

Relationship between Emotional Maturity and Psychological Distress among a Clinical Population

Vaishnavi Mishra¹, Dr. Nishi Tripathi², Dr. Mahewash Hasan³

¹PG Student, Clinical Psychology, Department of Art and Social Science

²Professor & Head Of Department, Department of Art and Social Science

³Assistant Professor, Department of Art and Social Science, Sam Higginbottom University of Agriculture, Technology and Sciences Prayagraj, Uttar Pradesh

Abstract

Emotional maturity plays an important role in helping individuals regulate their emotions, cope with stressful situations, and maintain psychological well-being. In contrast, poor emotional maturity may increase an individual's vulnerability to stress, anxiety, and depression. Aim: The present study examined to assess the level of emotional maturity and psychological distress and to examine the relationship between emotional maturity and psychological distress patients undergoing mental health treatment. Methodology: The study was carried out in the Psychiatry Outpatient Department of Baba Raghav Das Medical College and Hospital, Gorakhpur. A total of 38 participants aged between 18–25 years, diagnosed with depression and anxiety, were selected through purposive sampling. Emotional maturity was assessed using the Emotional Maturity Scale (EMS) developed by Singh and Bhargava, while psychological distress was measured using the Depression Anxiety Stress Scale (DASS-21). The collected data were analyzed using descriptive statistics and Pearson correlation. Result: The correlation analysis showed a significant positive relationship between Emotional Maturity Scale score and Psychological Distress. Since, it shows reverse scoring- higher the score on emotional maturity scale indicates greater the degree of the emotional immaturity and vice-versa, the findings suggest that participants who are emotionally immature experienced higher levels of stress, anxiety, and depression. Conclusion: The study concluded that emotional maturity is closely associated with psychological distress among the clinical population. Strengthening emotional maturity may help individuals develop healthier emotional regulation and coping strategies, which could contribute to reducing symptoms of stress, anxiety, and depression.

Keywords: emotional maturity, psychological distress, emotional immaturity, clinical population.

Introduction

Emotional Maturity is the ability to understand and manage emotions, express emotions appropriately, and function effectively even under stressful or challenging circumstances. Emotional maturity includes emotional stability, emotional progression, social adjustment, personality integration, and independence, as it consists of reverse scoring- higher scores on these dimensions indicate greater the degree of the emotional immaturity, whereas lower scores on emotional maturity scale indicates better emotional

maturity (Singh & Bhargava, 1990). emotional maturity is the ability to bear tension, and it will enable a person to tolerate the frustration they undergo” Cole (1954), (Kumar& Smriti, 2014). Emotional maturity, as defined by the American Psychological Association involves a high degree of emotional control and expressive ability. It encompasses understanding one’s own emotions, recognizing other’s emotions, and responding appropriately to various emotional situations. (VandenBos,2015). Emotional maturity promotes problem solving skills and reduces internal conflicts, bear tension, it enables an individual to tolerate frustration, thereby eases anxiety and depression. Age is a convenient way to define adolescence but it does not determine the maturity of the individual. Age is not sufficient to determine the capability of the individuals that, whether the person is emotionally mature to handle the situations.

Stress is a state of emotional and physical tension that arises when an individual perceives a challenge or demand exceeds their ability to cope, leading to potential negative impacts on mental and physical well-being. (Selye,1936). It is a state of tension and worry. Stress is a biological and physiological response experienced on encountering a threat that we feel we do not have the resources to deal with. Any factor or event that causes stress is called **Stressor**. Reaction by external stressor is called Strain.

The symptoms of instant and severe stress generally are:

- Increase in breathing.
- Increase in heart rate and palpitation.
- Decreased in digestive activity. (decrease in appetite)
- Sometime sweating and trembling, etc.

