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The Relationship between Cognitive Emotion Regulation and Resilience in Parents of Children with Learning Disabilities: Mediating Role of Self-Restraint

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ABSTRACT

Objective: The present study aimed to examine the relationship between cognitive emotion regulation and resilience, with the mediating role of self-control, among parents of children with learning disabilities in Tehran.

Methods: This study employed a descriptive–analytical design with a correlational approach. The statistical population consisted of all parents of students with learning disabilities in Tehran during the last quarter of 2024. Using a convenience sampling method, 300 participants were selected. Data were collected using the Cognitive Emotion Regulation Questionnaire (CERQ), the Tangney Self-Control Scale, and the Connor–Davidson Resilience Scale (CD-RISC). The data were analyzed using Pearson correlation and regression analysis with SPSS version 26.

Results: The findings indicated a positive relationship between adaptive cognitive emotion regulation strategies and resilience ($r = 0.345$), while maladaptive strategies showed a significant negative relationship with resilience ($r = -0.231$). Self-control was positively associated with resilience ($r = 0.665$) and adaptive strategies ($r = 0.567$), and negatively associated with maladaptive strategies ($r = -0.457$). Furthermore, self-control had a significant mediating role in the relationship between cognitive emotion regulation and resilience. The indirect effect of adaptive strategies through self-control accounted for 47% of the total effect, whereas maladaptive strategies accounted for 53% of the total effect.

Conclusions: Overall, the results suggest that self-control functions as a key mechanism explaining part of the effect of cognitive emotion regulation on resilience. Training adaptive emotion regulation strategies and strengthening self-control may enhance resilience among parents of children with learning disabilities.

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Introduction

Given the high prevalence of learning disabilities (10–15% among primary school children), which constitute the largest group of exceptional children, this challenge is observed across different cultures and socioeconomic conditions (Ahlroth & Jönsson, 2023; Moll et al., 2019). The diagnosis of this disorder is based on persistent difficulties in reading, writing, or mathematics for at least six months (American Psychiatric Association, 2013) and is associated with neurological deficits (Chokron et al., 2021). The presence of a child with a learning disability affects family functioning and brings high levels of stress, frustration, and dissatisfaction for parents, as they are required to make significant changes in their lives and adapt to these circumstances (Monterosso et al., 2021). Therefore, identifying factors that can help these parents adapt more effectively is of great importance.

One of the psychological characteristics affected in parents of children with learning disabilities is resilience (Ofiesh & Mather, 2023). Resilience refers to positive adaptation in response to adverse conditions and functions as a protective factor against psychological distress (Loghaei et al., 2020). Common reactions among these parents, ranging from grief and sadness to feelings of helplessness, can reduce their resilience and mental health. They often experience negative emotions such as confusion, denial, depression, and hopelessness, which directly affect their ability to remain resilient and persistent (Tolouppis, 2021). Consequently, studies indicate that these parents demonstrate lower levels of patience, tolerance, and resilience compared to parents of typically developing children (Buchanan, 2014).

Cognitive emotion regulation also acts as a key determinant of resilience among parents of children with learning disabilities. This construct refers to the cognitive ways individuals manage emotionally arousing information when facing adverse events (Garnefski & Kraaij, 2006; Thomas & Zolkowski, 2020). Adaptive strategies such as positive refocusing and cognitive reappraisal enhance resilience. Studies show that mothers who use these strategies report higher levels of resilience and better mental health (Ciarrochi et al., 2008). In contrast, the use of maladaptive strategies such as rumination and catastrophizing is more common among these parents and is associated with negative emotions and lower resilience. Therefore, effective resilience is strengthened through the use of positive cognitive emotion regulation strategies, which facilitate more effective coping with stress (Palomera et al., 2022; Yilmaz & Tolan, 2022).

