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Emotion regulation, emotion and behavioral problems and prosocial behaviors in school-aged children: a pilot study

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Abstract

Objective: Emotion regulation is psychological process playing a key role in affective, social, and cognitive development. Poor emotion regulation is related to psychological problems while high emotion regulation is related to adaptive functioning in children. The present pilot study aimed at testing the relationship between emotion regulation and emotional and behavioral problems in a community sample of school-aged children.

Methods: A convenience community sample of 65 children from 6 to 13 years of age ($M=8,6$; $SD=1.87$) were assessed on emotion regulation, emotional and behavioral problems, and prosocial behaviors. Statistical analyses were performed to test age and gender differences, associations between emotion regulation and emotional and behavioral problems, and predictors of psychological difficulties in children.

Results: Age and gender differences were not found in emotion regulation, psychological problems and prosocial behaviors, although girls showed higher emotion regulation, higher prosocial behaviors and lower externalizing behaviors than boys. As expected, emotion regulation was positively associated with prosocial behaviors and negatively associated with emotional and behavioral problems. Conversely, emotional lability/negativity was associated with psychological problems, particularly those related to externalizing behaviors. Both emotion regulation and emotional lability/negativity were independent predictors of psychological difficulties in children.

Conclusion: Our findings confirm that the capacity to regulate emotions is essential in promoting psychological well-being in children. Because of its transdiagnostic nature, it is important to deeply investigate how specific components of emotion regulation impact on children's mental health. Despite evident research advances, the lack of a valid and reliable measure that integrates the assessment of both implicit and explicit components of emotional regulation in children remain an important gap that must be filled by future research.

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1. Introduction

Emotion regulation (ER) is a psychological process by which an individual may influence their emotional response to maintain psychological balance and appropriately adjust to life's challenges. It involves both implicit processes, like defense mechanisms, and explicit strategies, like coping mechanisms, both activated by the individual to deal to internal and external demands (Di Giuseppe & Lingardi, 2023; Harrington et al., 2020). This ability to manage emotional arousal to facilitate engagement with context plays a fundamental role in affective, social, and cognitive development (Kim-Spoon et al., 2013). Poor ER is associated with diverse forms of psychological symptoms and disorders like attention deficit hyperactivity disorder, oppositional defiant disorder, conduct disorders, personality disorders, self-injurious behaviors, suicidality, occurring in 25–30% of people admitted to mental health services (Bianchi et al., 2022; Gómez Tabares et al., 2025; Gugliandolo et al., 2020; Moehler et al., 2022; Quintero-López et al., 2024; Sierra & Ortiz, 2022). Although the ER is considered a transdiagnostic process, it will be necessary for research and clinical practice identifying and targeting *specific* ER strategies that might impact on specific psychopathological conditions (Cludius et al., 2020; Rocío de la Portilla Maya et al., 2025).

A large body of research has focused on how ER is implicated in adaptational processes (Békés et al., 2023a; Magalhães et al., 2023; Mezzalira et al., 2022; Sesar et al., 2022, 2024). Recent studies have demonstrated that ER mechanisms, such as modification, readiness to confront negative emotions, activity engagement, and trust in bodily signals, were positively associated with well-being (Klocek & Řiháček, 2023; Lucifora et al., 2021). A recent meta-analysis from Kraft et al. examined the relationships between adaptive and maladaptive ER strategies with symptoms of depression, anxiety, aggression, and addiction. Results revealed that maladaptive strategies showed larger effect sizes than adaptive strategies. especially for internalizing symptoms (Kraft et al., 2023). The implicit component of ER, resulting in the maturity of the defense mechanisms, significantly influences physical and mental functioning (Di Giuseppe et al., 2024a; Martino et al., 2023; Silvestro et al., 2025). Several studies have found a significant impact of mature defenses on determining adaptive responses to stress and trauma (Békés et al., 2023b; Tanzilli et al., 2022). In particular, chronically ill patients with adaptive implicit ER capacity are able to cope with the distress caused by their disease and are also more compliant with the treatment (Cruciani et al., 2025; Martino et al., 2025). Similarly, in psychotherapy, improvements in implicit emotion regulation skills are associated with positive outcomes (Conversano et al., 2023; Prout et al., 2019). The use of maladaptive emotion regulation strategies decreases significantly after treatment across interventions and disorders (Sloan et al., 2017). The ER also

plays a fundamental role in building interpersonal relationships (Bincoletto et al., 2025; Carvalho et al., 2024; Messina et al., 2018). In their recent study, Messina et al. (2024) found that the imbalance between the hyper-activation and deactivation of the attachment system corresponded to an imbalance in the use of emotion regulation strategies.

