

# **Research Paper:**





# The Relationship Between Children's Social-Emotional Competence, Spiritual Health, and Maternal Meta-Emotion Structure Attachment Style

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# **ABSTRACT**

**Background and Objectives:** Understanding the influences of parents on children in the process of psychosocial and personality development of children and adolescents has been the focus of psychologists and sociologists. This study aimed to predict the emotional and social competence of the child based on spiritual health and maternal emotional structure according to the mediating role of children's attachment style.

Methods: The statistical population of this correlational descriptive was female primary school students and their mothers in Tehran City, Iran. Of them, 250 individuals were selected by purposive and voluntary sampling method using Klein's method. The research instruments included Zhu and Ji's (2012) Emotional and Social Competency Inventory, Polutzin and Ellison's Spiritual Well-Being Scale (SWBS), and Kern's Attachment Style Classification QuestionnaireAttachment style. The collected data were analyzed using AMOS.

Results: The obtained results suggested that the structure of maternal metacognition was directly related to children's attachment style (-0.33); maternal spiritual health and children's attachment style (0.37); the structure of maternal metacognition and the emotional-social competence of the child (-0.26); mothers' spiritual health and child's emotional and social competence (0.18), and the child's attachment style and the child's emotional and social competence (0.49). The structure of maternal emotional well-being and the emotional-social competence of the child (-0.16) as well as the spiritual health of the mother and the emotional-social competence of the child (0.18) were indirectly related.

Conclusion: Considering the importance of the child's emotional and social competence, the emphasis on the influential factors of the present study can be promoted in developing this skill among children. Maternal spiritual health and emotional structure were related to the child's emotional and social competence through the attachment style of the child; the strongest relationship concerned the relationship between attachment style and emotional and social competence.

# **Keywords:**

Children, Spiritual, Emotion, Meta-emotion

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#### Introduction

hildhood is a critical time. This is because it is a unique period of growth with emotional and social development. Social-Emotional empowerment is the ability of an individual to effectively cope with the demands and challenges of everyday life. Besides, it includes the individual's ability to maintain well-being and manifest this ability in positive and adaptive behaviors in interaction with others, culture, and environment [1]. Social and emotional competencies are the ability to understand, manage, and express the social and emotional aspects of one's life. Accordingly, this skill includes the successful management of life tasks, such as learning, communicating, solving everyday problems, and adapting to complex developmental needs. These capabilities include self-awareness, impulse control, cooperation, and self-care [2]. In this regard, recognizing how parents affect children and examining the role of each in the process of psychosocial and personality development of children and adolescents has always been the focus of psychologists and sociologists.

Policy design is essential for children's social and emotional development; a wide range of emotional, cognitive, and social relationships regulate skills. These skills are important in regulating the child's academic tasks and performance. This is because studies indicated that empowerment and emotion regulation are the main suppressors of behavioral and emotional disorders, i.e., even considered to be cognitive. Social empowerment refers to an individual's ability to organize and maintain individual environmental resources [3].

In this regard, the parental metacognition perspective was first introduced by Gottman, Katz, Hooven [4]. They argued that parents' views on their own and their children's emotions significantly impact their children. Metacognition is excitement about excitement. Katz [5] believes that metacognition, as a protective factor in children, refers to the harmful effects of intolerable situations (including anxious situations), leading to better relationships between peers [6].

Additionally, one of the 4 types of health is spiritual health. Over the decades, health has been analyzed concerning specific dimensions (physical health, mental health, & social health). Spirituality is among the capabilities of individuals that provide coping styles and problem-solving strategies to individuals. Moreover, as a source of social support, in the face of confusion and tragedy, spirituality creates a sense of meaning in

individuals' lives. Accordingly, they feel indirect control over events; ultimately, it leads to reduced isolation and loneliness in individuals [7].

