



Predicting Children's Sadness Management Based on Paternal Involvement in Parenting and Maternal Emotion Regulation in Students with Specific Learning Disabilities

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Abstract

Background: Current strategies used to control and manage children's emotions often overlook the crucial role of sadness management in their overall well-being.

Objectives: This study investigated the relationships between paternal involvement in parenting and maternal emotion regulation with sadness management in students with specific learning disabilities (SpLDs).

Methods: This cross-sectional study was conducted among fourth- and fifth-grade boys and girls with SpLDs and their mothers in Karaj, Alborz Province, Iran, during the 2021-22 academic year. A multistage cluster sampling method was employed to select 252 participants. Data were collected using the Children's Sadness Management Scale (CSMS), the Alabama Parenting Questionnaire (APQ), and the Cognitive Emotion Regulation Questionnaire (CERQ). Data analysis was performed using Pearson correlation and simultaneous regression in SPSS-27 software.

Results: Paternal involvement was positively correlated with children's sadness management ($r = 0.47$). Conversely, maternal maladaptive cognitive emotion regulation was negatively correlated with children's sadness management ($r = -0.35$). Additionally, a positive correlation was found between maternal adaptive cognitive emotion regulation and children's sadness management ($r = 0.40$). Paternal involvement and maternal cognitive emotion regulation together explained 52% of the variance in children's sadness management.

Conclusions: Paternal involvement in parenting and maternal cognitive emotion regulation play a key role in improving sadness management in children with SpLDs. These findings underscore the importance of promoting healthy parenting practices that involve both paternal participation and effective maternal emotion regulation strategies to support children's ability to manage sadness.

Keywords: Learning Disabilities, Students, Parenting, Emotions

1. Background

Effective emotion regulation strategies enable individuals to manage their emotional responses, particularly negative emotions like sadness and anger. This skill empowers individuals in various aspects of life, including interpersonal relationships, empathy, and navigating partnerships (1, 2). Conversely, inadequate management of negative emotions, such as sadness, can lead to a cascade of negative outcomes, including academic difficulties, social performance

deficits, psychological maladaptation, depression, and even poor physical health (3, 4). However, current strategies for emotional control and management in children often overlook the crucial aspect of sadness regulation. The inability to manage sadness effectively can negatively impact a child's personal well-being and overall health (5). While sadness is a natural human emotion often associated with loss (6), children who learn healthy coping mechanisms for sadness develop greater psychological and social competence (7). In contrast, children who express their sadness inappropriately may miss out on potential support

systems, increasing their risk of developing mental health problems and disorders (8).

Children with specific learning disabilities (SpLDs) are at increased risk for emotional difficulties. While their academic challenges are well-documented, other aspects of their experiences often receive less attention (9). Importantly, SpLDs frequently co-occur with a range of emotional and behavioral characteristics that require consideration during diagnosis and intervention (10). These characteristics may include deficits in concentration and attention, reduced physical activity, social withdrawal, low self-esteem, emotional dysregulation, and feelings of sadness (11, 12). Early in life, caregivers play a crucial role in helping children regulate their emotions. As children develop, they increasingly rely on emotion regulation strategies learned within the parent-child relationship (13). Parental acceptance and appropriate responses to both positive and negative emotions pave the way for healthy social development in children (14). However, it is important to acknowledge that the development of emotion management skills is influenced by complex factors, including gender, social context, and cultural background.

Children's emotional management is significantly influenced by their parents and parental issues (15). Many factors affect a father's level of involvement, including his own responsibilities, as well as the characteristics of both the parents and the child (16). The concept of paternal involvement in parenting was first proposed by Lamb in 1997 (17). In an influential model of paternal involvement, Lamb conceptualized three types of involvement: (A) accessibility, (B) interaction/engagement, and (C) responsibility (18). Children's mental health in adulthood is positively correlated with their father's emotional involvement during their upbringing. Better father-child relationships result in less stress, improved problem-solving skills, and increased adaptability during adolescence. Since men are less accustomed to and less at ease expressing emotions, due to gender expectations regarding sadness, fathers may respond less supportively to their children's emotions (19). Studies have shown that paternal involvement and support are crucial to the mother's health when the child has a disability (20). Put differently, the mother's mental well-being and satisfaction with her role are influenced by the father's involvement, which indirectly affects the child's mental health (21).

