



Do Parents' Internal Processes and Feelings Contribute to the way they Report Their Children's Mental Difficulties on the Strength and Difficulties Questionnaire (SDQ)?

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Abstract

The way parents report their child's emotional and behavioral difficulties is important both for identifying the child's needs, diagnosis, and prevention. This study examined to what extent parents' internal processes predict the way in which parents report their child's emotional and behavioral difficulties on the SDQ, as mediated by parental feelings. Parents of children who were referred to a community mental health clinic completed a self-report questionnaire including the following scales: adulthood attachment style, self-regulation difficulty, personal well-being, self-compassion parental feelings, and their child's emotional-behavioral difficulties. Study findings indicated that parents' internal processes do not directly predict parents' report of their children's mental difficulties on the SDQ, only when mediated by parental feelings. These findings highlight the significance of parental feelings in reporting children's behavioral and emotional difficulties. It also contributes to the body of knowledge concerning the importance of caring for parents' needs and feelings and overall parenthood.

Keywords Children emotional difficulties · Adulthood attachment style · Self-regulation · Parental feelings

Do Parents' internal processes and feelings contribute to the way they report their children's mental difficulties on the Strength and Difficulties Questionnaire (SDQ)?

Parents have a critical role in their children's emotional development and in maintaining their mental health [1, 2]. Research evidence suggests that children's mental health and adaptation are directly related to the relationship they have with their parents, parental behavior, and the ecology in which they live [3]. Furthermore, parental beliefs and the way parents perceive their parental roles greatly affect their functioning and indirectly affect their children's adaptation [4, 5]. But what impacts parents' reports of their children's behavioral and emotional difficulties on the Strength

and Difficulties Questionnaire (SDQ)? This seems to be an important question since parents' reports of their children's mental difficulties often constitute a significant source in the child's diagnostic process [6].

The research literature suggests that variables such as the type of disorder the child has and the level of care required from the parents, parental education, socioeconomic level, degree of parental support, quality of the parents' relationship, age or gender of the child, all influence parental reports on the SDQ, [7, 8]. The literature also indicates differences between parent and child reports at different ages [9], between paternal and maternal reports [10] and between teachers and parents [11]. Most explanations for these differences in reports seem to lie in external and environmental factors [10, 12].

Recognizing the complexity of parenting in this era and the factors influencing parental functioning, as well as the constant tension between demands and resources [13], has spawned a conceptual and research agenda in recent years [14–16].

Psychodynamic approaches have argued that parents' internal processes serve as a significant basis for developing

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a perception of parenthood, and thus, parental functioning [5, 14]. These processes are related to each parent's personal history, expectations as a parent, worldview, and to the emotions, beliefs, and cognitions that underlie parental functioning [17].

Interestingly, internal processes have been only briefly explored in the general context of parental reports on their children's emotional and behavioral difficulties. For example, Salgado Pascual and colleagues (2020) found that mindfulness training for parents of children with ADHD increased their psychological resilience as well as their sense of personal well-being, and this contributed to their ability to view their children and their own parenting in a more positive light [18]. Additional studies examining the emotional state of parents during the COVID-19 crisis reported that parental stress and sense of self-efficacy as well as parental psychological flexibility contributed to how they perceived their children's difficulties and their own functioning [15, 19]. Neff and Faso (2015), in a study that focused on parents of children with autism, found that self-compassionate parents were less likely to view their child's behaviors as difficult and problematic, given their internal coping resources which allow them to be less overwhelmed and stressed [20].

To broaden the understanding of the role of internal parental processes and their importance to parental reports [21], this study examined the contribution of parents' intra-personal processes [22] to their reports on their children's emotional and behavioral difficulties on the SDQ, as mediated by parental feelings.

Parental inner processes.

In the last two decades, the call to examine parents' internal processes as the basis for their parental functioning has intensified [14, 23]. This approach represents the belief that parental feelings toward themselves, early life experiences and emotional well-being in general, all constitute a resource that empowers or weakens the parent and contributes to adjustment and functioning in life tasks [24]. Studies examining parental stress among parents of hearing-impaired children found that parents' internal processes such as a sense of self-worth, self-efficacy, optimism, and a sense of coherence, all contributed significantly to the level of parental stress and thus to their parental functioning [26].