Attachment style refers to a stable and secure bond or emotional knot between two subjects. Accordingly, one of the parties attempts to maintain closeness or proximity to the face of secure attachment and acts to ensure that the relationship continues. Attachment styles are among the factors associated with social skills. Attachment addresses establishing a deep and emotional bond with certain individuals. Besides, it effectively affects the development of various dimensions of personality. How attachment styles are formed depends on the type of mother-child relationship in the early years of life; the extent of access to the mother or caregiver; their level of support in times of danger to the child; their degree of sensitivity, and the child's safety [8].

Behrad [9] and various studies signified the effects of the Promoting Alternative Thinking Strategies (PATHS) program on children's social and emotional empowerment. Ahmadpour Torki et al. [10] stated that social-emotional empowerment training effectively declined aggression and enhanced optimism, leading to solving adolescents' social problems. Ghorbanian et al. [11] documented that attachment style directly influenced social skills. Thus, children with a secure attachment style can generate strong social skills. In other words, by multiple and successful experiences and gaining peace and security from a sensitive and responsive caregiver, the child achieves a secure attachment style; therefore, they can regulate emotions and develop social skills.

Cowan et al. [12] revealed that the paternal secure attachment style and negative parenting scores significantly explain maternal behavioral problems on assessing internalization and externalizing problems in children. In mothers, only improved attachment style played a role in reducing family conflicts and anxious/violent parenting styles. Moreover, Blalock et al. [13] reported that the parents of children participating in the Child-Centered Individual Play Therapy (CCIPT) and Child-Centered Group Play Therapy (CCGPT) generated more significant improvements in their children's overall socio-emotional abilities, compared to the control group. Huber et al. [14] revealed that, according to teachers and parents, the signs of externalizing problems are negatively related to positive social behaviors. Besides, according to teachers, these characteristics were positively related to the social initiative.



According to Miller Slough et al. [15], cluster analysis signified 3 family patterns, as follows: supportive, non-supportive, and patriarchal. The supporting families had children with higher social empowerment and more signs of internalization; however, the patriarchal families had children with lower social empowerment and fewer signs of internalization. The supporting families had children with moderate social ability and fewer signs of internalization.

Special attention is paid to the social and emotional competence of school children and the structure of mothers' metacognition and spiritual health. This is because highlighting their key role can be useful in the primary prevention of psychological trauma and abuse in childhood and school years.

These injuries include children's morbid dependencies on families as a result of unnecessary care; children 's expected behaviors that cause failure in a healthy society; children's lack of necessary social skills, such as problem-solving and empathy; the formation of immature emotions in children; also the formation of immature emotions in children that adversely impact their adulthood relationships. These could be attributed to the inefficient achievements of families, especially mothers, Therefore, this study aimed to predict emotional-social capability in children based on spiritual health and maternal metacognition structure with the mediating role of children's attachment styles.

#### **Methods**

The statistical population of this correlational-descriptive study included primary school girls (age: 7-12 years) and their mothers (age: 35-50 years) in Tehran City, Iran. Moreover, considering the coronavirus pandemic conditions and the closure of schools and classrooms, the study subjects virtually completed the study questionnaire battery. The research sample included 250 subjects; this rate was computed based on Klein's formula [16]. The study participants were selected using purposive and voluntary sampling methods in a nonrandom manner. The researcher performed an example role-play by virtually interacting with the teachers. The questionnaire battery was uploaded in Google Forms and provided to the mothers of students who met the following inclusion criteria: The biopsychological health of the children and their mother (self-report); the age of children to range between 7 and 12 years and the age of mothers to range between 35 and 50 years; the child to live with both parents; the absence of specific diseases in a family member, including siblings. The questionnaires

were completed by children and mothers as relevant. The data collection tools consisted of the following:

The Social-Emotional Competence Questionnaire (SECQ): This scale was developed by Zhou and Ee has and covers 25 questions and 5 components of selfawareness, social awareness, self-management, relationship management, and responsible decision-making [17]. This tool was approved by the University of Singapore for high school students with a high score of 0.7. This questionnaire can discriminate against students with high and low emotional and social competence levels. This guestionnaire is scored based on a Likert-type scale, ranging from strongly disagree to strongly agree. This questionnaire was used for the first time in Iran. The original text was first translated by the researcher into Persian. Three leading experts in psychology and English approved the final translation of this scale. Finally, its face and content validity were confirmed. Before the main performance, the questionnaire was presented to different groups of students to complete. This measure is aimed at checking the clarity of the questions. The validity of this questionnaire was calculated in the present study using Cronbach's alpha coefficient, i.e., equal to 0.873.

