

MENTAL HEALTH, EMOTIONAL INTELLIGENCE AND SOCIAL SUPPORT  
AMONG MOTHERS OF CHILDREN WITH MILD INTELLECTUAL  
DISABILITY

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UNIVERSITI TEKNOLOGI MALAYSIA

MENTAL HEALTH, EMOTIONAL INTELLIGENCE AND SOCIAL SUPPORT  
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DISABILITY

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*To my beloved mother  
and  
father, rested in peace,  
He did not have the opportunity to finish high school,  
but he had many high hopes for his children.  
I would like to dedicate this thesis to my mom and the memory of my dear father*

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## ABSTRACT

This correlation research compared the levels of mental health among Iranian and Malaysian mothers of children with mild intellectual disability, and role of emotional intelligence and social support on their mental health. The research is based on the purposive sampling technique which involved 227 respondents from Tehran, Iran and 236 respondents from Kuala Lumpur, Malaysia. Data analysis was done using Statistical Package for Social Science (SPSS version 16.0) and Analysis of Moment Structures (AMOS version 16.0). T-test was used to compare the values of the means of the Iranian and Malaysian samples while Structural Equation Modeling (SEM) was used to analyse the good fit of the model in studying the relationships among the variables. The findings showed that Malaysian mothers have better mental health but Iranian mothers have higher emotional intelligence. There was no significant difference in social support between Iranian and Malaysian mothers but emotional intelligence and social support were significant predictors of mental health for both groups of mothers. Examinations using modification index for measuring the structural fit of Iranian and Malaysian models respectively indicated that the values fulfilled the required minimum threshold values of  $cmin/df=2.268$ ,  $CFI=.96$ ,  $RMSEA=.068$  and  $cmin/df=2.761$ ,  $CFI=.92$  and  $RMSEA=.087$ . These results indicated that the model has factorial invariance across samples. Thus, they confirmed the validity (factorial validity) of the hypothesized models. It is recommended that health planners and practitioners pay more attention to developing programs and services that enhance the level of emotional intelligence and social support. To address this, schools should provide training programs as continuing education courses for all teachers, school counselors and administrators, particularly, in schools which provide special education for students with disabilities.

## ABSTRAK

Kajian korelasi ini membandingkan tahap kesihatan mental dalam kalangan ibu dari Iran dan Malaysia yang mempunyai anak dalam kategori ketidakupayaan intelektual tahap ringan (*mild intellectual disability*) dan peranan kecerdasan emosi dan sokongan sosial terhadap kesihatan mental. Kajian ini adalah berdasarkan teknik persampelan bertujuan yang melibatkan seramai 277 responden dari Tehran, Iran dan 236 responden dari Kuala Lumpur, Malaysia. Analisis data telah dijalankan dengan menggunakan perisian *Statistical Package for Social Science* (SPSS versi 16.0) dan *Analysis of Moment Structures* (AMOS versi 16.0). Ujian-t telah dilakukan untuk menganalisis perbezaan skor min antara responden dari Iran dan Malaysia while *Structural Equation Modeling* (SEM) telah digunakan untuk menganalisis *good fit* bagi model dalam mengkaji hubungan antara pembolehubah. Dapatan menunjukkan bahawa ibu dari Malaysia mempunyai kesihatan mental yang lebih baik manakala ibu dari Iran mempunyai kecerdasan emosi yang lebih tinggi. Tiada perbezaan yang signifikan didapati bagi sokongan sosial antara dua kumpulan ibu ini tetapi kecerdasan emosi dan sokongan sosial adalah peramal yang signifikan terhadap kesihatan mental kedua-dua kumpulan ibu. Penelitian menggunakan Indeks Modifikasi bagi mengukur *structural fit* model dari Iran dan Malaysia masing-masing menunjukkan nilai yang menepati nilai minimum *threshold* yang ditetapkan iaitu  $cmin / df = 2.268$ ,  $CFI = .96$ ,  $RMSEA = .068$  dan  $cmin / df = 2.761$ ,  $CFI = .92$ ,  $RMSEA = .087$ . Dapatan menunjukkan model mempunyai *factorial invariance* merentas sampel. Justeru, ini mengesahkan kesahan faktorial (*factorial validity*) bagi model yang dihipotesiskan. Adalah dicadangkan supaya perancang dan pengamal kesihatan memberi lebih tumpuan dalam pembinaan program dan perkhidmatan yang berupaya meningkatkan tahap kecerdasan emosi dan sokongan sosial. Pihak sekolah boleh menyediakan program latihan sebagai kursus pendidikan lanjutan terutamanya di sekolah-sekolah yang menyediakan pendidikan khas bagi pelajar-pelajar dalam kategori kurang upaya kepada semua guru, kaunselor sekolah dan pihak pengurusan.