Other studies have examined intra-parental processes such as adulthood attachment, personal empowerment, parental self-regulation, self-compassion, and emotional well-being, indicating that each, in turn, contributes to parental functioning [26]. Following up on these studies and to examine the effects of intrapersonal processes in predicting parental reports on their children's behavioral and emotional difficulties, this study examined parental inner processes both separately and as one composed variable.

The idea to combine these processes into a composed variable is based on the psychodynamic approaches that understands individual perceptions as the outcome of many different internal forces [5, 14]. A short review of each variable and the relationship between them will follow.

Adulthood Attachment Styles.

Childhood attachment refers to the bond formed between the child and the significant adult who is usually a parent [27, 28]. Attachment theory according to Bowlby (1973) maintains that the pattern of attachment an individual form in childhood is stable from birth to death [29]. Therefore, this attachment is very significant for the child's quality of life and for various relationships and behaviors throughout life [36]. Thus, people with secure attachment can express, experience, and acknowledge their feelings without being overwhelmed by them. In contrast, adults whose attachment is characterized by anxiety, focus attention on the negative aspects of the emotional experience and increase their negative emotional response when they identify such aspects [14]. Furthermore, adults with an avoidant attachment style have difficulty communicating negative emotions and tend to minimize, suppress, or eliminate their negative emotions [30]. In the specific context of parenting, it was found that parents' attachment in childhood influences their children's attachment patterns and psychological adjustment [31].

Attachment patterns have also been found to be related to parental attitudes, relationships within the family, and the relationship between the parents (26). Insecure attachment patterns predicted anxious parental patterns and insecurity in the relationship with the child [32]. Parents with anxious or avoidant attachment styles struggle to regulate their emotions, and this difficulty may also lead to less sensitive parental responses toward children [33–35].

Parent's Self-Regulation.

Self-regulation refers to a person's ability to identify, understand, and manage emotions and behaviors in an adaptive manner [36, 37]. This behavior involves monitoring, maintaining, and shaping emotional responses by internal and external means. Emotional regulation may affect the type of emotion as well as its time, intensity, and the intensity of its onset [38].

In parenting, emotional regulation is defined as the ability of parents to influence their experiences and the expression of their emotions in a parenting context. Regulation in this context is a functional goal designed to facilitate emotional responses and therapeutic/educational behavior toward the child [39]. Difficulties in emotional regulation can impair the ability to cope with everyday challenges and manifest in a variety of ways, such as non-acceptance of emotional responses, lack of emotional awareness and emotional clarity, as well as a limited availability of emotional regulation strategies [40].

Researchers have argued that in the absence of a secure attachment figure, more anxiety and less purposeful activity and initiative arise in a person, and it is therefore more difficult for a person to regulate his/her emotions [41]. Parents who have difficulty managing their emotional responses find it hard to help their children regulate their own emotions, thus increasing the child's struggle with self-regulation [42]. Moreover, a parent's problematic self-regulation makes it challenging for the child to mentalize and may lead to limited mentalization and difficulty in the child's developing the ability to self-regulate [26].

Parents Self-Compassion.

Self-compassion refers to a person's ability to care for him/herself in difficult times and includes parameters of self-acceptance vs. self-criticism, a sense of belonging vs. isolation, and listening vs. identification and flooding [43]. Self-compassion is conceptualized as taking an accepting, kind, and attentive attitude toward oneself when facing personal challenges [44]. When a person is capable of being kind and understanding toward him/herself and remembering that pain and suffering are part of the human experience, he or she enjoys more emotional resources that help in coping with life's tasks [20].

Self-compassion is characterized by non-judgmental awareness of the person's experiences and a tendency to respond to difficult events in a calming and supportive way [20]. Studies show that self-compassion activates the calming physiological system, which affects the regulation of emotions and the manner of attachment and care for a family member, and creates feelings of satisfaction, reassurance, security, and connection [45].

Self-compassion has also been explored in the context of parenting [46]. In her book, *Self-Compassion for Parents: Nurture Your Child by Caring for Yourself*, Susan Pollak (2019) describes the difficulties of parenting that result from social stress and from the personal difficulties from childhood and adulthood that people bring with them into parenting. She suggests that one's ability to be a better parent stems from the capacity for self-compassion and for processing the difficulties and unconscious issues brought into their parenting [47].

