

Comparison Of Self-Esteem And Negative Mood In Mothers Of Aggressive And Non-Aggressive Children

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Abstract

The purpose of this study was to compare self-esteem and negative mood in mothers of aggressive and non-aggressive children. The research method was causal-comparative and the statistical population consisted of mothers with two aggressive and non-aggressive children in Najaf Abad and Zarrinshahr cities of Isfahan. From the community, two-stage randomized and goal-based sampling was performed based on the purpose of the study. First, two kindergartens were randomly selected from all kindergartens and then all children were evaluated and 90 children were aggressive and non-aggressive. The study group was divided into two groups and the study was performed on 45 mothers with aggressive children and 45 non-aggressive children as comparison group. Then, the questionnaires of self-esteem and depression / anxiety / stress scale were completed and the results

were interpreted by SPSS 20 software. The results showed that there was a significant difference between the scores of negative mood components (depression, anxiety and stress) in the two groups ($P < 0.05$), and also there was a significant difference between the scores of all components of self-esteem ($P < 0.05$). / $0 > P$). Multivariate analysis of variance of the components of self-esteem revealed a negative relationship ($P < 0.01$ / $1.06 / 62/62$) in the two groups of mothers with aggressive and non-aggressive children. Also, multivariate analysis of variance showed negative mood components. Negative ($P < 0.01$ / $1.66 / 10.01$) mothers had both aggressive and non-aggressive children. The results showed that mothers' self-esteem and negative mood were related to being aggressive and not having children.

Keywords: Self-esteem, Negative mood, Aggressive

Introduction:

Researchers have recognized for many years the importance of early childhood aggression in predicting their future psychosocial adjustment problems, as childhood aggression has been one of the most widely studied child-related issues in the past few decades (Berkowitz, 1993). Much research has been done to understand the factors that influence the prevalence of aggressive behavior. Although considerable information has been collected on this topic, there is still no complete understanding of the concept of aggression (Parker, 1987) because historically the focus has been primarily on the physical form of aggressive behavior (Dishion, 1995). Childhood aggression has been shown to be an important factor affecting the child's future psychological and emotional (Berkowitz, 1993) definition of violence that is behavioral violence that may be associated with a destructive or verbal or physical act. Is to be manifested by hidden hostility or obstruction (MeSH).

Researchers have identified several factors that influence aggressive behavior. Some have referred to hereditary biological factors, environmental learning, family cognitive processing (Dick, 2005), and some have found that adolescent-parent relationship quality plays an important role in the occurrence or prevention of violent behaviors (Millennium, 2015). Surveillance along with conflicting disciplinary guidelines have been found to be a determinant of aggressive behavior in children (Bayrami, 2009), with these interpretations being the most important factor in aggressive etiology, family variables (APA; 2013) and previous studies

have shown Preschool age, relationship aggressive behaviors are quite common in family interactions Ashgry relationship with psychosocial-family compatibility problems are linked (Rajabpour, 1391).

The family is the first and most enduring factor to be recognized as the originator of child personality and behaviors and even the root of some disorders should be sought during childhood (Sadok, 2004). Psychological and emotional control of the child is considered to be the focus of health and disease (Hassan Abadi, 2012) Research has shown that aggressive disorders in children are closely related to parents' psychological problems, especially their mother and parenting practices (Lin, 2016). . Parents of extremely aggressive children are often violent and aggressive when applying rules and standards. One of the most complex and comprehensive ways to understand aggression in the family has been the research of Gerald Paterson and his colleagues at the Oregon City Social Learning Center. They refer to the relationship between patterns of family interaction at home and school and its relationship to children's behavioral problems (Forgatch, 2010), so that parental self-esteem and creativity play a special role. Research has also shown that mothers of children with behavioral disorders have lower levels of general health, self-esteem, and mood, and ineffective ways of controlling anger and parenting lead to the maintenance and exacerbation of children's behavioral problems (Haydicky, 2015).

