

Linking Social-emotional Competence Based on Positive Mood Characteristics and Self-efficacy in Emotion Regulation: Testing the Mediating Role of Social Support

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Abstract

A child's ability to engage positively with others, express emotions positively, and control behavior is referred to as social and emotional competence. Thus, the aim of this study was to explain social-emotional competence based on positive mood characteristics, self-efficacy in emotion regulation with mediating role of social support in female students. The method used in this research was correlation with structural equation modeling method, which was performed in Tehran during the academic year 2018-2019 in December and October. 420 female students with an average age of 17 years in public schools, were randomly selected by cluster sampling method. The following questionnaires were administered to students: Bromes's temperament (2007), the social support questionnaire of Wax et al. (1986), the self-efficacy questionnaire of Caprara et al. (2008), the motivation questionnaire of Mecklenburg et al. (2011), and the emotional intelligence questionnaire of Zhu and Ei (2012). Pearson correlation coefficient test and path analysis methods were used to analyze the data. Data were analyzed using SPSS-21 and AMOS18 software. Based on the presented model (The root-mean-square error (RMSEA) was 0.072, and the square root of the mean squared residual (SRMR) was 0.062, which was less than the criterion (0.08) and thus confirmed the fit of the model. Based on the results, Positive mood traits affect social-emotional competence both directly and indirectly through social support. In order to promote social-emotional competence, social support should consider as an effective variable and important intervention priority of educational systems.

Keywords: Social-emotional Competence, Positive mood, Self-efficacy in Emotion Regulation, Social Support.

Introduction

Goleman and other colleagues founded the Collaboration for Academic Social and Emotional Learning in 1994 to advance social and emotional learning in academic settings. To develop appropriate responses to emotions, set and accomplish positive goals, demonstrate empathy, establish and maintain positive relationships, and make responsible decisions, SEL provides children and adults with the necessary skills, attitudes, and knowledge (Wang, Yang, Zhang, Wang, Liu & Xin, 2019; DePaoli, Atwell & Bridgeland, 2019). Today, schools place an increasing emphasis on developing students' socio-emotional competence, including developing self-awareness, becoming active and participating in meetings, and respecting one another. In contrast, Iranians' practice differs from others around the globe, failing to take social-emotional learning into account (Suratno, Komaria, Yushardi, Dafik & Wicaksono, 2019). The Iranian education system also identifies cognitive skill development as a priority, while not including the social-emotional aspect of human development. As a result, Iranian secondary schools fail to encourage and reveal their students' talents. Among young adolescents, enhanced social-emotional competencies are associated with a reduction of emotional distress (ED) and the stimulation of academic efficacy belief (AEB) (Jdaitawi, 2019; Taylor, Oberle, Durlak & Weissberg, 2017). Nonetheless, little information is available regarding how specific SECs relate to adolescence (Vestad, Bru, Virtanen, Stallard, 2021). Several studies have shown that social-emotional skills influence other capacities, such as cognitive and social development (DePaoli, Atwell & Bridgeland, 2019; Vestad, Bru, Virtanen, Stallard, 2021). Over the past three decades, studies have demonstrated that social and emotional competence is central to the content of SEL programs. Thus, social-emotional competencies help promote good behavior as well as help support students' academic success (Jdaitawi, 2019; Vestad, Bru, Virtanen, Stallard, 2021). In the research literature, there is inadequate information about factors that promote social-emotional competence. In this regard, this analysis aims to classify and include variables associated with social-emotional competence, for example, mood characteristics. An article found that positive moods were associated with better information processing by students. Cognitive functions such as memory, categorization, problem-solving, creativity, and decision-making are enhanced by a positive mood. Studies have shown that positive affect enhances memory and learning, while negative affect promotes depression (Febrilia & Warokka, 2014).