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Research also indicates that individuals with higher levels of self-control tend to demonstrate better emotional self-regulation (Wenzel et al., 2021). Thus, self-control is related to cognitive emotion regulation and can be considered one of the determining components of resilience among parents of children with learning disabilities. Accordingly, the present study examines the mediating role of self-control in this relationship.

Self-control, defined as an individual's capacity to regulate responses and pursue long-term goals, is considered a vital orientation in life (Paika et al., 2017). This construct facilitates meaningful family interactions by enhancing the understanding and management of life events (Bidzan, Bluma, & Wardan, 2021). High levels of self-control improve emotion regulation and resilience through adaptive mechanisms such as planning and problem solving (Wenzel et al., 2021). Individuals with strong self-control are better able to manage their emotions and demonstrate more adaptive behaviors, whereas low self-control is associated with greater aggression and stress (Tangney et al., 2005; Susan, 2019). Studies also suggest that this construct can play both direct and indirect mediating roles in the relationship between resilience and emotion regulation (Farsijani et al., 2019).

Considering the prevalence of learning disabilities and their impact on families, understanding the role of psychological variables in parents is essential. The present study investigates the relationship between cognitive emotion regulation and resilience with the mediating role of self-control among parents of children with learning disabilities. The findings suggest that self-control acts as a key mechanism facilitating the relationship between emotion regulation and resilience. Specifically, parents who use adaptive emotion regulation strategies may demonstrate greater resilience in facing challenges through the enhancement of self-control. These findings may provide a basis for designing educational interventions aimed at improving parental skills and enhancing their quality of life. Therefore, the main objective of the present study was to examine whether self-control plays a mediating role in the relationship between cognitive emotion regulation and resilience among parents of children with learning disabilities.

Material and Methods

This study was applied in terms of purpose and employed a descriptive–analytical design with a correlational approach. The statistical population consisted of all parents of students with learning

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disabilities in Tehran during the last three months of 2024. The sample size was estimated using two methods. Based on Green's formula (1991), $N \geq 8k + 50$, the minimum required sample size was calculated as 270 participants. Considering this estimation and to prevent the potential effect of sample attrition, 300 parents were selected through convenience sampling and completed the research questionnaires.

The inclusion criteria were willingness and informed consent to participate in the study, having a child with a confirmed diagnosis of a learning disability, possessing at least a high school diploma, being between 25 and 50 years of age, and residing in Tehran. The exclusion criteria included incomplete or distorted questionnaires, substance addiction, and a history of psychological disorders.

Measures

Cognitive Emotion Regulation Questionnaire (CERQ): The CERQ was developed by Garnefski et al. (2002). It consists of 36 items rated on a 5-point Likert scale (from 1 = never to 5 = always) and is used to assess adaptive and maladaptive cognitive emotion regulation strategies. The questionnaire includes five components: self-blame, other-blame, rumination, catastrophizing, and acceptance. Garnefski et al. (2001) reported Cronbach's alpha coefficients for the subscales ranging from 0.71 to 0.81. Jivau et al. (2015) reported Cronbach's alpha coefficients between 0.82 and 0.98 and test–retest correlations after three weeks ranging from 0.72 to 0.84. In a study by Samani and Sadeghi, Cronbach's alpha coefficients ranged from 0.62 to 0.91 and test–retest reliability ranged from 0.79 to 0.88. The Persian version was validated by Hasani (2016, cited in Jaloudari, Soudagar, Bahrami, & Heydji, 2019), with validity coefficients ranging from 0.40 to 0.68 (mean = 0.56).

Tangney Self-Control Scale: This self-report scale was developed by Tangney, Baumeister, and Boone (2004). In the present study, the short 13-item version was used. Items are rated on a 5-point Likert scale (from 1 = never to 5 = very much). Total scores range from 13 to 65, with higher scores indicating greater levels of self-control. Tangney et al. (2004) reported an internal consistency of 0.85 using Cronbach's alpha and a test–retest reliability coefficient of 0.89 for the total self-control score. Crosswell et al. (2012) reported reliability coefficients of 0.74 using Cronbach's alpha and 0.75 using the split-half method. In Iran, Hossein Chari et al. (2015) reported a Cronbach's alpha reliability coefficient of 0.76 for the total scale.