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**LIST OF ABBREVIATIONS**

<i>EI</i>	-	Emotional Intelligence
<i>SS</i>	-	Social Support
<i>MHC-SF</i>	-	Mental Health Continuum-Short Form
<i>MSPSS</i>	-	Multidimensional Scale of Perceived Social Support
<i>AES</i>	-	Assessing Emotional Intelligence
<i>WHO</i>	-	World Health Organization
<i>SWB</i>	-	Social Well Being
<i>EWB</i>	-	Emotional Well Being
<i>PWB</i>	-	Psychological Well Being
<i>CIHI</i>	-	Canadian Institute for Health Information
<i>JCSH</i>	-	Joint Consortium for School Health
<i>USDHHS</i>	-	US Department of Health and Human Services
<i>PHAC</i>	-	Public Health Agency of Canada
<i>AAIDD</i>	-	American Association on Intellectual and Developmental Disability

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## **CHAPTER 1**

### **INTRODUCTION**

#### **1.1 Introduction**

A disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. Impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers (WHO, 2013). Tuomilehto and Wareham (2002) described "Disability is a state of decreased functioning associated with disease, disorder, injury, or other health conditions, which in the context of one's environment is experienced as an impairment, activity limitation, or participation restriction". The current construct of disability is focused on the expression of limitations in individual functioning within a social context and represents a substantial disadvantage to the individual. Disability has its genesis in a health condition that gives rise to impairments in body functions and structures, activity limitations, and participation restrictions within the context of personal and environmental factors (Schalock et al., 2007).

Luckasson et al (2002) defined "Intellectual disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability

originates before age 18". The construct of intellectual disability belongs within the general construct of disability. Intellectual disability has evolved to emphasize an ecological perspective that focuses on the person–environment interaction and recognizes that the systematic application of individualized supports can enhance human functioning (Schalock et al., 2007).

Research studies have indicated that parents of children with disabilities experience a greater level of stress than parents of children without disabilities (Roach and Orsmand, 1999; Sisk, 2000; Lai and Mackenzie, 2002; Ong et al., 2005; Kermanshahi et al., 2008). Parenting a child with intellectual disability and other disabilities creates special difficulty for the parents (Dyson, 1997; Hastings, 2003; Sen and Yurtsever, 2007). In response to this difficulty, researchers have been concerned about the family experiences related to parental stress, family's style in providing nurturing, and the support systems that help families parent their child with disability.

Parents of children with disabilities face challenges that may profoundly affect their family's adaptation and the amount of long-term support their children may ultimately require from their communities (Dyson, 1997; Lamb and Billings, 1997; Roach et al., 1999). Many parents of children with intellectual disability experienced feelings of intense anger, guilt, depression or anxiety most of the time. Moreover, these feelings were frequently expressed in psychosomatic problems (Milani Far, 1997). Hedov et al., (2000) report about parents of children with Down's syndrome indicated that mothers had lower scores of self-perceived vitality, and also that they spent more time caring for their child than the fathers. Moreover, Little (2002) reported that mothers experienced more stress and pessimism about the child's future, and used antidepressants or other therapies more frequently than the fathers.