Additional studies have shown that parental self-compassion helps them cope with feelings of guilt and shame over challenging parenting events [44], increasing parental capability [48] and decreasing parental stress [43]. A recent study examined self-compassion in the context of parental orientation and found that self-compassion increased parental orientation towards their children in the moderation of gratitude for being a parent [46].

Subjective Sense of Well-being.

A subjective sense of well-being expresses the way one feels about oneself, the reality of one's own life, and one's

quality of life [49]. A subjective sense of well-being often reflects a person's happiness and satisfaction with life [50]. Research has found the subjective sense of well-being to be stable across different cultures and throughout life, with a tendency toward a slight decline in mid-life [51]. Subjective well-being has been studied in varied contexts and has been shown to be related to academic achievement, physical and mental health, a sense of economic well-being, and interpersonal and social relationships [50]. It has also been studied in the context of parenting and family [52]. Studies that trace the parental sense of personal well-being, and more specifically in parents of children with special needs, highlight the relevance of other important factors such as parental self-compassion, their attachment style, and their ability to regulate emotions [20].

The interconnectedness (or overlapping roles) of attachment, self-compassion, and emotion dysregulation in adults' mental health is supported by previous studies' suggestion that the early caregiving environment is that which significantly impacts the subsequent development of these abilities [53]. Furthermore, previous studies found that self-compassion improved adaptive emotion regulation [54, 55] and acted as a protective buffer between the child's mental health problems and parental well-being [50, 56].

Following the above literature, we examined these processes separately and composed as an overall internal resource that may impact how parents perceive their child's emotional and behavioral difficulties [23]. In addition, we assumed that the way parents feel directly towards their parental role could mediate the relationship between parental inner resources and the parental perception and report of their child's behavioral and emotional difficulties [57].

Parental Feelings.

Parenting is a complex and multifaceted experience. It invites parents to experience a variety of feelings in different parenting situations with their children, with other parents and with themselves as related to their children's well-being and their self-identity as parents [58]. A meta-analytic study that examined the relationship between parental feelings and parenting practices, indicated a direct correlation between positive parental feelings and supportive behaviors toward the child [59]. In contrast, studies examining the effect of negative parental feelings found increased parental dysfunction, behavioral problems, and emotional difficulties in their young children [60, 61]. In addition, a study examining the emotional functioning of adolescents in nine countries found that negative parental feelings such as stress, anger and rigid parenting culminated in behavioral difficulties in their children, with no cultural difference among the study participants [3].

Negative and positive parental feelings have a clear impact on parental functioning, and hence on the child's

normal development and functioning [62]. Parental feelings have been found to be influenced by intrapersonal and interpersonal aspects such as the parent's level of maturity, ability to regulate emotions, sense of self-efficacy, emotional well-being, and environmental aspects including education, socioeconomic status, and special needs of children or parents [63, 64].

Studies focusing on parental feelings in the specific context of the parental role [e.g., 57, 65, 66], suggest three specific groups of feelings experienced by parents in their role: anger (e.g., annoyance), anxiety/sadness (e.g., fear) and happiness (e.g., cheerfulness). Considering these studies and given that parents are responsible for managing their own feelings and helping their children manage their children's emotions, the importance of studying parental feelings continues to escalate [67].

Aim of the study.

Considering the importance of parents' reports of their children's emotional and behavioral difficulties and the assumption that parents' inner processes impact their reports, the current study examined the contribution of intrapersonal variables on the way in which parents report their child's emotional and behavioral difficulties on the SDQ. The study hypothesis was that parents' internal processes separately and composed (as an inner resource) will affect parents' reports of their children on the SDQ, mediated by parental feelings.

Method.

Participants.