Self-esteem is a form of self-evaluation that reflects one's belief in self-worth, importance, success, and value (Zisser,

2010) and is often defined as a favorable or unfavorable attitude toward oneself (Robins, 2001). Self-esteem is the judgment and attitude that a person expresses consistently and consistently of his or her values and comes from the four components of self-esteem, social self-esteem, family self-esteem, and academic self-esteem. Researchers believe that human self-esteem is one of the determinants of human behavior and is influenced at different stages of life by how one interacts with others (Alavi, 2012).

Studies by Ellison have shown that loss of self-control and personal dissatisfaction have been one of the defining aspects of low self-esteem. In studies of low self-esteem, mood symptoms such as physical complaints, depression, anxiety, anger, general health decline, apathy, and loneliness, tendency to attribute failure to others, job dissatisfaction, and performance decline And interpersonal problems have been reported (Biabangard, 2003). Parents are no exception, they interact directly with their children and have a direct impact on their pre-school children, and the components of self-esteem and mood can have a wide range, but the degree of self-esteem And their creation is related to the aggression of their children or not, which is what the researchers are looking at. Although identifying the emotional and behavioral problems of aggressive behavior in early childhood is often an essential element in the field of intervention and research, little research has been conducted by mental health professionals to study child behavior in a variety of situations, including at home and in school. . Although research has shown that the use of aggressive conflict

resolution strategies in parents can be the cause and consequence of aggressive behavior problems in their children (Van, 2012 & Coats2010), especially the widespread influence of family mood, especially the influence of the mother on the child, a study of mothers' behavior In Najaf Abad, therefore, the present study aimed to evaluate the relationship between self-esteem and negative mood of mothers with aggressive and non-aggressive children.

method:

The research method was causal-comparative and was a cross-sectional one which was conducted to compare the self-esteem and negative mood in mothers with aggressive and non-aggressive children in spring 98. The statistical population of this study consisted of all mothers with aggressive and non-aggressive children in two kindergartens in Najaf Abad and Zarrinshahr in Isfahan. Sampling was done in two stages: random and objective. Two kindergartens were randomly selected from all kindergartens in Najaf Abad and Zarrinshahr. Then the two kindergartens were referred to and spoke with the authorities of the two kindergartens present about the present study. After coordinating and using the Child Aggression Form (Coach Special Form) (Shahim, 2006), all the aggressive and non-aggressive children were identified and approved by the instructor. The mothers of these children were invited for final and accurate confirmation. Through a 20-minute interview with the mothers of each of these children based on aggressive diagnostic criteria, 90 aggressive and non-aggressive children were finally selected based on

purposive sampling and based on similar research (Rajabpour 2012, Hassan Abadi 2012). Their mothers were divided into two groups of 45 mothers with aggressive children and mothers with non-aggressive children according to the inclusion and exclusion criteria. Inclusion criteria included full maternal consent to study, minimum literacy and Writing and not abusing drugs was the exclusion criterion for study withdrawal. The instruments used in this study were the self-esteem questionnaire (SEI) and the Depression / Anxiety / Stress Scale (DASS) questionnaire completed by mothers.

Research tools:

Self-esteem Questionnaire (SEI): It contains 58 items containing emotions. Describes one's beliefs or reactions, and the model should respond with these materials by marking the box with {Like to me (yes) or not to me (No)}. The materials of each subscale included: 26-item general subscale, 8-item social scale, 8-item family scale, 8-item educational scale, 8-item lie scale. The subscale scores as well as the overall score allow identifying the context in which individuals have a positive self-image (Coopersmith, 1968), which has been endorsed in Iran by localization and its validity and reliability in various studies.

Depression / Anxiety / Stress Depression / Anxiety / Stress Scale (DASS): This questionnaire was designed by Levy Bond et al., 1995, a self-report questionnaire containing three scales for measuring negative mood such as depression, anxiety, and stress. The questionnaire has 42 items and each of the three subscales has 14 items.

Its depression scale assesses components such as hopelessness, life's worthlessness, lack of relationship or interest and loneliness, and its anxiety scale assesses emotional arousal, situational anxiety, and unhappy mental experiences.