The mood trait refers to a character trait that fluctuates between positive and negative emotions based on our inner state of mind. A person's mood might change due to a psychological response to an external stimulus or an adjustment period to an environmental change (Oberle & Schonert-Reichl, 2017). According to a study investigating the broader effects of positive emotions, experiences associated with positive emotions are more likely to lead to increased creativity, better materials processing, better cognitive categorization, and greater levels of social responsiveness. Positive emotions tend to lead to more thought-action, which results in a person building

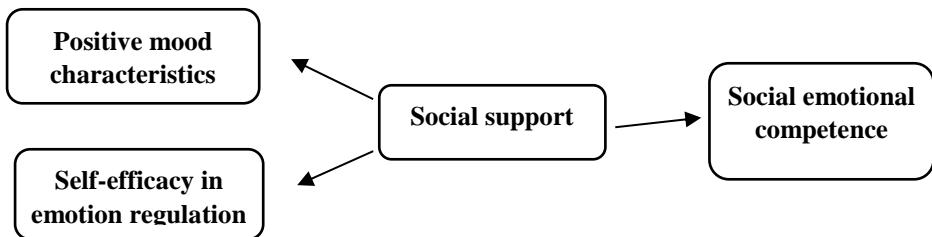
several self-resources through accumulating positive emotions over time (Grol & Raedt, 2014). Studies show that those who are positive are more communicative and happy compared to those who are negative. An environment that is fun and supportive of the individual helps them develop their mental and social skills more effectively (Dfarhud, Malmi & Khanahmadi, 2014). According to a study by Guan and other colleagues (2019) positive and negative fear experiences significantly correlated with different measures of desirable social behavior. A structural equation model of emotions identified that emotional clarification is predictive of positive emotions, self-esteem, and greater satisfaction with interpersonal relations. Similarly, optimism, self-esteem, and interpersonal interactions account for 50 percent of the variance for life satisfaction (Ruvalcaba-Romero, Fernández-Berrocal, Salazar-Estrada & Gallegos-Guajardo, 2017).

According to other researchers, subjective factors such as beliefs, personal and cultural norms, and values can have an impact on action variables such as motivation, self-efficacy, and intention. Similarly, emotional competence is a subjective variable (Martínez-González, Kobylinska, García-Rodríguez & Nazarko, 2019). In a study by Vestad and other colleagues (Vestad, Bru, Virtanen, Stallard, 2021), the correlation between social-emotional competence and self-efficacy was positive.

According to Kirk and other colleagues (Kirk BA, Schutte & Hine, 2008), emotional self-efficacy is a hierarchical process of determining how people perceive, identify, understand, attribute, and control their emotions (e.g., deep and powerful emotions). Another study described perceived ability as the ability to cope with negative affect (Muris, 2001). According to Choi and other colleagues (Choi, Kluemper & Sauley, 2013), emotional self-efficacy is a dynamic process rather than a static attribute of emotional intelligence. However, other authors describe self-efficacy as the ability to cope with difficulties and difficulties in life and the belief in one's ability to manage feelings like anger, rage, and discouragement. Bandura defines self-efficacy as the competency to express or experience positive emotions due to successful and satisfying events (Hanham, Lee & Teo, 2021). With different types of functioning come different types of self-efficacy. According to Carroll et al (Totan, 2014), these types include academic self-efficacy, emotional self-efficacy, and social self-efficacy. All three types have been shown to have positive influences on student academic achievement (Carroll A, Houghton S, Wood R, Unsworth, Hattie, Gordon & Bower, 2009). Overall, previous research has demonstrated that self-efficacy is a predictor of an individual's total educational achievement (Affuso, Bacchini & Miranda, 2017). Other recent work has addressed the empirical study of some emotional states as sources of self-efficacy in secondary school students (Affuso, Bacchini & Miranda, 2017; Fairless, Somers, Goutman, Kevern, Pernice & Barnett, 2021). Esteve-Faubel other colleagues (2021) show in a sample of students that low levels of self-efficacy are preceded by high levels of negative emotions. For successful social adaptation and peer attachment, social skills, problem-solving techniques, emotional intelligence, or self-control in peer interactions are called security variables or risk variables, respectively (Esteve-Faubel, Aparicio-

Flores, Cavia-Naya & Esteve-Faubel, 2021; Valois, Zullig & Revels, 2017). On the other hand, Unpleasant emotional interactions can be linked to a lack of self-efficacy in emotion regulation, which mediates the interaction between positive and negative emotions. According to a report, adolescents who participate in socially appropriate activities have a set of abilities that can help them avoid socially destructive urges and other forms of maladaptation during adolescence and childhood, as well as encourage positive social and academic outcomes (Suárez-García, Álvarez-García, Rodríguez & de Lleida, 2020; Carlo, Streit & Crockett, 2018). Others emphasized the relationship between social support and desirable social tendencies (Yang, Zhou, Cao, Xia & An, 2019).

