of age and its relationship to the degree of shyness of children in kindergarten ?

Study hypotheses:

First hypothesis: statistically significant differences exist at the indicative level ($0.05 \geq \alpha$) in the shame scale scores between the members of the two pilot groups and the control group for dimensional measurement in favour of the pilot group when applying the play therapy programme

Second hypothesis: There is a high level of children's interaction and the degree of play in kindergarten .

Third hypothesis: There are statistically significant differences in the level of $0.05 \geq \alpha$ among children (male and female) in the degree of shame in kindergarten

Fourth hypothesis: There are statistically significant differences at the indicative level ($0.05 \geq \alpha$) between the ability of female teachers to promote/diminish the shy behaviour of children in kindergarten that are attributable to the different years of experience of female teachers

Fifth Hypothesis: There are statistically significant differences in the level of $0.05 \geq \alpha$ among kindergarten-level children in the degree of shyness that are attributable to the child's age .

Study Objectives:

The study aims to achieve the following objectives:

1. Recognize the effectiveness of this treatment program by playing and amusement to raise the level of shame in kindergarten .
2. Identify the extent of the child's interaction and the degree of play in kindergarten .
3. Identify differences between children (male and female) in the degree of shame in kindergarten .

4. Recognize the different years of experience for female teachers to promote/relapse the shyness behaviour of children in kindergarten .
1. Identify the impact of the age phase and its relationship to the degree of shyness of children in kindergarten .

The significance of the study:

The significance of the present study lies in the theoretical and applied significance as follows:

Theoretical significance :

- 1- The results of this study can contribute to adding results to the theoretical heritage of this important topic.
- 2- The results of this study can raise unexamined research points for the patient's counselling treatment of some cases of psychiatric disorders at this age stage .
- 3- Highlight the therapeutic guidance programs and their role at this age stage.
- 4- Provide the library with new tools with appropriate psychometric features.
- 5- Lack of topics .

Practical Significance:

- o Produce results that benefit scientific research .
- o Develop guidance programmes to develop female teachers' awareness to raise the psychological burden and stress of children .

- o Demand the expansion of the establishment of kindergarten psychological and educational clinics and centres to provide specialized services for children .

Study Limits:

Objective limits:

This study will be limited to identifying the effectiveness of a play therapy guidance program in reducing shyness in kindergarten.

Human boundaries :

The study was applied to female teachers and kindergartens in government schools.

Spatial boundaries:

Design to children and teachers in kindergartens in Al-Ahsa governorate .

Time limits:

The study was conducted in the first semester of the year)1442/2021(

Study terminology:

1- Therapeutic Extension Program

Terminological definition: It is the process of helping the individual to discover, understand and analyze himself and his personal, emotional and behavioral problems that lead to his psychological misconduct, solving his problems, and the need for therapeutic guidance urgently. There are problems that may occur to the individual and affect his adaptation and relationships and may lead to neurological and mental illnesses (Hostile)

Procedural definition: The researcher found that the definition (Zahran, 1984) is compatible with the researcher's thinking and therefore took this definition as a procedural definition is a planned and structured

programme in the light of scientific foundations, based on the training of the individual on the skill of thinking to develop this skill in order to enable him to face difficulties and life problems and reach an appropriate level of compatibility during social interaction with others

2- Play

Terminological definition: It is a movement intended to entertain or speed and lightness in eating things, in other words: it is what we do by choosing us at leisure.. Omar Ben said: "Please Allah for him": "Teach your children to swim, shoot and ride horses (Hassan, 2016)

Procedural definition: It is a fun, free and spontaneous activity, without a specific purpose, but very useful for the child's development. Fun, free and spontaneous connotations of the game are essential and that's why we should ensure them with our smart escort.

3- Shame:

Terminological definition: "A psychiatric disorder is the child's introversion and avoidance of confronting others, for fear of being criticized and ridiculed, for feeling inferior to some aspect of his personality, which is a form of compensation for the child to adapt to those around him (Sarraj, 2014).

Procedural definition: Shame is a term of social psychology used to describe a person's fear, discomfort or discomfort in approaching other people, especially in new situations or with people outside the immediate environment. Shyness is thought to be the result of a combination of genetic factors and the environment in which a person develops and can be a hallmark of the personality, but it may also be a feature of certain stages of life, such as in childhood: shyness scores as they develop .

4- Kindergarten Stage

Terminological definition: Is the stage of concern for children between 4 and 6 years of age in social educational institutions aimed at achieving the child's balanced and integrated development in various mental, physical, social and psychological aspects, in addition to developing their abilities through free activity and play. (Assaf, 2011)

Procedural definition: These are those children who attend kindergarten between 4 and 6 years of age .