The Spiritual Well-Being Scale (SWBS): The Spiritual Well-Being Scale (SWBS) was designed by Polutzin and Ellison [18]. This scale has 20 questions; 10 of which measure existential health and 10 questions address religious health. The questions are answered on a 6-point scale, ranging from strongly disagree to strongly agree. This questionnaire was administered to 283 nursing students in Iran, in 2005. Furthermore, a Cronbach's alpha coefficient of 0.82 was reported for this questionnaire. Preliminary studies reported the internal reliability by the test-retest method as 0.99 to 0.73; its validity as computed to range from 0.94 to 0.78. The internal reliability coefficients for the whole scale, religious health, and existential health dimensions were calculated to be 0.89, 0.88, and 0.81, respectively. The validity of this questionnaire was calculated in the present study using Cronbach's alpha coefficient as 0.788.

Metacognition Questionnaire-30 (MCQ-30): It has 28 items, i.e., answered on a 6-point Likert-type scale. The scale includes the following 6 components: anger, shame, anger management, and depression (negative metacognitions), as well as compassion and interest (positive metacognitions). The reliability of this test was measured by Cronbach's alpha coefficient for the positive metacognitions dimension to be 0.91 and for the negative metacognitions as 0.85. The Cronbach's alpha coefficient of this questionnaire was computed as 0.88



[19]. Rezaei et al. [6] reported the scale's Cronbach's alpha coefficient in Iran as 0.78; the results of factor analysis confirmed the two main dimensions of positive and negative metacognitions. These researchers examined its simultaneous validity with the emotional intelligence questionnaire; in particular, they reported a positive correlation between positive metacognition and emotional intelligence components. The validity of this questionnaire was calculated in the present study by Cronbach's alpha coefficient, i.e., equal to 0.915.

Attachment style Questionnaire (ASQ): The ASQ was developed to estimate the level of children's secure attachment respecting child-parent relationships in mid-childhood and early adulthood [20]. The ASQ options include the following: The degree to which child-specific attachment style is available and responsive; the child's willingness to rely on attachment style when encountering stress; the child's report of comfort and interest respecting the ASQ. This tool consists of 15 options, i.e., classified based on a 4-point scale, as per Harter's (1982) format. In a sample of middle school students, the scores of the ASQ indicated sufficient limits and internal stability. The validity of this questionnaire in the present study was calculated using Cronbach's alpha coefficient to be 0.781.

To observe the ethical considerations, mothers and their children participated in the study with consent. Besides, the study participants' information remained strictly confidential. Accordingly, other ethical issues were observed per the Helsinki Declaration. Finally, the obtained data were analyzed using the path analysis approach in AMOS.

## Results

Of the explore 250 individuals, 43(17.2%) were in the age group of 9 years, 68(27.2%) in the age group of 10 years, 48(19.2%) in the age group of 11 years, 49(19%) were 12 years old, and 42(16.8%) subjects were 13 years

old. Moreover, 114(45.6%) study samples were males and 136(54.4%) were females. Among students' mothers, 54(21.6%) had a diploma, 94(19%) had a BA, 72(28.8%) had an MA, and 30(12%) had a PhD.

The Mahalanobis Distance (MD) based on the predictor variable was reported as follows: minimum value: 2.326, maximum value: 16.844, average: 7.58, and standard deviation: 3.188. The presented maximum value signified that the maximum value in the data file did not exceed the critical value range for degree 4 (equivalent to the number of predictor variables) and the information about any of the study participants does not form multivariate arrays.

