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### Original Article

# Developing an emotion socialization parenting package and evaluating its effectiveness on the sense of competence of mothers of students with internalizing behaviors

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## Abstract

**Introduction:** Behavioral problems are among the problems that challenge various aspects of an individual's life, including school, work, and especially family. The family is also one of the effective factors in creating and modifying these problems. Therefore, this study aimed to develop an emotion socialization parenting package and evaluate its effectiveness on the sense of competence of the mothers of 7-10- year-old female students with internalizing behaviors.

**Materials and Methods:** This research was exploratory, having qualitative-quantitative nature. The qualitative phase focused on the development of an educational package using the content analysis method comprising six main themes: supportive reaction to child's emotions, parent's meta-emotion philosophy, family-centered emotional interactions, child's emotional competence development, emotion regulation training, and parents' non-supportive reactions to the child's emotions which were presented during eight sessions. The quantitative phase had a pre-test and post-test design with a control group. The statistical population included all mothers of 7-10-year-old female students studying in Isfahan schools in the academic year of 2018-2019. So, 30 students with behavioral problems were selected using the Achenbach Child Behavior Checklist (CBCL)-Parent Report Form. Their mothers were divided into two experimental (emotion socialization training) and control groups. The Parenting Sense of Competence (PSOC) scale was used as pre-and post-tests. Data were analyzed by analysis of covariance (ANCOVA).

**Results:** The results indicated that emotion socialization training significantly increased the mother's sense of competence ( $P < 0.001$ ).

**Conclusion:** It seems that emotion socialization training impacts positively on mother's sense of competence who have children with internalizing behaviors.

**Keywords:** Behavioral problems, Emotion socialization, Parenting

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## Introduction

Attending to life satisfaction is an inseparable part of human needs. Forasmuch as without life satisfaction, humans cannot obtain a peaceful and prosperous life, this matter is essential in stressful life (1). Life satisfaction causes positive emotions to overcome negative emotions in one's life and represents high quality in different aspects of their individual and social life, like high self-esteem (2), optimism, self-control, and positive affect (3). Furthermore, life satisfaction shows individuals' cognitive evaluation of their lives, which has been proposed as a comprehensive indicator of well-being (4), and it is obtained by comparing individuals' ambitions with real achievements (5). It is also worth mentioning that decreased life satisfaction can lead to psychological distress (2,6) and loneliness (7) due to its connection to physical and mental health in various areas of human life. In general, life satisfaction is a comprehensive concept that can be related to variables such as living standards (8), mental health (9), self-efficacy (10), and psychological well-being (11).

One of the variables related to life satisfaction is self-efficacy (10,12). Results of studies have shown that high rates of self-efficacy in individuals generally predict satisfaction with life (13) because self-efficacy is a predictor of quality of life, well-being, happiness, or overall adaptation and health in individuals (14). Albert Bandura, the psychologist, defines self-efficacy as the most important mechanism of human talent and one's belief to succeed in achieving a specific desired result (15). Furthermore, recent studies have shown that people's self-efficacy positively predicts independence motivation, and individuals' independence motivation is a predictor of high satisfaction with life (16). The results of one study on students, as samples, indicate that a student's effort to attain personal goals, i.e., an aspect of self-efficacy, causes them to experience a higher level of life satisfaction (13). Among the adolescent samples, the results show that self-efficacy is a source related to adolescents' experiences with life satisfaction, which is consistent with the theory of self-efficacy and shows that people with high self-efficacy are more realistic and positive in evaluating their resources and practical competence. Furthermore, as a result, they

experience more life satisfaction (17). Therefore, it seems that among the various components related to life satisfaction, self-efficacy and source of control play a key role in the life satisfaction experience. Another variable that can be associated with life satisfaction is emotion dysregulation. Although the direct relationship between these two variables has been less discussed in studies, recent research has shown that emotion regulation can be an important indicator of life satisfaction (18). It has also been shown that cognitive reappraisal as one of the emotion regulation strategies can be positively associated with good health outcomes, such as life satisfaction (19,20). Emotion regulation includes all the conscious and unconscious strategies people use to increase, maintain, or decrease one or more components of emotional responses. Gross defines one of the models of the emotion regulation process (21). So, it has been shown in many studies that people who have high emotional intelligence and better emotion regulation experience more satisfaction with life as they are much more flexible and satisfied with their families (22,23). Emotion regulation is often a potential effective factor for psychological well-being, such that in these modern days and despite the frequent and often unavoidable events in different areas of life, emotion regulation is considered an important mechanism in maintaining higher levels of psychological well-being (24). In another recent research, the relationship between emotion regulation strategies, active coping, and social behavior with life satisfaction was studied. The results showed that using adaptive emotion regulation strategies, such as problem-solving and seeking social support, are likely to predict high psychological well-being and life satisfaction (25).