The sample included parents of children between the ages 10–18 ($M=12.6$, $SD=3.2$) who were referred to a child and adolescent ambulatory psychiatric clinic in a public hospital that serves the regional population during 2019 and agreed to participate in this study. The clinic provides evaluation and treatment for a variety of mental health problems. Children referred to the clinic are briefly assessed by a clinician and referred to a specific clinic for further evaluation and treatment. The parents in the present study were 406 mothers and 256 fathers who completed questionnaires about themselves and about their children. For 216 (48%) children, both the mother and father completed the questionnaires, for 190 (43%) children only the mother responded to questions, and for 40 (9%) children, only the father responded. The mothers ranged in age from 27 to 65, ($M=43.0$, $SD=6.5$), and the fathers from age 29 to 68, ($M=46.5$, $SD=6.7$).

Procedure.

The present study used data that were collected for clinical use from parents of children referred to a children's mental health clinic in a regional public hospital. Upon registration parents answered an online questionnaire using Qualtrics software (www.qualtrics.com) in Hebrew or Arabic, via their mobile phones or tablets provided by the clinic.

All parents provided informed consent for the present study. The study was approved by the IRB (Helsinki Committee) of Ziv Medical Center, Safed, Israel.

Measures.

Subjective well-being was assessed using the Personal Wellbeing Index (PWI-A) [68]. The PWI-A consists of one overall question inquiring about satisfaction with life, and eight items measuring satisfaction in specific life domains: standard of living, personal health, achievement in life, personal relationships, personal safety, community connectedness, future security, and religion. All items were rated on a scale ranging from 0 = completely dissatisfied to 10 = completely satisfied. The scale has a Cronbach's alpha ranging from 0.70 to 0.85 [68] and internal consistency in the current sample was $\alpha=0.87$.

Self-compassion. This was assessed using the the Self-compassion Scale (SCS; 43), a self-reported, 26-item measure with responses ranging from 1 (almost never) to 5 (almost always). It contains six subscales: self-kindness (e.g., "I try to be loving toward myself when I'm feeling emotional pain"), self-judgment (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"), common humanity (e.g., "When things are going badly for me, I see the difficulties as part of life that everyone goes through"), isolation (e.g., "When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world"), mindfulness (e.g., "When I'm feeling down I try to approach my feelings with curiosity and openness"), and overidentification (e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong"). The subscales of the SCS may be examined separately or as a total self-compassion score. A single higher-order factor of "self-compassion" has been found to explain the intercorrelations between subscales [43]. Note that the self-judgment, isolation, and overidentification subscales of the SCS are reverse coded so that higher scores indicate higher levels of self-compassion. The scale demonstrates convergent validity (e.g., correlates with partner ratings), discriminate validity (e.g., no correlation with social desirability), and good test-retest reliability [43, 69]. Internal consistency in the current sample for the SCS total score was $\alpha=0.90$.

Difficulties in Emotion Regulation. This was assessed using the Difficulties in Emotion Regulation Scale (DERS) [70]. This is a 36-item self-report measure scored on a 5-point Likert-type scale. Respondents indicate the frequency with which statements such as "I am clear about my feelings" apply to themselves. From the primary article, "The DERS items were chosen to reflect difficulties within the following dimensions of emotion regulation: (a) awareness and understanding of emotions; (b) acceptance of emotions; (c) the ability to engage in goal-directed behavior and

refrain from impulsive behavior when experiencing negative emotions; and (d) access to emotion regulation strategies perceived as effective” [70 p.44]. Regarding reliability [70], the DERS had high internal consistency ($\alpha=0.93$). Internal consistency in the current sample for the DERS total score was $\alpha=0.93$. All the DERS subscales (computed from the 6 factors obtained in the factor analysis) also had adequate internal consistency, with Cronbach’s $\alpha>0.80$ for each subscale.

Behavioral and Emotional difficulties. These were assessed with the Strengths and Difficulties Questionnaire (SDQ; 71). The SDQ is a widely used screening tool for behavioral and emotional disorders in children and adolescents [72], with good convergent validity with clinician-rated diagnoses [73]. The 25-item measure includes 5 subscales that assess internalizing (emotional problems subscale) and externalizing (hyperactivity and conduct subscales) symptoms, a subscale measuring difficulties with peers, and a subscale assessing prosocial behavior. High scores on the four difficulties scales represent a high degree of difficulty; a high score on the prosocial scale represents a high degree of prosocial behavior. The four subscales have been used by youth mental health services [74]. Internal consistency of the “total scale” that combines the four difficulties subscales in the current study was $\alpha=0.74$, and the only one used in this study.

Adult attachment style. This was measured using the Experiences in Close Relationships (ECR) [75] translated to Hebrew and validated by Mikulincer & Florian (2000) (76). The ECR is a 36-item self-report measure. Respondents use a 7-point, partly anchored, Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree) for responses to the items. Of the 36 items, 9 are reverse keyed (8 items from the Avoidance subscale and 1 item from the Anxiety subscale). Participants rate how well each statement describes their typical feelings in romantic relationships. The results of a factor analysis by Brennan and colleagues (1998) identified two relatively orthogonal continuous attachment dimensions labeled Anxiety (18 items) and Avoidance (18 items). Higher scores on the Anxiety (Cronbach’s $\alpha>0.82$) and Avoidant (Cronbach’s $\alpha>0.83$) subscales indicate higher levels of attachment anxiety and attachment avoidance, respectively. In the present study, the Avoidant subscale had a similar internal consistency (Cronbach’s $\alpha>0.82$) and the Anxiety subscale had a Cronbach’s $\alpha>0.894$.

Parental Feelings. The Parental Feelings Inventory (PFI) was developed by Bradley et al. (2013) to assess parental feelings within the parenting role. The PFI presents 31 emotion adjectives and asks parents to indicate the degree to which they experience that emotion in their role as parents. Parents were asked to rate the items on a 7-point Likert scale (1 = “not at all” to 7 = “extremely”) as to the degree to

which they experienced the emotion during the past week in their role as a parent. The scale demonstrated good reliability ($\alpha=0.85$ for mothers and $\alpha=0.87$ for fathers) and correlated with other measures of parent and child functioning, providing support for the overall utility of the PFI as a measure of emotional experiences in the parenting role [66]. All the PFI subscales: anger, anxiety/sadness and happiness also had adequate internal consistency, with Cronbach’s $\alpha>0.80$ for each subscale for father and for mother.

Statistical Analysis.

Our model assumed that parents’ personal inner processes separately and composed into one predicting variable would predict the way parents report their children’s emotional and behavioral difficulties on the SDQ, mediated by their parental feelings. We conducted a multivariate regression (Method: Enter) to test each independent variable’s contribution to parents’ perception of their child’s emotional and behavioral difficulties (SDQ-P total). To test our hypothesized mediation model, we used structural equation modeling (SPSS ver. 25 & SEM ver. 25). As a preliminary stage we created a bivariate correlation matrix between our research variables, using parcels of items to represent each theoretical construct and control variable (see Table 1). Then, using structural equation modeling, we performed a simultaneous confirmatory factor analysis, where our two constructs (parents’ inner resources and parental feelings) were represented by latent variables, and their indicators were represented by the item parcels’ means. Subsequently, we tested a model where parents’ inner processes were a predictor, parental feelings were a mediator, and parents’ report of their child’s emotional and behavioral difficulties on SDQ was a predicted variable.

Results

As a preliminary stage of our analysis, we ran a bivariate Pearson correlation between the variables (see Table 1). These showed that all parental inner variables (parents’ adult attachment, subjective well-being, self-compassion, parental feelings, difficulties in self-regulation and parents’ report on SDQ total scale of child) were correlated. Examination of correlation matrix between the research variables are presented in Table 1. (See Table 1).

However, as a first step before composing all independent variables into one variable, we conducted a multivariate regression to examine the individual contribution of each of these variables to SDQ-P (See Table 2).

As indicated in Table 2, both anxious attachment and difficulties in self-regulation predict SDQ-P -total in a significant manner ($F_{(5,612)}=10.173$; $p<.001$). However anxious

Table 1 Pearson correlation coefficients between the research variable

	M (SD)	1	2	3	4	5	6	7	8
SDQ total– P	16.12 (5.42)	---							
Anger	3.48 (1.27)	0.364***	---						
Happy	4.48 (0.99)	-0.184***	-0.343***	---					
Anxiety and Sadness	3.18 (1.22)	0.319***	0.654***	-0.441***	---				
Subjective well-being	7.30 (1.38)	-0.159***	-0.222***	0.416***	-0.292***	---			
Compassion	3.58 (0.52)	-0.153***	-0.313***	0.288***	-0.284***	0.560***	---		
Difficulties in emotional regulation	2.02 (0.49)	0.228***	0.425***	-0.237***	0.372***	-0.468***	-0.668***	---	
Avoidant Attachment	3.22 (0.94)	0.09*	0.157***	-0.143***	0.114**	-0.348***	-0.445***	0.439***	---
Anxious Attachment	2.60 (1.09)	0.247***	0.343***	-0.107**	0.386***	-0.385**	-0.530***	0.626***	0.300***

