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An investigation on the effect of emotional management problems on children's anxiety

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CHRONICLE

ABSTRACT

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Keywords: Anxiety symptoms Emotion inhibition Emotional coping Emotional dysregulation Children Today's research on emotion regulation reveals its importance on many mental and physical heath related issues. One of the problems to dysregulation of emotions is anxiety disorders subject. The aim of this research is to identify the relationship between emotional management problems including emotional inhibition, emotional dysregulation and emotional coping on children's anxiety symptoms, where it includes separation anxiety, social anxiety, panic disorder, school phobia and generalized anxiety symptoms. The sample was consisted of 307 primary students including boys and girls aged between 9-13 years old in city of Isfahan selected by simple random sampling. The instruments were Screen for Child Anxiety Related Disorders (SCARED), child Sadness Management Scale (CSMS) and child Anger Management Scale (CAMS). The results showed that problems of children in management of anger and sadness consist of anger and sadness inhibition; anger and sadness dysregulation predicts anxiety symptoms in children (p<0.0001). However, emotional coping could not predict children's anxiety symptoms, significantly. In addition, dysregulation and inhibition of sadness and anger predicts anxiety in children.

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1. Introduction

During the past few years, there have been studies indicating that emotion regulation is important on many mental and physical heath related issues (Dodge & Garber 1991; Bradley, 2003; Garnefski & Kraaij, 2007; Su et al., 2008). Calkins (1994), for instance, studied origins and outcomes of individual differences in emotion regulation. Garnefski and Kraaij (2006) investigated the relationships between cognitive emotion regulation strategies and depressive symptoms. They compared five specific samples ranging from adolescents to elderly on their reported use of cognitive emotion regulation strategies and on the relationships between these strategies and symptoms of

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depression. Despite the fact they found some remarkable differences in reported strategies, they reported some similarities between cognitive emotion regulation strategies and symptoms of depression. Joormann and Gotlib (2010) determined cognitive processes associated with the implementation of emotion-regulation strategies. In their survey, depression was detected to be related to difficulties in cognitive control and, more specifically, with issues inhibiting the processing of negative material. They applied a negative affective priming task to evaluate the relationships among inhibition and individual differences in the habitual implementation of rumination, reappraisal, and expressive suppression in clinically depressed, formerly depressed, and never-depressed participants. They reported that depressed participants exhibited the predicted lack of inhibition when processing negative material. In addition, within the group of depressed participants, reduced inhibition of negative material was related to bigger rumination. They reported that individual differences in the use of emotion-regulation strategies play an essential role in depression.

Aldao and Nolen-Hoeksema (2010) performed an investigation on the relationship between four cognitive emotion regulation strategies and symptoms of three psychopathologies in an undergraduate sample. Maladaptive strategies compared with adaptive strategies were more strongly associated with psychopathology and loaded more highly on a latent factor of cognitive emotion regulation. The results implied that the implementation of maladaptive strategies could play a more central role in psychopathology than the non-use of adaptive strategies and provided support of a transdiagnostic view of cognitive emotion regulation. Gross (1998) proposed a distinction between antecedent-focused and response-focused emotion regulation using a process model of emotion. They reported that emotion regulatory processes could have different adaptive consequences. Muris et al. (2003) performed an empirical investigation on threat perception abnormalities in children by investigating the role of anxiety disorders symptoms, chronic anxiety, and state anxiety.

2. The proposed study

The aim of this research is to identify the relationship between emotional management problems including emotional inhibition, emotional dysregulation (Cole et al., 1994) and emotional coping on children's anxiety symptoms (Cicchetti et al., 1995), where it includes separation anxiety (Huberty, 2012; Sim & Zeman, 2006), social anxiety, panic disorder, school phobia and generalized anxiety (Herring et al., 2011) symptoms. The sample was consisted of 307 primary students including boy and girl aged between 9-13 years old in city of Isfahan selected by simple random sampling. The instruments were Screen for Child Anxiety Related Disorders (SCARED) (Birmaher et al., 1997, 1999; Boyd et al., 2003), child Sadness Management Scale (CSMS) (Zeman et al., 2001) and child Anger Management Scale (CAMS) (Essau et al., 2002; McLaughlin & Hatzenbuehler, 2009).