Parental stress and health outcome is related to child's characteristics such as the severity of the core disability or main diagnosis, the age of the child, and the extent of coexisting behavior problems (Hastings, 2002). It has been explained that such coexisting behavior problems in the child predict parental stress to a higher



extent than the severity of the intellectual or adaptive functioning (Hastings, 2002)

According to Shamloo, (1998), mental health is as important as physical health. In fact, many researches indicate how closely the two are connected. Good mental health helps enjoying life and coping with problems. It offers a feeling of health and inner strength. The positive dimension of mental health is reiterated in WHO's definition (1948) of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The mental health affects the way everyone acts with family and friends, and affects work as well. Taking care of mental health is important to the people around us. People reflect their need to be happy, hopeful and to be satisfied with life by evaluating their lives, including aspects of physical and mental health. Furthermore, education of the public at the broad level with the aim of improving and raising the mental health and preventing disorders are imperative.

Bromfield et al (2010) indicated that mental health problems have been found to be associated with less responsive, less warm, more irritable and angrier parenting, which is in turn associated with poorer child outcomes. Numerous studies investigating the association between parenting and mental health have shown that having mental health problems can be related to parenting behaviors and parental mental health (Kane and Garber, 2004; Wilson and Durbin, 2010).

In order to address mental health problems which parents especially mothers of children with intellectual disability face, it is essential to understand the nature of mental health and influencing factors on it.

Role of mental health is undeniable from early childhood until death in developing thinking skills, communication, learning, emotional growth, flexibility and self-esteem. These factors help one to play a role in society (Faghirpour et al., 2011). Everybody has experienced excitements such as love, affection, spite, and hatred, sadness and happiness, anger and fear. These are excitements that are important in life and affect happiness of individuals and their mental health (Omarae,

2008; Faghirpour et al., 2011).

So by considering the role of emotions on mental health, one of the important variables in this research is emotional intelligence. Emotional intelligence refers to the capacity for recognizing our own feelings and those of others, for motivating ourselves and for managing emotions well in us and in our relationships (Goleman, 1998). For example, the ability to control stress is related with inclination to positive creation, which could prevent depression.

Emotional intelligence could be considered as a factor, which could be learned and taught as an indicator which could preserve and improve mental health. One's ability to agree with life depends on united function of his emotional and intellectual ability (Salovey and Mayer, 1990). Ciaroochi, Chan and Bajgar (2001) believe that different kind of emotional intelligence helps one toward compatibility with stressful events. The long time higher level of stress in mothers not only upsets the emotion of mothers, put them in the risk of psychological and behavioral problems, but also promote the probability of child abuse (Rodriguez and Green, 1997). Emotional and behavioral problems from mothers can also exert negative effect on children, such as behavioral, physical and mental health, and cognitive development.

There are many theoretical reasons to expect that trait EI is related to both psychological and physical health (Austin et al., 2005). Overall, trait EI is a strong positive predictor of mental health (Platsidou, 2010; Saklofske et al., 2003) and a negative predictor of psychopathology (Gardner and Qualter, 2009). Trait EI has been implicated in physical health, including in positive relationships with self-rated physical health (Tsaousis and Nikolaou, 2005) and in negative relationships with somatic complaints (Mavroveli et al., 2007). A range of associations has also reported health related behaviors for example, Saklofske et al., 2007 found that trait EI has a significant, albeit weak, correlation with training. Related research has revealed links with addictive behaviors, ranging from gambling and Internet addiction (Parker et al., 2008), to alcohol dependency (Austin et al., 2005), and ecstasy use (Craig et al., 2010). According to results of study done by Davis and

Humphrey (2012) whilst ability EI influences mental health via flexible selection of coping strategies, trait EI modifies coping effectiveness; specifically, high levels of trait EI amplify the beneficial effects of active coping and minimize the effects of avoidant coping to reduce symptomatology.

According to Saarni (1999) people with high emotional intelligence would be better able to establish and maintain close personal relationships and social support and people with close, supportive relationships would also have higher emotional intelligence (Ciarrochi et al., 2001). According to Ciarrochi et al., (2001) emotion management and emotion perception were related to the amount of social support. Also, this relationship depends on the source of support. Thus, in this investigation, attention is also given to social support as a variable. One of the factors which affect mental health is social support.

