

Association of Distress Tolerance and Mother-Child Interaction with Children's Behavioral Disorders in Mothers of Children with Learning Disabilities: Mediating Role of Marital Quality

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Abstract

Background: A mother's distress tolerance is her ability to withstand negative emotions, which can alleviate her child's behavioral disorders. This study was conducted to investigate the association of distress tolerance and mother-child interaction with children's behavioral disorders through the mediating role of marital quality in mothers of children with learning disabilities.

Methods: In this descriptive correlational study, the statistical population included all the mothers of students with learning disabilities from Andimeshk, Khuzestan Province, Iran, in 2021. The convenience sampling method was employed for recruiting 210 participants. The research instruments included the Children's Behavior Questionnaire, the Revised Dyadic Adjustment Scales, the Distress Tolerance Scale, the Mental Health Questionnaire, and the Child-Parent Relationship Scale. Structural equation modeling (SEM) was adopted to evaluate the proposed model.

Results: The results indicated that the direct paths from distress tolerance and mother-child interaction to marital quality were significant ($P < 0.001$). Moreover, the indirect paths from distress tolerance to children's behavioral disorders and the association between mother-child interaction and children's behavioral disorders were significant through the mediating role of marital quality ($P < 0.001$). However, the direct paths from distress tolerance and mother-child interaction to children's behavioral disorders were not found to be significant.

Conclusions: The proposed model had good fitness. It could be considered as a major step towards identification of the factors affecting behavioral disorders of students with learning disabilities.

Keywords: Quality of life, Mother-child relations, Learning disabilities, Behavior, Mental disorders

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1. Introduction

Learning disabilities are classified as a kind of neurodevelopmental disorder that emerges as the interactions of hereditary and environmental factors. They impair the brain functions, leading to ineffective processing or perception of verbal or nonverbal information (1). These disabilities are described as major problems in learning and using one's abilities to listen, speak, read, write, and do mathematics (2, 3). Based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), learning disabilities are generally categorized as dyslexia, dysgraphia, and dyscalculia. Due to these disabilities, a learner's academic achievement will be lower than expected with respect to age, IQ, and education system based on reading, writing, and calculating tests (4).

Learning disabilities in children can be

accompanied by behavioral disorders, for they usually have difficulties reaching their goals and fail to attract other people's attention by controlling themselves and their environment (5). Children with behavioral disorders manifest a wide variety of symptoms. According to statistics, 14–24% of children and adolescents struggle with different types of behavioral disorders and emotional problems (6). Their early behavioral disorders usually precede the emergence of their antisocial behaviors. In fact, behavioral disorders cause numerous personal and social problems. Children with these disorders challenge families, schools, and the society in general (7, 8).

Over the recent decades, researchers have placed a great emphasis on the relationships between children and their caregivers, especially mothers, for it is believed that the mutual reactions of mothers account for children's basic cognitive-

emotional development and reduces the risk of psychological disorders among them (9). In this regard, a mother's distress tolerance can alleviate her child's behavioral disorders. In fact, a person's distress tolerance is his/her ability to withstand negative emotions. This construct is a variable of personal differences referring to the capability of experiencing and tolerating emotional discomfort (10). According to Firoozi and Feiz Abadi (11) and Robinson and colleagues (12), there is an association between a mother's distress tolerance and her child's behavioral disorders.

The mother-child interaction is another predictor of children's behavioral disorder. The presence of a disabled child has many effects on the emotional, social, and economic aspects of a family's life. In this case, parents show different reactions, such as denying the reality, showing anger, and experiencing depression (13). Consequently, their internal consistency is disrupted, and they feel responsible for their child. Nevertheless, they lack the necessary and sufficient knowledge about their responsibility and their child's characteristics. Therefore, they take excessive responsibilities ensuing from the birth of such a child (14). The mutual mother-child relationship has been the focus of pathology analyses since inappropriate interactions can lead to emotional and behavioral disorders among children. Different studies have confirmed the correlation between mother-child interaction and children's behavioral disorders (15-19).

Playing major roles in the marital quality of mothers as well as distress tolerance and mother-child interaction are the two factors that can affect children's behavioral disorders. Generally, children with learning disabilities can have adverse effects on the social relationships of their parents and change the daily affairs of family members. These children often cause irreversible damage to the personal and social relationships of their parents to the point up to which their marital quality is harmed. Considered as an important aspect of a family's life, marital quality accounts for a couple's health and wellbeing. In fact, marital quality refers to the subjective feeling of happiness, satisfaction, and pleasure experienced by a husband and a wife when all aspect of their marriage is taken into account (20). Marital consistency and satisfaction emerge as a result of mutual interest, care, acceptance, and perception as well as satisfying each other's needs; these factors improve marital

quality (21). Different studies have confirmed the association between the marital quality of mothers and children's behavioral disorders (22).