Mothers are more in touch with their children than fathers; therefore, it is necessary to address maternal characteristics (22). Cognitive emotion regulation is one

of these traits. One of the most crucial human abilities is the capacity to control and modify one's emotions in response to the demands of particular situations (23). Emotion regulation refers to the ability to control and adapt internal states, impulses, and behaviors to achieve goals. It includes the processes by which individuals manage and express their emotions (24). Studies have shown that individuals who struggle to regulate their emotions experience more negative emotions (25). The greater one's ability to regulate their emotions, the fewer depressive symptoms one reports (26). When emotions are difficult to control, individuals may resort to unhealthy coping mechanisms. These strategies include inappropriate reactions, poor behavioral control in the face of emotional disturbances, and inefficient use of emotional information (27).

Mothers of children with SpLDs struggle with emotion regulation and the cognitive processing of emotional information. A person experiences emotional and cognitive confusion and helplessness when emotional information cannot be perceived and assessed through cognitive processing (28). Mothers with strong emotion regulation skills can better comprehend their children's moods and fulfill their maternal responsibilities. Studies have shown that the inability to control emotions leads to inappropriate parenting methods, whereas the ability to regulate emotions is associated with sensitive and responsive parenting styles (29).

The presence of a child with an SpLD can significantly impact family dynamics. These challenges extend beyond academic difficulties and often necessitate substantial lifestyle adjustments for families. The demands of supporting a child with an SpLD can strain family relationships, roles, and financial resources. Additionally, parental employment status, time management, mental health, and even major life decisions can be affected. While the impact of SpLDs on family dynamics is well-documented, limited research has explored the specific roles of paternal involvement and maternal emotion regulation in supporting children's emotional well-being in this context.

2. Objectives

Given the multifaceted nature of these challenges, the present study aimed to investigate the associations between paternal involvement, maternal emotion regulation, and sadness management in students with SpLDs.

3. Methods

This cross-sectional study employed a descriptive-correlational design to investigate the associations between parenting behaviors and children's sadness management in students with SpLDs. The study population included all fourth and fifth-grade students diagnosed with SpLDs and their mothers from elementary schools in Karaj, Iran, during the 2021 - 2022 academic year. A multistage cluster sampling approach was used to recruit participants. Eight centers dedicated to children with SpLDs in Karaj were selected. After obtaining permissions and coordinating with center officials, student records were reviewed to identify students in the fourth and fifth grades of elementary school. Inclusion criteria were then applied, and students along with their parents, who provided informed consent, were included in the final sample. The inclusion criteria for mothers included a willingness to participate in the study, a minimum educational attainment of a guidance school degree, and complete responses to the research questionnaires. The exclusion criteria were unwillingness to continue the study and submission of incomplete questionnaires. The sample size was determined to be 250, based on the number of research variables, with an additional 265 questionnaires distributed to account for potential non-participation. After removing 13 incomplete questionnaires, data from 252 participants were analyzed. To ensure ethical considerations, students and their parents were assured that their personal information would remain confidential.

3.1. Measurement Tools

3.1.1. Children's Sadness Management Scale (CSMS)

The CSMS was developed by Zeman et al. (30). This scale is a 12-item self-report tool that measures sadness management in children aged 6 - 14 years across three subscales: Emotion regulation coping, dysregulated expression, and inhibition. The items are scored on a three-point Likert scale (1: Rarely, 2: Sometimes, 3: Often). "Inhibition" (4 items) addresses controlling or suppressing sadness, "emotion regulation coping" (5 items) assesses strategies for coping with sadness, and "dysregulated expression" (3 items) measures the mismanagement of sadness-related emotional reactions and their conflicts with cultural norms. The reliability of the CSMS was confirmed with a Cronbach's alpha coefficient of 0.76 (31). In the current study, the Cronbach's alpha for this instrument was 0.79.