In addition, recent findings show that people with a high level of self-efficacy have a better understanding of their skills and talents, and as a result, not only can they easily regulate their emotions (26), but they also experience less emotional distress in a variety of situations (27-29). Therefore, self-efficacy can be said to have a significant relationship with emotional distress and its components, such as depression, anxiety, and stress through emotion regulation (27); since the more people's self-efficacy increases, the more their emotional performance improves (30).

As life satisfaction these days has become a severe mental health issue all around the world (1), and since each of the variables of self-efficacy and emotion dysregulation can play a decisive role in life satisfaction, more studies on emotion regulation strategies as well as their interaction with self-efficacy associated with life satisfaction are needed. Indeed, these strategies, used properly, would be of great help to people in order to experience satisfaction with life. Also, the researchers' disquisition of the present study shows that the interactive effect of self-efficacy and emotion regulation in predicting life satisfaction has not been studied in any of Iranian and foreign studies.

Therefore, in the present study, these variables have been put together to answer the question of how self-efficacy will interact with life satisfaction through emotion regulation.

### Materials and Methods

The statistical population of this descriptive-correlational study included Iranian adults. Based on the type of statistical method used and calculating 25% of loss and effect size of 0.15 and test power of 0.95 through G-power software, the minimum sample size was determined as 300 people; however, to increase the similarity of the present sample with the target population and to improve the test power and increase the generalizability of the results, 402 people were selected as samples by the convenient method. Also, because this study was conducted during the coronavirus outbreak and for the lack of face-to-face access to individuals, sampling was done through an online questionnaire.

#### Research instruments

*A) Demographic Checklist:* In this section, personal information was collected from individuals, including gender, age, level of education, marital status, and ways to re-access them, to send research findings.

*B) General Self-Efficacy Scale (GSES):* Sherer et al. developed this scale in 1982 to measure general self-efficacy (31). This scale has 17 items based on a five-point Likert from "strongly disagree" to "strongly agree". The total score of this scale indicates the level of self-efficacy, which is between 17 and 85, and the average score is 51. If the scores are between 17 and 34,

the level of self-efficacy is poor, and if the scores of the questionnaire are between 34 and 51, the level of self-efficacy is moderate, and if the scores are above 51, the level of self-efficacy is very high. There was a negative correlation between the scores of the self-efficacy scale and Rotter's internal-external control scale and a positive correlation between the Marlowe-Crown social scale and the self-efficacy scale (31). In 1993, Woodruff and Kashman confirmed the validity and reliability of this scale. The internal consistency coefficient is 0.83, and for studying the criterion validity, its correlation with "Rotter's internal restraint position" is equal to  $r = 0.342$ , which is significant at the level of  $P < 0.05$  (32). Hayati et al. reported Cronbach's alpha questionnaire as 0.86 (33). In 2007, Asgharnejad et al. evaluated the validity and reliability of this questionnaire in Iran (32).

*C) Life Satisfaction Questionnaire or Subjective Well-being Scale (SWLS):* Diener et al. developed it to measure the overall judgment of life satisfaction in 1985, and the subject evaluates life satisfaction based on comparing their living conditions with a series of predetermined criteria and standards (34). This scale has five questions, based on a seven-point Likert from "strongly disagree" (1) to "strongly agree" (7). A total score in the range of 5 to 35 indicates life satisfaction. Diener et al. reported a Cronbach's alpha coefficient of 0.87 and a retest correlation coefficient of 0.82 after two months (34). This scale has also been used in many studies in Iran; for example, Bayani et al. used Cronbach's alpha coefficient to determine the internal consistency, and the coefficient was 0.83. Also, it was calculated as 0.69 through a one-month retest, and this scale had acceptable validity and reliability (35).