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Connor–Davidson Resilience Scale (CD-RISC): The CD-RISC was developed by Connor and Davidson (2003). It contains 25 items rated on a Likert scale ranging from 0 (not true at all) to 4 (true nearly all the time). Total scores range from 0 to 100, with scores above 50 indicating higher resilience. The developers reported a Cronbach's alpha coefficient of 0.89 and a test–retest reliability of 0.87. Wolvich (2008) reported internal consistency reliability ranging from 0.81 to 0.90 and test–retest correlations ranging from 0.78 to 0.80. Construct validity was confirmed through factor analysis and correlations among subscales ranging from 0.71 to 0.82, with satisfactory criterion validity. Neff and Brody (2011) reported Cronbach's alpha coefficients of 0.79, 0.85, 0.90, 0.92, and 0.89 for the five subscales. In Iran, Mohammadi (2005) reported a reliability coefficient of 0.89, and Samani et al. (2007) reported 0.93. In the study by Loghaei et al. (2020), the reliability of this scale was reported as 0.71.

Ethical Considerations

This article is derived from the first author's master's thesis in General Psychology at the Faculty of Psychology, Islamic Azad University, Tehran West Branch. To ensure adherence to ethical principles, data collection was conducted only after obtaining informed consent from the participants.

Results

In this study, 300 parents of children with learning disabilities participated. In terms of gender, the majority of respondents were mothers (75%, n = 225), while fathers constituted 25% (n = 75) of the sample. The age distribution of participants indicated that the largest group belonged to the 36–40 age range (34.7%, n = 104), while the smallest group was in the 41–45 age range (17.7%, n = 53). The mean age of the sample fell within the middle-age range.

Regarding educational level, the highest frequency was related to participants with a bachelor's degree (41.7%, n = 125), while the lowest frequency was observed among those with less than a high school diploma (10%, n = 30). In terms of economic status, the majority of participants (67.3%, n = 202) categorized themselves as belonging to the middle economic class. Only 14% (n = 42) reported a strong economic status, while 18.7% (n = 56) reported a weak economic status.

Concerning employment status, the highest proportion was related to self-employed individuals (57.7%, n = 173), followed by employees (27.3%, n = 82). Additionally, 15% (n = 45) of

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respondents were unemployed. Regarding the type of learning disability among children, the most common type was reading disability (35%, n = 105). Other types included writing disability (25.7%, n = 77), mixed learning disability (21.7%, n = 65), and mathematics disability (17.7%, n = 53). In terms of children's gender, 58% (n = 174) were boys and 42% (n = 126) were girls. In the following section, the descriptive statistics of the research variables are presented.

Table 1. Descriptive statistics of the study variables

Variables	Mean	Standard Deviation	Minimum	Maximum
Adaptive emotion regulation strategies	56.34	9.69	26	78
Maladaptive emotion regulation strategies	71.66	12.50	33	99
Self-control	45.88	8.94	17	65
Resilience	61.71	14.54	20	100

To determine the appropriateness of using parametric tests, the assumption of normality of the data distribution was examined. For this purpose, two main methods were used: the examination of skewness and kurtosis coefficients and the Kolmogorov–Smirnov test. The skewness and kurtosis values of all research variables (adaptive emotion regulation strategies: −0.448 and 0.127; maladaptive strategies: −0.377 and −0.150; self-control: −0.485 and 0.188; resilience: −0.396 and 0.250) were within the range of ±2, indicating a normal distribution of the data. This result was also confirmed by the Kolmogorov–Smirnov test, where the significance levels for all variables (0.526, 0.508, 0.421, and 0.543) were greater than 0.05.