Teaching positive social tendencies to improve self-control, social confidence of students, and self-efficacy in contact with peers and has validated this impact over time and sustainably (Domitrovich, Durlak, Staley & Weissberg, 2017). Social support is one of the most important ways to manage and promote the resources required for self-control. People with higher levels of social support are more likely to cope with depression, and those with lower levels of social support are more likely to be able to help those with higher levels of social support with their sources of power (Domitrovich, Durlak, Staley & Weissberg, 2017; Jiang, Vauras, Volet & Wang, 2016). Based on the theoretical and research principles mentioned, the aim of this study was the development of a deeper understanding of how students' perception of their own social-emotional competence influences their responses to children with challenging behaviors. Evaluate the structural modeling of social-emotional competence based on positive mood characteristics and self-efficacy in emotion regulation with the mediating role of social support of high school female students. We propose the testing of a conceptual model, as shown in Figure 1 which depicts variables.



Methods

Correlation with structural equation modeling method was conducted in Tehran, during December and October in the academic year 2018-2019. The present research is among the basic researches in terms of applied purpose and field type. It is linked to structural equations in terms of descriptive and correlation analysis approaches. Statistical population: All-female high school students who were studying in Tehran during December and October in the academic year 2018-2019. According to the Deputy Minister of Education, according to the latest statistics of student registration (based on

the information registered in the documentation system), as of September 18, 2016, 236,000 people registered for the second year of high school. The statistical sample size was 495 male and female high-school students from Tehran, Iran, in 2019, who were chosen to use Krejcie and Morgan's guidelines (Krejcie & Morgan, 1970). The statistical survey was administered from Tehran's daily schools using a cluster random sampling procedure. We continued by dividing the population (regular high schools in the city) into smaller regions for this reason (clusters). After that, two existing schools were chosen at random from each area (districts 15, 11, 4, 5, and 1). Finally, students were chosen at random from each school.

Taking into account the fact that a number of samples were removed for various reasons and due to not answering to some questions or other reasons, the number of samples is 420 out of 495 people who were selected as a sample. The researcher, after receiving a written letter of introduction from the university and after coordination and obtaining the approval of the research from the General Department of Education of Tehran and the education departments of districts 15, 11, 4, 5, and 1, in the schools of the mentioned areas to conduct questionnaires and the test took place. In each of the mentioned schools, after obtaining the consent of the school principal by attending the teachers' office and before entering the classroom, first during the conversation with the teacher and his knowledge of how to do it and his willingness to cooperate, the students were asked to provide a group test to the researcher and the questionnaire was completed in class by students. Finally, sampling was done in a period of two and a half months. The protocol of the study was approved by the ethics committee of the Vice-Chancellor of Research, Islamic Azad University of Tehran Center Branch, (IR.IAU.TCB.REC.1398.10120702981011).

Personal Details Form: The researcher used this form to gather demographic data from the subjects, such as field, educational level and area of study, and student school.

Social-Emotional Learning Competencies Scale: Zhu and E developed the Student's Emotional-Social Competence Questionnaire, which was improved at the University of Singapore; the concept of emotional-social school learning collaboration was developed based on the theoretical foundations, and this instrument has 25 questions (Zhou & Ee, 2012). The scale was adapted into the Iranian language by Imamholivand other colleagues (Imamholivand, Kadivar & Sharifi, 2019). The reliability and validity study conducted by Zhu and Ee (2012). determined that the scale consisting of 41 items had 5 sub-dimensions, namely social awareness, social isolation, self-control, social anxiety, and establishing relationships. As a result of the internal consistency test conducted for the original scale, Cronbach's alpha value for the entire scale was found to be 0.87. The answers given to the scale were scored as "strongly disagree = 1 point", "disagree= 2 points", "don't know= 3 points", "agree= 4 points", and "strongly agree= 5 points". Furthermore, the negative items in the scale were scored as "strongly disagree= 5 points", "disagree = 4 points", "don't know= 3 points", "agree= 2 points", and "strongly agree = 1 point" (30). In the present study, the total alpha of the questionnaire was 0.92 and its subscales were 0.91.