The theoretical framework

Play and amusement therapy:

Play is an activity practised by an organism, a behavioral phenomenon characterized by humans more than other organisms, that helps them adapt to the social environment. Any programme should be based on a specific philosophy that underpins and guides its modus operandi And depending on this philosophy, the components and elements of the program are invoked, because these components and elements are the procedural form in which this philosophy takes its way into effect in the therapeutic environment of the situation. The therapeutic entrance to knowledge is viewed as a whole in which its parts interconnect with each other through links that clarify the relationship between them and ascertain its interdependence. On the other hand, these parts are interrelated with each other to graduate us with a holistic system that encompasses all aspects of the psychology in order to modify the behaviour of the situation towards a problem (Abdul Jalil, 2019).

Program Objectives :

The treatment program aims to help individuals to get rid of their problems and work on their acquisition of different life skills such as managing interactions, responses and access in life and using treatment plans to improve quality of life and

reduce the symptoms of any disorder or problem. (Al-Khalidi, 2010)

5- Shame:

Shame is perfectly normal in children and usually passes fairly quickly once the anxiety generated in certain cases is incorporated and overcome. (Warfly, 2021) If this anxiety increases and continues over time, the child prefers to be alone rather than friends or always waits for his or her parents to tell him or her what to do or how to act, and it is often not easy to detect symptoms of shame in children because most respond to internal symptoms (thoughts and emotions) (Al-Rumi, 2016). Observation by parents, teachers, and even friends, is a key factor in the ability to identify children with shame problems.

Causes of shame in children:

1. No interactive behaviours: the child does not participate in or ask questions in the classroom, is difficult to start conversations with other children, does not have the initiative to undertake any activity or are detained and distanced .
2. Behaviour of fear, fear or anxiety: the moment of opinion or action in the presence of other persons .
3. Problems related to self-esteem: feelings of inferiority accompanied by lack of defence. There can also be cases of children with psychosomatic symptoms (stomach pain, vertigo, headaches, etc.) so as to avoid certain situations (Shind, 2021).

While childhood shyness is very common, it is of concern to many parents, especially those who attach great importance to socializing. Some children become shy because of difficult experiences in life, but most are born this way. For some young children, social attitudes and interactions can be scary. When they deal with new children,

they rarely feel comfortable (Ali, 2020). They are usually unwilling or unable to take the first approach, preferring to give up a potential friendship rather than approaching the unknown. Some of these shy children may have emotional problems, but they represent a minority. In fact, they are simply withdrawn and slow to adapt to new situations.

Shame Types:

1. Shame mixing with others, avoid entering into discussions and dialogues with those around it.
2. Shame the modern child, where he is silent, and his answer is yes or no .
3. Shy the appearance, the child is ashamed of himself when he wears something new, or when he changes the hairstyle.
4. Shy of meetings, not participating in parties, trips, holidays.

Symptoms of shame in children:

1. The color of the child's face becomes red .
2. The child's sense of fibrillation and the desire to vomit .
3. Continuous crying.
4. Feeling headache .
5. Involuntary urination . 6. Feeling stomach pain.
7. A little bit what the child speaks on his own .
8. Always silent, do not respond when someone asks him about anything.
9. The Earth is seen a lot
10. Do not play with his colleagues or engage them in recreational or educational activities.
11. Do not go to birthday parties or exercise .

12. Refused access to a new place without one of his parents (Sarraj, 2014).

In some cases, shyness can lead to disability. Very shy children often do not adapt like their peers in class and in the playground. The harder this pattern persists, the harder it is to change a child and shyness can lead to meaningful avoidance of social conditions and withdrawal, ultimately resulting in inability to work socially as an adult. If your child's shame becomes debilitating, it may be caused by anxiety disorder or a pattern of mood. In this case, an assessment by a child mental health professional will be useful (Morsi, 2019).

Most shy children enjoy good relationships and adapt well in social settings once they have an initial adaptation period. Children who find it difficult to establish and maintain relationships even after the "ice break" period (taking the lead) deserve more attention and attention. Over time, many (and perhaps most) shy children learn to overcome their shame. They behave in ways that are not overtly shy or reserved, although they still feel ashamed inside. Parents can skillfully guide their children in social situations where they can learn how to interact successfully (Abidin, 2017).

Most children want to be loved by others, although some are slower to learn to make friends (Ali, 2015). Others may crave company, but they may find themselves ostracized by one group or another and may be disturbed by the way they dress, by poor personal hygiene, by obesity, or even by speech disorder. Children are often rejected by their peers if they exhibit disruptive or aggressive behavior. There are other children who are peripheral close to one group or another, but in fact, they are never considered. These children who are not taken into account tend to spend most of their time alone.

Rejected children were those who openly disliked their peers and constantly felt unwelcome. They tend to be aggressive or annoying and very sensitive to harassment. They may be bullies (stalkers) and rule violators, or they may be so insecure that others reject them. They may also be rejected for their impulse and disruptive behaviour. Some of them may suffer from attention deficit and hypermobility disorder.

Ignored children (untouchables) are not untouchable or harassed, but are often ignored, ignored, and not invited to parties, the last to be chosen to form a group. These children may be seen as lonely, but they may be passive and dislike their loneliness. In fact, others may prefer to be alone .