Approximately 1 in 7 people (around 1.1 billion people) worldwide were living with a mental disorder in 2021, with anxiety and depression being the most common disorders. A systematic review and meta-analysis reported a pooled prevalence of 12.4% for depression in India. These findings highlight the need to identify psychological distress early with factors such as emotional maturity, which may influence how individual respond to stress and emotional challenges. (World Health Organization WHO, 2021)

Anxiety is considered psycho physiological condition as it involves feelings of tension, worry, fear and uneasiness that may occur even without an identifiable external trigger and includes physiological responses like increased heart rate, breathing difficulty, sweating, etc. In contrast to stress, which is generally linked to specific situations, anxiety is more enduring and originates internally. Thus, prolonged exposure to stress is often regarded as an important factor contributing to the onset of anxiety. Anxiety is a natural phenomenon; it may be a good or beneficial response to stress or sometimes it can be a bad response depending upon the situation. Anxiety is defined as an emotion characterized by feelings of tension, worried thoughts, and physical changes, such as increased blood pressure. It can interfere and affect our daily life. Fear is an immediate response to the current threatful situation. The criteria of anxiety disorder are long lasting (typically over six months). Emotional maturity promotes problem solving skills and reduces internal conflicts, thereby eases anxiety and depression. (American Psychological Association, APA) The common cause of anxiety is traumatic events, stress and rumination of thoughts. It is not important if the patient is suffering from anxiety disorder he/she should be suffering from Depression or if the patient is suffering from Depression, then there should be anxiety disorder.

Depression emerges from an unresolved response to loss, wherein the individual unconsciously turns anger and negative feelings inward, leading to guilt, diminished self-worth, and deep emotional pain. His

work introduced the idea that talk therapy could help relieve symptoms of depression (Sigmund Freud, 1917). Other doctors saw depression as a brain disorder. Depression can be defined as serious mental disorder in which a person suffers from persistent sadness, feels emptiness, worthlessness, hopelessness, sorrow, despondency, discouragement, which negatively affects your physical and mental health that how you perceive the world and affects your feeling, emotions, thinking pattern (American Psychiatric Association, 2022). It is normal to feel sadness and emptiness sometime, but if these feelings and emotions persist for long, affecting day to day lifestyle and have severity with some symptoms described in DSM and ICD then we can diagnose it as a depression. Although several studies have examined emotional maturity and its association with psychological variables such as stress, anxiety, depression, mental and psychological well-being, self-esteem separately. Limited studies are there on relationship between emotional maturity and psychological distress as a multidimensional construct (stress, anxiety and depression) particularly among clinical population. Most of the previous research has focused on college student, community sample, demographic criteria, and non-clinical population; there is lack of studies focused on clinical population and patients receiving psychological and psychiatric treatment in India. Therefore, the present study contributes and provides evidence that may be useful for assessment and psychological intervention.

Objectives

Objective 1: To assess the levels of Emotional Maturity and Psychological Distress among clinical populations.

Objective 2: To examine the relationship between Emotional Maturity and Psychological Distress. (Stress, Anxiety, and Depression)

Hypotheses: There was a significant relationship between Emotional Maturity and Psychological Distress and its three dimensions (stress, anxiety, and depression).

Research Methodology

Research Design: The present study uses cross-sectional correlation analysis in Descriptive research design of statistics. Self-report questionnaire was administered by the participants for data collection and quantitative approach was used to test the proposed hypotheses (Jobson, 2020)

Sample: The study included 38 participants (aged between 18-25) recruited from the Department of Psychiatry, Baba Raghav Das Medical College, Gorakhpur, Uttar Pradesh, India. A purposive sampling technique was used to select participants who fulfilled inclusion criteria of the study. All participants were referred by consultant psychiatrists. Informed consent was obtained from each participant before data collection, and confidentiality was maintained throughout the study.

Inclusion criteria- Participants who are in young adulthood were experiencing Psychological Distress (stress, anxiety and depression) due to-

1. Bipolar disorder
 2. Borderline personality disorder
 3. Migraine patients
 4. Patients of Dissociation disorder
- Exclusion criteria-**
1. Patients of Substance abuse (intake/withdrawal)
 2. Psychosis
 3. Schizophrenia

Variables:

Independent variable - Emotional Maturity

Dependent variable - Psychological Distress (Stress, Anxiety, and Depression)

Tools for data collection

- Demographic Profile of the Respondent: It contained demographic information of the patients.
- Emotional Maturity Scale (EMS): Developed by Dr. Yashvir Singh and Dr. Mahesh Bhargava (1990). This is a standardized scale which consisted of five domains to measure emotional maturity: Emotional Stability (10 items), Emotional Progression (10 items), Social Maladjustment (10 items), Personality Integration (10 items), and Independence (8 items). EMS used a 5-point Likert-type scale. It was a self-report questionnaire consisting of a total of 48 items with scoring of very much-5, much-4, undecided-3, probably -2, never-1. Higher the score on the scale, greater the degree of emotional immaturity. The test- retest has been estimated at 0.75 and validity by Singh and Bhargava (1980) at 0.46. The raw score obtained was analyzed using SPSS. (Jobson,2020)
- Depression Anxiety Stress Scale -21 Items (DASS-21): developed by Lovibond and Lovibond (1995): This was a standardized scale, a widely used self-report scale that measured psychological distress across three domains: Depression, Anxiety, and Stress. Each domain contained 7 items; it consisted of total 21 items. It was a 4-point Likert scale (0-3). This scale indicated the severity ranges like - Mild, Moderate, severe and extremely severe. Since DASS-21 was a short version, all subscale scores were multiplied by 2 to match DASS-42 severity levels.

Procedure for the Data Collection:

The ethical approval and permission were taken from concerned institutional authority and proper consent was taken from the participants by informing the actual purpose of the study. Participants were chosen based on the inclusion and exclusion criteria through purposive sampling utilizing a suitable sample method then developed a rapport with participants so, that they can trust on us and feel comfortable. Demographic information was recorded in demographic profile sheet to collect the data like name, age, gender, education, marital status, occupation. First, we used the checklist DASS-21 to obtain a data and level of psychological distress patients which were referred by psychiatrist. At last, the Emotional Maturity Scale (EMS) was administered to assess the level of emotional maturity, the information and the data were obtained was analyzed through SPSS software. The confidentiality of data was maintained throughout the study; the respondents had a right to withdraw from the procedure at any time.

Results

Table1: Gender distribution of the Respondents among clinical population. (N=38)

Demographic Variable	Frequency	Percentage
Female	32	84.2%
Male	6	15.8%

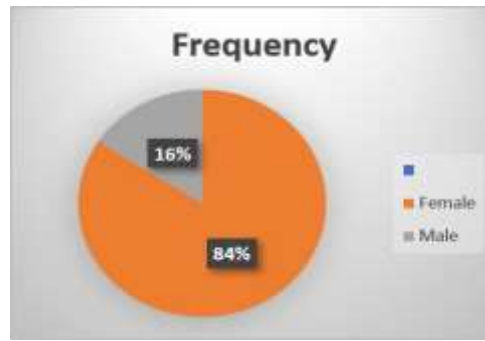


Table 1 presents the gender distribution of the 38 participants included in the study; the table consist of variables - gender, marital status, occupation, education. With regards to gender, the majority of the respondents were female (n=32, 84.2%) while males constituted a smaller proportion of the sample (n=6, 15.8%). The result indicates that the sample was predominantly female.

Table 2: Marital Status distribution of the Respondents among clinical population. (N=38)

Demographic Variable	Frequency	Percentage
Unmarried	24	63.2%
Married	13	34.2%
Divorced	1	2.6%

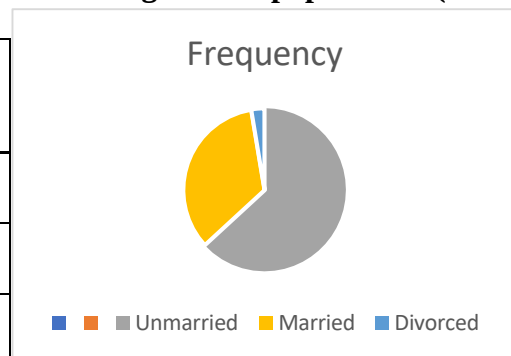


Table 2 presents the marital status distribution of the 38 participants, most of the respondents were unmarried (n=24, 63.2%), followed by married individuals (n=13, 34.2%). Only one participant (2.6%) was divorced. These findings suggest that the sample mainly consisted of unmarried individuals.

Table 3: Occupation distribution of the Respondents among clinical population. (N=38)

Demographic Variable	Frequency	Percentage
Unemployed	27	71.1%
Employed	11	28.9%

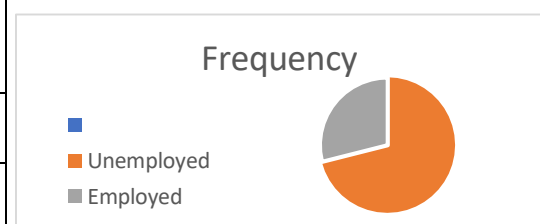


Table 3 presents the occupation distribution of the 38 participants, a majority of the participants were unemployed (n=27, 71.1%), whereas 11 participants (28.9%) were employed. The result indicates that unemployment was the more common factor among participants.

Table 4: Education distribution of the Respondents among clinical population. (N=38)

Demographic Variable	Frequency	Percentage
Illiterate	1	2.6%
1-10 th standard	18	47.4%
Pre- university (intermediate)	5	13.2%
Graduate	11	28.9%
P.G. or above	3	7.9%

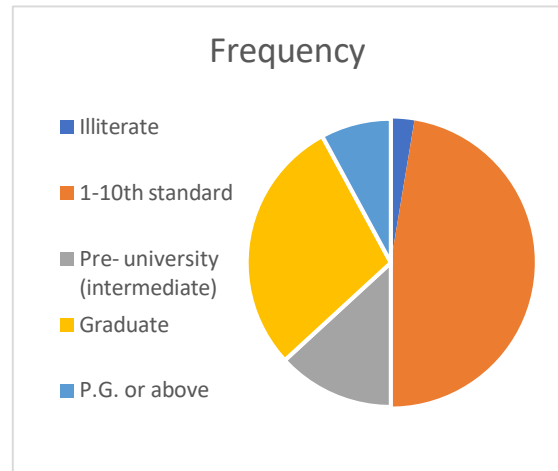


Table 4 presents the educational background of the 38 participants showed some variation. Majority of the participants had completed education up to the 1-10th standard (n=18, 47.4%), Graduates accounted for (n= 11, 28.9%) participants, (n=5, 13.2%) had completed pre-university (intermediate) education. Three participants (7.9%) had postgraduate or higher qualifications, and only one participant (2.6%) was illiterate.

Objective 1: To assess the levels of Emotional Maturity and Psychological Distress among clinical populations.

Table 5: Levels of Emotional Maturity among clinical population. (N=38)

Category	Frequency	Percentage
Extremely Stable	8	21.1
Moderately Stable	6	15.8
Unstable	8	21.1
Moderately Unstable	14	36.8
Extremely Unstable	2	5.3
Total	38	100.0

The findings of table 5 consisted of 5 categories- extremely stable, moderately stable, unstable, moderately unstable, and extremely unstable. The results show that the majority of participants (n=14, 36.8%) suffered from moderately unstable in emotional maturity while equal numbers and percentages of participants (n=8, 21.1% each) fell into the extremely stable and unstable category of emotional maturity. The moderately stable category had (n=6, 15.8%) participants, only (n=2, 5.3%) participants were found to be extremely unstable. These findings interpreted that most of the psychologically distress patients were moderately emotionally unstable, which indicated participants experienced difficulty in

managing and regulating their emotions.

Table 6: Tabular presentation of the levels of Stress among clinical population (N=38).

Category	Frequency	Percentage
Mild	7	18.4
Moderate	14	36.8
Severe	11	28.9
Extremely Severe	6	15.8
Total	38	100.0

The findings show that table 6 consisted of 4 categories – mild, moderate, severe and extremely severe, the results showed that the majority of participants (n= 14, 36.8%) suffered from a moderate level of stress, the second highest was severe stress (n= 11, 28.9%). This was followed by the mild (n=7, 18.4%) and extremely severe (n= 6, 15.8%) categories.