3.1.2. Alabama Parenting Questionnaire (APQ)

The APQ is a self-report tool, with the child and adolescent form consisting of 51 items scored on a 5-point Likert scale (ranging from 1: Never to 5: Always). The subscales include involvement, positive parenting, poor monitoring/supervision, inconsistent discipline, and corporal punishment (32). Samani (33) reported a Cronbach's alpha of 0.86 for the Persian version of the APQ. In this study, the Cronbach's alpha for this instrument was 0.88.

3.1.3. Cognitive Emotion Regulation Questionnaire (CERQ)

This questionnaire is a 36-item tool developed by Garnefski and et al. (34) adaptive strategies and maladaptive strategies. The subscales for adaptive strategies are putting into perspective, positive refocusing, positive reappraisal, acceptance, and planning, while the subscales for maladaptive strategies are self-blame, other-blame, rumination, and catastrophizing. The items are scored on a 5-point Likert scale (1 = never, 2 = sometimes, 3 = usually, 4 = often, 5 = always). Abdi et al. (35) reported the reliability of the CERQ as 0.82. In this research, the Cronbach's alpha for this instrument was 0.81.

3.1.4. Statistical Analyses

For data analysis, inferential statistics, including the Pearson correlation coefficient and simultaneous regression, as well as descriptive statistics, including mean and standard deviation (SD), were used in SPSS-27 software.

4. Results

Descriptive data showed that 120 students were male and 132 were female. The mean age of the mothers was 34.61 ± 3.79 years. Additionally, 92 mothers were employed, while 160 were housewives. The mean age of the fathers was 42.37 ± 4.15 years. Table 1 presents the mean, standard deviation, and correlation coefficients of the research variables.

The analysis revealed significant associations between parenting behaviors and children's sadness management. Paternal involvement showed a positive correlation ($r = 0.47$) with children's sadness management skills, suggesting a beneficial influence of fatherly engagement. Conversely, maternal maladaptive cognitive emotion regulation demonstrated a negative correlation ($r = -0.35$) with children's sadness management, indicating that mothers who struggle to regulate their own emotions may have children with poorer sadness management skills. Additionally, a

Table 1. Mean, Standard Deviation, and Pearson Correlation Coefficient Between the Variables

Variables	Mean ± SD	Children's Sadness Management
Children's sadness management	27.96 ± 6.72	1
Paternal involvement in parenting	150.71 ± 25.48	0.47 ^a
Maternal maladaptive cognitive emotion regulation	47.77 ± 10.45	-0.35 ^a
Maternal adaptive cognitive emotion regulation	60.33 ± 12.36	0.40 ^a

^a P < 0.01.

positive correlation ($r = 0.40$) was found between maternal adaptive cognitive emotion regulation and children's sadness management, highlighting the potential protective role of healthy maternal emotion regulation strategies for children's emotional well-being.

A simultaneous regression analysis was conducted to identify the variables that predict children's sadness management. Paternal involvement in parenting and maternal adaptive and maladaptive cognitive emotion regulation were added to the regression equation as predictor variables, with children's sadness management as the criterion variable.

The results of the simultaneous regression analysis demonstrated a significant multiple relationship between paternal involvement in parenting and maternal cognitive emotion regulation with children's sadness management ($R = 0.52$). Moreover, paternal involvement in parenting ($\beta = 0.36$, $P = 0.001$) and maternal maladaptive cognitive emotion regulation ($\beta = -0.12$, $P = 0.001$) showed significant relationships with children's sadness management. There was also a significant relationship between maternal adaptive cognitive emotion regulation and children's sadness management ($\beta = 0.24$, $P = 0.001$). The findings suggested that paternal involvement in parenting and maternal cognitive emotion regulation predicted 52% of the variance in children's sadness management (Table 2).