This last group of children may be respected and admired by others, but they simply feel more comfortable doing things alone or spending time with parents, siblings, other adults or even pets. They may also lack social skills and self-confidence to enter social fields, often because of their limited social experiences. Or they may be more coy, quiet and reserved than their peers (Al Dhaba 'a, 2008).

The difference between shame and depression in children:

It is important to distinguish between a shy child and a sad or depressed child. "In the first case, there is satisfactory participation in all activities, except those involving exposure to intimidating situations that cause shy or withdrawn behaviour. In the case of a depressed child, there is a consistent pattern of little attention and ability to enjoy any situation, whether social or not. It is also indifferent and irritable. without energy and feelings of futility. Remember that an overly shy child can become depressed. Similarly, shy little ones have an easy time interpreting gestures and looks, so, with them, you have to care about communication, oral and non-verbal.

Methods of treating shame in children:

There are various methods that can be used to treat children's shyness, restore their self-confidence and correct their self-esteem through the following:

1. Identification of the sources of shame in the child and how they have arisen to determine the appropriate treatment of shame in the child
2. To provide warmth and receptivity to children. Love and attention do not spoil children. Listening to children, respecting their thoughts and feelings and allowing them to express themselves contributes to helping children to communicate and interact with their environment.
3. Parents' move away from parental parenting patterns based on excessive pampering and excessive fear.
4. Encourage the child to play games, visit friends and go to university trips with the aim of interacting with others and social mixing that helps the child build successful relationships.
5. Cooperate with the school psychologist or kindergarten to learn about the child's needs, motivations, social performance, sources of shyness and study his condition and conditions in all psychological, health and social aspects (Mai'en, 2020)

Previous studies:

- 1- Shind, Samira Mohammed Ibrahim and Abdulaziz, Abdulaziz Mahmoud, Abdulaty, Mona Abdulwadud (2021) entitled: Psychometric characteristics of the scale of shyness in a sample of kindergarten children. The study

aimed to prepare the scale of shyness for kindergarten children and verify the efficiency and psychometric characteristics of the scale. The scale is of four dimensions:

behavioral aspect, physiological aspect, cognitive aspect, and emotional aspect. The sample of the study applied to the scale consisted of 120 kindergarten children. Through the study, it was concluded that all the terms of the scale dimensions were a function at a level (0.01), which underscores the internal consistency of the scale, as it turns out, the dimensions of the scale are consistent as a whole, with correlation factors ranging between (0.61-0.85) which is all a function at the level (0.01) indicating that there is consistency between all dimensions of the scale, and that it is generally true to measure what has been developed to measure (shame in kindergarten children) .

- 2- Sawan, Elhami Mohamed Mohammed (2021) entitled: How much social shyness among female students of the Faculty of Education in Jinzor to the departments of classroom and kindergarten teachers, the paper revealed how much social shame among female students of the Faculty of Education in Jinzor to the departments of classroom and kindergarten teachers. The paper presented a conceptual framework that included terminology, shyness, student social shame, faculty of education, concept of shyness, its components, biological, psychological, social and educational causes, symptoms of shyness, physiology, social, emotional, cognitive, damage caused by shyness, and its types. The paper relied on the descriptive approach. The sample came from the

kindergarten teacher's section, 46 students, and the number of kindergarten students (19). The instrument was a measure of social shame. The paper concluded with the most important findings, aimed at detecting shame and its relationship with psychological loneliness and parental treatment methods, and a good positive and statistically significant correlation between shame and psychological loneliness among study sample members. The recommendations demonstrated the use of correct pedagogical methods in the university and home, thereby enhancing students' self-confidence .

- 3- Shreit, Ashraf Mohammed Abdul Ghani and Abu Dhabi Men, Umnah Mohammed Sayed and Mohammed, Amal Mohamed Hasouna (2020) entitled: The effectiveness of a problem-solving technical mentoring programme in reducing the sense of social shame in mothers of children with Down's syndrome, the aim of which is to identify the effectiveness of a problem-solving technical mentoring programme to alleviate the sense of social shame in mothers of children with Down's syndrome, and the sample of research consisted of (10) The mothers of children with Down's syndrome in preschool, and the research used the semiexperimental curriculum design of the single group. The Family Development Socio-Economic Scale (Muhammad Biomi Khalil, 2003), The Social Shame Measure of Down's Preschool Children's Mothers (Preparation/Researcher), has been used as a guideline based on the proposed problem-solving technique (preparation/researcher). The results of the research showed statistically significant differences between the averages of the grades of tribal and dimensional measurements on the scale of social shyness in the experimental group in the direction of dimensional measurement and the results also showed that there were no statistically significant differences between the averages of dimensional and tracking measurements on the scale of social shyness in the experimental group, this indicates the effectiveness of the problem-solving technical mentoring programme in reducing the social shame of mothers of children with Down's syndrome.
- 4- Ali, Jouri Moeen and Adnan, Summer (2020) entitled: Optional silence and its relationship with shame in the children of Riyadh. Encouraging children to dialogue and explore helps them to learn and develop their social, emotional, physical and cultural abilities. We cannot ignore the importance of discussion in expanding their perception, as children acquire social behaviour by simulating people's closest to them. Accordingly, parents, teachers and caregivers need to acquire the necessary knowledge and skills to provide a better environment for early education and interaction with the child. They should also be fully aware of the indicators that threaten to disrupt the child's development, including the problem of voluntary silence in the children of Riyadh and its relationship with their shyness. The research aims to identify: Disclosing the optional silence of the children of Riyadh, revealing the shame of the children of Riyadh, and revealing the relationship between the optional

silence and shame of the children of Riyadh.