In children, the ER directly affects child development and psychological wellbeing. This capacity set the path for an individual to manage health behaviors and meet their full potential development across their lifespan (Adynski et al., 2024; Blankson et al., 2017; Sardella et al., 2021, 2023). During early childhood, children begin to integrate emerging cognitive and behavioral strategies to meet personal goals and social demands. Emotional dysregulation has been identified as a potential mechanism contributing to adverse physical and mental health (Cavicchioli et al., 2023). Developmental research has demonstrated that ER changes from infancy to adulthood (Feldman, 2015), as a shift from innate emotional reactivity and parental coregulation to more intentional, independent and personality-related patterns of ER (Calkins & Marcovitch, 2010; McIntosh et al., 2021). While infants and young children are often reliant on extrinsic ER, self-regulatory strategies become more frequent and complex as children and adolescents mature emotionally and cognitively (Cramer, 2007; Eisenberg et al., 2014). In line with this approach, a pioneering study by Di Giuseppe and colleagues (2024b) highlighted how the therapist's implicit ER may serve as a regulatory model for the patient, with a potentially decisive impact on the treatment process.

Current research is trying to identify whether deficits in ER are related to psychopathology across disorders or specifically linked to certain forms of psychopathology (Dixon-Gordon et al., 2015; Fiorentino et al., 2024). Research has found that difficulty in ER predicted all mental health symptoms and internalizing behavior problems in children and adolescents (Hen et al., 2022; Hosiri et al., 2023; McCoy & Raver, 2011). A recent meta meta-analysis highlighted various family factors that impact children's emotion regulation development, and therefore, contribute to the risk of internalizing symptoms in young people (Lin et al., 2024). Findings by Greuel and colleagues (2015) revealed that the lack of adaptive ER strategies is associated with psychological distress independently from the type of psychopathology (Greuel et al., 2015), confirming a transdiagnostic and emotion-overarching conceptualization of ER in childhood and adolescence (Di Giuseppe, 2024).

1.1 Aims

The present study aims to explore how ER is associated with emotional and psychological problems and prosocial attitude in a normative sample of school-aged children.

We tested the relationships between emotion regulation, emotional lability/negativity, emotional and behavioral problems, and prosocial attitude, aiming at verifying the following hypotheses:

Hp1: Children do not differ in emotion regulation, psychological problems and prosocial behaviors based on their age and gender;

Hp2: Child's emotional lability/negativity is associated with both internalizing and externalizing symptoms, while emotion regulation was positively associated with prosocial behaviors and negatively associated with psychological problems;

Hp3: Lability/negativity and emotion regulation is independent predictor of psychological difficulties in children.

Aware of the study limitations, we expected to find no differences between boys and girls in emotion regulation, emotional and behavioral problems and prosocial behaviors. We also expected to find that child's emotional lability/negativity was related to psychological difficulties while child's adaptive ER was related to prosocial behaviors; Finally, we expected ER to predict emotional and behavioral problems in children.

2. Methods

2.1 Participants and procedures

A convenience community sample of 65 school-aged children attending from 1st to 8th grade of a school in Central Italy was enrolled for the study. Parents were contacted by the school and informed of the purpose of the research. They were asked to sign an informed consent form to allow their child's participation in the study. Of the 68 parents contacted, 65 responded positively to the invitation.

Inclusion criteria were set as following: being from 6- to 13-year-old; not holding certified mental disorder; having received from parents a signed informed consent for participation of the child in the study. Data collection was performed in November 2025. All procedures followed the ethical standards of the Helsinki Declaration and were approved by the institutional review board of the University of Rome Tor Vergata. The study was not pre-registered because it is a part of a larger recently approved protocol based on longitudinal research design. The sample size and power analysis were calculated using StatsCalculator. The optimal sample size resulted in 32 participants per group, consistent with the sample recruited for the study.

2.2 Measures

The *Emotion Regulation Checklist* (ERC; Shields & Cicchetti, 1995) is an other-report questionnaire that assesses two dimensions of emotion regulation, Emotion Regulation (ER) and Emotional Lability/Negativity (L/N), in children preschool and school-aged children. The ER dimension evaluates expression of emotions, empathy, and emotional self-awareness, with higher scores indicating greater adaptive regulatory processes. This dimension is associated with social skills and adaptation (Reyes et al., 2020). The L/N dimension assesses lack of flexibility, anger dysregulation, and mood lability, with higher scores indicating greater emotion dysregulation. This dimension is associated with behavioral problems in children (Kim-Spoon et al., 2013). The ERC also provides an overall emotion regulation index (ER Total) that is calculated by the sum of the ER and the reverse of L/N subscales. In the ER Total higher scores indicate good emotion regulation, while lower scores indicate poor emotion regulation. The questionnaire has been translated and validated in Italian language showing good psychometric properties (Molina et al., 2014).