5. Discussion

This study investigated the associations between paternal involvement, maternal emotion regulation, and sadness management in students with SpLDs. A key finding revealed a positive and significant relationship between paternal involvement and sadness management in these students. Notably, prior research has not examined this specific association, highlighting the pioneering nature of this study. In other words, paternal involvement appears to play a crucial role in sadness management for children with SpLDs. Building

on this finding, the authors emphasize the pivotal role of parents, particularly fathers, in the development of children with SpLDs. Fathers can serve as strong advocates, fostering trust and providing emotional guidance and support (16). Moreover, fathers can contribute to their children's well-being by encouraging the development of their talents and fostering success in both personal and academic domains (19).

In line with the findings on paternal involvement, the study also revealed a positive and significant relationship between maternal cognitive emotion regulation and sadness management in children with SpLDs. Simply put, mothers who possess effective emotion regulation skills are better equipped to help their children manage sadness and negative emotions. This underscores the potential for mothers to act as emotional coaches for their children. To achieve this, mothers should first recognize the importance of emotion regulation strategies and work on developing their own skills in managing negative emotions and thoughts (23). They can then guide their children through effective and appropriate strategies for coping with sadness and other negative emotions. By modeling healthy coping mechanisms and demonstrating how to navigate emotional challenges, mothers can empower their children to overcome sadness and build resilience (28).

Parents should play an instructional and nurturing role in helping children learn to manage their negative emotions. In this regard, the cognitive emotion regulation strategies of mothers are crucial, as the psychological well-being of children with SpLDs may be significantly impacted by their ability to manage sadness. Studies have shown that mothers who regulate their emotions effectively can improve both their children's behavior and emotional responses (28). Mothers who employ cognitive emotion regulation strategies can better support and educate their children, as well as understand their children's attitudes and feelings, helping them navigate life's challenges. However, managing sadness can be particularly

Table 2. Results of Simultaneous Regression Analysis

Predictor Variables	R	R2	F	P	B	β	P-Value
Paternal involvement in parenting					0.096	0.36	0.001
Maternal maladaptive cognitive emotion regulation	0.52	0.27	30.54	0.001	-0.014	-0.12	0.001
Maternal adaptive cognitive emotion regulation					0.128	0.24	0.001
Constant					6.494	-	0.001

challenging for mothers of children with SpLDs. By appropriately understanding their children's emotions and responding to their needs, mothers can significantly improve the well-being of these children.

Several limitations of this study are acknowledged. First, the exclusion of students from single-parent households limits the generalizability of the findings to this population. Second, potential confounding variables, such as personality traits, personal and family characteristics, and knowledge of the research variables, were not assessed. Future research could incorporate these factors to statistically control for their influence. Third, the use of self-report questionnaires introduces the possibility of response bias. Future studies could mitigate this bias by combining self-report measures with observational methods or parent-teacher reports. Finally, the study's geographic location (Ahvaz, Iran) limits the generalizability of the findings to other populations. Replicating the study across culturally and geographically diverse samples would strengthen the external validity of the results.

5.1. Conclusions

The present study identified paternal involvement and maternal cognitive emotion regulation as significant contributors to sadness management in children with SpLDs. These findings underscore the vital role parents play in their children's emotional well-being. Based on the significant associations observed, the development of training programs and workshops for parents of children with SpLDs is recommended. These programs could focus on equipping parents with strategies to enhance their children's sadness management skills. Additionally, encouraging fathers' participation in counseling sessions or educational resources related to SpLDs could positively influence their children's behavior and academic performance.

Footnotes

Authors' Contribution: L. E. and F. H. developed the study concept and design. P. A. acquired the data. F. H.

and M. A. analyzed and interpreted the data, and wrote the first draft of the manuscript. All authors contributed to the intellectual content, manuscript editing and read and approved the final manuscript. F. H., and P. A. provided administrative support.

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