3. The results

In this section, we present details of our findings and Table 1 demonstrates the summary of some basic statistics.

Table 1The summary of some basic statistics

Anxiety components	Number	Mean	Standard deviation	
Panic disorder	308	6.50	5.23	
Generalized anxiety	308	6.35	4.12	
Social anxiety	308	5.40	3.27	
Sadness dysregulation	308	5.60	3.47	
Anger dysregulation	308	2.06	1.80	

Table 2 also shows details of ANOVA test.

Table 2Regression of anger and sadness management on anxiety disorders symptoms

Model	Sum of Squares	Degree of freedom	Mean of Squares	F	Sig.
Regression	17098.83	6	2849.805	18.474	0.0001
Residual	46432.14	301	154.260		
Total	63530.97	307			

According to the results of Table 2, F-value is meaningful when the level of significance is one percent. Now, we present details of ANOVA test to verify the relationship between emotional management problems including emotional inhibition, emotional dysregulation and emotional coping on children's anxiety symptoms, where it includes separation anxiety, social anxiety, panic disorder, school phobia and generalized anxiety symptoms. Table 3 shows a more detailed ANOVA test.

Table 3The summary of ANOVA test on emotional management on children's anxiety symptoms

Source	Dependent variable	Sum of Squares	Degree of freedom	Degree of Freedom	F	Sig.
	School phobia	25	6	301	8.87	0.0001*
Adjusted	Separation anxiety	115.08	6	301	11.48	0.0001^*
Model	Social anxiety	106.70	6	301	12.1	0.0001*
	Generalized anxiety	174.84	6	301	12.63	0.0001^*
	School phobia	235.84	6	301	10.17	0.0001*
	School phobia	4.62	1	301	1.64	0.20
Sadness	Separation anxiety	18.12	1	301	1.8	0.18
Inhibition	Social anxiety	26.8	1	301	3.04	0.08
	Generalized anxiety	122.83	1	301	8.87	0.003^*
	School phobia	96.17	1	301	4.14	0.043*
	School phobia	19.87	1	306	7.05	0.008*
Anger	Separation anxiety	1.39	1	306	0.13	0.71
Inhibition	Social anxiety	79.57	1	306	9.02	0.003*
	Generalized anxiety	99.89	1	306	7.21	0.008^{*}
	School phobia	68.32	1	306	2.94	0.087^{*}
	School phobia	59.24	1	306	21.03	0.0001*
Sadness	Separation anxiety	408.71	1	306	40.77	0.0001^*
Unadjusted	Social anxiety	241.54	1	306	27.39	0.0001*
	Generalized anxiety	296.96	1	306	21.45	0.0001^*
	School phobia	397.92	1	306	17.16	0.0001*
	School phobia	3.71	1	306	1.319	0.25
Anger	Separation anxiety	20.23	1	306	2.019	0.15
Unadjusted	Social anxiety	10.78	1	306	1.223	0.27
	Generalized anxiety	57.75	1	306	4.174	0.04*
	School phobia	244.21	1	306	10.535	0.001*

The results shows that problems of children in management of anger and sadness consist of anger and sadness inhibition; anger and sadness dysregulation predicts anxiety symptoms in children (p<0.0001). However, emotional coping could not predict children's anxiety symptoms, significantly. In addition, dysregulation and inhibition of sadness and anger predicts anxiety in children.

4. Conclusion

We have presented an empirical investigation to determine the relationship between emotional management problems including emotional inhibition, emotional dysregulation and emotional coping on children's anxiety symptoms. The results have shown that problems of children in management of anger and sadness consist of anger and sadness inhibition; anger and sadness dysregulation could predict anxiety symptoms in children (p<0.0001). However, emotional coping could not predict children's anxiety symptoms, significantly.

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