The *Strength and Difficult Questionnaire* (SDQ; Goodman, 2001) is a 25-item emotional and behavioral screening questionnaire assessing emotional and behavioral problems in children and adolescents from 3 to 16 years old. The DSQ provides scores for five dimensions, such as emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior. The validity and reliability of the scale have been largely proved (Mieloo et al., 2012; Rothenberger et al., 2008), confirming the original five-factor SDQ subscale structure. Younger children resulted more impaired on various SDQ scales than older children, girls were more emotionally affected while boys showed more externalizing problems. The questionnaire has been translated and validated in Italian differing in part from the original instrument (Tobia et al., 2013).

2.3 Analyses

Age and gender differences among children in emotion regulation, psychological problems and prosocial behaviors were tested using Student's t-test. Associations between emotion regulation and emotional and behavioral problems in children were analyzed using Pearson's correlation. Finally, Linear Regression analysis was used to extract statistical predictors of psychological difficulties in children. All analyses were performed with the statistical software Jamovi Version 2.4.

3. Results

The study involved 33 boys and 32 girls with an average age of 8,6 years ($SD= 1.87$, range 6-13). The sample was normally distributed among age, gender ($X^2= 3.38$; $df=6$; $p= 0.759$). All psychological variables were normally distributed (W range 0.735-0.902; $p< 0.001$).

Table 1

*Descriptive statistics and gender differences (Student's *t*) in emotion regulation, psychological problems and prosocial behaviors*

	Mean (SD)		Min - Max		<i>t</i>	<i>p</i>
	Boys (N=33)	Girls (N=32)	Boys (N=33)	Girls (N=32)		
ERC total	71.2 (7.1)	71.8 (4.8)	47-78	60-77	0.422	0.674
ER	22.8 (2.6)	24.0 (2.6)	18-26	18-29	1.826	0.073
L/N	26.6 (6.0)	27.2 (4.2)	18-46	19-41	0.430	0.669
SDQ total	7.1 (6.8)	6.0 (7.8)	0-25	0-24	-0.635	0.528
Emotional symptoms	1.5 (1.9)	1.7 (2.6)	0-6	0-9	0.415	0.679
Behavioral Symptoms	1.7 (2.5)	1.4 (2.5)	0-9	0-9	-0.364	0.717
Hyperactivity/inattention	2.9 (2.6)	2.1 (2.7)	0-10	0-10	-1.298	0.199
Peer relational difficulties	1.0 (1.4)	0.7 (1.3)	0-5	0-4	-0.912	0.365
Prosocial behaviors	7.3 (2.1)	8.2 (2.1)	0-10	0-10	1.867	0.067
Internalizing symptoms	2.5 (2.9)	2.4 (3.5)	0-10	0-12	-0.097	0.923
Externalizing symptoms	4.6 (4.9)	3.5 (4.9)	0-18	0-18	-0.883	0.380

Note. ER Total = emotion regulation total score. ER = emotion regulation. Lability/Negativity = emotional lability/negativity. SDQ Total = Strength and Difficult Questionnaire total score.

negativity. SDQ Total = Strength and Difficult Questionnaire total score.

Results of the assessment of ER and emotional and behavioral problems are displayed in Table 1. Average scores for all psychological scales fell in the range assessed in the community sample (Goodman, 1997). Boys and girls do not differ in ER, psychological problems and prosocial behaviors. However, girls showed higher scores in ER and prosocial behaviors, with *p* values close to the level of significance ($p= 0.073$ and $p= 0.067$, respectively).

Table 2

Pearson's correlations between emotional regulation, internalizing and externalizing symptoms, and prosocial behaviors

	1	2	3	4	5	6	7	8	9	10
1. ER Total	-									
2. ER	.522***	-								
3. Lability/Negat	-.897***	-.091	-							
4. SDQ Total	-.643***	-.486***	.499***	-						
5. Emotional	-.198	-.391***	.029	.775***	-					
6. Behavioral	-.761***	-.449***	.656***	.900***	.551***	-				
7. Hyperactivity	-.713***	-.362**	.645***	.876***	.476***	.801***	-			
8. Peer problems	-.315**	-.413***	.153	.694***	.538***	.489***	.466***	-		
9. Prosocial	.581***	.623***	-.356**	-.745***	-.488***	-.739***	-.651***	-.539***	-	
10. Internalizing	-.274*	-.451***	.086	.841***	.933***	.596***	.534***	.806***	-.573***	-
11. Externalizing	-.776***	-.426***	.685***	.935***	.540***	.947***	.932***	.503***	-.731***	.595***