The skewness and kurtosis indices of each applied scale are listed in Table 1. The skewness and kurtosis indices of the scales were examined; thus, if the scales presented high skewness and kurtosis, data conversion methods were applied to adjust them.

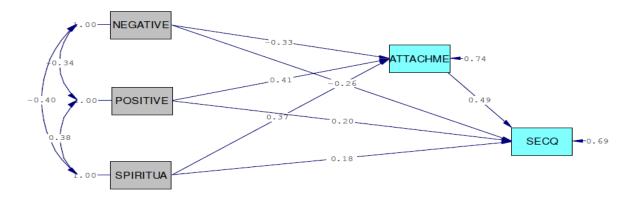
As per Table 1, all scales in the present study presented skewness and kurtosis of <2. This finding indicated that the employed scales were non-problematic concerning skewness and kurtosis in the study sample; thus, the distribution of the research variables was normal.

As illustrated in Figure 1, the strongest relationship was observed between attachment style and children's emotional and social competence (0.49). Besides, the weakest relationship was detected in the mothers' spiritual health and children's emotional and social competence (0.18), followed by the relationship between maternal positive metacognition and attachment style. In structural equation modeling, model estimates are valid when the model presents sufficient fit. The fit indices of the research model are listed in Table 2.

Table 1. Descriptive statistics of variables of research

Variable	Skewness	kewness Standard Skewness Error		Standard Kurtosis Error
Maternal negative metacognition	0.11	0.15	-0.55	0.31
Maternal positive metacognition	0.25	0.15	0.47	0.31
Maternal spiritual health	0.94	0.15	0.31	0.31
Children's attachment style	0.53	0.15	-0.89	0.31
Children's emotional and social competence	-0.49	0.15	0.20	0.31



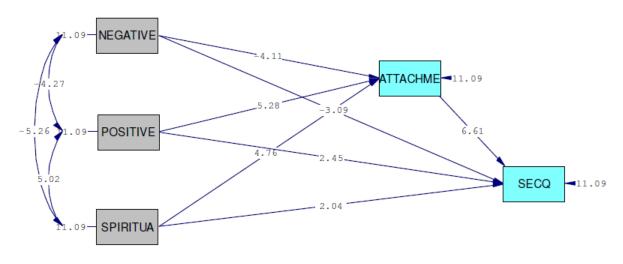


Chi-Square=0.00, df=0, P-value=1.00000, RMSEA=0.000

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Figure 1. The final structural model of the research in the standard estimation mode





Chi-Square=0.00, df=0, P-value=1.00000, RMSEA=0.000



**Figure 2.** The final significant structural equation model of the research Also, the significance level of the relationships between the variables is manifested in this figure

Since all coefficients were not <1.96, all relationships were confirmed. The relationship between maternal spiritual health and the emotional and social competence of children (2.04), maternal positive metacognition, and the emotional and social competence of children (2.45) were significant at the level of 0.95; the rest of the relationships were significant according to P<0.01, i.e., were approved at a 99% Confidence Interval (CI) level.

Based on Table 2, considering RMSEA<sup>1</sup>=0.000 equaled <0.05, the model fit can be considered very desirable. Additionally, in other indicators (e.g. NFI<sup>2</sup>, NNFI<sup>3</sup>, CFI<sup>4</sup>, GFI<sup>5</sup>, & AGFI<sup>6</sup>), the results were measured to be >0.90, indicating an acceptable and appropriate fit of the model [21]. As per Table 2, all indicators presented a suitable fit

of the model for predicting the child's social-emotional ability based on spiritual health and maternal metacognition structure per the mediating role of the explored children's attachment style.

