Medical and Research Publications
International Open Access

Research Article **Journal of MAR Neurology and Psychology (Volume 6 Issue 2)**

Comparison of Emotional Maturity in Mothers of Exceptional Children and Mothers of Non-Exceptional Children

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Received Date: January 20, 2023

Published Date: February 01, 2023

ABSTRACT

Parenting of exceptional children is a journey with unique experiences that can differ from the lived experiences of parents raising non-exceptional children. These unique experiences typically depend on the emotional maturity of the parent/s regarding the child's growth, education and caregiving. The emotional maturity of the parents keeps the process of parenting moving forward. The purpose of the present research was to do a comparative study on Emotional Maturity in Mothers with Exceptional Children and Mothers with Non-Exceptional Children for which the sample population was of 20 mothers with exceptional children and 20 mothers with non-exceptional children but below the age of 18. The exceptional children included children with autism, children with cerebral palsy, children with developmental delay, children with attention deficit hyperactivity disorder, children with intellectual disability, and children with down syndrome. Inclusion Criteria was mothers with at least one exceptional child below the age of 18 and Mothers with at least one non-exceptional child below the age of 18 and no exceptional child. The hypothesis was, The Mothers of Exceptional Children will be higher on Emotional Maturity Scale than the Mothers of Non-exceptional Children. Emotional Maturity Scale (EMS) developed by Dr. Yashvir Singh and Dr. Mahesh Bhargava was used. It is a self-reporting scale consisting of 48 items, that measures five dimensions – Emotional instability, Emotional regression, Social maladjustment, Personality disintegration, and Lack of independence. The Research Design was Comparative Research Design with purposive sampling. The result has revealed that the emotional maturity in the mothers of exceptional children and mothers of non-exceptional children is statistically insignificant. The sample was collected from rehabilitation centre, special school, and NGO for exceptional children. All are based in Lucknow.

***Keywords**: Mothers, Exceptional Children, Non-exceptional children, Emotional Maturity, Parenting.*

Introduction

An individual can adjust properly to his environment and make best efforts for progress of family and society with good mental health. Mental Health can be correlated with the Emotional Maturity of the individual because individual aspect relates to internal adjustment which is possible if individual is Emotionally Mature **(**Allport 1961**)**. "Emotional Maturity is the ability to integrate multiple emotional perspectives to form flexible and differentiated representations of oneself, others and situations." **(**Skinner 1962**)**. "Emotional Maturity indicates that condition when a man experiences his feelings for his wellbeing and develops the ability to get pleasure out of the materials." **(**Singh et.al. 1990**)**. It involves a constant struggle to gain healthy integration of feelings, thoughts and actions. Because parents are the first social contact that an individual has therefore parental attitude, perceptions, behaviour, habits etc affect the Mental Health of the individual.

Some parents feel they have control over their children **(**Kaniel et.al. 2011**)**, while others believe it's in the hands of their religious beliefs, fate, or even pure chance **(**Goldstein et.al. 2015**)**. Parents' perspectives determine how they understand events linked to the handicap, how they seek support in reaction to the impairment, and how they approach caregiving **(**Xu 2007**)**. The reaction to learning that a child has a disability is distinct, very personal, and frequently filled with sadness **(**Alexander et.al. 2016**)**. Parents' early reactions are typically a mix of shock, denial, disbelief, guilt, and a sense of loss **(**Feniger et.al. 2013**)**. Some parents dispute their child's diagnosis and seek medical advice from a variety of specialists, believing that "getting a second opinion" may result in a more favorable diagnosis or prognosis **(**Carlsson et.al. 2016**)**. Some parents may go through numerous misdiagnoses before receiving a right diagnosis due to the complexity of their child's ailment **(**Mitchell et.al. 2014**)**.

Despite the urgent demands posed by their child's impairment parents seek to normalize their lives. Some parents are well-informed about their options and have the finances to seek several professional opinions and services. Other parents are unfamiliar with the health-care facilities, educational system, and methods for obtaining private fee-for-service programs. These issues, compounded by poverty, can have a direct impact on the child's and family's well-being **(**Corcoran et.al. 2015**)**. Shock, denial, numbness, disbelief, sense of loss for a hoped-for kid, anguish similar to death are all common parental reactions on learning of their child's condition.

Relationships between spouses and other family members become strained, and family routines are interrupted. It's common for some parents to feel sad once the initial shock or denial wears off **(**Resch et.al. 2012**)**. Distress paired with the physical strain of following through on the numerous visits, procedures, suggestions, and care requirements for the children can result in such an emotional

condition (Vonneilich 2016). Parental or guardian disagreement over the significance of the diagnosis/prognosis, assigning blame, sifting through treatment alternatives, and/or responsibilities in caring for the kid may also contribute to depression (Stewart et.al. 2017). Women may be more susceptible to depression than men (Barker et.al. 2011). Extreme weariness, restlessness or irritability, insomnia, changes in appetite, and/or loss of sex drive are all symptoms of clinical depression. Professionals should screen family caregivers for depression and recommend them for further evaluation and treatment if necessary (Gallagher 2014).

Most parents eventually learn to manage with their child's condition and they become specialists at satisfying their child's needs. They learn to advocate for and acquire what they need from professionals to support their child, and they develop assertiveness in the process. Most families' distress fades away as they establish care routines, obtain access to EI and respite care services, and watch their child's improvement (Horsley et.al. 2015). Routines and meaningful rituals between parents and children are important in providing stable and predictable structures that guide child behavior and the emotional climate during childhood development, especially when parents' lives become stressful or when children go through difficult stages or experiences (Boyd et.al. 2014). Parenting networks, in which parents educate and support one another, can be extremely successful, at times, even more so than professional help (Wynter 2015). There is a lot of research on how parents of children with disability deal with impediments to their children's inclusion in their communities and access to human resources, such as special education and health care (Odom et.al., 2011; Wehmeyer et.al., 2017).

Services given in a parent-centered manner that address parent-identified and parent-prioritized issues help the parents (King et.al. 2014). Having a solid marriage connection, effective parenting and problem-solving abilities, financial stability, and supportive social networks lead to better outcomes (Marshak 2007). Although problems in raising a kid with a disability strengthen some parental connections, others worsen, especially if the relationship was previously strained (Tomeny et.al. 2010).

Parents of children with significant developmental disabilities, chronic behavioral issues, and/or medical fragility are especially vulnerable to caregiver burnout and reduced functioning (Ello et.al. 2005). People continue to be stressed (Coughlin et.al. 2017) leading to depression, physical disease, or post-traumatic stress disorder. Psychological help is required when feelings of loss or grief become chronic and interfere with the parent's capacity to function (Gordon 2009). Professionals, according to Kazak et.al. (2005), should investigate how the family has dealt with previous stressors and whether family members emerged with a sense of competence or insecurity. Reframing and normalization are crucial intervention strategies for helping parents manage (Werner et.al. 2015).

An exceptional child is one who differs significantly from the ordinary or average child physiologically, cognitively, psychologically, or sociologically to the point where she cannot benefit fully from the regular curriculum, school administration systems, and special educational services or supplementary instruction and services to reach their full potential. From birth or during the developmental stages, such a child exhibits signs of exceptionality as she outperforms or lags behind the others in terms of growth and development in various dimensions, namely, Physiological, Psychological, Sentimental, Sociocultural, and Ethical, to the point where she exhibits problems and psychological concerns in academics, in the school setting, in behaviour and attitude, and in terms of socialisation. Some children's physical characteristics and/or learning abilities differ so much from the norm **(**below or above**)** that they require an individualised programme of special education and accompanying services to fully benefit from education.

The term "exceptional child" refers to both children who have learning issues and those whose performance is so extraordinary that curriculum, teaching style, and instructions must be changed to enable them reach their full potential. Children with learning and/or behaviour issues, children with physical disabilities or sensory impairments, and children who are cognitively talented or have a specific talent are all considered exceptional children. Because it excludes smart and talented youngsters, the term ‘children with disabilities’ is more restricted than exceptional children. Learning of related concepts i.e., impairment, disability, and handicap would give better understanding exceptionality. While these phrases sometimes used interchangeably but they are not. The loss or reduced function of a specific physical part or organ is referred to as impairment **(**e.g., a missing limb**)**. When a person's ability to perform certain actions **(**e.g., walk, see, add a row of numbers**)** in the same way as most people is hampered by an impairment, they are said to have a disability. A person with a disability is not called handicapped unless it causes educational, personal, social, vocational, or other disadvantages. For example, if a child who has lost a leg learns to use a prosthetic limb and so functions normally in and out of school, she is not handicapped but she becomes handicapped when she faces bullying. When playing against non-disabled peers on the basketball court, the child with a prosthetic limb may be handicapped, but not in the classroom. Individuals with disabilities also face challenges that are unrelated to their disabilities and are the product of others' negative attitudes and inappropriate behaviour, which obstruct their access to and capacity to fully participate in education, job, and community activities. Instead of using the phrase 'handicapped,' most people nowadays prefer to use the term 'persons with disabilities.' At-risk children are those who, while not currently diagnosed with a disability, are thought to have a higher-than-average likelihood of developing one in the future. The word is frequently applied to new born babies and pre-schoolers who may be expected to face

developmental challenges in future due to circumstances surrounding their births or home situations. The word is also applied to pupils facing difficulties in regular classrooms and are at risk of failing their grades or being classified as needing special education services.

Rationale: Selection of the present topic was influenced by the fact that there is a paucity of research work on the struggles of parents having children with disabilities especially on their emotional maturity.

Methodology

Objective: To do a comparative study of Emotional Maturity in Mothers with Exceptional Children and Mothers with Non-Exceptional Children with the purpose of highlighting the impact of decisions made for the children by their mothers.

Hypothesis: The Mothers of Exceptional Children will be higher on Emotional Maturity Scale than the Mothers of Non-exceptional Children.

Variables: Independent Variable: Exceptional Children, Dependent Variable: Emotional Maturity.

Sample: 20 mothers with exceptional children and 20 mothers with non-exceptional children with all the children below the age of 18. The sample comprised of mothers of children with autism, children with cerebral palsy, children with developmental delay, children with attention deficit hyperactivity disorder, children with intellectual disability, and children with down syndrome.

Inclusion Criteria: Mothers with at least one exceptional child below the age of 18 and mothers with at least one non-exceptional child below the age of 18 and no exceptional child.

Tool: Hindi version of Emotional Maturity Scale **(**EMS**)** developed by Dr. Yashvir Singh and Dr. Mahesh Bhargava **(**1991**)** was used on 40 respondents. It is a self-reporting scale consisting of 48 items, that measures following five dimensions: Emotional instability **(**10 items**)**, Emotional regression **(**10 items**)**, Social maladjustment **(**10 items**)**, Personality disintegration **(**10 items**)**, and Lack of independence **(**8 items**)**. Higher scores indicate less emotionally maturity, and lower scores indicate more emotional maturity.

Research Design: Comparative Research Design with purposive sampling.

Procedure: Data was collected from three Lucknow-based centres working for exceptional children. One-on-one personal interaction was used for data-collection. Mothers with Non-Exceptional Children were selected randomly but the procedure remained same.

Result Analysis

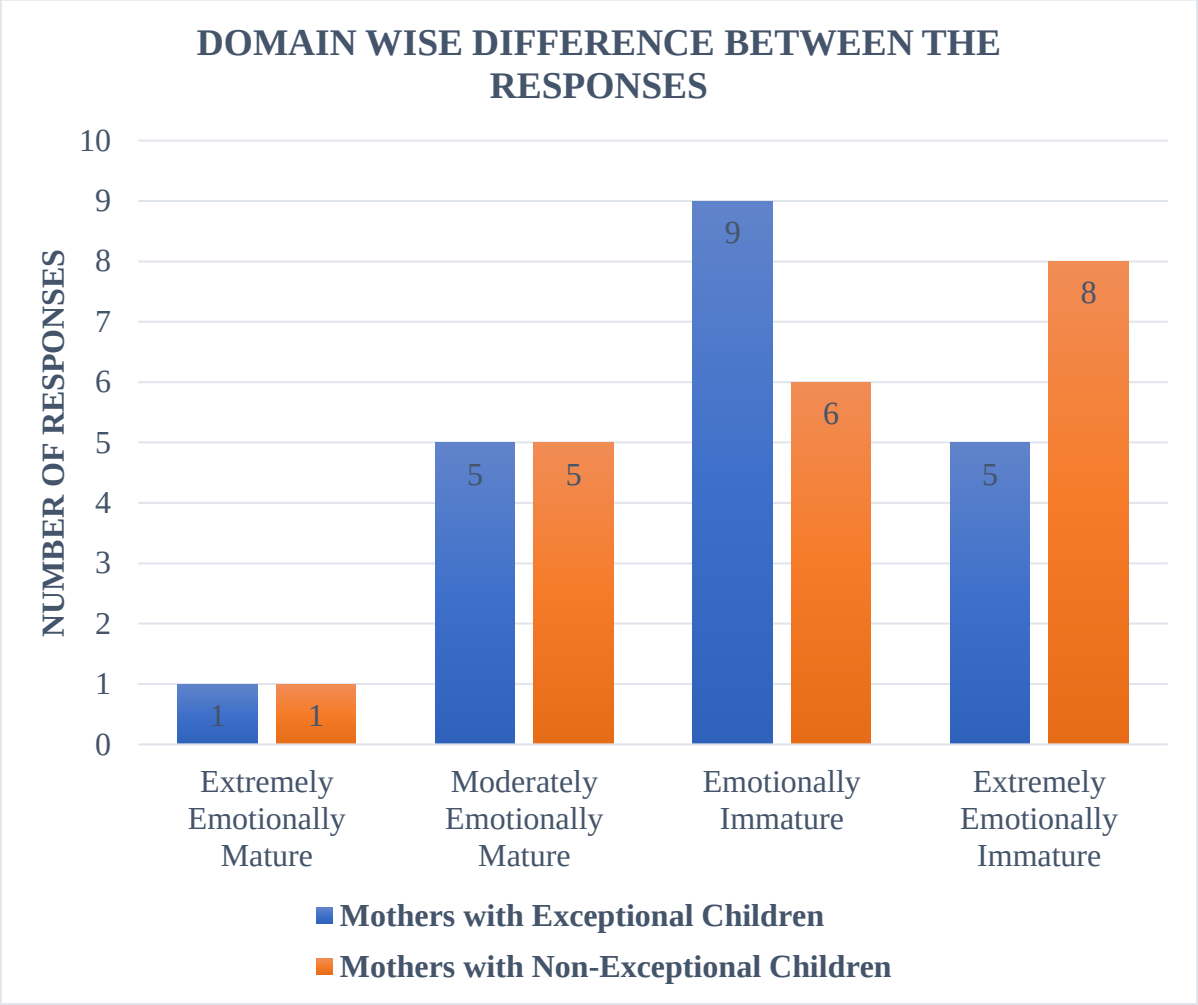
S.NO.	OBTAINED SCORES OF MwEC	INTERPRETATION (Obtained from the scale)	OBTAINED SCORES OF MwNEC	INTERPRETATION (Obtained from the scale)
01.	89	Emotionally Immature	115	Extremely Emotionally Immature
02.	142	Extremely Emotionally Immature	93	Emotionally Immature
03.	94	Emotionally Immature	132	Extremely Emotionally Immature
04.	88	Moderately Emotionally Mature	85	Moderately Emotionally Mature
05.	84	Moderately Emotionally Mature	80	Extremely Emotionally Mature
06.	89	Emotionally Immature	132	Extremely Emotionally Immature
07.	94	Emotionally Immature	101	Emotionally Immature
08.	104	Emotionally Immature	84	Moderately Emotionally Mature
09.	91	Emotionally Immature	84	Moderately Emotionally Mature
10.	136	Extremely Emotionally Immature	93	Emotionally Immature

11.	146	Extremely Emotionally Immature	81	Moderately Emotionally Mature
12.	70	Extremely Emotionally Mature	112	Extremely Emotionally Immature
13.	161	Extremely Emotionally Immature	96	Emotionally Immature
14.	83	Moderately Emotionally Mature	123	Extremely Emotionally Immature
15.	86	Moderately Emotionally Mature	89	Emotionally Immature
16.	80	Moderately Emotionally Mature	97	Emotionally Immature
17.	115	Extremely Emotionally Immature	106	Emotionally Immature
18.	89	Emotionally Immature	92	Emotionally Immature
19.	93	Emotionally Immature	87	Moderately Emotionally Mature
20.	98	Emotionally Immature	108	Extremely Emotionally Immature

Table I: Scores of Emotional Maturity in Mothers with Exceptional Children **(**MwEC**)** and Mothers with Non-Exceptional Children **(**MwNEC**)**

Findings	Emotional Maturity of MwEC	Emotional Maturity of MwNEC
Mean (M)	101.60	99.50
Standard Deviation (SD)	24.96	16.25
Standard Error of Mean (SEM)	5.58	3.63
Number of Observations (N)	20	20

Table II: Significant Difference between the Emotional Maturity of Mothers with Exceptional Children **(**MwEC**)** and Emotional Maturity of Mothers with Non-Exceptional Children **(**MwNEC**)**



Result Discussion

Two tailed P value equals 0.7543. This difference is considered to be not statistically significant. The mean of the Emotional Maturity in Mothers with Exceptional Children minus the mean of the Mothers with Non-Exceptional Children equals 2.10 indicating a significant difference of 2.10 among the emotional maturity of mothers. The t-test score of 0.3153 indicates that all the individual scores are transformed into a standardized form and then compared giving the value 0.3153. Degree of freedom **(**df**)** calculated is 38 indicating that there are 38 values that can vary in the analysis without breaking any constraints. Standard error of difference **(**SED**)** is 6.661.

The researcher had taken up the topic of emotional maturity in mothers of exceptional children and hypothesized that the emotional maturity in mothers with non-exceptional children will be higher than the emotional maturity in mothers having exceptional child. No difference was found in the maturity level of either group. It could be because when it comes to their children mothers tend to be immature emotionally. To the best knowledge of the researcher, they could not find any published work on emotional maturity in mothers.

According to the scores of EM in MwEC in Table I, one mother is extremely emotionally mature, five mothers are moderately emotionally mature, nine mothers are emotionally immature and five mothers are extremely emotionally immature. 6 out of 20 are moderately emotionally mature indicating lack of emotional maturity in majority of the mothers. According to the scores of EM in MwNEC, one mother is extremely emotionally mature, five mothers are moderately emotionally mature, six mothers are emotionally immature and eight mothers are extremely emotionally immature. 6 out of 20 are moderately emotionally mature indicating lack of emotional maturity in majority of mothers.

According to Table III **(**Significant Difference between EM of MwEC and MwNEC**)**, the mean of Emotional Maturity in the two groups equals 2.10 indicating a significant difference of 2.10 among the emotional maturity of mothers. This difference is considered to be not statistically significant. The result was obtained using t test for statistical analysis.

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