Note. ER Total = emotion regulation total score. ER = emotion regulation. Lability/Negat = emotional lability/negativity. SDQ Total = Strength and Difficult Questionnaire total score. Emotional = emotional problems. Behavioral = behavioral problems. Hyperactivity = hyperactivity/inattention. Peer problems = peer relationship problems. Prosocial = prosocial behavior. Internalizing = Internalizing problems. Externalizing = Externalizing problems.

** $p < .01$; *** $p < .001$

Associations between ER and emotional and behavioral problems are displayed in Table 2. The ER global score (ER Total) was highly positively related to prosocial behaviors and highly negatively related to the emotional and behavioral problems global index (SDQ Total; $r = -0.643$; $p < 0.001$) and all SDQ subscales, with the exception of emotional problems. Consistent results were found for the ER subscale, that showed similar correlations in the same directions with the addition of negative correlation also with emotional problems ($r = -0.391$; $p < 0.001$). Conversely, the L/N component of ER resulted highly positively associate with SDQ Total ($r = -0.499$; $p < 0.001$), behavioral problems, hyperactivity, and externalizing behaviors (r ranging = -0.499 ; $p < 0.001$). However, results showed that L/N was not related to emotional problems, peer relational difficulties and internalizing behaviors.

Table 3*Linear regression model of emotional regulation and lability/negativity as predictors on psychological problems*

Predictor	Estimate	SE	t	p
Intercept	19.974	8.189	2.439	0.018*
Age	-0.416	0.381	-1.092	0.279
Gender (M-F)	0.381	1.444	0.264	0.793
Lability/Negativity	0.667	0.137	4.870	< 0.001***
ER	-1.194	0.270	-4.422	< 0.001***

Note. Lability/Negativity = emotional lability/negativity. ER = emotion regulation.

* $p < .05$; *** $p < .001$

Results of linear regression showed that emotional lability/negativity and emotion regulation were independent predictors of psychological difficulties in children by controlling for age and gender. The Overall Model Test (OMT) resulted significant ($F= 12.5$; df range 4-60; $p < 0.001$) and explained 42% of the variance ($R^2= 0.455$; Adjusted $R^2= 0.419$).

4. Discussions

The ability to regulate emotions is increasingly recognized as a key developmental function influencing emotional and behavioral difficulties in childhood. The systematic evaluation of ER is essential for understanding individual's psychological functioning and mental health (Gross, 2015). During childhood, the ER capacity is even more relevant since it highly impacts on the emotional, cognitive, and relational processes still developing. The present pilot study investigated the relationships between ER and psychological functioning in a community sample of school-aged children. The aim of the study was to explore which aspects of ER play a role in the child's emotional and behavioral problems, but also in their prosocial attitude.

The first hypothesis, that children did not differ in emotion regulation, psychological problems and prosocial behaviors based on their age and gender, was fully confirmed in our community sample. None of the psychological dimensions explored differed among boys and girls of different age. However, girls reported higher scores in both ER and prosocial behaviors, while boys showed higher scores in the global index of emotional and behavioral problems and in externalizing behaviors. According to recent literature (Levkovich et al., 2025), older children showed higher emotional and behavioral difficulties on average, confirming contemporary developmental psychopathology research that assesses a pattern of increasing emotional vulnerability during mid-to-late adolescence (Guassi Moreira et al., 2021).

The second hypothesis, that emotional lability/negativity was associated with both internalizing and externalizing symptoms, while emotion regulation was positively associated with prosocial behaviors and negatively associated with emotional and behavioral problems, was also confirmed by our results. According to literature, emotional lability seems to relate to externalizing problems, such as hyperactivity symptoms and irritability, while emotional regulatory competences appear related to an empathic and prosocial attitude toward others. (Hein et al., 2018; Maire et al., 2020).

Lastly, the third hypothesis, that lability/negativity and emotion regulation were independent predictors of psychological difficulties in children, was confirmed in our sample. Both the adaptive and maladaptive ER dimensions resulted good predictors of emotional and behavioral problems in children, whereas age and gender were not. Recent research highlighted the role of emotion regulation in shaping how psychological risks manifest. Maladaptive ER strategies seem to mediate the individual response to childhood adversity, thus impacting on mental health (Caputo et al., 2022; Guarino et al., 2025; Kahl et al., 2020). Specifically, research has highlighted that emotion regulation mediates the relationship between depressive symptoms and internalizing problems, suggesting its crucial role as a transdiagnostic mechanism (Shen, 2022).