Children with learning disabilities can have negative effects on the social relationships of their mothers and even change the daily affairs of family members. They often cause irreversible damages to the personal and social relationships of their mothers. Trying to fill the research gap in the literature, this study aimed to analyze the problems that such children encounter and the effects they leave on their interactions with their mothers. Therefore, based on the issues outlined above, the present work was conducted to investigate the association between distress tolerance and mother-child interaction with children's behavioral disorders through the mediating role of marital quality in mothers of children with learning disabilities.

2. Methods

Structural equation modeling (SEM) was utilized in this correlational study. The statistical population included all the mothers of elementary school children with learning disabilities from Andimeshk, Khuzestan Province, Iran, in 2021. With the permission of officials at education centers for learning disorders in Andimeshk and coordination with the mothers of students with learning disabilities, the researchers arranged for 235 mothers to participate in this study and be given the questionnaires. A total of 210 mothers were selected as the sample using convenience sampling. The inclusion criteria were diagnosis of children with learning disabilities by a psychologist, consent for participation, the age range of 25–50 years old, and a minimum of middle school education. The exclusion criteria were lack of consent for participation and refusal to complete the questionnaires. For ethical considerations, written informed consent was obtained from the participants before conducting the research.

2.1. Research Instruments

Distress Tolerance Scale (DTS): Developed by Simons and Gahr (23), the Distress Tolerance Scale (DTS) is a self-evaluation index of emotional distress tolerance. The items of this scale measure distress tolerance based on a person's capability of emotional distress tolerance, mental evaluation of

distress, attention to negative emotions in case of occurrence, and regulatory actions for alleviation of distress. This 15-item scale is scored on a five-point Likert scale ranging from 1 to 5; higher scores indicate higher levels of distress tolerance. The validity of the Persian version of DTS was confirmed with a Content Validity Index (CVI) of 0.99 and Content Validity Ratio (CVR) of 0.90 (24). Azizi (25) reported a Cronbach's alpha of 0.77 for the whole questionnaire.

Child-Parent Relationship Scale (CPRS): The 33-item Pianta Child-Parent Relationship Scale (CPRS) (26) was utilized in this study for measuring the parental perception of parents-children relationships. This scale consists of three components, namely closeness (nine items), dependence (six items), and conflict (18 items). This scale is scored on a five-point Likert scale ranging from 1 for "definitely does not apply" to 5 for "definitely applies". The total score was calculated by adding the score of closeness to the inverse scores of conflict and dependence in this study. The validity of the Persian version of the scale was evaluated by 12 experts (CVI=0.96, CVR=0.94) (27). Fereydooni and colleagues (28) reported a Cronbach's alpha of 0.87 for the CPRS.

The Revised Dyadic Adjustment Scales (RDAS): The RDAS was developed by Busby and colleagues (29). This 14-item scale measures three components, including marital agreement (six items), marital happiness (five items), and marital consistency (three items), which show the total marital quality score; higher scores evidently indicate higher levels of marital quality. This scale is scored on a six-point Likert scale. The validity of the Persian version of RDAS was confirmed with a CVI of 0.96 and CVR of 0.91 (30). Maroufizadeh and colleagues (30) reported a Cronbach's alpha of 0.85 for the RDAS.

The Children's Behavior Questionnaire: The Children's Behavior Questionnaire was designed by Rutter (31). This 30-item questionnaire is scored

on a three-point Likert scale (0, 1, and 2). The total questionnaire score ranges from 0 to 60. The validity of its Persian version was evaluated by 12 experts (CVI=0.93, CVR=0.91). The reliability of the Children's Behavior Questionnaire test was obtained as 0.78 using Cronbach's alpha (32).

2.2. Statistical Analyses

Descriptive statistics (mean, standard deviation, and correlation matrix) were used for data analysis. Moreover, structural equation modeling (SEM) was adopted to evaluate the proposed model in SPSS version 25 and AMOS version 25.