*D) Difficulties in Emotion Regulation Scale (DERS):* The Emotion Regulation Difficulty Questionnaire was designed and validated in 2004 by Gratz and Roemer (36). The initial version of this questionnaire consists of 41 items developed to assess the difficulty in regulating emotion. This questionnaire contains 36 answer pack items based on a five-point Likert scale. Each item has five options, and the respondent must choose one of the sentences that best describes him/her. This questionnaire has six components: 1- non-acceptance of emotional

responses, 2- difficulties engaging in goal-directed behaviors, 3- impulse control difficulties, 4- lack of emotional awareness, 5- limited access to emotional regulation strategies, and 6- lack of emotional clarity (36). Factor analysis showed the existence of 6 factors. The results indicate that this scale has a high internal consistency of 0.93 and all six scales have Cronbach's alpha above 0.80 (36). Also, this questionnaire significantly correlates with the acceptance and practice questionnaire (37).

Besharat and Bazazian confirmed the psychometric properties of the Persian version of this scale in clinical and non-clinical samples. Cronbach's alpha coefficients for questions of non-acceptance of emotional responses ranged from 0.73 to 0.88, for difficulties engaging in goal-directed behaviors from 0.72 to 0.89, for difficulty in controlling impulses from 0.75 to 0.90, for limited access to emotion regulation strategies from 0.76 to 0.85, for emotional lack of clarity from 0.70 to 0.90 and the overall scale score from 0.79 to 0.92. These coefficients confirm the internal consistency of this questionnaire. Also, the reliability of retesting this questionnaire for questions of non-acceptance of negative emotions from 0.70 to 0.83, for difficulties engaging in goal-directed behaviors from 0.70 to 0.85, for difficulty in controlling impulses from 0.72 to 0.86, for limited access to emotional regulation strategies from 0.69 to 0.78, for lack of emotional awareness from 0.68 to 0.80, for lack of emotional clarity from 0.73 to 0.85 and the whole scale from 0.71 to 0.87 was obtained (38). The data of the present study were collected from December 2021 to April 2022 among all adults who were interested and volunteered to participate in the research through an online questionnaire (Google form between January and March 2021) under the supervision of professors at Ferdowsi University of Mashhad;

while it is not related to dissertation or research under university supervision and is merely research apart from the university. The inclusion criteria in the study included having a minimum middle school diploma, not having acute medical and psychiatric problems based on the self-declaration of individuals not to use psychiatric medications, and willingness to participate in the study. On the other hand, exclusion criteria included dissatisfaction with cooperation, psychiatric and physical disorders, and incomplete questionnaires. Therefore, the research link address was sent to the people who expressed their desire and had the necessary criteria to participate in the research and complete the questionnaire whenever they had the opportunity. This questionnaire took an average of 10 to 15 minutes to be answered by the participants. Then the collected information was inserted into statistical software, and descriptive statistical methods including mean, frequency and standard deviation, minimum and maximum score, and Pearson correlation were used to analyze the research data. In addition, route analysis was used to analyze the research hypotheses. Data were analyzed using SPSS software version 26 and AMOS version 24. To maintain the principle of confidentiality, the information obtained from the questionnaires was collected without the names and addresses of the samples so that their identities were preserved and only at the disposal of those involved in this research. Also, gaining the trust and confidence of the individuals to participate in the research and being free to answer the questionnaires were among the other considerations that this study tried to observe.

## Results

The demographic characteristics are shown in Table 1.