Table 7: Tabular presentation of the levels of Anxiety among clinical population. (N=38).

Category	Frequency	Percentage
Normal	4	10.5
Mild	3	7.9
Moderate	10	26.3
Severe	9	23.7
Extremely Severe	12	31.6
Total	38	100.0

The table 7 consisted of 5 categories – normal, mild, moderate, severe and extremely severe. The results showed that the majority of participants (n= 12, 31.6%) suffered from extremely severe anxiety, the second highest was moderate anxiety with (n= 10, 26.3%). This was followed by severe (n=9, 23.7%) and mild (n= 3, 7.9%) anxiety, the remaining participants (n=4, 10.5%) were normal, the results indicated that it was not necessary for a participant suffering from stress to also experience anxiety.

Table 8: Tabular presentation of the levels of Depression among clinical population (N=38)

Category	Frequency	Percentage
Normal	9	23.7

Mild	6	15.8
Moderate	14	36.8
Severe	3	7.9
Extremely Severe	6	15.8
Total	38	100.0

The findings of Table 8 show that the frequency and percentage of depression. The table consisted of five categories – normal, mild, moderate, severe and extremely severe, the result indicated that the majority of participants (n= 14, 36.8%) fell under moderate level of depression. The result indicates that identical numbers of participants (n= 6, 15.8%) experienced mild and extremely severe forms of depression, the lowest frequency (n= 3, 7.9%) were found to be in the severe depression category. A total of (n=9, 23.7%) of participants were in the normal range which indicated that it was not necessary for a person experiencing stress and anxiety to also suffer from depression. The results showed that the majority of the participants experienced moderate level of depression, with a higher percentage.

Objective 2: To examine the relationship between Emotional Maturity and Psychological Distress. (Stress, Anxiety, and Depression)

Table 9: Tabular presentation of Frequency, Mean and Std. Deviation difference of Psychological Distress and Emotional Maturity (N=38).

Descriptive Statistics			
Category	Mean	Std. Deviation	N
Stress score	24.5526	7.28826	38
Anxiety score	17.7895	8.57765	38
Depression score	16.5263	9.13484	38
Emotional Maturity Score	102.6842	23.60269	38

The table 9 shows that the highest average of stress score was (24.55, SD= 7.29), compared to the other two means: anxiety (17.79, SD=8.58) and depression (16.53, SD= 9.13). The mean of emotional maturity score was (102.68, SD= 23.60) which was the highest average among all the variables. The standard deviation values indicated that there was variability in the participant's scores with emotional maturity showing the greatest variability

Table 10: Correlation between Emotional Maturity and Psychological Distress (Stress, Anxiety, and Depression) and its three dimensions of Psychological Distress patients.

		Stress score	Anxiety score	Depression score	EMS score
Stress score	Pearson correlation	1			

	significant (2-tailed)				
	N	38			
Anxiety score	Pearson correlation	0.586**	1		
	significant (2-tailed)	0			
	N	38	38		
Depression score	Pearson correlation	.462**	.367*	1	
	significant (2-tailed)	0.004	0.023		
	N	38	38	38	
EMS score	Pearson correlation	.644**	.445**	.462**	1
	significant (2-tailed)	0	0.005	0.003	
	N	38	38	38	38

** . Correlation is significant at the 0.01 level (2-tailed)

* . Correlation is significant at the 0.05 level (2-tailed)

In emotional maturity, according to the scoring manual of this questionnaire - higher the score on the scale reflects greater degree of emotional immaturity. Since, score of Emotional Maturity scale showed a significant positive correlation with stress ($r = .644$, $p < .01$), anxiety ($r = .455$, $p < .01$), and depression ($r = .462$, $p < .01$). Therefore, (Emotional Maturity decreases, psychological distress increases). The strongest relationship was found between Emotional Maturity and stress. These findings suggest that respondents with lower emotional maturity experienced with high levels of Psychological Distress (stress, anxiety, and depression). This finding was consistent with previous study conducted by (Warsi, 2025) which showed similar results that Emotional Maturity plays an important role in reducing stress and promoting psychological-wellbeing.