The current research has found an optional silence in the children of Riyadh. Children and Riyadh have no shame in the research sample. There is also an inverse correlation between the optional silence and shame of Riyadh's children .

- 5- Al-Saleh, Muhammad al-Moussi and Al-Akba, Hassan (2018) entitled: Shy and his relationship to the five major factors of personality: Field study on a sample of students from the University of Euphrates, aimed at investigating the possible relationship between shyness and the five major personal factors in a sample of students from the University of Euphrates. 150 students from the faculties of education in Hasakeh, Deir ez-Zor and Raqqa, and attempts to detect the level of shame, find out the differences in the responses of the members of the research sample attributable to sex, and use the measure of shame prepared by El Drini (1981), Costa and Macri's Five Major Character Factors Scale (1992) Translation of Badr al-Ansari, after the hypothesis was tested the following results: 1. College of Education students have a high level of shame. 2. A statistically positive correlation between shame and nervousness. 3. a statistically negative correlation between shame and plaudits, ovation, kindness and conscience alertness). 4. The absence of statistically significant differences in response on the scale of shame and in response on the scale of the five major factors (extroversion, nervousness, ovation, goodness and conscience vigilance) attributable to the sex variable .

Previous Studies (Foreign authors):

- 1- Georgiana Susa Erdogana, Oana Bengaa & Cristina Colonesi (2022) entitled Positive and negative expressions of shame in preschool children: mood associations and visual interest in emotions, recent empirical evidence shows heterogeneity in expressing shame in children. Some children tend to express their shame by showing positive effect along with aversion to gaze (positive shame), while others show negative emotional reactions accompanied by an aversion to gaze (negative shame). Fundamental differences in approach and avoidance trends are likely to explain these differences in children's expression of shame and affect their visual attention to social stimuli, yet little empirical attention has been devoted to these associations. Our study examined the temperamental appearance (approach, fear and discouraging control) associated with positive and negative

shame and the relationship between the expression of shame and attention to social stimuli in 47 children aged 3-6 years. Children's positive and negative expressions of shame were assessed using the performance function. Visual attention to emotional facial expressions was measured through a dot investigation function, and the mood was measured by mothers' reports. Positive shyness was found to be positively associated with the mood dimensions of inhibitory approach and control and fear. Positive shyness was heavily associated with drawing attention to positive facial expressions and avoiding less attention to threatened

facial expressions. Negative shame was positively associated with mood fear only, and no associations were found with interest in social stimuli. Our study provides empirical support for the correlation between mood and the multidimensional character of positive expression of shame and adds relevant evidence regarding the relationship between expression of shame and attention to social stimuli.

- 2- Natalie D. Eggum, Nancy Eisenberg, Mark Reiser, Tracy L. Spinrad, Nicole M.

Michalik, Carlos Valiente, Jeffrey Liew, and Julie Sallquist (2012) T2: N = 185, M = 7.67 years; T3: N = 185, M = 9.70 years), and internal data were collected in T1 and T3. Relationships between parent-classified shyness, emotion (parent-classified rage and teacher, grief, positive emotional severity [EI]), and the mother's internal assimilation were examined in panel models. In some cases, expect passion shame after two years (teacher-rated rage, parent-rated grief, teacher-rated positive EI) and emotion sometimes expected shame after two years (teacher-rated grief, parentrated positive emotional intelligence, IE-rated positive teacher). Expect parental shame and/or emotion (parental-classified anger and parental-classified grief) assimilation in T3. The results highlight developmental relationships between emotion and shame, as well as risk processes or protection from the development of internal problems .

- 3- Natalie D. Eggum, Nancy Eisenberg, Tracy L. Spinrad, Mark Reiser, Bridget M. Gaertner, Julie Sallquist, and Cynthia L. Smith)2009(

entitled: Shyness improving and relationships with children's fear, sex, and mother's behaviour, childhood fear relationships (observation and adult reported) and shame reported by adults were assessed at 18 (n = 256) and 30 (n = 230) months of age. Fear was positively associated with shame simultaneously and longitudinally, but slightly more firmly at the age of 18 months. The moderate roles observed for maternal sensitivity and children's sex were tested in the relationship between fear for 18 months and shame for 30 months, and shame between 18 and 30 months. The positive relationship between a mother's fear and shame was stronger for insensitive mothers, but was not significant for sensitive, moderate or insensitive mothers' daughters. The positive relationship between the mother's shyness of 18 and 30 months was stronger in the children of insensitive mothers and the daughters of sensitive mothers. Moreover, when using independent degrees of fear or shame, the 18month-old mother's fear continued to interact with sex and sensitivity to predict shame for 30 months. However, the positive relationship between time shame and time, was consistent across sex and sensitivity levels.