3. Results

Using convenience sampling, we recruited a total of 210 mothers of elementary school children with learning disabilities from Andimeshk, Khuzestan Province, Iran, in 2021. The inclusion criteria were diagnosis of children with learning disabilities by a psychologist, consent for participation, the age range of 25–50 years old, a minimum of middle school education, and marital life. The exclusion criteria were lack of consent for participation and refusal to complete the questionnaires. The findings concerning the demographic variables indicated that 52%, 32% and 16% of the mothers had elementary school, high school, and academic education, respectively. Furthermore, 26%, 45% and 29% of them were aged 27–31, 32–39, and 40–48 years old, respectively. Moreover, 63.4% and 36.6% of the mothers were respectively housewives and employed. Table 1 reports the means, standard deviations (SD) and Pearson correlation coefficients of the research variables. Additionally, the statistics of kurtosis and skewness of the studied variables are presented in Table 1. According to the results, the mentioned statistics were between -2 and 2; therefore, the assumption of the normality of data distribution was confirmed.

Figure 1 demonstrates the initial proposed model developed to explain children's behavioral

Table 1: Means, standard deviations (SD), skewness, kurtosis, and Pearson correlation coefficients of the research variables

Variables	Mean±SD	Skewness	Kurtosis	1	2	3	4
Children's behavioral disorders	31.52±12.61	0.20	-1.21	1			
Distress tolerance	42.48±11.68	0.52	-0.74	-0.40**	1		
Mother-child interaction	96.51±23.81	-0.30	-0.37	-0.39**	0.30**	1	
Marital quality	46.98±12.85	0.27	-0.89	-0.54**	0.51**	0.40**	1

** $P < 0.01$

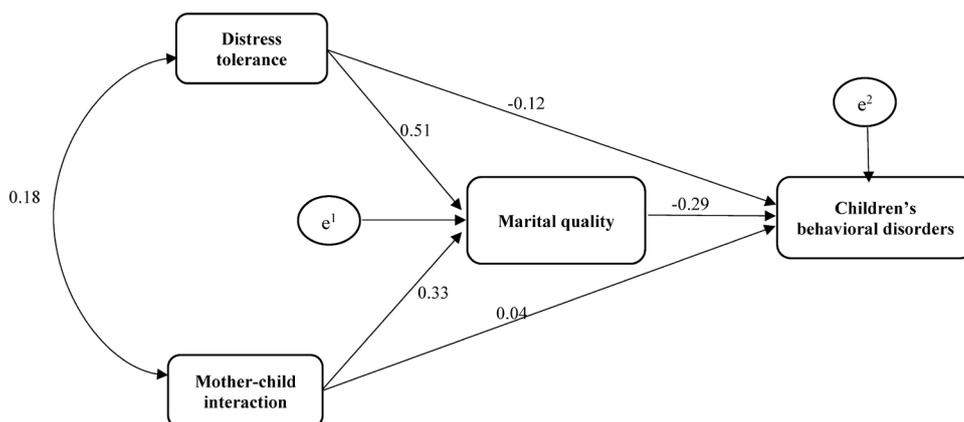


Figure 1: The figure shows the proposed model pertaining to the mediating role of marital quality in the association of mother-child interaction and distress tolerance with children’s behavioral disorders.

Table 2: Fit indicators in the proposed and final models

Fit indicators	χ^2	df	(χ^2/df)	TLI	CFI	RFI	NFI	RMSEA
Proposed model	10.99	6	1.83	0.96	0.98	0.92	0.97	0.333
Final model	13.43	8	1.67	0.97	0.98	0.93	0.96	0.057

disorders based on distress tolerance, mother-child interaction, and marital quality.

According to Table 2, the root mean square error of approximation (RMSEA) was obtained as 0.333, which indicated that the initial model needed to be corrected. After a path (from distress tolerance to children’s behavioral disorders) was deleted, the RMSEA of the final model was obtained to be 0.057, which indicated its good fitness. Figure 2 depicts the final model.

Table 3 reports the findings of path coefficient estimation for the analysis of direct hypotheses. According to the results, there was a direct and significant association between distress tolerance and marital quality ($\beta=0.51$, $P=0.001$), and between mother-child interaction and marital

quality ($\beta=0.33$, $P=0.001$) in mothers of children with learning disabilities. Moreover, there was a negative and significant association between marital quality and children’s behavioral disorders ($\beta=-0.38$, $P=0.001$). The direct paths from distress tolerance and mother-child interaction to children’s behavioral disorders were not significant.

Table 4 explains the significance of the mediating associations through bootstrap method. According to this table, the significance levels indicate the significance of the indirect path from distress tolerance to children’s behavioral disorders through the mediating role of marital quality ($\beta=-0.21$, $P=0.010$). Furthermore, there was an indirect path from the mother-child interaction to children’s behavioral disorders through the mediating role of marital quality ($\beta=-0.26$, $P=0.010$).

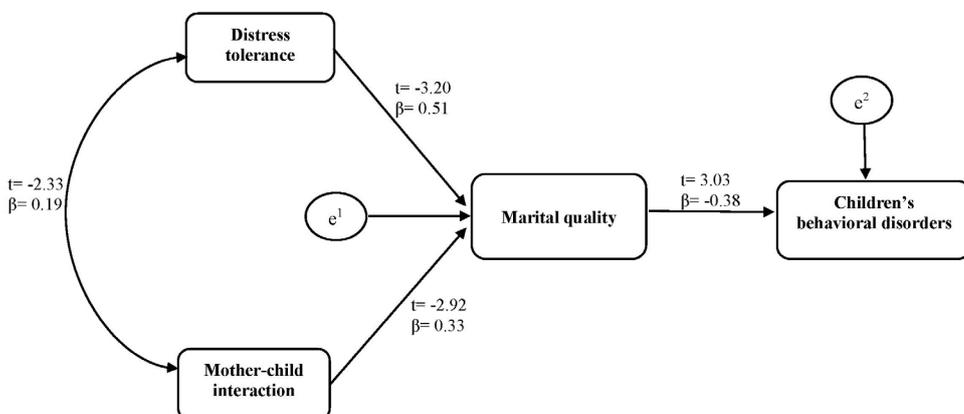


Figure 2: The figure shows the final model pertaining to the mediating role of marital quality in the association of mother-child interaction and distress tolerance with children’s behavioral disorders.

Table 3: Path coefficients of the direct association between the variables in the final model

Path	The final model	
	β	P
Distress tolerance → Children's behavioral disorders	-0.12	-
Mother-child interaction → Children's behavioral disorders	0.04	-
Distress tolerance → Marital quality	0.51	0.001
Mother-child interaction → Marital quality	0.33	0.001
Marital quality → Children's behavioral disorders	-0.38	0.001

Table 4: Results of the bootstrap method for investigating indirect and mediating paths

Predictor variable	Mediator variable	Criterion variable	The final model	
			Bootstrap	P
Distress tolerance	Marital quality	Children's behavioral disorders	-0.21	0.010
Mother-child interaction	Marital quality	Children's behavioral disorders	-0.26	0.010

4. Discussion

The present study aimed to investigate the association of distress tolerance and mother-child interaction with children's behavioral disorders with the mediating role of marital quality in mothers of children with learning disabilities. According to the results, the direct paths from distress tolerance and mother-child interactions to children's behavioral disorders were not significant; however, those paths to marital quality were significant. The indirect paths to children's behavioral disorders were not found to be significant through marital quality.

The first research finding indicated no significant associations between distress tolerance and children's behavioral disorders. This finding is inconsistent with the results reported by Firoozi and Feiz Abadi (11) and those reported by Robinson and colleagues (12), who indicated a significant association between distress tolerance and children's behavioral disorders through the Pearson correlation coefficient and the regression analysis. However, this study analyzed the hypotheses through structural equation modeling (SEM). Moreover, the association between maternal distress and children's behavioral disorders was significant through the Pearson correlation coefficient. Nonetheless, due to the presence of a mediating variable, all the effects of maternal distress tolerance on children's behavioral disorders were explained through mediating variables, which are the indirect associations. In other words, maternal distress tolerance affected children's behavioral disorders in this model indirectly; hence, this finding is considered to an

extent consistent with previous studies (11, 12).

Mothers with emotional problems show excessive behaviors, such as domineering their children in order to alleviate their own tension. Emotional problems are cognitively accompanied by pessimism and unreasonable negative expectations of the future. Compensatory actions are taken in response to these negative processes. Distressed mothers have difficulties adjusting their behaviors and using problem-solving skills. They experience different behavioral problems, such as excessive monitoring and authoritarian demanding decisions in the absence of misconduct. Generally, parents who manifest lower levels of distress tolerance (and are more distressed) will try harder to fix the problems and reorganize the uncontrolled situations through excessive control, thereby irritating their children. In other words, once mothers experience higher levels of distress tolerance, they will become more patient in their associations with their children. In this case, they further control their own emotions and manage to improve their interactions with their children. Hence, they can alleviate their children's behavioral disorders.

The second research finding indicated no significant associations between the mother-child interaction and children's behavioral disorders. This finding was inconsistent with the results reported by Motavalli Pour and colleagues (15) and Oh and colleagues (17), who used the Pearson correlation coefficient and the regression analysis to indicate a significant association between the mother-child interaction and children's behavioral disorders. However, the hypotheses were analyzed

through SEM in the present study, in which the association between the mother–child interaction and children’s behavioral disorders were significant through the Pearson correlation coefficient first. Nevertheless, due to the presence of mediating variables, all the effects of the mother–child interaction on children’s behavioral disorders were explained through mediating variables, which are the indirect associations. In other words, the mother–child interaction affected children’s behavioral disorders indirectly in this model.