Mood Characteristics Questionnaire: The Broms questionnaire with 32 questions was designed to measure mood swings by Lane other colleagues (Lane & Terry, 2000). This

questionnaire consists of 8 subscales: stress, vitality, confusion, fatigue, happiness, calmness, depression, and anger. These scales are of the 5-point Likert scale. Each question gets a score of at least one and a maximum of five (Farrokhi, Montasherei & Zeidabadi, 2013). Each subscale has four questions. Also, vitality, calmness, and happiness (12 questions in total) are positive dimensions of moods; And stress, depression, anger, fatigue, and confusion (20 questions in total) negative dimensions of moods in the Broms questionnaire are 32 questions (Farrokhi, Montasherei & Zeidabadi, 2013). Questions (2,19,26,30) vitality, questions (6,12,22,27) peace, questions (5,11,21,31) happiness, questions (1,17,18,24) tension, questions (9,15,25,29) anger, questions (4,10,14,28) fatigue, questions (3,13,23,32) confusion and obsessions (7,8,16,20) measures depression (Farrokhi, Montasherei & Zeidabadi, 2013). The internal consistency of the questionnaire was determined by Cronbach's alpha coefficient of 0.88. In the present study, the total alpha of the questionnaire was 0.85, and its subscales were 0.83 to 0.84.

The Regulatory Emotional Self-Efficacy scale (RESE): this scale devised by Caprara other colleagues (Caprara, Di Giunta, Eisenberg, Gerbino, Pastorelli & Tramontano, 2008). measures the individual's competence confidence directed to display or feel the effects happening in the affective area related to positive or negative events. It is composed of 12 elements and in the shape of a five-point scale. This measure has two sub-dimensions: 1) self-efficacy in communicating positive affect and 2) self-efficacy in expressing negative affect. In addition, there are two sub-factors in negative affect: 1) perceived self-efficacy in controlling anger/irritation, and 2) perceived self-efficacy in managing despondency. The complete-scale in this study had a Cronbach's alpha of 0.81, and the variable scale had a Cronbach's alpha of 0.79 (Mehrpour, Hosseinchari & Kamali, 2015). In the present study, the internal consistency of this questionnaire was obtained as 0.84 with Cronbach's alpha method.

Social Support Questionnaire: Vaux's other colleagues created the social support questionnaire in 1986 (Vaux, Phillips, Holly, Thomson, Williams, Stewart, 1986). There are 23 statements on this scale, divided into three categories: relatives (8 items), friends (7 items), and others (8 items). An updated edition by Ebrahimi Ghavam (1993) was used in this analysis. According to Ebrahimi Ghavam, the reliability coefficients for undergraduate students were 0.90, and for school students were 0.70 on an overall scale. This test is graded as either a zero or a one. The scores on the questionnaire range from 0 to 23. One point is awarded for each correct answer. A high score shows that you have a lot of social assistance (Ebrahimi Ghavam, 1993). In this study, the Cronbach's alpha for the social support questionnaire was 0.78.

Pearson correlation coefficient test and path analysis methods were used to analyze the data. Data were analyzed using SPSS-21 and AMOS18 software.

Results

In this study, the students (37.8%) were 17 years old, and the frequency of 18-year-olds was lower than the other two age groups. The participants belonged to districts one (19%), five (22%), six (25%), 14 (14%), and 19 (20%). Participants chose from three groups of mathematics (36.6%), applied sciences (35.4%), and humanities (28%).

The mean, standard deviation, and correlation coefficients between the research variables have been presented in Table 1.

Table 1 shows that the mean and standard deviation of mood trait (positive) in the studied sample is (3.46±0.76). Also, the mean and standard deviation of self-efficacy in emotion regulation(positive) and self-efficacy in emotion regulation(negative) is (4.24±0.62) and (2.99±0.62) respectively. Moreover, the mean and standard deviation of social support and Social-emotional competence is (4.28±0.70) and (4.36±0.74) respectively. As shown, all correlation coefficients between positive mood traits, self-efficacy in emotion regulation, and social support are positive with social-emotional competence and are significant at the alpha level of 0.01 ($P < 0.01$). The positive coefficients obtained show a direct relationship between positive mood characteristics, self-efficacy in emotion regulation, and social support with social-emotional competence.