# 1. Root Mean Square Error of Approximation

# Discussion

Social-Emotional competence plays an essential role in social interactions and functions in children with disabilities. Moreover, a lack of emotional empowerment skills can lead to psychological trauma, weakness in interact-

<sup>2.</sup> Normed Fit Index

<sup>3.</sup> Non-Normed Fit Index

<sup>4.</sup> Comparative Fit Index

<sup>5.</sup> Goodness of Fit Index

<sup>6.</sup> Adjusted goodness of fit index



Table 2. The fitness of the final model

Indicators	X²/df	GFI	AGFI	RMSEA	NFI	NNFI	CFI
Statistics	0.00	1.00	0.99	0.000	1.00	0.99	1.00
Acceptance limit	< 3	>0.95	>0.95	>0.05	>0.95	>0.95	>0.95



RMSEA: Root Mean Square Error of Approximation; NFI: Normed Fit Index; NNFI: Non-Normed Fit Index; CFI: Comparative Fit Index; GFI: Goodness of Fit Index; AGFI: Adjusted Goodness of Fit Index.

ing with others, and damage to children's educational and occupational domains in the future [22].

In the present study, the obtained data indicated the existence of a significant effect of maternal metacognition structure on the child's social-emotional competence. Moreover, the maternal metacognition variable was defined in the following components: positive metacognition and negative metacognition; both of which provided a significant effect in this respect. Concerning effectiveness, positive metacognition manifested a stronger impact than negative metacognition components. These results were consistent with those of Gottman et al. [4], Rezaei et al. [6], Behrad [9], Cowan et al. [12], Ahmadpour Torki et al. [10], as well as Ghorbanian and colleagues [11].

Metacognition is the emotion generated in response to other emotions. Accordingly, recognizing how parents affect children and examining the role of each in the process of psychosocial and personality development of children and adolescents remains the focus of psychologists and sociologists.

Depending on the parents' metacognitive philosophy, they might either help their children express and regulate their emotions; such measures ultimately lead to the child's growth in regulating healthy emotions and developing effective social skills, or they suppress their children's emotional expression and emotion regulation and prevent them from regulating their emotions [23]. According to the achieved results, the significant indirect effect of the mother's spiritual health on the child's emotional and social competence was confirmed. These results were consistent with those of Katz et al. [5], Sheikh Attar et al. [24], and Bahrami [25]. The necessity to address the social and emotional needs of children and adolescents was clarified even before the unveiling of social and emotional learning programs to take advantage of their potential to prevent future problems in future life stages. Such skills will reduce the odds of developing abnormal patterns of thinking, feeling, and acting. The existence of biopsychological health is of great importance. This is because the mother can be considered a pillar of the family. When parents adopt a positive metacognition approach in which ideas about leadership and acceptance are at a high level, they value emotions. In other words, they accept them and share their emotions with their children, indicating considering emotions as a natural part of life.

As per Dabirian et al. [26], mothers with a spiritual perspective seek transcendental values in their lives. They also foster a positive and open-minded attitude and present flexibility. The present study findings addressed positive and negative emotions and the spiritual states of mental health. Therefore, improving the spiritual health of mothers and children creates biopsychological health in them; thus, they perform maternal roles more calmly, and the relationship between mothers and children is improved. As a result, a secure attachment style is generated in children. Therefore, the attachment style can be considered among the major psychological factors for the child's psychological dimension development, in which creating a strong and meaningful emotional connection with those around him and his caregivers is defined.

The present study limitations were as follows: the study sample was restricted to 7- to 12-year-old females; thus, caution should be considered when generalizing these data to other communities; the time constraints and the impossibility of examining the issue in larger communities and comparing the results with each other was another study limitation. Therefore, according to the research findings and the observed effective significance, exploring the role of variables, and especially the mediating variable is suggested. This research should be studied in different populations from various socioeconomic and cultural characteristics; therefore, future studies are suggested to explore different educational levels, also future researches are recommended to study other psychosocial characteristics.



#### **Conclusion**

Parents, especially mothers, need to be aware of this concept and the potential harms associated with children. This can be achieved by inviting psychologists to schools and inviting their parents to educate and raise awareness. Additionally, to better understand emotional competence, emotional repression must be well understood. By holding parent-competence workshops and classes for students, we can improve their insight into this variable and plan for the growth of this characteristic in themselves.