Comment on previous studies:

According to previous studies, there is considerable agreement on the impact of play therapeutic programs on the progress of children's condition. This is consistent with many studies (Shrit, Abu al-Mali and Mohammed, 2020), either on the impact of shame in children and the extent to which loneliness and irrelevance increase and

reduce selfconfidence. Reduced ability to reach their full potential due to their fear of being judged. High levels of anxiety. Embarrassing physical effects such as redness, stuttering and tremor All these signs have been agreed upon by previous studies such as Natalie D. Eggum, Nancy Eisenberg, Mark Reiser, Tracy L. Spinrad, Nicole M. Michalik, Carlos Valiente

The researcher benefited from the review of these studies in developing the current research topic, understanding the dimensions of her problem and monitoring the targets for the implementation of this type of programme developed to reduce such type of psychiatric disorders and the problems experienced by children at this age that require the researchers' attention, especially in the absence of kindergarten specialists, which prompted the curiosity of the researcher.

The answer levels on the scale are divided into three levels:

Grade	Level
1- 1.666	Low level of shy
1.667 – 2.333	Medium level of shame
2.334 – 3.000	High level of shame

Statistical methods used in the study

The research has used SPSS to analyze the data obtained through the Study Tool using the following methods:

- ☉ **Alpha coefficient:** Measures the stability of test terms and assumptions.
- ☉ **Percentages and iterations:** To describe the sample members of the study
- ☉ **Mean, Standard Deviation, and relative Weight:** To describe how

Methodology

This study relied on the pilot curriculum in a pilot and control group manner by comparing the scores of the study tool "Scale of Shame" before and after the application of the play therapy programme, and by using statistical methods and methods to reach results through which the study's objectives could be achieved .

Study population

This study was applied to a group of kindergartens in the Eastern Region (Al-Ahsa) of Saudi Arabia .

Instruments

The study used the Aldrini 1998 scale of shame after rewriting it to suit the children of the kindergarten stage, and the scale was 14 sentences, and the triple scale (often - sometimes - rarely) was used to answer the scale questions

members of the study sample respond to the timescale statements

- ☉ **Pearson correlation coefficient:** Determines the level of internal homogeneity of the study tool.
- ☉ **For a nonparametric goodness-of-fit,** using theses tests (Kolmogorov-Smirnov - Shapiro-Wilk test), and (t-test).
- ☉ **Test (T):** Compares the experimental and control groups to verify study assumptions.

- ☉ **ANOVA differences test:** To identify differences due to the different personal characteristics of study sample members

Study Internal consistency

Internal consistency credibility was calculated to verify the veracity of the study tool used by distributing the study tool to a random sample of (10) kindergarten parameters to determine the internal homogeneity of the study tool using the Pearson correlation coefficient, and the results were as follows:

Table (1) correlation coefficients between the degree of each expression and the total degree

Sentences	Pearson correlation coefficient value	Statistical significance
I notice the baby's hesitation before they ask me during class	0.950**	0.000
I notice that the child is not talking to their colleagues	0.959**	0.000
I notice the child is embarrassed when I ask them during class	0.889**	0.000
I notice that the child does not share with his or her colleagues in the activities	0.900**	0.000
I notice that the child does not make many friendships within the nursery	0.959**	0.000
I notice that the child stinks when asked by an older person	0.930**	0.000
Sentences	Pearson correlation coefficient value	Statistical significance

I notice that the child is red face in situations where people are dealing with others	0.955**	0.000
I notice that the child is not looking at the person they are talking to	0.947**	0.000
Note that the child prefers to be silent when sitting with others	0.920**	0.000
Note that the child likes to sit in the rear seats of the chapter	0.965**	0.000
I notice that the child likes to play alone	0.929**	0.000
I notice that the child doesn't give me his work unless I ask him to do so	0.950**	0.000
I notice that the child gets sweating if I ask them to speak to others	0.958**	0.000
I notice that the child is ashamed to ask his or her colleagues when they look for their own	0.930**	0.000

**** Significant at 0.01**

All correlation coefficients of all the statements of the scale of shame were statistically significant at a moral level (0.01), which means that the tool has the sincerity of internal consistency and is valid for the purposes of the study.

Research reliability:

The alpha Cornbach coefficient for the scale of shyness was calculated and the alpha constant coefficient was greater than 0.7 to 0.989 for all the timescale statements confirming the validity and relevance of the

timescale statements and the high level of stability of the tool used in the study.