Although the results of this study are consistent with some of the current literature, the findings should be interpreted with caution. The construct of ER is complex and results from the interaction of biological, psychological, and environmental factors (De Raedt & Koster, 2010). One aspect that must be considered when assessing ER is that there is an explicit component, guided by the subject's conscious and voluntary use of strategies to regulate the emotional response to stressful situations, and an implicit component, referring to the strategies unconsciously activated by the individual to manage different sources of stress. As Flores-Kanter et al. (2021) noted, the difficulty in studying the relationship between stress and emotional regulation is due to the need to contemplate a dynamic perspective that analyzes the moderating role of stress, which involves different phases and different neurocognitive processes involved in emotion regulation (Flores-Kanter et al., 2021). Within the context of a modern theoretical reformulation of the ER (Gross, 2015), it is important to consider the need for adequate assessment of both explicit and implicit components of ER. A better understanding of the underlying mechanisms of emotion regulation would contribute to tailoring psychological interventions to prevent and treat mental disorders.

Recent literature on the role of defense mechanisms (implicit ER) and coping strategies (implicit ER) has demonstrated that in adult samples, it is preferable to consider these aspects simultaneously, as it can inform the impact that different regulatory strategies have on stress management and adaptation (Di Giuseppe & Lingiardi, 2023; Kramer, 2010; Lingiardi et al.,

2010; Salvatore et al., 2009; Silverman & Aafjes-van Doorn, 2023). The assessment of implicit ER strategies, such as defense mechanisms, is of great importance, especially in childhood, since children's awareness is limited at this stage of development and the activity of implicit ER plays a significant role in the management of emotions and in the adaptation processes. However, psychometrically and theoretically robust instruments able to capture the complexity of the child's defensive functioning are still lacking. This shortcoming should be taken into account in future research, promoting the development of valid and reliable tools for assessing implicit emotion regulation in children.

This study has evident limitations that must be considered when interpreting the results. First, the sample size was limited and not randomly recruited. The inadequate sample variability limits the findings generalization to the target population. Second, the absence of participants with certified psychopathology impeded the results comparison of the community sample with a clinical group of children. A third limitation was due to the instruments used for the assessment. The lack of a valid and reliable instrument that integrates the assessment of both implicit and explicit components of emotional regulation in children did not allow an in-depth investigation of how these components of ER impacted emotional and behavioral difficulties in our community sample of children.

Future studies should explore the role of ER on psychological difficulties on larger and more heterogeneous samples of school-aged children, considering the inclusion of several raters and integrating the evaluation with a multi-method approach that includes the use of other-report questionnaires together with quantitative and qualitative textual analysis (Gelo et al., 2009, 2012). Moreover, it is important to fill the gap in assessment tools able of recognizing implicit emotion regulation in children. Future research should focus on developing and validating new measures to assess the implicit component of emotion regulation, such as defense mechanisms. Although there are some validated tools for assessing defenses in children (Cramer, 1991; Laor et al., 2001; Nimroody et al., 2019), none of them refer to the gold-standard hierarchy of defense mechanisms, which makes the longitudinal assessment of the developmental lines of emotional regulation more complex and somewhat inconsistent (Di Giuseppe & Lingardi, 2023).

Conclusion

The analysis of emotion regulation is essential for understanding the dynamic processes of psychological functioning across the lifespan. This study confirmed how children's vulnerabilities in emotion regulation are associated with emotional and behavioral problems. Because of its transdiagnostic nature, it is essential that future research focuses on an in-depth

analysis of both implicit and explicit components of ER and their impact on children's mental functioning, the quality of their relationships, and their academic performance.

Ethical approval

All procedures followed the ethical standards of the Helsinki Declaration and were approved in 23/10/2025 by the institutional review board of the University of Rome Tor Vergata, protocol number 0009103/2025.

Informed Consent Statement

Informed consent was obtained from parents of all subjects involved in the study.

Data Availability Statement

The datasets presented in this article are not readily available because the dataset is not approved by the IRB for use by other researchers. Requests to access the datasets should be directed to MDG.

Conflict of interest statement:

Authors have no conflict of interest to report.

Author Contributions

MRJ assisted in reviewing the literature and writing the manuscript; JG contributed to data analysis and writing, VT analyzed and interpreted the data and assisted in writing, GP assisted in reviewing the literature and writing the manuscript, MDG led the conceptualization of the research, assisted in methodology, scoring of measures, and writing the manuscript.

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