**Table 1.** Emotion socialization training package

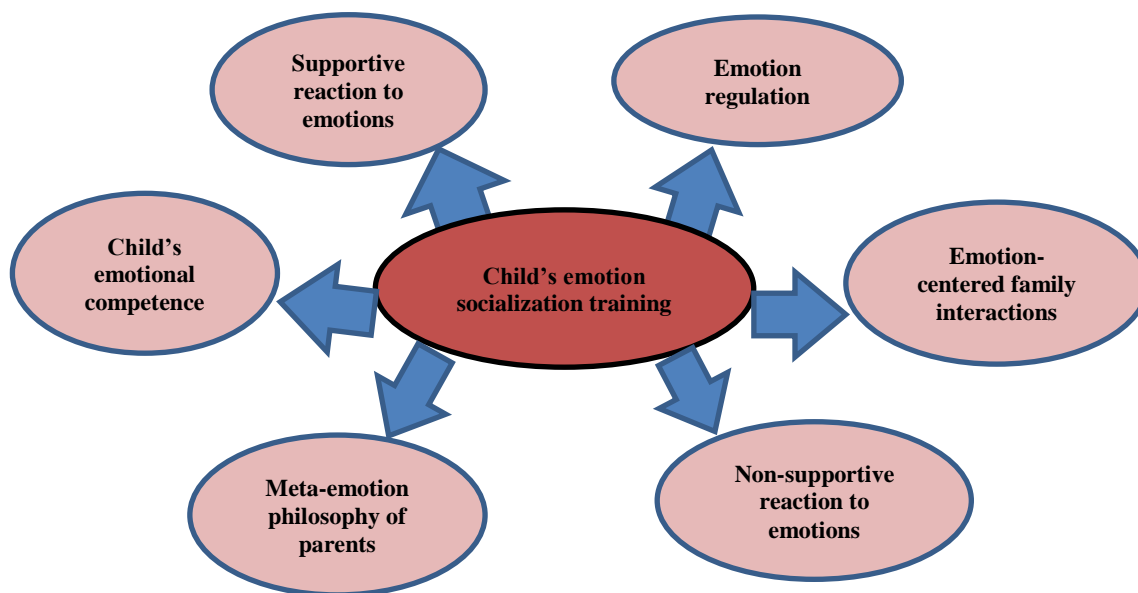
Session	Objective	Content	Tasks
1	Introduction, stating the goals of the sessions, explaining the importance of emotions in life and emotional intelligence	Explaining the undeniable importance of emotions and the need to become familiar with and socialize them, relating the topic of the sessions to children's behavioral problems	Parenting Sense of Competence (PSOC) scale
2	Creating mental preparedness in mothers, we use free discussion and brainstorming about their reactions to the child's emotions.	Narrating different scenarios of mothers' reactions to the child's emotions and group discussions and comments about them.	Mothers fill out a self-monitoring chart of the child's emotions over a week.

3	Explaining different types of non-supportive reactions to a child's emotions	Explaining the denial of emotions, disregarding the awareness of emotions, negative reaction to negative emotions, and misconceptions about the child's emotions	Mothers do the self-monitoring again but only record their non-supportive reactions.
4	The first prerequisite for giving supportive reactions to children's emotions	Mothers as the role models in managing emotions, creating an emotion-centered family environment and emotion-centered interactions	Mothers create an intimate environment and emotion-centered family interactions. Also, self-monitor and practice how to manage and self-disclose their emotions to their child.
5	Teaching another prerequisite for giving a supportive reaction to a child's emotions	Teaching and explaining the meta-emotion philosophy of mothers (the need for mothers to be aware of their own and their children's emotions, emotional guidance, emotional devaluation)	
6	Teaching how to give supportive reactions to children's emotions	Teaching how to encourage and support the child's emotions, training on emotional adjustment, and using a problem-centered approach along with the emotion-centered approach in response to the child's emotions	Replace non-supportive reactions to the child's emotions with supportive ones learned in the third session and write them in the chart.
7	Teaching how to develop children's emotional competence	Teaching strategies to prevent emotional impulsivity and emotional perspective-taking	
8	Summarizing and proposing strategies for maintaining and applying these techniques in life, reviewing the contents of previous sessions	Seeking participants' opinions about the sessions' contents and changes in their lives, providing brochures and booklets containing outlines and summaries of educational materials	Encouraging mothers to use these techniques in the future to socialize their child's emotions

**Results**

Fifty written sources, including 40 foreign sources (39 articles and a book) published between 2010 and 2020 and 10 Iranian studies published between 2006 and 2021, were used in this study. Searching for further studies was discontinued due to the data saturation. Instead,

template analysis was used for data analysis because it is one of the most appropriate analytical methods and is usually used in research that includes many texts and data (27). As the result of thematic analysis, 76 extracted texts, 27 basic themes, and six organizing themes emerged, as shown in Figure 1.