Characteristics of sample study individuals

Property	Category	Repeat	%
Sex of the child	Male	30	50
	Female	30	50
Age of the child	4 years	20	33.3
	5 years	20	33.3
	6 years	20	33.3
The number of years of experience for the parameter	Less than 1 year	15	25
	1 to 3 years	15	25
	3 to less than 5 years	15	25
	5 years or older	15	25

Analyze the timescale statements before implementing the gameplay course:

Table (2) mean, standard deviation, relative weight, and order of the scale of shame statements before the application of the gameplay course

The expression	Order	Mean	Standard deviation (SD)	Relative weight	Grade level
Notice the baby's hesitation before they ask me during class	5	2.621	0.494	0.874	High
I notice that the child is not talking to their colleagues	3	2.724	0.455	0.908	High
I notice the child is embarrassed when I ask them during class	7	2.276	0.528	0.759	Moderate
I notice that the child does not share with his or her colleagues in the activities	6	2.414	0.568	0.805	High

I notice that the child does not make many friendships within the nursery	2	2.828	0.468	0.943	High
I notice that the child stinks when asked by an older person	8	2.138	0.351	0.713	Moderate
I notice that the child is red face in situations where people are dealing with others	3	2.724	0.528	0.908	High
I notice that the child is not looking at the person they are talking to	3	2.724	0.455	0.908	High
Note that the child prefers to be silent when sitting with others	6	2.552	0.506	0.851	High
Note that the child likes to sit in the rear seats of the chapter	1	2.862	0.351	0.954	High
I notice that the child likes to play alone	4	2.690	0.471	0.897	High
I notice that the child doesn't give me his work unless I ask him to do so	3	2.724	0.455	0.908	High
I notice that the child gets sweating if I ask them to speak to others	2	2.828	0.384	0.943	High
I notice that the child is ashamed to ask his or her colleagues when they look for their own	6	2.552	0.506	0.851	High

When studying the statements of the scale of shame before the application of the gameplay treatment program, it was found that twelve

statements came in the high level and two statements in the middle level, and it was found that there was a high level of shame in

the kindergarten children from the sample of the teachers of the kindergarten stage where the arithmetic average was 2.618 The study will be able to implement a standard deviation of 0.466, which shows the importance of the gameplay instructional

program that will be implemented by the study

Analyzing the timescale statements after the gameplay course is implemented:

Table (3) mean, standard deviation, relative weight, and order of the scale of shame statements after the application of the gameplay therapy program

The expression	Mean	Standard deviation	Relative weight	Order	Grade level
Notice the baby's hesitation before they ask me during class	1.000	0.000	0.333	7	Low
I notice that the child is not talking to their colleagues	1.097	0.301	0.366	6	Low
I notice the child is embarrassed when I ask them during class	1.194	0.402	0.398	3	Low
I notice that the child does not share with his or her colleagues in the activities	1.000	0.000	0.333	7	Low
I notice that the child does not make many friendships within the nursery	1.226	0.425	0.409	2	Low
I notice that the child stinks when asked by an older person	1.000	0.000	0.333	7	Low
I notice that the child is red face in situations where people are dealing with others	1.000	0.000	0.333	7	Low
I notice that the child is not looking at the person they are talking to	1.161	0.374	0.387	4	Low

Note that the child prefers to be silent when sitting with others	1.097	0.301	0.366	6	Low
Note that the child likes to sit in the rear seats of the chapter	1.000	0.000	0.333	7	Low
The expression	Mean	Standard deviation	Relative weight	Order	Grade level
I notice that the child likes to play alone	1.355	0.486	0.452	1	Low
I notice that the child doesn't give me his work unless I ask him to do so	1.097	0.301	0.366	6	Low
I notice that the child gets sweating if I ask them to speak to others	1.129	0.341	0.376	5	Low
I notice that the child is ashamed to ask his or her colleagues when they look for their own	1.000	0.000	0.333	7	Low

When studying the statements of the scale of shame after the application of the gameplay treatment program, it was found that all the statements were low and that there was a low level of shame in kindergarten children from the point of view of the sample of the teachers of the kindergarten stage, where the mean was 1,097 with a standard deviation of 0.209. The study shows the success and effectiveness of the educational instruction program in play, which the study applied, in reducing the level of shame among kindergarten children, which answers the second question of the study, as it shows the high level of child interaction and the degree of play in kindergarten, as well as the validity of the second study's imposition, which

provides for a high level of child interaction and playing degree in the kindergarten stage.

Test Study hypotheses:

Hypothesis 1: There are statistically significant differences at the significance level

(0.05 α) in the scale of shame scores between the members of the experimental group and the dimensional measurement control group in favor of the experimental group when applying the gameplay treatment program

For the first study hypothesis test, the research used the experimental design known

as "pre-dimensional design using two equivalent groups, one experimental and one control," given the nature of the current research, as well as similar prior research, and the research divided the search sample into two groups: The first group (experimental group) and the second group (control group).