Additionally, the Durbin–Watson index (ranging from 1.913 to 2.035) indicated the independence of errors. The tolerance coefficient (greater than 0.57) and the variance inflation factor (VIF < 9.876) indicated the absence of severe multicollinearity. Therefore, with the confirmation of the normality assumption, parametric tests were used to analyze the data. Accordingly, all necessary assumptions for applying parametric analyses were satisfied. Prior to examining predictive relationships, Pearson correlation analysis was conducted to assess the relationships among the study variables. The results are presented in Table 2. The results indicated significant relationships between cognitive emotion regulation strategies and resilience. Specifically, adaptive strategies were associated with increased resilience ($r = 0.345$, $p < 0.001$), whereas maladaptive strategies were associated with decreased resilience ($r = -0.231$). The findings also revealed a positive and significant relationship between self-control and resilience ($r = 0.665$), suggesting that parents with higher levels of self-control demonstrate greater resilience in coping with parenting challenges.

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Furthermore, self-control showed a positive relationship with adaptive emotion regulation strategies (r = 0.567) and a negative relationship with maladaptive strategies (r = −0.457). These findings highlight the key role of self-control in shaping emotion regulation styles.

Table 2. Pearson correlation coefficients among the study variables

Variables	Adaptive strategies	Maladaptive strategies	Self-control	Resilience
Adaptive strategies	1	–	–	–
Maladaptive strategies	−0.191*	1	–	–
Self-control	0.567**	−0.457**	1	–
Resilience	0.345**	−0.231**	0.665**	1

*P < 0.05. **P < 0.001

The following ANOVA table shows whether the regression model can significantly predict changes in the dependent variable.

Table 3. ANOVA results for predicting resilience based on cognitive emotion regulation strategies and self-control

Source of Variation	SS	DF	MS	F	P
Emotion regulation strategies					
Regression	18.724	2	9.362	24.573	0.000**
Residual	112.856	297	0.380	–	–
Total	131.580	299	–	–	–
Self-control					
Regression	42.815	1	42.815	89.427	0.000**
Residual	141.325	298	0.479	–	–
Total	184.140	299	–	–	–

The results of the analysis of variance indicated that the regression model predicting resilience based on adaptive and maladaptive emotion regulation strategies was statistically significant (F = 24.573, p < 0.001). Similarly, the regression model predicting resilience based on self-control was also significant (F = 89.427, p < 0.001). These findings indicate that both regression models are generally capable of explaining variations in the resilience variable.

Table 4. Regression model coefficients for predicting resilience based on cognitive emotion regulation strategies and self-control

Model	B	Std. Error	Beta	t	Sig.
Constant	1.394	0.521	–	2.675	0.008
Adaptive strategies	0.327	0.072	0.345	4.542	0.000
Maladaptive strategies	-0.215	0.065	-0.231	-3.308	0.001
Constant	1.872	0.482	–	3.884	0.000
Self-control	0.589	0.062	0.665	9.456	0.000

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The results of the regression analysis indicated that adaptive cognitive emotion regulation strategies positively and significantly explained changes in resilience ($\beta = 0.345$, $p < 0.001$). In contrast, maladaptive strategies negatively predicted resilience ($\beta = -0.231$, $p < 0.001$).

Furthermore, the findings showed that self-control positively explained resilience ($\beta = 0.665$, $p < 0.001$). For every one-unit increase in self-control, resilience increased by 0.589 units ($t = 9.456$, $p < 0.001$). Therefore, self-control was identified as the strongest predictor of resilience among parents.

To examine the mediating role of self-control in the relationship between cognitive emotion regulation and resilience, a hierarchical (multi-step) regression analysis was conducted. This approach systematically examines both direct and indirect effects among variables. The stages of the analysis and their results are presented in the following table.