**Figure 1.** The theme of emotion socialization training package

The participants of the control and experimental (emotion socialization training) groups were matched in terms of age and Grade Point Average (GPA), and no significant difference was found between them in terms of age ( $P > 0.05$ ). 46.7% of the experimental group participants had excellent GPAs, and 53.3% had good GPAs. Regarding the control group, 60% had excellent GPAs, and 40% had good GPAs. There was no significant difference between the two groups regarding GPA and parents' level of education (fathers' level of education:  $P = 0.10$ , mothers' level of education:  $P = 0.70$ ).

The assumption of homogeneity of regression line slope was investigated to determine the effect of the emotion socialization training package on parenting sense of competence. The results showed that the interaction of conditions and pre-test was not significant ( $F = 31.4$ ,  $P = 0.26$ ); that is, the data supported the homogeneity of the regression slope.

Furthermore, the results of Levene's test showed that the assumption of homogeneity of variances was met ( $F = 0.04$  and  $P = 0.13$ ). Therefore, the assumptions of one-way analysis of covariance were met.

**Table 2.** The scores of the experimental and control groups in the parenting sense of competence

Group	Pre-test		Post-test	
	M	SD	M	SD
Experimental	67.53	12.04	69.8	15.58
Control	64.06	23.9	64.46	23.66

As shown in Table 2, there was a significant difference between the experimental group's parenting sense of competence pre-test and post-test scores (emotion socialization training group).

However, no such difference was found between the pre-test and post-test scores of the control group.

**Table 3.** Results of analysis of covariance on the mean scores of dependent variable post-test

Source	SS	df	MS	F	P	Partial Eta Squared	Statistical power
Pre-test	861.1	1	861.1	76.28	0.00	0.73	1
Group	56.59	1	56.59	5.01	0.03	0.15	0.57
Error	304.76	27	11.28				
Total	1266	30					

Table 3 shows a significant difference between the experimental and control groups regarding parenting sense of competence ( $F = 5.01$ ,  $P = 0.03$ ). In other words, training mothers of children with internalizing behaviors about emotion socialization increased their parenting sense of competence in the post-test stage. The degree of the training effect on parenting sense of competence was 15.7%. Therefore, emotion socialization training significantly influenced the parenting sense of competence of mothers of children with internalizing behaviors and increased their sense of competence.

## Discussion

This study aimed to develop an emotion socialization parenting package and evaluate its effectiveness on the sense of competence of the mothers of 7-10-year-old female students with

internalizing behaviors. The thematic analysis method was used to design the emotion socialization parenting package, and 50 foreign and Iranian sources were used in this regard. Six basic themes of mothers' supportive reaction to child's emotions, parent's meta-emotion philosophy, family-centered emotional interactions, child's emotional competence development, emotion regulation training, and parents' non-supportive reactions to the child's emotions were obtained from the qualitative analysis and each of which is discussed below.

1. Mothers' supportive reaction to child's emotions: A supportive reaction means that mothers should be trained to encourage the child to express their emotions when the child is experiencing emotions (positive and negative, such as vivacity, pride, anger, sadness, frustration, etc.) for the same reasons. For example, mothers

can tell the child that "there is no problem with crying when you are upset" (28,29).

2. Parent's meta-emotion philosophy: It means parents' thoughts and feelings about their own and their child's emotions. This philosophy influences the way parents to help their children become familiar with, experience, and express their emotions (30). Parents take two approaches to their emotions and those of their children emotion coaching and emotion dismissing (31,32).

3. Family-centered emotional interactions: The parents love the child, apart from the emotion he or she is experiencing, and act as the best role model for emotional expression (33).

4. Child's emotional competence development: To develop the children's emotional competence, one of the parents' duties is to strengthen the children's emotional perspective-taking, which means that the child can recognize and understand the other person's emotions in different emotional situations, besides recognizing and understanding their own emotions (34).

5. Emotion regulation training: Emotion regulation comprises strategies that reduce, maintain, or increase an emotion (35). Parents should also teach children adaptive strategies to manage and regulate emotions (36).

6. Parents' non-supportive reactions to the child's emotions: Non-supportive parental reactions include negative reactions to the child's negative emotions, denial of emotions, underestimation of emotions, attempts to create distractions and avoiding experiencing bad feelings (9,37).