Experimental Design used in Search:

- 1- Apply search tools in advance to both groups before the experiment.
- 2- Only expose the (experimental group) to the independent variable, which is the gameplay program, while the control group has not experienced this test
- 3- Apply search tools in dimensions to both groups.

Check the conditions for a parametric statistic:

- 1- The sample size is large: The sample size of the study is 60 children divided into two groups: The experimental and the control, from which the first condition of the parametric is met.
- 2- The measurement level of the dependent variable is digital: All of the dependent variable data is digital, and this meets the second condition of the parameter.
- 3- Moderate sample distribution:

To verify moderate sample distribution two tests (Kolmogorov-Smirnov-Shapiro-Wilk test) were used to test the hypothesis that the data came from a normal distribution, and the results of both tests were as follows:

Table (4) for test of the fin

Test for bfin						
Shapiro-Wilk			Kolmogorov-Smirnova			
Level of significance	Number	Statistics Tool	Level of significance	Number	A statistical tool	
0.25	30	0.985	0.14	30	0.700	Control group
0.45	30	0.966	0.30	30	0.520	Experimental Group

From the above table, the significance level for the control and experimental groups in the two tests (Kolmogorov-smirnova-Shapiro-Wilk) is not a statistical function at 0.05, which confirms that the data are moderate, and that the data are from normal distribution, from which the condition of average is met.

Therefore, it can be concluded that the conditions for a parameter statistic of data are met.

The results relating to the imposition of the first study, which states:

" There are statistically significant differences at the significance level (0.05 Leach) in the shy scale scores between the members of the experimental group and the dimensional measurement control group in favor of the experimental group when applying the gameplay treatment program. α "

In order to verify this hypothesis, a test (T) was used to compare the experimental and control groups when applying the gameplay program before the trial (pre-test) and after the trial (post-test). The results were as follows:

Table (5) Comparison of trial and control groups before gameplay (pre-test)

Group	Number	Average grade	Total ranks	The difference between averages	Tcalcvalue	Level of significance
Control group	30.0	35.900	1.077	1.40	1.009	0.210
Experimental Group	30.0	34.500	1.035			

The previous table (5) shows that there are no statistically significant differences between the average score of the trial and control groups prior to the application of the gameplay program (pre-test) The level of significance was equal to 0.21, which is greater than (0.05), indicating that there were

no statistically significant differences between the average scores of the experimental and control groups before the application of the gameplay treatment program, which shows that there was parity between the two groups before the trial was conducted.

Table (6) Comparison of trial and control groups after gameplay (post-test)

Group	Number	Average grade	Total ranks	The difference between averages	Tcalc value	Level of significance
Control group	30.0	35.900	1.077			
				20.5	22.412**	0.000

Experimental Group	30.0	15.400	462			
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The previous table (6) shows statistically significant differences between the average score of the trial and control groups after the application of the gameplay treatment program (post-testing). This difference was in favor of the experimental group with an average grade of 15.400 against an average grade of 35,900 for the control group, from which we conclude that there are statistically significant differences between the average score of the experimental and control groups after Application of gameplay course (after test) The experimental group in the post-test was successful in reducing the level of shyness in the kindergarten stage children, which shows the validity of the study's imposition, which states that " there are statistically significant differences at the level of significance (0.05 to α) in the scale of

shame scores between the members of the experimental group and the group The telemetry control is for the experimental group when applying the gameplay treatment program." This finding responds to the first question of the study

Hypothesis 3: There are statistically significant differences at the level of significance

(α 0.05) among children (male and female) in the level of shyardiness in the kindergarten stage

In order to test the validity of the third study, a test (T) was used to compare children (male and female) in the kindergarten shyness scale and the results were as follows:

Table (7) Comparison of children (male and female) in the level of shame at kindergarten stage

Group	Number	Average grade	Total ranks	The difference between averages	Tcalc value	Level of significance
Males	30.0	23.700	711	3.900	-1.395	0.168
Female	30.0	27.600	828			

The above table (7) shows that there are no statistically significant differences between the average child score (male and female) in the level of shyardiness at the kindergarten stage, where the significance level is equal to 0.168 (a value greater than 0.05), indicating that there are no statistically significant differences between the average child score (Male and female) in the level of shame at kindergarten, which indicates equality

between the two groups (male and female) The third hypothesis of the study, which states that there are statistically significant differences at the level of significance (α 0.05) among children (male and female) in the level of shame in the kindergarten stage, is incorrect

Hypothesis 4: There are statistically significant differences at the level of significance

(α 0.05) between the ability of teachers to promote/degrade shy behavior in kindergarten due to the different years of experience of teachers

In order to test the validity of the fourth study, an ANOVA test was used to compare the difference in the ability of female teachers to reinforce/reduce the shy behavior of kindergarten children due to the different years of experience of female teachers. The results are as follows:

Table (8) Comparison of female teachers' ability to promote/detract from their shy behavior in kindergarten due to different years of experience