Table 5. Results of hierarchical regression analysis for examining the mediating role of self-control

Model	Criterion	Predictor Variables	B	SE	β	T	P	R^2	ΔR^2	F	P
1	Resilience	Adaptive strategies	0.33	0.07	0.35	4.54	0.000	0.12	–	20.61	0.000
		Maladaptive strategies	-0.22	0.07	-0.23	-3.31	0.001				
2	Self-control	Adaptive strategies	0.62	0.07	0.58	8.86	0.000	0.34	–	82.47	0.000
		Maladaptive strategies	-0.53	0.08	-0.49	-6.63	0.000				
3	Resilience	Self-control	0.59	0.06	0.67	9.46	0.000	0.45	0.33	89.43	0.000
4	Resilience	Adaptive strategies	0.20	0.06	0.20	3.12	0.002	0.48	0.03	63.72	0.000
		Maladaptive strategies	-0.16	0.06	-0.17	-2.58	0.010				
		Self-control	0.47	0.07	0.53	6.87	0.000				

The results of the regression analysis showed that in Model 1, adaptive and maladaptive emotion regulation strategies significantly predicted resilience ($R^2 = 0.12$, $p < 0.001$). Adaptive strategies had a positive relationship with resilience ($\beta = 0.35$), whereas maladaptive strategies had a negative relationship ($\beta = -0.23$).

In Model 2, adaptive and maladaptive emotion regulation strategies significantly predicted self-control ($R^2 = 0.34$, $p < 0.001$). Adaptive strategies showed a positive association with self-control ($\beta = 0.58$), while maladaptive strategies showed a negative association ($\beta = -0.49$).

In Model 3, self-control significantly predicted resilience ($R^2 = 0.45$, $p < 0.001$) with a strong standardized coefficient ($\beta = 0.67$).

In Model 4, after adding self-control to the model, the contribution of adaptive and maladaptive strategies in predicting resilience decreased (from $\beta = 0.35$ to $\beta = 0.20$ and from $\beta = -0.23$ to $\beta =$

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−0.17, respectively). This reduction indicates the mediating role of self-control. Self-control also remained a significant predictor of resilience ($\beta = 0.53$, $p < 0.001$).

Overall, adaptive strategies influenced resilience through increasing self-control (indirect effect = 0.31), while maladaptive strategies affected resilience through decreasing self-control (indirect effect = −0.26). Self-control mediated approximately 47% of the effect of adaptive strategies and 53% of the effect of maladaptive strategies on resilience.

Discussion

The results of the present study showed that there is a significant positive relationship between adaptive cognitive emotion regulation strategies and resilience, while maladaptive cognitive emotion regulation strategies have a significant negative relationship with resilience. These findings are consistent with the results of Anderson and Thompson (2024), Zhou et al. (2022), Yılmaz and Tolan (2022), Mohammadi et al. (2025), and Soltanabadi et al. (2021).

To explain these findings, it can be argued that from a neuroscientific perspective, adaptive strategies such as positive reappraisal strengthen functional connections between the prefrontal cortex and the amygdala, thereby enhancing the capacity to regulate emotional responses (Buhle et al., 2014). In contrast, maladaptive strategies de as rumination lead to chronic activation of the sympathetic nervous system and increased cortisol secretion, which gradually deplete psychological resources (Zhou et al., 2022). According to adaptive systems theory, adaptive strategies increase the capacity to cope with chronic stress by strengthening psychological resources such as self-efficacy (Garnefski et al., 2002; cited in Hoeft et al., 2016).

At the interpersonal level, parents who use adaptive strategies display more stable emotional responses and provide appropriate models of emotion regulation for their children (Zhou et al., 2022). From an ecological perspective, these parents are also better able to utilize environmental resources and social support networks. Such differences in the use of environmental resources create feedback loops that may amplify differences in resilience over time (Soltanabadi et al., 2021). Qualitative studies also indicate that parents who use adaptive strategies tend to interpret parenting challenges as opportunities for growth, which strengthens emotional bonds within the family (Yılmaz & Tolan, 2022).