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

The results in Table 1 reveal moderate positive correlations between parental perception of their child's emotional and behavioral difficulties (P-SDQ), parental feeling (PF) parcels ($r = .364; 0.319$ $p < .01$), and parental difficulties in emotional regulation ($r = .228$; $p < .01$). Weak and negative correlations were found between SDQ-P and parental self-compassion ($r = -.153$; $p < .01$), subjective well-being ($r = -.159$; $p < .01$) and happy feelings ($r = -.184$; $p < .01$). Parental negative feelings of anger, sadness and anxiety were moderately and positively correlated to parents' difficulty in self-regulation ($r = .425$; $p < .01$) and negatively correlated to subjective well-being ($r = -.222$; $p < .01$) and self-compassion ($r = -.313$; $p < .01$).

Results of confirmatory factor analysis showed a good model fit ($X^2 = 233.03$; $df = 33$; $p = .000$ $X/df = 7.06$; (NFI) = 0.896; Tucker-Lewis index (TLI) = 0.88; (IFI) = 0.91; (CFI) = 0.91; (RMSEA) = 0.097 CI (90% 0.086; 0.109) ; (PCLOSE) = 0.000). All standardized factor loadings were above 0.5 and there was no cross-loading. This supports the scheme of construction of our latent variables

Table 2 Regressions of all independent variables and SDQ -P-t

	B	Se(b)	β	p
Subjective well-being	-0.277	0.182	-0.073	0.128
Compassion	0.525	0.589	0.052	0.373
Difficulties in emotional regulation	1.392	0.670	0.126	0.038
Avoidant Attachment	-0.195	0.308	-0.028	0.526
Anxious Attachment	1.094	0.302	0.184	<0.001

attachment has the higher and more significant contribution to SDQ-P. The total variance of this model was 7.7%.

Full structural equation model for prediction of parents' reports on SDQ total by parental inner resources with parental feelings as a full mediator explained 40% of variance in parents' reports on SDQ total, and the model fit was relatively good (see Fig. 1; Table 3). Decomposition of effects showed that the indirect effect was twice as strong as the direct effect and that both were statistically significant.

Discussion

The way in which parents report their child's emotional and behavioral difficulties is most significant for detecting, diagnosing, and preventing these difficulties [8]. Following

theoretical dynamic frameworks and research [22, 25], the current study examined how parents' inner processes separately and together, impact their report on the SDQ as mediated by their feelings [23, 24].

When analyzed separately, only parents' anxious attachment and difficulties in emotional regulation directly predicted their reporting on their child's emotional difficulties. This may suggest that parents' tendency to focus on negative aspects of their own emotional experience and/or their difficulty in regulating negative emotions has a powerful impact on their perception and report of their children's difficulties [14, 36]. On the other hand, parents' self-compassion, well-being and avoidant attachment did not directly predict their reporting on the SDQ, suggesting that these intra-personal processes activate positive feelings [20, 45] or suppression of negative feelings in the case of avoidant attachment [30], and have a lower impact on parents' report.

Interestingly, when all intrapersonal processes were composed into one variable, parental SDQ reports on their children were predicted only indirectly, mediated positively by parental negative feelings. But also interesting is the impact of parental intrapersonal processes composed on parents' feelings and possible functioning [15]. In most studies parental intrapersonal processes were studied