Discussion

The present study found a significant positive correlation between the total score of emotional maturity scale and psychological distress with its three dimensions and it also examines the levels of Emotional Maturity and Psychological Distress. According to Singh and Bhargava Emotional Maturity scoring manual and questionnaire - higher the score on the scale reflects greater degree of emotional immaturity (because of reverse scoring). Since, higher scores on the Emotional Maturity Scale indicate emotional immaturity. The findings suggest that participants with lower emotional maturity experience increased level of psychological distress (stress, anxiety and depression). The emotional maturity and individual dimensions of psychological distress were significantly related with one another. The strongest relationship was observed between stress and emotional maturity ($r = .644$, $p < .01$). This shows that difficulties in emotional regulation and adaptive coping lead towards to increase in psychological distress among individual experiencing psychological problems and attending psychiatric and psychological treatment. The study also examined the levels of Emotional Maturity and Psychological distress which shows that majority of participants were moderately emotionally unstable and experienced moderate level of stress, extremely severe anxiety and moderate level of depression. Certain demographic variables (gender, age, education, occupation, marital status, etc.) may function as influential factors affecting the outcomes of the study. The findings of the present study are consistent with earlier research suggesting that emotional maturity is associated with mental health and emotional or psychological well-being. It helps to bear tension and frustration and cope- up easily from the

challenging situation.

Conclusion:

The present study demonstrated a significant relationship between Emotional Maturity and Psychological Distress among clinical population. The hypothesis finds the relationship between Emotional maturity and Psychological Distress through correlation descriptive analysis. The findings of the study also illustrate the levels of emotional maturity and psychological distress (stress, anxiety, and depression). These results highlight the importance of emotional maturity in psychological adjustment and suggest that strengthening emotional maturity may contribute to better mental health outcomes.

Recommendations for future studies

- Future studies may include the outcome and effectiveness of Psychological Interventions
- Emotional Maturity training programs helps in reducing stress, depression and anxiety.
- Future studies can be specific on Psychiatric Disorders like (e.g. bipolar disorder, obsessive compulsive disorder, etc.).
- Future studies may adopt Comparative studies and longitudinal research design to gain deeper into variables.
- Future studies can include large number of participants or data to study emotional maturity and psychological distress to improve the generalizability of the findings.

References

1. American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). doi.org.
2. Cole, L. (1954). Psychology of adolescence (4th ed.). Rinehart
3. Ekman, P. (1992). An argument for basic emotions. *Cognition and Emotion*, 6(3-4), 169-200
4. Jobson, M.C. (2020). Emotional maturity among Adolescents and its importance. *Indian Journal of Mental Health*, 7(1),35- 41.
5. Kumar, S., & Smriti, K. (2014). Emotional maturity among adolescents in relation to their gender and academic stream. *International Journal of Behavioral Social and Movement Sciences*,3(4), 108-115.
6. Salve, H. R., Jaiswal, A., Rath R., Sagar, R., & Vishnubhatla, S. (2024). Prevalence and Gender difference in gender difference in primary health care in India: A systematic review and Meta analysis. *Journal of Family Medicine and Primary Care*, 13(3),819-826.
7. Selye, H. (1936). A Syndrome produced by diverse nocuous agents. *Nature*, 138(3479), 32
8. Singh, Y., & Bhargava, M. (1990). Manual for Emotional Maturity Scale (EMS). National Psychological Corporation.
9. Smitson, W. D. (1974). The meaning of emotional maturity. *Mental Hygiene*, 58(1), 9-11
10. VandenBos, G. R. (Ed.). (2015). APA dictionary of psychology (2nd ed.). American Psychological Association.
11. World Health Organization. (2020, October 19) Adolescent Health and Development.