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The results also showed a significant positive relationship between self-control and resilience. In other words, the higher the level of self-control among parents, the higher their level of resilience, and vice versa. These findings are consistent with those reported by Brown et al. (2025), Wenzel et al. (2021), Simsir Gokalp (2023), Martin and Marsh (2020), and Rahimi and Brahui (2024).

These results can be explained by noting that self-control enhances parental resilience through cognitive-neural and psychobiological mechanisms. At the neural level, activation of the dorsolateral prefrontal cortex (dlPFC) facilitates cognitive flexibility and the positive reinterpretation of challenges (Sangsook et al., 2024). At the psychobiological level, self-control regulates the activity of the hypothalamic–pituitary–adrenal (HPA) axis and reduces cortisol secretion, thereby mitigating the harmful effects of chronic stress. From a behavioral perspective, this construct helps parents manage daily challenges in a systematic way and maintain a balance between the child's immediate needs and long-term developmental goals.

At the emotional level, self-control enables constructive regulation of negative emotions without suppressing them (Yang et al., 2019). This skill becomes particularly important when parents face negative societal attitudes. By increasing the sense of control, strengthening planning abilities, and improving sleep quality, self-control preserves psychological resources needed for coping with stress (Wenzel et al., 2021). In the specific context of parents of children with learning disabilities, this ability also helps parents resist impulsive reactions and maintain perseverance in following educational programs for their children (Chen & Taylor, 2023). Overall, self-control can be considered a key adaptive resource for strengthening resilience in challenging parenting conditions.

Furthermore, the findings of the present study demonstrated the mediating role of self-control in the relationship between cognitive emotion regulation strategies (adaptive and maladaptive) and resilience among parents of children with learning disabilities in Tehran. Both adaptive and maladaptive strategies influence resilience through self-control. These findings are consistent with previous studies conducted by Anderson et al. (2025), Tiggard and Smoosi (2025), Akbari et al. (2023), and Soltanabadi et al. (2021).

It can be suggested that emotion regulation strategies influence parental resilience both directly and indirectly through self-control. Adaptive strategies such as positive reappraisal strengthen resilience by increasing self-control (Yang et al., 2019). In contrast, maladaptive strategies such

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as rumination weaken self-control and resilience by depleting cognitive resources (Chen & Taylor, 2023). Self-control acts as a key mechanism in this relationship by facilitating the regulation of negative emotions, strengthening self-efficacy, and enabling rational decision-making. This construct helps parents avoid dysfunctional emotional cycles when dealing with parenting challenges (Duckworth & Seligman, 2024).

Interventions that combine training in adaptive emotion regulation strategies with the development of self-control skills may significantly enhance resilience among these parents. Such programs, through mindfulness practices, problem-solving skills training, and time-management education, can simultaneously strengthen both components (Aldao et al., 2023). Overall, self-control functions as a crucial mediating mechanism explaining the relationship between emotion regulation and resilience among these parents.

Despite its contributions, the present study had several limitations. These included the use of convenience sampling from only three districts of Tehran, a cross-sectional research design, and reliance on self-report instruments. In addition, incomplete control of potential confounding variables such as the severity of the child's disorder and socioeconomic status may limit the generalizability of the findings. The cross-sectional nature of the study also prevents drawing causal conclusions about the relationships between variables.

Therefore, future research is recommended to conduct longitudinal studies with random sampling from different regions, perform comparative analyses among various groups with special needs, and examine the moderating role of variables such as socioeconomic status. From a practical perspective, it is necessary to design integrated training programs aimed at simultaneously strengthening adaptive emotion regulation strategies and self-control skills, establish specialized counseling services, and develop comprehensive support packages for families. Such interventions can be implemented to enhance resilience and improve the quality of life of parents of children with learning disabilities.

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Data availability statement

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

Ethics statement

The authors state that all procedures were performed in accordance with relevant guidelines and regulations regarding ethical approval and company consent.

Author contributions

This article is taken from the doctoral thesis of the first author, which was done with the help and guidance of the supervisors and advisors.

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Conflict of interest

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

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