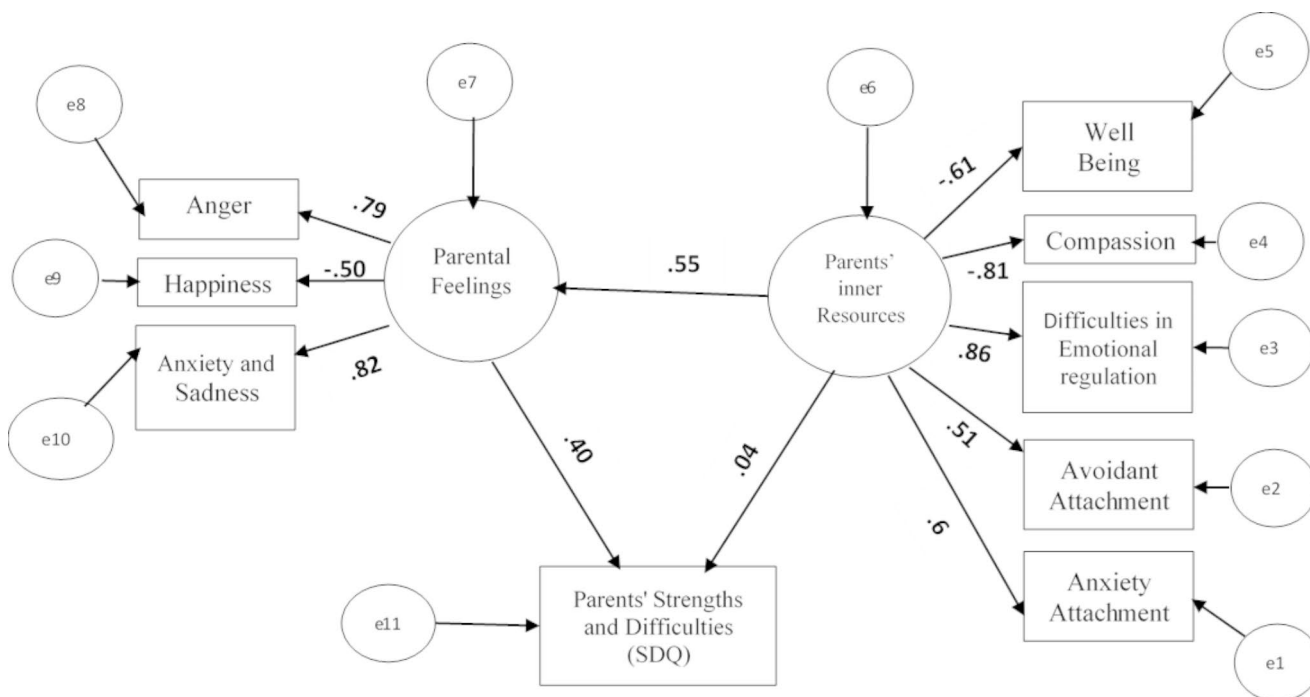


Fig. 1 Full structural equation model for prediction of Parents' reports on SDQ by parental inner resources

Table 3 Standard and bootstrap estimates and confidence intervals for mediating effect of parental feelings

Independent Variable	Dependent Variable	Effect			Effect			Bootstrap Estimate (95% CI)
		Direct B	Se(b)	β	Indirect B	Se(b)	β	
Parents' inner Resources	Parental Feelings	1.31***	0.111	0.552				
Parents' inner Resources	Strengths and Difficulties (SDQ) Parents	0.483 N.S	0.650	0.038				
Parents' inner Resources	Strengths and Difficulties total (SDQ) Parents				2.78***	0.455	0.218	(1.97; 3.75)

*** p < .001 ; N.S. Not significant

separately, [75] focusing on the impact of a specific construct on parents' functioning [61]. Our aim was to try and image a "parental internal resource" by composing several inner processes to one variable based on the psychodynamic approach [22].

When examining the relationships between the different latent variables that contributed to the "parental internal resource" composed variable, moderate and strong associations were found, suggesting they have a significant affinity for each other and to the composed variable but still represent separate processes. This approach may limit the ability to examine in-depth the unique contribution of each process, but like the complexity of the human psyche, allows us to see how several different intrapersonal processes together create an internal resource that contributes to parental feeling, and in turn to parents' reporting on the SDQ [23]. In the same context the composed variable in this study (parental

inner resources) is clearly related to each of the intrapersonal processes from which it is composed, and most strongly to difficulties in emotional regulation (positively) and self-compassion (negatively). These variables are described in the literature as related to people's ability to manage their emotions [20, 27]. This may indicate that parental emotion regulation as expressed in these two variables, and relatively to the other variables, plays a significant role in the relationship of internal processes to parental feelings, and in turn, to parents' reports on the SDQ.