### **Ethical Considerations**

# Compliance with ethical guidelines

This study was approved by the Ethics Committee of the University of Saveh, Iran.

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# **Authors' contributions**

Supervisor of studies and projects, project management, accreditation, writing - preparing the original draft, writing and reviewing the final version, visualization: Hooman Namvar; Data collection and writing - preparation of the main draft: Masoumeh Sefidgari Goli; Consulting advisor, methodology, data analysis, writing - review and editing: Farhad Jomehri.

#### Conflict of interest

The authors stated no conflicts of interest.

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#### References

[1] World Health Organization. Child growth standards [Internet]. 2006 [Updated 27 Apr 2006]. Available from: https://www.who.int/tools/child-growth-standards

- [2] Elias MJ, Zins JE, Weissberg RP, Frey KS, Greenberg MT, Haynes NM, et al. Promoting social and emotional learning: Guidelines for educators. Alexandria, VA: Association for Supervision and Curriculum Development; 1997. https://books. google.com/books?id=AOlqSwQPo9cC&dq
- [3] Zimmerman BJ, Cleary TJ. Adolescents' development of personal agency: The role of self-efficacy beliefs and self-regulatory skill. In: Pajares F, Urdan TC, editors. Self-efficacy Beliefs of Adolescents. Charlotte: Information Age Publishing; 2006. pp. 45-69. https://www.uky.edu/~eushe2/Pajares/ZimmermanCleary-AdoEd5.pdf
- [4] Gottman JM, Katz LF, Hooven C. Meta-emotion: How families communicate emotionally. New York: Routledge; 2013. [DOI:10.4324/9780203763568]
- [5] Katz LF, Windecker-Nelson B. Parental meta-emotion philosophy in families with conduct-problem children: Links with peer relations. J Abnorm Child Psychol. 2004; 32(4):385-98. [DOI:10.1023/B:JACP.0000030292.36168.30] [PMID]
- [6] Rezaei NM, Parsaei I, Nejati E, Nik Amal M, Hashemi Rezini S. [Psychometric features of scholar's meta emotion scale (Persian)]. J Psychol Res. 2014; 6(23):111-24. http://qpr.iauctb.ac.ir/article\_511943.html
- [7] Sajjadpour SH, Mehrabi HA, Hoseyn Alizadeh M, Abdolmohammadi K. [Investigating the relationship between self-efficacy components of teenagers and intention to high-risk behavior (Persian)]. Appl Res Bur Police Force North Khorasan. 2015; 1(3):63-73. http://khs.jrl.police.ir/article\_17131.html
- [8] Malekzadeh A, Namvar H, Jomehri F. Predicting social skills in single child adolescents based on attachment styles and creativity: The mediating role of moral intelligence. Iran J Educ Sociol. 2020; 3(2):1-10. [DOI:10.52547/ijes.3.2.1]
- [9] Behrad B. [The effects of PATHS program on social and emotional competence, neurocognitive and emotional mediators, externalized disorders and it's relationship with children's physical and mental health (Persian)]. Q J Health Psychol. 2019; 7(28):113-30. [DOI:10.30473/HPJ.2019.39733.3980]
- [10] Ahmadpour Torki Z, Hakim Javadi M, Soltani Shal R. [Effective-ness of social-emotional competence training on problem solving, aggression and optimism of students with low economic socio-economic status (Persian)]. J Child Ment Health. 2018; 5(2):107-18. http://childmentalhealth.ir/article-1-290-fa.html
- [11] Ghorbanian E, Mohammadlo H, Khanbani M, Hasanabadi F. [Attachment style and social skills of children: the function of mediator emotional intelligence (Persian)]. J EducPsychol. 2016; 7(4):75-87. http://psyedu.toniau.ac.ir/article\_591033. html?lang=en
- [12] Cowan PA, Cowan CP, Pruett MK, Pruett K. Fathers' and mothers' attachment styles, couple conflict, parenting quality, and children's behavior problems: An intervention test of mediation. Attach Hum Dev. 2019; 21(5):532-50. [DOI:10.1080/14616734.2019.1582600] [PMID]
- [13] Blalock SM, Lindo N, Ray DC. Individual and group child-centered play therapy: Impact on social-emotional competencies. J Couns Dev. 2019; 97(3):238-49. [DOI:10.1002/jcad.12264]
- [14] Huber L, Plötner M, In-Albon T, Stadelmann S, Schmitz J. The perspective matters: A multi-informant study on the relationship between social-emotional competence and preschoolers' externalizing and internalizing symptoms. Child Psychiatry Hum Dev. 2019; 50(6):1021-36. [DOI:10.1007/s10578-019-00902-8] [PMID]