Table 1: Statistical description and matrix of correlation coefficients of the observed research variables

Variables	Mean ±SD	1	2	3	4	5
Mood trait (positive)	3.46±0.76	1				
Self-efficacy in emotion regulation(positive)	4.24±0.62	.403**	1			
Self-efficacy in emotion regulation(negative)	2.99±0.62	.413**	.219**	1		
Social support	4.28±0.70	.432**	.351**	.297**	1	
Social emotional competence	4.36±0.74	.420**	.249**	.393**	.459**	1

* Significance at the level of 0.05 ** Significance at the level of 0.01

Assumptions of path analysis were examined before performing it to ensure the accuracy of its statistical results. These assumptions include the normal multivariate distribution of data and the absence of multivariate outliers. Examination of the multivariate outliers via the Mahalanobis distance showed that there were no multivariate outliers because the calculated χ^2 value for every subject was less than the critical χ^2 value of the table with four degrees of freedom, i.e., less than 9.49. Moreover, the Mardia test statistic was equal to 1.996 indicating that the data had a normal multivariate distribution ($p > 0.05$). Therefore, according to the establishment of the assumptions, the hypothesis test was performed. First, Pearson correlation coefficients between research variables were calculated. These coefficients are presented in Table 2.

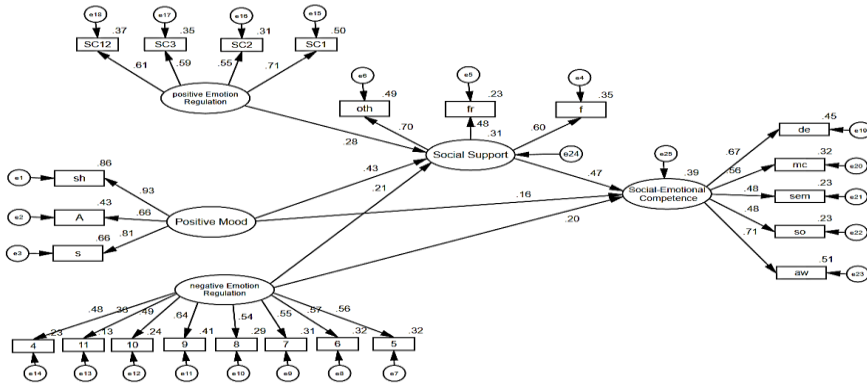


Figure 2. A research model with path coefficients

Figure 2 shows the standard coefficients of the proposed model to investigate the mediating role of social support in the relationship between positive mood traits and self-efficacy in emotion regulation with social-emotional competence.

In Table 2, the ratio of chi-square to degree of freedom ($df / 2\chi$) confirms the fit of the model, in the range of 1 to 5, and means the fit of the model to the data. The root-mean-square error (RMSEA) is 0.072, and the square root of the mean squared residual (SRMR) is 0.062, which is less than the criterion (0.08) and thus confirms the fit of the model. The IFI, CFI, GFI, and NFI indices are significantly higher than the desired criterion (0.9). The obtained coefficients indicate the optimal fit of the model.

Table2: Fitness Indicators of the Proposed Model

Fitness Indicators	$df/2(\chi)$	GFI	NFI	RMSEA	CFI	IFI	SRMR
Acceptable values	<5	>0.90	>0.90	<0.08	>0.90	>0.90	<0.08
Observed value	3.558	0.904	0.910	0.072	0.915	0.916	0.062

GFI: goodness of fit index; NFI: normed fit index; RMSEA: root mean square error of approximation.; CFI: comparative fit index; IFI: incremental fit index.

Table 3 presents the direct, indirect and total effects between the model variables. Based on the results, positive mood characteristics ($P < 0.01, \beta = 0.432$), positive emotion self-efficacy ($P < 0.01, \beta = 0.284$) and negative emotion self-efficacy ($P < 0.01, B = 0.212$)

have a direct and positive effect on social support. Positive mood traits affect social emotional competence both directly ($P < 0.05$, $\beta = 0.159$) and indirectly through social support ($P < 0.05$, $\beta = 0.204$). Negative emotion self-efficacy affects social emotional competence both directly ($P < 0.01$, $\beta = 0.196$) and indirectly and mediated by social support ($P < 0.05$, $\beta = 0.100$). Positive emotion self-efficacy affects social-emotional competence only indirectly and is mediated by social support ($P < 0.05$, $\beta = 0.134$). Social support also has a direct positive effect ($P < 0.01$, $\beta = 0.472$) on social-emotional competence.