Social Support is defined as the amount of kindness, comradely and attention of the family members, friends and other people (Sarafino, 2002). Social support emphasizes on the fact that when someone is in need of support, he/she would know that he is not alone and there are people who would help and support him. Social support could be an important factor in advancing the goals and achieving growth and maturity, which could lead to having people with mental health, which could help advancing the society (Berkman 1995; Bovier et al., 2004; Furnham 2004). The findings of the previous research show that society members' mental health could be affected by many factors. Parents of children with intellectual disability especially mothers have more mental health problem, higher parenting stress, and lower levels of social participation than parents of children without disabilities (Baker et al., 2002; Baker., et al., 2003; Herring et al., 2006). Report of mother's emotion shows they feel anxiety, guilt, fear, and furious and also sometimes driven to suicide (Poehlmann et al., 2005). It seems that lack of social support and perception of social support and also disability to express their thought, emotion and their need is cause of increased mental stress for an individual. So considering the fact that mental health plays an important role in productivity of people and society and the fact that a healthy and productive person is the foundation of society's health advancement and progress, it is necessary to find out which factors could improve society members'

mental health. Therefore, learning about these factors, which could improve or worsen the mental health is very important. Furthermore, researchers (Salovey and Mayer, 1990; Ciarrochi et al., 2001) showed that, youngsters who could control other's emotions, have more social support and self-satisfaction. Lack of social support plays an important role in the level of parental stress (Koeske and Koeske, 1990, Barakat and Linney, 1992). The indirect cost of mental disorder seems to be higher than direct cost and its effect on society and family should not be ignored either. New researches need to be done to understand the role of variables such as emotional intelligence and level of social support on mental health in different societies and different cultures.

In this chapter mental health, social support and emotional intelligence are explained. Furthermore the researcher studies the mental health of these mothers in Iran and Malaysia. In addition the importance and necessity of this study, especially among mothers of children with mild intellectual disability, is discussed. The researcher explains the expected outcome of the study and how this outcome will help reducing mental disorder or improving mental health of these mothers. Based on existing theories and previous studies a new theoretical framework is introduced and a conceptual framework is formed and explained. Finally, important variables of the research are defined.

## **1.2 Background of the Study**

The science of psychology has made great strides in understanding what goes wrong in individuals, families, groups, and institutions, but these advances have come at the cost of understanding what is right with people (Gable and Haidt, 2005). Positive psychology investigates which factors contribute to physical and mental health, functional groups, and flourishing institutions. An important component of the strengths versus weaknesses debate is their roots in positive and negative affect. Whilst focusing on one's strengths is likely to engender positive feelings such as joy or happiness, focusing on one's areas of weakness may engender negative feelings

such as frustration, anxiety or irritation. Science and practice that relies on the positive psychology worldview may have the direct effect in preventing many of the major emotional disorders. It could make the lives of peoples physically healthier, given learning about the effects of mental health on the body; and reorienting psychology, making normal people stronger and more productive, as well as actualizing high human potential.

Mental well being goes hand in hand with promotion of mental health, prevention of mental disorders, and treatment and rehabilitation of those affected by these disorders. The term “mental health” is used in each society for certain goals. Each culture is pursuing mental health based on its particular criteria and own objective. Each society has the responsibility of materializing the necessary conditions to achieve its peoples' mental health. In explaining mental health, it could be said that each person who could cope with his/her deepest issues, adjust to himself and others and withstand unavoidable conflicts without isolating himself from the society, is a person with mental health (Kaplan, 2002).

Mental health has been reported as an important factor influencing individual's various behaviors, activities, happiness and performance. There are some other variables which affect mental health like emotional intelligence, self-concept, self-perception and self-efficacy. Goleman (1995) suggested the need to bring intelligence to emotions. Using emotional intelligence; people can motivate themselves to be persistent in face of frustration; regulate their moods and delay gratification; regulate their moods and keep distress from swamping their ability to think and empathize and hope.