The advantage of this method over the existing treatment packages is that the existing emotion-focused therapies and packages, such as Emotionally Focused Therapy (EFT), focus on the individual and seek to resolve the problems caused by insecure attachment (38) or transdiagnostic therapy, which is based on third-wave therapies refers to the acceptance and regulation of emotions (39,40). However, the emotion socialization or familiarization package emphasizes the interactive context of parent and child. Therefore, it provides comprehensive perspectives and techniques for getting acquainted with emotions and regulating them in a real-world context by focusing on the parent-child relationship and the overall role of the family. Also, compared to the packages developed in other countries, such as TINT (Tuning Into Teens) and TIK (Tuning Into Kids), the present

package focuses on the emotional performance of Iranian and Eastern parents and considers cultural issues such as encouraging children not to recite unpleasant emotions and valuing this. The package also emphasizes the localization of emotion socialization. Besides, the results of the quantitative part of the present study showed that teaching emotion socialization to the mothers of children with internalizing behaviors increased their mothers' sense of competence in their parental role. This finding is consistent with that of the subsequent studies. Furthermore, in a meta-analysis of 49 studies, Johnson et al. showed that how parents socialize emotions (supportive or non-supportive) was significantly related to conducting disorder. In other words, teaching mothers how to socialize their children's emotions can help prevent and treat conduct disorder (9). Furthermore, parental ESBs (e.g., reactions to emotions, discussion of emotions, and emotion coaching) were found to be significantly associated with concurrent and prospective conduct problems in the order of small effect sizes.

In a study of 119 mothers and children, Miller-Slough et al. found that the mother's non-supportive socialization of the children's emotions reduced their ability to manage their negative emotions (41). In a study of the parents of 241 children, van der Pol et al. found that mothers' externalizing problems directly predicted more internalizing and externalizing problems in their children. These findings emphasize the importance of examining the consequences of parents' psychological problems on the child's development in the family environment (42). Also, in a study of 58 mothers and children, Katz et al. found that the mothers' acceptance and management of their anger and frustration enhanced the anger management skills of their children and, consequently, reduced the children's risk of depression (25). Children's symptoms of depression were significantly correlated with mothers' acceptance of sadness and acceptance of anger. In a study of 89 mothers and children, Dunsmore et al. found that children with ODD who benefitted from emotion socialization better responded to ODD-specific interventions and treatments (43). In addition, Repeated measures ANOVAs showed that maternal reports of emotion lability/negativity and disruptive behavior symptoms significantly decreased across pre-,

mid-, and post-treatment time points. Sanders et al. stated that the non-supportive parental response to the child's emotions caused emotion dysregulation, increased depressive symptoms, and reduced emotional adjustment (44).

Regarding the explanation of this finding, it can be stated that the techniques and principles of this package increased the parents' satisfaction with the expectations of themselves and their abilities to succeed in parenting. Among these techniques and principles, we might refer to the familiarity with their meta-emotion philosophy as parents and its effect on guiding or denying the child's emotions or their influential role in helping the child regulate emotions. Because the lack of parenting sense of competence in mothers of children with internalizing behaviors can lead to poor prognosis and increase the symptoms of these children, and further behavioral problems can reduce parents' sense of competence in their role, it can be stated that the symptoms of children with internalizing behaviors are reduced by teaching mothers to socialize emotions. Coleman and Karraker (40) stated that parents with a high parenting sense of competence have unconditional acceptance of the child, encouraging rather than punitive educational method, and many other characteristics included in the emotion-centered family interactions listed in the present training package. As the result of emotion-centered family interaction training, parents can create an environment that is compatible with their child's nature, in which different emotions are considered natural, the child is accepted and loved unconditionally, encouraging educational methods replace punitive methods, and more active and interactive interactions with children are provided, and ultimately, their parenting sense of competence increases.

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Among the limitations of this research, we might refer to the lack of follow-up and is limited to one gender. Also, because the participants in this study were 7-to-10-year-old female students in Isfahan, the results should be generalized cautiously. Another limitation of this study was not comparing the emotion socialization training package with a valid package due to COVID-19 conditions.

Future researchers are recommended to investigate the effect of emotion socialization training on the symptoms of other children with special needs, such as children with neurodevelopmental disorders and their parents, and also evaluate its effectiveness on the symptoms of internalizing and externalizing behavioral problems. Comparing this package with other valid emotional or cognitive packages is also recommended.

### Conclusion

It seems that emotion socialization training impacts positively on mother's sense of competence who have children with internalizing behaviors.

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