Table 3: Direct, indirect, total effects and explained variances of variables

from	to	Direct Effect	Indirect Effect	Total Effect	Explanation variance
Mood trait (positive)	Social support	0.432 **	-	0.432 **	0.321
Self-efficacy in emotion regulation(positive)		0.284**	-	0.284**	
Self-efficacy in emotion regulation(negative)		0.212 **	-	0.212 **	
Mood trait (positive)	Social emotional competence	0.159 *	0.204 *	0.362 **	0.390
Self-efficacy in emotion regulation(positive)		-	0.134 *	0.134*	
Self-efficacy in emotion regulation(negative)		0.196 **	0.100*	0.296 *	
Social support		0.472 **	-	0.472*	

* Significance at the level of 0.05 ** Significance at the level of 0.01

Discussion and Conclusion

This study aimed to explain social-emotional competence based on positive mood traits and self-efficacy in emotion regulation mediated by social support. Findings showed students' social-emotional competence through the mediating role of social support was associated with positive mood characteristics and self-efficacy in emotion regulation. Based on the results, positive mood characteristics, positive emotion self-

efficacy, and negative emotion self-efficacy had a direct and positive effect on social support. Goode (2020), Klenter (2020), DeHaan other colleagues (2016), Tarbetsky other colleagues (2017), and Caprara other colleagues (2013) all affirmed the current study's results. Tarbetsky other colleagues (2017) demonstrated that the distribution of positive emotions leads to emotional-social competence. In this way, mood characteristics will improve a person's social and psychological efficiency by influencing their thought process. These positive traits provide the foundation for attention and emphasis on desirable social attitudes, create resilient and pristine thought, and ultimately improve coping skills. As a result, an atmosphere that encourages these positive traits, such as an independent advocate, creates the ability for students to adjust and create positive moods and their fulfillment with basic psychological needs, self-concept, coping skills, self-control, and desirable social attitudes (Tarbetsky, Martin & Collie, 2017). The results of this research agree with those of Belgrave other colleagues (2011), who claim that self-regulation, self-control, and socially appropriate attitudes are markers of adolescent social skills. Positive and negative emotions, as well as mood traits, are linked to all three of these behaviors (Belgrave, Nguyen, Johnson & Hood, 2011).

According to numerous theorists, positive affect facilitates approach behavior or ongoing action. This perspective states that positive affect can encourage people to interact with environments and take part in activities that are often beneficial for the individual, their species, or both. Due to this association, she/he often documented positivity offset, or the tendency of people to experience mild positive affect frequently, even in neutral situations. In the absence of such an offset, individuals would lack the motivation to engage in their environment. Individuals exhibit an adaptive bias toward approaching and exploring novel objects, people, and situations despite their offsets. While negative emotions lead directly and immediately to adaptive responses in survival-threatening situations, positive emotions lead to expanded thought-action repertoires that are beneficial in other ways. Additionally, these mindsets help to enhance longer-term adaptive capabilities because they build enduring personal resources, which can be drawn upon to cope with future threats (Fredrickson, 2001).

Moreover, findings showed Positive mood traits affect social-emotional competence both directly and indirectly through social support. As expected, and in line with previous research, which was done by Vestad other colleagues (2021), Ryan and Deci (2019), Lopez-Zafra other colleagues (2019), and Rueger other colleagues (2016), students' Positive mood traits affect social-emotional competence both directly and indirectly through social support. Positive relationships contribute to fulfilling the central human need of relatedness, and supportive relationships with others are crucial for the well-being of human beings (Vestad other colleagues, 2021).

Some theories propose that social support acts as an anti-stress resource and the benefits of social relationships can either be directly experienced or indirectly received through social interactions. A direct approach observes that a positive perception of social support directly impacts health and well-being. As a result, the mere presence of a supportive social network of family and friends could directly contribute to improved health and well-being, primarily due to the overall support received (Lopez-Zafra other colleagues, 2019). Further, school environments and adolescents' well-being are

improved by support from parents and peers. However, despite the well-established importance of these sources of support for adolescents, they may also function differently. The results of two meta-analyses seeking to shed light on this point were different. Researchers Russell other colleagues (Rueger, Malecki, Pyun, Aycock & Coyle, 2016) found that family and general peer support were the most important sources of support, followed by teacher and close friend support. However, Chu other colleagues (2010) found that teacher support was the strongest correlate of well-being, followed by family and peer support. Therefore, individuals should consider social support as positively impacting their quality of life, regardless of the source of that support.