Emotional intelligence (EI) creates positive outcomes in relationship with self and others. Joy, optimism and success in school, life and at work are the positive outcomes of emotional intelligence and self-esteem, self-awareness, proactivity, interpersonal relationship, coping skills, reality testing, flexibility and components of emotional intelligence. There are basically four domains of emotional intelligence; identification, regulation, understanding and managing. All these are important in the creation of positive outcome in relationship with self and others in achieving

appropriate behavior at all time. The concept of emotional intelligence brings a new and deeper dimension to the study and understanding of human intelligence, it expands the ability to evaluate one's general or overall intelligence. Based on the latest research on the human brain, Goleman tells us that we really have two different ways of understanding; intellectually and emotionally and our mental life results from the interaction of both functions. It means that mental health directly depends on head and heart because intellectual development depends on head (brain) and emotional development depends on heart. Mayer and Salovey (1993) describe emotional intelligence as a type of social intelligence that involves the ability to monitor one's and other's emotions, to discriminate among them and to use the information to guide one's thinking and actions. In other words, emotional intelligence is concerned with understanding of oneself and others, relating to people and adapting into coping with the immediate environment and to be more successful on dealing with environmental demand. Emotional intelligence helps to predict success because it reflects how a person applies knowledge to immediate situation. Thus from the evidence gathered in the literature, it is crystal clear that mental health is related to emotional intelligence.

Slaskl and Cartwright (2003) conducted a research on Emotional Intelligence, training and its implications for stress, health and performance and found that emotional Intelligence and mental health can be improved by training. The study discussed above revealed that mental health is a very important factor which is likely to be affected by number of variables like emotional intelligence (Gupta and Kumar, 2010). Emotional Intelligence as a construct has been as a construct has been theoretically linked to social support, yet seems to have been relatively ignored in psychological research (Bar-On, 2005; Salovey, et al., 1999).

Social support research began over 40 years ago and has developed into a central research topic, as reflected in the current proliferation of articles, review chapters, and books (see House et al., 1985; Vaux, 1988). Whether social support is conceptualized and measured in terms of network relations, perceived available support, or received support from others, the typical finding demonstrates that social support has a beneficial effect on mental health (Antonucci and Akiyama, 1987;

Williams et al., 1981). In addition, it is often shown that social support has a buffering effect, that is, it's beneficial protective effects on mental health are particularly pronounced under stressful situations or for those experiencing higher levels of stress (Cohen and Wills, 1985). If social support is beneficial to mental health, it would seem reasonable to expect that social undermining must be harmful. Health theorists in recent studies maintain that some groups (like women, poor and nonwhites) are more vulnerable to the negative effects of stress on physical and mental health specially after experiencing stressful life events (Thoits, 1982). Classic sociological theory sought to understand the role of social relationships on maintaining mental health.

Much of the strong interest in social support's effects on mental health has been associated with the hypothesis, strongly articulated in the influential papers by Cassel (1976) and Cobb (1976); that social support may act to buffer or moderate the effects of mental health. From this perspective, social support tends to be very important to mental health especially within stressful circumstances. In general, social support literature suggests that social support serves as a buffer against the harmful mental and physical health effects of life's stressors. Hastings et al., (2005) indicated that social support networks affect the development of more effective coping strategies in parents of children with autism. Thus individuals with stronger social support systems tend to report less depressive symptoms, however, individuals with weaker social support systems tend to report more depressive symptoms like levels of distress.

Previous research has identified various dimensions of social support that are positively associated with parental mental health. However, most researches do not include multiple measures of social support and uses heterogeneous samples in terms of child characteristics such as age and severity of intellectual disability. According to study of White and Hastings (2004) parents' ratings of the helpfulness of informal sources of support (spouse, extended family, friends, etc.) was most reliably associated with parental mental health. Parents' access to service and professional support was not associated with parental mental health, but there was some evidence that it was related to their child's needs. In terms of the sample, the researcher

focused on families of children with mild intellectual disabilities. The reason for focusing on this group was that there is little research focusing explicitly on this age group and that there may be quite specific stressors that become more significant during development. For example, physical development during this period may increase the dangers associated with behavior problems, and the family may be more likely to consider the upcoming transition to adulthood (Kraemer and Blacher 2001). Furthermore, availability of support from informal sources may begin to reduce during this period (Morrow et al. 1984). Studies of Pal et al., (2002) showed that when parents receive formal support, they are more likely to adapt to their child's disability.

Parents of children with intellectual disabilities have many issues to face. First, they may come to the realization that their child is not developing typically. This may begin a long and arduous process of investigation and tests in the journey to find a diagnosis. Then, once a diagnosis has been given, parents must face the fact that their child does in fact have a disability, and, in many cases, may never be able to live a fully independent life. Parents also begin to face issues such as what kind of treatment is available for them, where their child will go to school, and whether the parents or child are entitled to any governmental assistance. Many parents will also face the question of whether they are able to care for their child themselves, or whether they feel they do not have necessary skills or resources and it may be better for someone else to care for the child, even though the majority of parents are able to keep their child at home with the family (Gousmett, 2006).

The parental experience of having a child with intellectual disability has long been the topic of research. Researchers have reported that raising a child with an intellectual disability can increase the distress experienced by mothers (Crnic et al., 1983) and fathers (Bristol et al., 1988). Many parents of children with intellectual disabilities report increased demand, higher levels of stress or negative feelings. However they simultaneously report positive perceptions, increased familial closeness, personal growth and enrichment in their lives as a result of their experiences with their children (Abbott and Meredith, 1986; Mullins, 1987; Hornby, 1992; Stainton and Besser, 1998; Goddard et al., 2000; Hastings and Taunt, 2002).



Research has revealed that psychiatric morbidity (depression, anxiety, experiencing high levels of stress) is common in mothers of mentally disabled children (Al-Kuwari, 2007). Studies from different countries on parents of children with disabilities suggested that 35-53% of mothers of children with disabilities have symptoms of depression (Emerson, 2003). According to many studies (Holroyd, 1974;; Dyson and Fewell, 1986; Sobotor, 1989; Weiss, 2002; Yeo Kee Jiar and Lu Xi, 2012) parents of children with disabilities may experience fatigue, depression, feel anxious, lowered self-esteem, and interpersonal dissatisfaction. Furthermore, mothers describe themselves as unable to pursue personal goals and as having little free time and they report ambivalence and grief over the amount of time devoted to the disabled child at their own expense and that of the family. Also they experience increased moodiness and are more prone to illness. They are affected by the degree to which their child is accepted or rejected by community, rate the behaviors of their child as stressful and report considerable family disharmony. Women's health promotion is one of the serious challenges of health care providers due to its effect on community health. The findings of John, (2012) not only indicate a high level of maternal stress – with three-fourths of the mothers at clinically significant level – but as hypothesized, the average stress score from mothers of young children with intellectual disabilities in urban India was significantly higher than maternal stress scores from studies carried out with families of children with intellectual disabilities in other countries.

Samadi and McConkey (2011) explained obtaining information on the identification of children with intellectual disability and their family in different countries and cultures is difficult, but the result of some studies indicated that it can alert governments to the need to adapt or extend education and other services to meet the particular needs of these children and their families in line with the population requirements. To date studies on cultural factors and intellectual disability have received little attention (Matson and Kozlowski, 2011). Countries are distinct not only in history and natural environment but also they are different in culture, rules and educational pattern and supporting system. Mohammadi et al., (2005) reported that In the Islamic Republic of Iran there has been little research on mental health, despite the estimates which suggest that around 7 million people suffer from one or

more psychiatric disorder. In the Islamic Republic of Iran, considerable stigma is attached to the presence of a family member with intellectual disabilities. Having a disable child is considered by many religious Iranians to be a result of a sin and hence disability is a source of shame for the broader family, with negative effects on the marriage prospects of siblings, for example (Samadi, 2008). Khoshabi (2003) found that Iranian mothers of children with autism had poorer mental health and relied more on emotionally focused coping strategies than mothers of typically developing children. Most mothers described that they experienced anxiety regarding the child's uncertain prospects including issues such as their status in future, both short-term and long-term. