

Chapter # 29

ENHANCING SOCIAL INCLUSION: THE ROLE OF COGNITIVE AND EMOTIONAL REGULATION IN ADOLESCENTS WITH SPECIFIC NEEDS

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ABSTRACT

This study examines the role of cognitive and emotional regulation in promoting social inclusion among adolescents with specific needs. Drawing on theoretical frameworks and current practices, it explores how regulatory processes support adaptive functioning and inclusive participation in school settings. A mixed-methods design combined quantitative data from the short version of the Cognitive Emotion Regulation Questionnaire (CERQ) and the Emotion Regulation Questionnaire (ERQ) with qualitative data from semi-structured interviews. The sample comprised 158 high school students with identified specific needs. Quantitative results showed a significant age effect on cognitive reappraisal, with older adolescents using this strategy more frequently, while no significant gender differences were observed. Qualitative findings revealed ongoing barriers to inclusion, including limited peer support and insufficient institutional measures. The study highlights the developmental importance of emotional and cognitive regulation and underscores the need for targeted interventions. Enhancing regulatory skills and integrating social-emotional learning into inclusive educational practices may strengthen adolescents' resilience and foster supportive, socially inclusive school environments.

Keywords: adolescents, cognitive regulation, emotional regulation, specific needs, social inclusion.

1. INTRODUCTION

In recent decades, education for children and adolescents with special needs has undergone a fundamental transformation, as segregated and integrative models are progressively replaced by inclusive education frameworks. These emphasize every learner's equal right to high-quality education within mainstream educational settings (Ainscow, 2020; Messiou et al., 2022). Inclusive education is currently conceptualized not as a static placement of students with special needs, but as a dynamic, systemic process aimed at increasing participation, equity, and belonging for all learners, regardless of individual abilities, developmental characteristics, or social background (Florian, 2021; Slee, 2020). This paradigm shift is strongly supported by international and European policy frameworks, including the United Nations Convention on the Rights of Persons with Disabilities (United Nations, 2006) and the European Strategy for the Rights of Persons with Disabilities 2021–2030 (European Commission, 2021), which explicitly highlight inclusive education as a prerequisite for social participation, well-being, and lifelong learning. Adolescence represents a critical developmental period marked by profound biological, psychological, and social changes that significantly shape identity formation, emotional functioning, and social integration (Steinberg, 2017; Sawyer et al., 2018). Recent research underscores that the ability to regulate emotions and cognition plays a central role in adolescents' adaptive

functioning, academic engagement, and mental health (McRae & Gross, 2020; Weissman et al., 2021). These regulatory capacities are particularly crucial for adolescents with special needs, who are disproportionately exposed to stressors such as stigmatization, social exclusion, academic failure, and reduced access to supportive resources (Lakkala et al., 2020; Lindsay et al., 2022).

Insufficient support for the development of emotional and cognitive regulation skills has been consistently associated with increased vulnerability to internalizing and externalizing difficulties, lower academic achievement, and impaired peer relationships (Compas et al., 2017; Riediger & Klipker, 2021). In contrast, recent evidence suggests that systematic support for regulatory processes enhances psychological resilience, social inclusion, and overall school adjustment, particularly within inclusive educational environments (Masten & Barnes, 2018; Panayiotou et al., 2023). Adolescents employ a wide range of regulation strategies that vary according to developmental stage, gender, and contextual demands, including school climate and teacher support (Davis et al., 2019; Zimmermann & Iwanski, 2021). Among the most extensively studied strategies are cognitive reappraisal and expressive suppression, which have been shown to exert differential effects on emotional well-being, interpersonal functioning, and long-term adjustment during adolescence (Gross, 2015; McRae et al., 2020; Troy et al., 2023).