The third finding revealed a direct negative association between marital quality of mothers and children’s behavioral disorders. This finding is consistent with the study of Seydi and colleagues (22). A source of stress for mothers that would decrease their marital quality is the birth of a child with learning disabilities. These children impose certain levels of stress on their parents, especially mothers, as well as their marital relationships. The most important issues experienced by these mothers include difficulty in accepting children’s disabilities, tiredness of nursing and caring for them, encountering leisure time problems, having financial problems in the family and dealing with educational problems (22). Stress reduction is attributed to problem-oriented coping strategies, favorable family functions and a sense of meaning in life. All these factors can reduce the appropriate mother–child interaction and worsen children’s behavioral disorders.

The results also indicated that marital quality played a mediating role in the associations of distress tolerance and mother–child interactions with children’s behavioral disorders. According to the research literature, no studies were found to investigate this finding. The research results showed that both direct paths from distress tolerance and mother–child interactions to children’s behavioral disorders were not significant; meanwhile, distress tolerance and mother–child interactions affected children’s behavioral disorders by impacting the marital quality of mothers. In fact, it can be stated that children’s behavioral disorders are affected the most by the marital quality of mothers. Therefore, marital quality played a completely mediating role in this association. If mothers have low levels of distress tolerance and interact poorly with their children, their marital quality will be affected adversely, which can make them treat their children badly. Hence, children’s behavioral disorders will

be aggravated.

Parent-child interactions are among the most important factors affecting children’s mental and social development, which play major roles in children’s lives. In other words, the quality of these associations in the early years of childhood will form the foundations of children’s future cognitive, social, and emotional developments. Families play fundamental roles in people’s health and ill health. A family is in fact the major institution that maintains both individuals’ personal health and social health. It also plays a key role in forming concepts of health and ill health as well as normal and abnormal patterns of behavior (33). Inefficient nurturing styles and inappropriate parent-child interactions throughout development stages will result in communication problems and finally lead to children’s vulnerability to certain disorders, such as anxiety. At the same time, there are high levels of conflict and low levels of consistency in families with children suffering from learning disabilities. The sense of parenting insufficiency can also extend to other aspects of the private life and marital relationships of their mothers over time (34). Thus, the presence of children with learning disabilities will naturally make these families experience symptoms of their children’s disorders. Parents, especially mothers, will then experience further problems. Accordingly, mother-child interaction and management of negative emotions will be evidently of greater importance than ever. If people can achieve this skill, they can be aware of problems and stress and find appropriate solutions to stress reduction in relation with their children. Hence, they can enhance marital quality and improve children’s behavioral disorders. It can be concluded that marital quality plays a mediating role in the associations of distress tolerance and mother–child interactions with children’s behavioral disorders.

4.1. Limitations

This study faced a few limitations, the first of which was the statistical population that included only the mothers of students with learning disabilities in Andimeshk. Therefore, caution should be taken in generalizing the results to mothers from other cities. In addition, the study neglected the role of fathers, something which requires careful considerations in the generalization of these results to fathers. Regarding learning disabilities, the researcher was unable to control the intelligence

factor among students. Due to the presence of variables pertaining to the marital relationships of mothers, researchers had to exclude some mothers who were either divorced or lost their husbands. There are also certain effective variables, such as the participant's age, economic status, employment or unemployment, and educational attainments of mothers, in relation to children's behavioral disorders. These variables were not controlled in this study; thus, it is recommended to consider such variables in future works.

5. Conclusions

According to the findings obtained herein, the proposed model had acceptable fitness. Hence, it is considered as an important step towards identification of the factors affecting children's behavioral disorders experienced by the mothers of children with learning disabilities. It can also be employed as a useful model for developing and designing efficient plans to prevent the experienced tensions of mothers and alleviate their children's behavioral disorders. The results also indicated the necessity of paying further attention to providing psychological and social support for the mothers of children with learning disabilities by experts. Therefore, training workshops should be held to help improve distress tolerance and enhance mother-child interactions in order to boost marital quality and alleviate children's behavioral disorders.

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Ethical Approval

The Ethics Review Board of the university approved the present study with the code of IR.IAU.AHVAZ.REC.1399.099. Also, written informed consent was obtained from the participants.

Conflicts of Interest: None declared.

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