Its stress scale measures sensitivity to levels of chronic irritability (for example, to pain), difficulty in achieving relaxation, and neurotic irritability. Cronbach's alpha coefficient for the anxiety scale of this questionnaire was 0.9, for depression scale was 0.95, for stress scale was 0.93 and for the whole scale was 0.97 (Crawford, 2003) in Iran. Afshin Afzali standardized this questionnaire (Afzali, 2008). has done. In his research, internal consistency (Cronbach's alpha) was used to test the reliability of the test. Cronbach's alpha coefficients obtained in his research are: 0.94 for depression, 0.55 for anxiety, and 0.5% for stress. In the present study, the alpha coefficients obtained for the subscales were: 0.94, 0.95, 0.9, after the diagnostic and sampling stages, for mothers who were eligible to participate in the study. A referral meeting was held in the nursery school, and after the researchers' explanations, a written informed consent form was obtained from the mothers to participate in the study, as well as issues such as confidentiality, child health priority, The possibility of leaving the study and respecting their rights was outlined. Questionnaires were distributed among mothers in a separate two-hour session for each group and completed by them and then collected and sent for analysis. Data were analyzed by SPSS software version 20 and descriptive statistics, inferential statistics, multivariate analysis of variance.

Findings:

Tables 1 and 2 show the mean and standard deviation of negative mood and self-esteem components in the two study groups.

Table 1: Descriptive indices of negative mood components in the two research groups.

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Negative mood components	Aggressive		Non-aggressive	
	Average	Standard deviation	Average	Standard deviation
Depression	29/17	84/9	87/11	62/9
Anxiety	70/13	69/8	79/8	38/8
Stress	17/22	12/9	49/15	58/10

Table 2: Descriptive indices of the components of self-esteem in the two research groups

The components of self-esteem	Aggressive		Non-aggressive	
	Average	Standard deviation	Average	Standard deviation
General self-esteem	43/13	76/4	94/17	48/4
Family self-esteem	01/4	52/2	05/6	01/2
Social self-esteem	64/4	42/2	62/5	98/1
Self-esteem	99/3	08/2	04/5	49/1
Total self-esteem score	32/29	78/11	51/38	77/9

Table 3: Results of multivariate analysis of variance of negative mood components in two groups of mothers with aggressive and non-aggressive children

Negative mood components	The sum of the squares	Degrees of freedom	Mean squares	Coefficient F	meaningful	Eta parabolic squared	Power to test
Depression	41/658	1	41/658	94/6	01/0	. 13/0	80/0
Anxiety	68/543	1	68/543	46/7	008/0	17/0	87/0
Stress	26/1007	1	26/1007	32/10	002/0	23/0	98/0
Test Box	71 / 1.66 / 10.01 / 0 <P						
Lambda Winks	89 / 0,557 / 3,01 / 0 > P						

Table 4: Results of multivariate analysis of variance of self-esteem components in two groups of mothers with aggressive and non-aggressive children

The components of self-esteem	The sum of the squares	Degrees of freedom	Mean squares	Coefficient F	meaningful	Eta parabolic squared	Power to test
General self-esteem	64/456	1	64/456	11/17	001/0	16/0	98/0
Family self-esteem	97/93	1	97/93	08/18	001/0	17/0	99/0
Social self-esteem	55/21	1	55/21	38/4	04/0	08/0	54/0
Self-esteem	83/24	1	83/24	52/7	007/0	10/0	77/0

Total self-esteem score	Jan-01	1	01/1901	60/15	001/0	15/0	97/0
Test Box	62 / 1.06 / 17.17 <P						
Wilks Lambda	78 / 0.96 / 5.01 / P> P						

Analysis of findings:

As is evident in Table 1, descriptive data indicate that mean and standard deviation of negative mood components are not the same in the two study groups, and mothers with non-aggressive children in each of the negative mood components including depression 17.29 , 13/70 anxiety, 22/17 stress scores were higher, while lower scores in mothers of non-aggressive children reported depression as 11/87, 8/79 anxiety, and 15/49 stress.