In contrast, studies focusing on parental feelings within parenthood indicated that feelings that arise in the parent-child relationship, contribute to the parent's level of emotional regulation [42]. In distinguishing between positive and negative feelings, negative emotions contribute to reducing possible courses of action in the parent, while positive emotions expand the range of possibilities and thus enable

the construction of personal inner resources for adaptation and adaptive functioning in parents [77]. The findings of the present study indicated that difficulties in parents' self-regulation was associated directly and non-directly with more negative feelings that predicted higher reports of child's behavioral and emotional difficulties on the SDQ.

Another interesting aspect in this study is that the inner resources examined in this study did not directly predict parental reporting of the child's emotional and behavioral difficulties. This may be somewhat surprising since in the literature each intrapersonal variable was separately found to be related to aspects of parental functioning [41], and the fact that both difficulties in emotional regulation and anxious attachment were directly associated to parents' reports. However, several reasons may explain the lack of a direct relationship of the composed variable in this study. First, very few studies have specifically examined the contribution of each of these inner variables to parental "reporting", but rather examined the contribution to parental *functioning* [59]. Perhaps reporting one's child's emotional and behavioral difficulties is impacted more by negative parental emotions than by parental functioning [56, 77]. This argument is supported by additional findings in this study indicating parents' negative feelings as positively mediating the relationship between their inner resources and the way they report on their child's SDQ. It also aligns with the fact that difficulties in emotional regulation and anxious attachment did directly predict parents' report in this study. Another explanation may be that binding all the inner variables together into one variable has created a predictive variable with opposing qualities (e.g., difficulties in emotional regulation and parents' self-compassion), that resemble the reality of intrapersonal complexity, and therefore the predictive power was lower.

Another notable finding in this study is the demonstration of the degree to which parental feelings contribute to how a parent reports on the SDQ. The findings of the present study were consistent with Dix's report (1991) [78] highlighting the importance of parental feelings in parent-child relationships and stressing its unique contribution in predicting parental beliefs regarding the child's difficulties. These findings also align with "third wave" approaches of cognitive-behavioral therapy, including Dialectical Behavioral Therapy (DBT) and Acceptance and Commitment Therapy (ACT) [14] that focus on the centrality of parental feelings in the therapeutic milieu when working with parents.

Despite these interesting findings, some limitations of this study should be considered. This study's population consisted of parents who arrived with their children at a community mental health clinic; therefore, their report regarding the intensity of their child's emotional and behavioral difficulties may have been biased. Furthermore, this

was a cross-sectional study based on self-reporting tools; thus, the research limitations that characterize this type of research and the limitations of the "need to please" should be considered. Finally, it should be noted that the population sample was from a peripheral area of Israel and may not be representative of the general population. Future studies should refer to a larger community sample that enables comparison of a "community" vs. a "clinical" sample.

Summary

Taking the above limitations into account, the findings of this study are still of significant value to anyone working with parents in general and specifically those whose children have emotional and behavioral difficulties. The aim of the present study was to examine to what extent parental inner processes (resources) impact the way parents report their children's emotional and behavioral difficulties on the SDQ, mediated by parental feeling. Findings indicated that parental intrapersonal resources did not directly predict a child's emotional and behavioral difficulties on the SDQ, but strongly predicted parental anxiety and anger. Parental feelings mediated the relationship between parental inner resources and parents' report on child SDQ. These results may suggest that parental inner resources impact parental feelings and therefore need to be addressed, or at least to be taken into consideration when parents report on their children's mental status. These findings also reinforce the need to address parental emotions so that both parental perception and subsequent functioning will be accurate and beneficial to a child's assessment and diagnosis.

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Potential conflicts of interest: None.

Declarations

Ethics Approval This study was approved by the appropriate ethics committee at Ziv Medical Center, Safed, Israel. Parents were informed of the specific objectives of the study, and written consent was obtained. Assurances of confidentiality in relation to the data, publications and presentations were given, and participants were told that they could withdraw from the study at any time without giving a reason.

Informed Consent was obtained from all participants included in the study.

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