- [15] Miller□Slough RL, Dunsmore JC, Zeman JL, Sanders WM, Poon JA. Maternal and paternal reactions to child sadness predict children's psychosocial outcomes: A family□centered approach. Soc Dev. 2018; 27(3):495-509. [DOI:10.1111/ sode.12244]
- [16] Kline RB. Principles and practice of structural equation modeling. 4th ed. New York: Guilford Publications; 2016. https://books.google.com/books?id=Q61ECgAAQBAJ&dq
- [17] Zhou M, Ee J. Development and validation of the Social Emotional Competence Questionnaire (SECQ). Int J Emot Educ. 2012; 4(2):27-42. [DOI:10.1037/t69172-000]
- [18] Paloutzian R, Ellison C. The spiritual well-being scale.J Psychol Theol. 19991; 19(1):56-70. https://www.researchgate. net/publication/232527349\_The\_Spiritual\_Well-Being\_Scale
- [19] Mitmansgruber H, Beck TN, Höfer S, Schüßler G. When you don't like what you feel: Experiential avoidance, mindfulness and meta-emotion in emotion regulation. Pers Individ Dif. 2009; 46(4):448-53. [DOI:10.1016/j.paid.2008.11.013]
- [20] Kerns KA, Klepac L, Cole A. Security scale [Internet]. 1996 [Updated 1996]. Available from: https://doi.org/10.1037/ t17560-000 [DOI:10.1037/t17560-000]
- [21] Meyers LS, Gamst G, Guarino AJ. Applied multivariate research: Design and interpretation [HP. Sharifi, V. Farzad, S. Rezakhani, HR. Hasanabadi, B. Izanlou, M. Habibi, Persian trans]. Tehran: Roshd; 2012. http://opac.nlai.ir/opac-prod/bibliographic/2685171
- [22] Abbastabar Bazrudi M, Hashemi Rezini H, Abdollahi MH. [Problem-solving and working memory in children (Persian)]. Clin Psychol Stud. 2018; 8(29):21-43. [DOI:10.22054/JCPS.2018.8313]
- [23] Rostami S, Foladchang M. [Investigating causal relationships between parental meta-emotion and academic adjustment with mediation for self-discremination (Persian)]. Educ Res J. 2018; 5(36):20-39. http://erj.khu.ac.ir/article-1-283-fa. html
- [24] Sheikh Attar Z, Sadat Hosseini F, Golestane SM. [Comparison of role of maternal self efficacy and maternal meta-emotion on children's emotion regulation in children with and without father (Persian)]. J Woman Fam Stud. 2018; 6(1):109-31. [DOI:10.22051/JWFS.2017.12736.1291]
- [25] Bahrami J. [Investigating the effect of spiritual and spiritual space of Ahmadi and Mohammadi Holy Quran on mental health, death anxiety and emotional cognitive adjustment (Persian)]. Relig Cult Approach. 2018; 1(1):155-74. http:// www.farhangedini.ir/article\_75214.html
- [26] Dabirian P, Mahmoudi GR, Vatankhah HR. [The comparison between spiritual intelligence and mental health of mothers with deaf, blind and normal children (Persian)]. J Except Educ. 2013; 13(3):16-25. http://ensani.ir/fa/article/341498