The findings of Table 2 also showed that the descriptive indices of the components of self-esteem, including general, family, social, and educational, were not the same in the two study groups. The total score of self-esteem in mothers with aggressive children was 29.32 compared to mothers with children. The non-aggressive child is 28/51 lower. Each component of self-esteem is also lower in the group of mothers with aggressive children than non-aggressive mothers.

In Table 3, the results of multivariate analysis of variance of self-esteem components in two groups of mothers with aggressive and non-aggressive children showed that among the participants' negative mood components (depression, anxiety and stress) according to group membership (mothers with aggressive child group) There was a significant difference between non-aggressive ($P < 0.05$). As can be seen in Table 4 between the scores of the

components of self-esteem (general self-esteem, family self-esteem, social self-esteem, academic self-esteem, and total self-esteem score) of participants by group membership (mothers group with aggressive and non-aggressive children) There was a significant difference ($P < 0.05$).

Discussion and conclusion:

The parent-child relationship is one of the most prominent factors affecting each child's psychosocial development. How this relationship, especially in the early childhood, forms the basis for the child's cognitive, emotional, and emotional development, Significant is the issue of family morality and socialization (Ashouri, 2015). Based on the results of this study, it can be acknowledged that mothers have a greater role in increasing the incidence of behavioral problems in children. As Shelton's study also suggests, mothers are effective in the emergence and persistence of children's behavioral problems through the use of these educational methods (Shelton, 1998). In this regard, it is important to note that one of the most important factors affecting children's behavioral problems is how parents parent in the family, which can sometimes play an important role in children's behavioral problems. Therefore, teaching behavior management techniques can reduce mothers' behavioral problems by influencing mothers' parenting practices (Amiri, 2017).

On the other hand, studies have shown that parental behaviors influence the development and development of extrinsic behaviors in children and adolescents (Finzi, 2010). There is a complex relationship. In addition, negative mother-child interaction has been identified as an important factor in extrinsic problems (Crnic, 2005).

The relationship between parental behaviors and children's behavioral problems has been confirmed, so it can be concluded that parents and children are often in a defective communication cycle and that parental education on behavior management techniques instead of focusing on what children do is the first step in stopping this defective cycle. . Therefore, psychological treatments such as behavior modification methods and parenting behavioral training due to their unique characteristics have received much attention (Sanders, 2005).

the results of the present study can be attributed to the following reasons: Since many behavioral problems of children with this disorder arise and persist in relation to parents, especially mothers, therefore low self-esteem and Or negative mood in mothers causes aggressive behaviors in children, so teaching them the right ways to spend the most time with these mothers and training them in regular reinforcing and punitive approaches increases the likelihood of inappropriate behaviors being reduced in these children. (Carr, 2006).

Most of these mothers also adopt violent and negative parenting styles in attempting to manage the frustrating behavior associated with this disorder, and because attention skills are important in shaping children's behavior, this area of behavior management

training involves changing the way mothers treat their children. They also pay attention. Important attention skills such as listening and providing positive attention during treatment may provide parents with an opportunity to learn how to care for their child without interference and questioning, and how to positively respond to the desired behaviors their child wants. To increase. Many mothers in this training group blame themselves for their children's behavioral problems or believe that children have voluntarily chosen a way to harass them. Explaining the nature and cause of the disorder can correct parents' misconceptions about themselves and their children and reduce the sense of guilt about being targeted and the anger of being targeted at children (Wickman, 2010), thereby reducing negative feelings and increasing self-esteem in parents. It will lead to better relationships with children and reduce their behavioral problems

Since studies have shown that mindfulness and parenting exercises are effective in enhancing parents' general health, negative and aggressive parenting, and enhancing positive emotions and changing aggressive behavior, it is recommended that such interventions be considered in future research.

Restricting research to preschool children who went to two urban preschools limits the generalizability of findings to other populations, so it is suggested that similar research be conducted in rural and non-preschool populations. Aggressive psychiatric evaluation does not seem to be a sufficient form of questioning, so it is recommended to categorize child behavior, psychiatrist, and other information sources

to be recommended for future behavioral disorders assessment. Considering these limitations should provide more appropriate implications.

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