In addition, self-efficacy in emotion regulation is linked to socio-emotional competence, which is mediated by female students' social support. People who can identify and control their own and others' feelings, in other words, can create greater social support networks and, as a result, become more motivated. Caprara other colleagues (2013) demonstrated that emotion regulation and mood characteristics are needed for adaptive activities, and self-efficacy in emotion management entails the maintenance of both positive and negative emotions. Self-efficacy aids in the emotional control of social interactions and greatly adds to an individual's optimistic adjustment. Adolescents who can manage depressive feelings while maintaining positive ones have more personal opportunities to develop positive tendencies (Tarbetsky, Martin AJ & Collie, 2017).

Experiences and positive emotions are also related to social relationships and health. Research conducted by Gunzenhauser other colleagues (2013) supports the results of the present study against those who had difficulty regulating emotion when dealing with stressful situations and unpleasant events. Accordingly, Carlo and other colleagues (2018) showed a link between social support and desirable social tendencies. As stated by Gibbs and other colleagues (2019), social support and self-control may be related to feeling like you belong to others and having favorable social attitudes, all of which are consistent with the present study. Therefore, compassion, self-control, and emotional competence are crucial to social relationships, thereby facilitating effectiveness. Broadly defined emotional competencies are skills that promote self-efficacy in emotionally engaging situations (Seivert, 2018).

There are several shortcomings in this report, as does every study, that could facilitate the analysis' conclusions and recommendations so that the prospective researchers can take appropriate steps to alleviate the threat of internal and external legitimacy that threatens research projects. Due to using a correlation technique, the causal inference regarding the relationships resulting from the present study is limited. As the community of researchers is restricted to students of Tehran, the results can't be generalized to other cities. Several subjects were fatigued and uncertain due to numerous questions. In the present study, self-reporting was the only method utilized. It would be beneficial to collect information through interviews and observation in conjunction with a questionnaire. It is recommended that a similar study be conducted in other cities and among boys to compare the present findings with findings from a study conducted on female students.

In this paper, the social-emotional competencies model is introduced. Both the mechanisms and manifestations of social-emotional competence are recognized and incorporated in the paradigm. The relationship between positive mood characteristics and

social-emotional competency may be affected by social support. Results showed a substantial indirect impact between variables; therefore, social support was a mediating factor in the relationship between self-efficacy in emotion regulation and social-emotional competence.

Disclosure Statements

This paper reported the results of a Ph.D. thesis on Psychology and Educational Sciences, Islamic Azad University Tehran Center Branch. Researchers need to express their gratitude and appreciation to the staff of the Humanities School and the families of the students who contributed to the project. This study is part of a Ph.D. thesis written by the first author. The Ethics Committee of Islamic Azad University of Tehran Center Branch approved the study. The participants voluntarily participated in the present study, and the subjects and their parents signed written informed consent. This study received no grant from any university. None to declare.

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References

- Cashin, A. (2008). Narrative therapy: A psychotherapeutic approach in the treatment of adolescents with Asperger's disorder. *Journal of Child and Adolescent Psychiatric Nursing, 21*(1), 48-56. doi:10.1111/j.1744-6171.2008.00128.x
- Chen, R. (2012). Narrative Therapy for Chinese Adults Raised as an Only Child. *Contemporary Family Therapy, 34*(1), 104-111. doi:10.1007/s10591-012-9177-7
- Cloitre, M., Garvert, D. W., & Weiss, B. J. (2017). Depression as a moderator of STAIR Narrative Therapy for women with post-traumatic stress disorder related to childhood abuse. *European Journal of Psychotraumatology, 8*(1). doi:10.1080/20008198.2017.1377028
- Combs, G., & Freedman, J. (2012). Narrative, Poststructuralism, and Social Justice. *The Counseling Psychologist, 40*(7), 1033-1060. doi:10.1177/0011000012460662
- Etchison, M., & Kleist, D. M. (2000). Review of narrative therapy: Research and utility. *The Family Journal, 8*(1), 61-66. doi:10.1177/1066480700081009
- Ghavibazou, E., Hosseinian, S., & Abdollahi, A. (2020). Effectiveness of Narrative Therapy on Communication Patterns for Women Experiencing Low Marital Satisfaction. *Australian and New Zealand Journal of Family Therapy, 41*(2), 195-207. doi:10.1002/anzf.1405
- Ghavibazou, E., Hosseinian, S., Abdollahi, A., & Ghamari Kivi, H. (2021). Effectiveness of narrative therapy on adult attachment styles and expressivity in women experiencing low marital satisfaction. *Counseling and Psychotherapy Research*.
- Gómez, A. M., Cerezo, A., & Ajayi Beliard, C. (2020). Deconstructing Meta-Narratives: Utilizing Narrative Therapy to Promote Resilience following Sexual Violence among Women Survivors of Color. *Journal of Sex and Marital Therapy, 46*(3), 282-295. doi:10.1080/0092623X.2019.1677836
- Goncalves, M., Matos, M., & Santos, A. (2009). Narrative Therapy and the Nature Of Innovative Moments in the Construction of Change. *Journal of Constructivist Psychology, 22*(1), 1-23. doi:10.1080/10720530802500748