Group	Number	Average grade	F value	Level of significance
Less than 1 year	15	28.600	0.634	0.596
1 to 3 years	15	26.200		
3 to less than 5 years	15	23.533		
5 years or older	15	24.267		

In the previous table (8), there are no statistically significant differences between the ability of teachers to promote/reduce the shy behavior of children in the kindergarten stage, which is attributed to the different years of experience of teachers, the level of the significance is equal (0.596), which is greater than (0.05), indicating that there are no differences This is the first time that the teachers are able to promote/detract from their shy behavior in the kindergarten stage, which is due to the different years of experience of the teachers, which shows that there is a parity between the groups of years of experience of the teachers, which answers the fourth question of the study and disregards the fourth hypothesis of the study, which states There are statistically significant

differences at the level of significance (0.05 α) between the ability of female teachers to promote/degrade the shy behavior of kindergarten children due to the different years of experience of female teachers

Hypothesis 5: There are statistically significant differences at the level of significance

(α 0.05) among children at the kindergarten stage in the scale of shame due to the age range of the child

In order to test the validity of the fifth study, an ANOVA test was used to compare children with the kindergarten stage in a scale of shame, which is attributed to the child's age range. The results are as follows:

Table (9) Comparison between children at kindergarten level, in the scale of shame, is attributed to the age range of the child

Group	Number	Average grade	F value	Level of significance
4 years	20	26.200	0.060	0.942
5 years	20	25.000		
6 years	20	25.750		

The above table shows that there are no statistically significant differences among children at the kindergarten stage in the level of shyness due to the child's age range, the indication level is equal to 0.942, which is greater than 0.05, which indicates that there are no statistically significant differences among children at the kindergarten stage. The level of shame is attributed to the child's age range, which indicates that the children's age groups are equal, which answers the fifth question of the study and explains the unvalidity of the fifth hypothesis of the study, which states that there are statistically significant differences at the level of significance ($\alpha 0.05$) among children at the kindergarten stage in a scale Shame is attributed to the age group of the child.

Conclusion

- There is a high level of shame in kindergarten children from the point of view of the study sample of kindergarten teachers. The calculation average is 2.618 with a standard deviation of 0.466, which illustrates the importance of the therapeutic extension program of play that the study will apply.
- There is a low level of shame for kindergarten children from the point of view of the study sample of kindergarten teachers. The calculation averaged 1.097 with a standard deviation of 0.209. This

shows the success and effectiveness of the therapeutic extension program, which the study applied in lowering the level of shyness of kindergarten children.

- There is no statistically significant differences between the averages of the pilot and control groups' scores prior to the application of the play therapy programme, which shows that there is parity between the two groups prior to the trial.
- There is statistically significant differences between the average scores of the experimental and control groups after the application of the play therapy program (Remote test) In favour of the experimental group in the dimensional test where the play therapy program succeeded in reducing the level of shyness of kindergarten children which shows the validity of the first study imposition which states that "there are statistically significant differences at the level of indication ($0.05 \geq \alpha$) In shame scale scores between the members of the two pilot groups and the dimensional measurement control group for the benefit of the pilot group when applying the play therapy programme." This result answers the study's first question.

- There is no statistically significant differences between children's average scores (Male Wanath) in the grade of measure of shame in kindergarten, showing parity between the two groups (males and females) in the degree of measure of shame in kindergarten, which answers the third question of the study and explains the invalidity of the third imposition of the study, which states that there are statistically significant differences at the level of indication ($0.05 \geq \alpha$) Among children (male and female) in the grade of measure of shame in kindergarten
- There is no statistically significant differences between female teachers' ability to promote/reverse the shy behaviour of children in kindergarten, which is attributable to the different years of experience of female teachers, shows that there is parity between the groups of years of experience of female teachers, which answers the fourth question of the study and explains the invalidity of the fourth imposition of the study, which states that there are statistically significant differences at the indicative level ($0.05 \geq \alpha$) Between the ability of female teachers to promote/relapse the shy behaviour of children at kindergarten stage comfort the different years of experience of my female teachers
- There is no statistically significant discrepancies between kindergarten children in the scale of shyness is attributable to the child's age, which shows that there is parity between children's age groups, which answers the fifth question of the study and explains the invalidity of the fifth imposition of the study, which states that there are statistically significant

differences at the level of indication ($0.05 \geq \alpha$) Among kindergarten children in the grade of scale of shame to comfort the age of the child

Recommendations:

- 1- Work to integrate kindergarten students into social activities with other children, such as sports, games or theatre .
- 2- Work to avoid comparisons with other children or hurtful comments like, you will lose friends for being like this.
- 3- Work to motivate the child to be more open to others, without ever forcing him.
- 4- Work to encourage children to become independent with simple daily activities, such as allowing them to comb their hair, arrange their room or choose their clothes.
- 5- Work to increase communication with other children to home to promote social interaction .
- 6- Celebrate achievements and developments affectionately to enhance their selfesteem .
- 7- Avoid excessive child protection.

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