2. THEORETICAL FRAMEWORK

2.1. Cognitive Regulation

Cognitive regulation involves processes through which individuals modulate thoughts, attention, and interpretations to manage stress and optimize adaptive responses (Ochsner & Gross, 2008). In adolescence, it is closely linked to executive functions such as planning, self-reflection, working memory, and decision-making (Ahmed et al., 2015; Crone & Dahl, 2012). Effective use of cognitive regulation is associated with greater well-being, better interpersonal relationships, and higher academic achievement (Gross, 2015; McRae et al., 2012), whereas suppression of negative emotions relates to lower well-being and impaired social functioning (John & Gross, 2004). Preference and effectiveness of strategies change with age: younger adolescents rely more on impulsive or behavioral strategies, while older adolescents increasingly use cognitive reappraisal (Ahmed et al., 2015; Silvers et al., 2012). Social environment, support, and individual characteristics also shape their use (Compas et al., 2017). Adolescents with special needs, such as those with learning disabilities or ADHD, often face challenges in planning, anticipating consequences, and responding adaptively, affecting reappraisal abilities (Luman et al., 2010; Murray, 2018). Targeted interventions, however, can enhance cognitive regulation and promote adaptive behavior and social inclusion in this population (Klingbeil et al., 2017).

2.2. Emotional Regulation

Emotional regulation involves monitoring, evaluating, and modulating emotional states to support adaptive functioning and cope with challenges (Gross, 2015). It includes recognizing, understanding, and appropriately expressing emotions, with cognitive and behavioral mechanisms interacting to guide regulation (Thompson, 2011). In adolescence, emotional regulation is linked to self-reflection, social skills, and executive functions, contributing to adaptation, reduced psychological risk, and inclusive participation in school (Gross, 2015; McRae & Gross, 2020). For adolescents with special needs, regulation is particularly important due to increased stress, stigmatization, and limited social interaction (Murray, 2018).

Effective strategies such as cognitive reappraisal, problem-solving, and seeking social support enhance well-being, stress management, and interpersonal relationships (Gross, 2015; Zimmermann & Iwanski, 2014), while maladaptive strategies like suppression, avoidance, and rumination are linked to anxiety, depression, and impaired social functioning (John & Gross, 2004; Schäfer et al., 2017). The development of emotional regulation is influenced by age, gender, social environment, temperament, and cognitive abilities (Compas et al., 2017; Silvers et al., 2012). Adolescents with learning disabilities, ADHD, or autism often face difficulties in adaptive emotional management (Luman et al., 2010; Murray, 2018). Intervention programs targeting emotional regulation can improve coping, adaptive behavior, and social participation, supporting effective inclusion in educational settings (Klingbeil et al., 2017; McRae et al., 2012).

2.3. Adolescence and Special Educational Needs

In recent decades, education for children and adolescents with special educational needs (SEN) has shifted from segregated or integrative models toward inclusive education, emphasizing every child's right to quality learning in mainstream settings (Ainscow, 2020; Booth & Ainscow, 2016). Inclusive education ensures active participation for all students, regardless of abilities, needs, or socio-economic background (Florian & Black-Hawkins, 2011), and is reinforced by international frameworks such as the UN Convention on the Rights of Persons with Disabilities (United Nations, 2006) and the European Strategy for the Rights of Persons with Disabilities 2021–2030 (European Commission, 2021).

Adolescence involves profound biological, psychological, and social changes shaping identity and development (Steinberg, 2017). Effective regulation of emotions and cognition is crucial for coping, adaptation, and mental health, particularly for adolescents with SEN who often face elevated stress and social isolation (Gross, 2015; McRae & Gross, 2020; Murray, 2018). Cognitive regulation, linked to executive functions such as planning and decision-making, includes strategies like cognitive reappraisal, which promotes well-being and academic achievement, and emotional suppression, which is associated with negative outcomes (Ochsner & Gross, 2008; Ahmed et al., 2015; Crone & Dahl, 2012; Gross, 2015; McRae et al., 2012; John & Gross, 2004).

Emotional regulation involves monitoring, evaluating, and modulating emotions to support adaptation and social participation (Gross, 2015; Thompson, 2011). Adaptive strategies, including reappraisal, problem-solving, and seeking support, enhance well-being and relationships, while maladaptive strategies such as suppression and rumination increase anxiety and social difficulties (Gross, 2015; McRae & Gross, 2020; John & Gross, 2004; Schäfer et al., 2017). Strategy use is shaped by age, gender, environment, temperament, and cognitive abilities (Ahmed et al., 2015; Compas et al., 2017; Silvers et al., 2012), with adolescents with learning disabilities, ADHD, or autism often facing greater challenges (Luman et al., 2010; Murray, 2018). Targeted interventions can improve regulatory skills, adaptive behavior, and social inclusion (Klingbeil et al., 2017; McRae et al., 2012).

The present study examines emotional and cognitive regulation in adolescents with SEN, focusing on age- and gender-related differences in strategy use and adolescents' experiences of social inclusion, with the aim of informing pedagogical recommendations to enhance regulatory skills and inclusive education.

2.4. Social Inclusion and Support Mechanisms

Social inclusion ensures the full participation of all individuals in social and school life, regardless of their abilities or needs (Booth & Ainscow, 2016). In educational settings, it promotes student engagement, reduces barriers, and strengthens the sense of belonging,

which is particularly important for the psychological and social well-being of adolescents with special educational needs (Florian, 2019). Inclusive environments support the development of social competences, enhance self-esteem and learning motivation, and facilitate effective integration into society (Ainscow, 2020; Kollerová & Říčan, 2018). However, the implementation of inclusive education varies across European countries, with barriers including a shortage of qualified teachers, limited methodological resources, and insufficient collaboration among schools, families, and professionals (European Commission, 2021; National Institute for Education, 2022).

Effective social inclusion therefore requires the systematic integration of cognitive and emotional regulation support within educational processes. Research indicates that the comprehensive development of emotional, cognitive, and social competences in adolescents with special needs enhances adaptation, reduces the risk of social isolation, and improves academic outcomes (Murray, 2018; Schonert-Reichl & Lawlor, 2010; Zoogman et al., 2015). These findings highlight the necessity of inclusive strategies that combine pedagogical support with the cultivation of regulatory skills to strengthen students' social participation and overall well-being.

3. METHODOLOGY

3.1. Research Design

The present study employed a mixed-methods research design that integrated quantitative and qualitative approaches. The quantitative component examined the relationships among age, gender, and the use of cognitive and emotional regulation strategies in adolescents with special educational needs (SEN). The qualitative component provided an in-depth exploration of their experiences with social inclusion in the school environment. The combination of these approaches enabled a more comprehensive understanding of the phenomenon under investigation and enhanced both the validity and interpretability of the findings (Creswell & Plano Clark, 2018).

3.2. Sample Selection

The research sample consisted of 158 adolescents attending secondary schools with special educational needs. Participants were recruited using convenience sampling to ensure the inclusion of various types of SEN, including learning disabilities, attention deficit/hyperactivity disorder (ADHD), sensory impairments, and emotional-behavioral difficulties. The sample included 78 girls (49.4%) and 80 boys (50.6%). The participants' ages ranged from 15 to 19 years ($M = 16.8$, $SD = 1.2$).

Inclusion criteria required (a) a formal diagnosis of SEN and (b) willingness to participate in the study. Adolescents with severe psychiatric or physical conditions that could limit full participation were excluded.

3.3. Instruments

1. Cognitive Emotion Regulation Questionnaire – Short Version (CERQ-S). The CERQ-S assesses the frequency and type of cognitive and emotional regulation strategies used. It contains 20 items rated on a 5-point Likert scale (1 = never, 5 = always). Previous studies with adolescents with SEN have demonstrated good internal consistency ($\alpha = .82-.89$) (McRae et al., 2012; Schäfer et al., 2017).

2. Emotion Regulation Questionnaire (ERQ). The ERQ measures two primary emotion regulation strategies: cognitive reappraisal and suppression. It includes 10 items rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). The instrument is widely used

in adolescent populations and has demonstrated strong psychometric properties (Gross & John, 2003).

3. Semi-structured Interviews. Individual semi-structured interviews were conducted to obtain detailed information about participants' experiences with social inclusion in the school environment. The interviews focused on three key domains:

- perceived support from teachers and peers,
- opportunities for participation in school activities,
- barriers and challenges to engagement in the educational process. All interviews were audio-recorded and transcribed verbatim for subsequent qualitative analysis.

3.4. Data Collection

Data collection was conducted between January and March 2025. Participants were contacted through school administrations and school psychologists. Quantitative questionnaires were distributed in person, with researchers providing necessary instructions and assistance during completion. Semi-structured interviews were conducted in separate, quiet rooms and lasted approximately 30-45 minutes. The data and material are available on request from the author.

3.5. Ethical Considerations

The study was approved by the university's ethics committee. Prior to data collection, participants and their legal guardians were informed about the study's purpose, voluntary participation, and their right to withdraw consent at any time. All data were anonymized and processed in accordance with data protection regulations and APA ethical standards (American Psychological Association, 2017). The study was conducted within the project VEGA no. 1/0955/17/11 "Multimodality of the Development of Emotional Regulation in Adolescents with Typical and Atypical Development." The research protocol was reviewed and approved by the Ethics Committee of the Faculty of Education, Comenius University in Bratislava (date: November 2024). All procedures involving human participants were performed in accordance with the ethical standards of the institutional research committee.

3.6. Integration of Methodology and Empirical Findings

The combination of quantitative and qualitative methods allowed not only the identification of statistically significant relationships between age, gender, and cognitive and emotional regulation strategies, but also a deeper understanding of adolescents with special educational needs' individual experiences in the school context. Quantitative data provided a measurable overview of the use of regulatory strategies, whereas qualitative interviews elucidated factors that support or hinder social inclusion. This approach ensured data triangulation, increased the reliability of findings, and facilitated the formulation of practical recommendations for educational practice.

Quantitative data were analyzed using SPSS 28. Descriptive statistics, including means and standard deviations, were computed for all questionnaire items. Pearson correlation coefficients were used to examine the relationship between age and cognitive and emotional regulation strategies. Differences between genders in specific regulatory strategies were tested using independent-samples t-tests.

Transcripts from 30 semi-structured interviews were analyzed using thematic analysis (Braun & Clarke, 2006). The analysis proceeded in two phases: first, open coding of individual statements, followed by the grouping of codes into thematic categories. Three dominant themes were identified: (1) support from the school, (2) participation, and (3) barriers to social inclusion.

The integration of quantitative and qualitative approaches allowed for a holistic understanding of adolescents' regulatory mechanisms and the factors influencing their social inclusion in school environments.

4. RESULTS

4.1. Quantitative Results

Correlation analysis indicated a significant positive association between age and the use of cognitive reappraisal strategies ($r = .31, p < .01$), suggesting that older adolescents more frequently employ adaptive cognitive strategies to manage stress and emotionally challenging situations. Mean scores for cognitive reappraisal increased with age: adolescents aged 15-16 scored an average of 4.8 (SD = 0.9), 17-year-olds 5.2 (SD = 0.8), and those aged 18-19 5.7 (SD = 0.7). The range of scores (2-7) reflects considerable individual variability, indicating that some younger adolescents already demonstrate strong reappraisal skills. This developmental trend aligns with the maturation of executive functions, such as planning, selfmonitoring, and decision-making (Ahmed et al., 2015; Crone & Dahl, 2012).

Independent-samples t-tests showed no statistically significant gender differences in cognitive reappraisal ($t(156) = 0.87, p = .38$, Cohen's $d = 0.14$) or emotional suppression ($t(156) = 1.05, p = .29$, Cohen's $d = 0.17$), indicating minimal gender effect in this sample. Nevertheless, small effect sizes suggest subtle influences of social and relational contexts, such as peer acceptance, on the deployment of these strategies.

Descriptive statistics revealed that cognitive reappraisal was more frequently used ($M = 5.3, SD = 0.9$, range 3-7) than emotional suppression ($M = 3.1, SD = 1.2$, range 1-6), consistent with prior findings in adolescent populations (Gross & John, 2003; McRae et al., 2012). Subgroup analysis indicated that participants with learning disabilities scored slightly lower on reappraisal ($M = 4.7, SD = 0.8$) compared with those with ADHD or sensory impairments ($M = 5.4, SD = 0.7$), suggesting that cognitive limitations may constrain the application of adaptive strategies, even in the presence of general trends toward reappraisal.

4.2. Qualitative Results

Thematic analysis of thirty semi-structured interviews revealed three primary themes, each containing subthemes and illustrative examples highlighting how adolescents applied cognitive and emotional regulation strategies in real school situations.

1. Support from the School

Adolescents emphasized the importance of teacher support, which was often perceived as inadequate. For instance, a student with ADHD explained, "When I don't understand the instructions, I get stressed, and sometimes I just shut down. Teachers don't notice it." Subthemes included insufficient individual adaptation ("I need more time for tasks, but teachers give everyone the same deadlines"), inconsistent methodological guidance ("Sometimes instructions change from one teacher to another, and it confuses me"), and limited access to school psychologists ("I can only see the psychologist once a month, which is not enough when I feel anxious"). These narratives illustrate that insufficient structural and relational support can hinder adolescents' ability to employ reappraisal or other adaptive strategies effectively.

2. Participation in School Activities

Many adolescents reported feeling marginalized in group projects or extracurricular activities. A student with a learning disability noted, "In group work, I usually get the easiest task and rarely get a chance to share my ideas. It makes me feel invisible." Conversely, inclusive activities or small project groups facilitated effective cognitive and emotional

regulation: “During a small science project, I could discuss my ideas with the team, which helped me stay calm and focused even when the task was hard.” These examples indicate that structured opportunities for participation enhance both the practice and perceived efficacy of adaptive regulation strategies.

3. Barriers to Social Inclusion

Key barriers included peer stigmatization, lack of adapted educational content, physical accessibility limitations, and insufficient teacher engagement. A student described, “Some classmates tease me for needing extra help, and it makes me anxious before class.” Another student with ADHD shared, “I need tasks broken down step by step, but usually it’s just given to everyone, and I get frustrated.” Physical barriers, such as crowded classrooms or inaccessible equipment, also limited engagement. These accounts show how environmental and social obstacles can interfere with the practical application of emotional and cognitive regulation strategies, even among adolescents who possess these skills.

Within these themes, adolescents described specific strategies used in situational contexts. For example, students used cognitive reappraisal during stressful exams by reframing difficulties as learning opportunities (“I tell myself it’s just one test, not the end of the world”), while emotional suppression was often applied during social challenges with peers (“I hide my frustration when others ignore me so I don’t cause a scene”). The narratives indicate that adaptive strategies are most effective when supported by inclusive practices and individualized guidance, whereas maladaptive strategies often emerge when school support is lacking.

4.3. Integration of Quantitative and Qualitative Findings

Triangulating quantitative and qualitative data provided a comprehensive view of emotional and cognitive regulation. Age-related increases in reappraisal were reflected in adolescents’ accounts, with older students using reframing strategies more consistently. Although no significant gender differences were found quantitatively, qualitative evidence indicated that peer acceptance and teacher support influenced the use of adaptive strategies. Variability in reappraisal scores was contextualized by environmental factors: lower scores were linked to inadequate support or high social stress, while higher scores corresponded to structured inclusive activities, supportive teacher relationships, and collaborative experiences that facilitated effective emotion and cognition regulation.

4.4. Implications for Inclusive Educational Practice

The integrated results indicate that adolescents with special educational needs exhibit developmental improvements in adaptive regulation strategies with age, yet the school environment plays a crucial role in enabling or constraining these skills. Individualized support, structured participation in inclusive activities, and accessible psychological resources were consistently identified as key factors that strengthen the practical application of cognitive reappraisal and other adaptive strategies. The findings underscore the importance of educational policies and classroom practices that actively support emotional and cognitive regulation, thereby fostering both academic success and social inclusion.

5. DISCUSSION

The aim of this study was to examine the relationship between age, gender, and cognitive and emotional regulation strategies in adolescents with special educational needs (SEN) and to explore their experiences of social inclusion in the school environment. Quantitative results indicated that age is a significant predictor of the use of cognitive

reappraisal strategies. Older adolescents more frequently applied adaptive cognitive strategies to cope with stress and emotionally challenging situations, which aligns with previous research emphasizing the progressive development of executive functions and selfreflective capacities during adolescence (Ahmed et al., 2015; Silvers et al., 2012). This trend supports the theoretical assumption that the development of cognitive regulation contributes to effective adaptation to developmental tasks and reduces the risk of psychological difficulties (Gross, 2015; McRae & Gross, 2020).

In contrast, no statistically significant differences were observed between boys and girls, suggesting that gender may not be a key determinant in the use of cognitive and emotional regulation strategies within this population. This finding is consistent with literature indicating that individual characteristics, type of SEN, and contextual factors may exert a stronger influence than gender alone (Compas et al., 2017; Davis et al., 2019).

Qualitative analysis identified three primary themes: school support, participation, and barriers to social inclusion. Participants perceived teacher support as important but often insufficient, highlighting a lack of individualized approaches, unclear methodological procedures, and limited access to school psychologist services. Most adolescents felt marginalized in extracurricular activities and group projects, although some reported positive experiences with small project groups and inclusive school-organized activities. Barriers to social inclusion included peer stigmatization, insufficiently adapted educational content, physical constraints, and low teacher motivation to support individual needs. These findings reflect the multidimensional nature of social inclusion and underscore the importance of integrating support for cognitive and emotional regulation into educational practice (Booth & Ainscow, 2016; Florian, 2019). The lack of individualized and methodological support aligns with previous European studies that highlight variability in the implementation of inclusive education and the critical role of collaboration among schools, families, and professionals (European Commission, 2021; Štátný pedagogický ústav, 2022).

The integration of quantitative and qualitative findings provides a comprehensive perspective on adolescents' regulatory mechanisms and factors influencing social inclusion. While quantitative data confirmed the development of adaptive regulation strategies with age and their relative independence from gender, qualitative results clarified the contextual application of these strategies and revealed practical barriers in the school environment. Overall, the results support theoretical claims that effective support of emotion and cognition regulation is critical for the well-being, adaptation, and social participation of adolescents with SEN (Gross, 2015; Florian, 2019; Murray, 2018).

From a practical perspective, the study suggests that intervention programs should purposefully develop cognitive and emotional regulation strategies while simultaneously addressing systemic barriers in the school environment to enhance effective social inclusion. Teacher support, adapted educational content, and facilitation of participation are key factors for integrating adolescents with SEN into regular school life.

6. CONCLUSION

This study provided a comprehensive examination of cognitive and emotional regulation in adolescents with SEN and the factors influencing their social inclusion in the school environment. Quantitative results confirmed that age is a significant determinant of adaptive cognitive strategy use, while gender did not show a statistically significant effect. Qualitative data emphasized that practical barriers, such as lack of individualized approaches, absence of methodological support, and peer stigmatization, continue to limit full participation of adolescents with SEN.

The findings have several theoretical and practical implications. Theoretically, they reinforce the importance of integrating cognitive and emotional regulation as a key predictor of psychological well-being, adaptation, and academic success in adolescents (Gross, 2015; McRae & Gross, 2020; Florian, 2019). Practically, they highlight the need for targeted support for adolescents with SEN within schools that combines the development of regulatory strategies with the removal of systemic barriers.

Based on the study findings, the following recommendations for educational practice can be formulated:

1. **Development of Regulation Strategies:** Implement programs aimed at enhancing cognitive reappraisal and emotional regulation to promote adaptive coping with stress and improve psychological well-being among adolescents with SEN.

2. **Individualized Support and Methodological Guidance:** Teachers should provide differentiated support tailored to the individual needs of students, including clear methodological procedures and accessible professional counseling from school psychologists or special education teachers.

3. **Facilitation of Participation:** Schools should create inclusive environments that ensure equitable participation in both classroom instruction and extracurricular activities, such as through project-based groups or school-organized inclusive events.

4. **Removal of Barriers and Stigmatization:** Systematic efforts are needed to eliminate physical, curricular, and social barriers, including measures to reduce peer stigmatization and enhance teacher motivation to support individual student needs.

5. **Collaboration with Stakeholders:** Effective inclusion requires coordinated collaboration among schools, families, and professionals in psychology and special education.

Overall, the study indicates that combining the development of cognitive and emotional regulation with practical measures to support social inclusion can substantially improve psychological well-being, academic achievement, and social integration of adolescents with SEN. These implications underscore the need for continuous monitoring and evaluation of inclusive practices and programs supporting emotion and cognition regulation in school settings.

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