- Hawkins, L. G., Eggleston, D., & Brown, C. C. (2019). Utilizing a Narrative Therapy Approach with Couples Who Have Experienced a Traumatic Brain Injury to Increase Intimacy. *Contemporary Family Therapy, 41*(3), 304-315. doi:10.1007/s10591-018-9484-8
- Hussein, M. H., Ow, S. H., Cheong, L. S., Thong, M., & Ebrahim, N. A. (2019). Effects of Digital Game-Based Learning on Elementary Science Learning: A Systematic Review. *IEEE Access, 7*, 62465-62478. doi:10.1109/ACCESS.2019.2916324
- Kropf, N. P., & Tandy, C. (1998). Narrative therapy with older clients: The use of a 'meaning-making' approach. *Clinical Gerontologist, 18*(4), 3-16. doi:10.1300/J018v18n04_02
- Lock, A., Epston, D., Maisel, R., & de Faria, N. (2005). Resisting anorexia/bulimia: Foucauldian perspectives in narrative therapy. *British Journal of Guidance & Counselling, 33*(3), 315-332. doi:10.1080/03069880500179459
- Lopes, R. T., Goncalves, M. M., Fassnacht, D. B., Machado, P. P., & Sousa, I. (2014). Long-term effects of psychotherapy on moderate depression: a comparative study of narrative therapy and cognitive-behavioral therapy. *J Affect Disord, 167*, 64-73. doi:10.1016/j.jad.2014.05.042
- Lopes, R. T., Goncalves, M. M., Machado, P. P., Sinai, D., Bento, T., & Salgado, J. (2014). Narrative therapy vs. cognitive-behavioral therapy for moderate depression: empirical evidence from a controlled clinical trial. *Psychother Res, 24*(6), 662-674. doi:10.1080/10503307.2013.874052
- McKenzie-Smith, L. (2020). Are narrative therapy groups effective for people with intellectual disabilities? A critical review of the literature. *Tizard Learning Disability Review, 25*(4), 213-222. doi:10.1108/TLDR-05-2020-0008
- Noble, A., & Jones, C. (2005). Benefits of narrative therapy: holistic interventions at the end of life. *British journal of nursing (Mark Allen Publishing), 14*(6), 330-333. doi:10.12968/bjon.2005.14.6.17802
- Olsen, A. (2015). "Is it because I'm gormless?" A commentary on "Narrative therapy in a learning disability context: A review". *Tizard Learning Disability Review, 20*(3), 130-133. doi:10.1108/TLDR-03-2015-0012
- Ramey, H. L., Tarulli, D., Frijters, J. C., & Fisher, L. (2009). A sequential analysis of externalizing in narrative therapy with children. *Contemporary Family Therapy, 31*(4), 262-279. doi:10.1007/s10591-009-9095-5
- Saltzburg, S. (2007). Narrative therapy pathways for re-authoring with parents of adolescents coming-out as lesbian, gay, and bisexual. *Contemporary Family Therapy, 29*(1-2), 57-69. doi:10.1007/s10591-007-9035-1
- Shakeri, J., Ahmadi, S. M., Maleki, F., Hesami, M. R., Moghadam, A. P., Ahmadzade, A., . . . Elahi, A. (2020). Effectiveness of group narrative therapy on depression, quality of life, and anxiety in people with amphetamine addiction: A randomized clinical trial. *Iranian Journal of Medical Sciences, 45*(2), 91-99. doi:10.30476/ijms.2019.45829
- van Eck, N. J., & Waltman, L. (2010). Software survey: VOSviewer, a computer program for bibliometric mapping. *Scientometrics, 84*(2), 523-538. doi:10.1007/s11192-009-0146-3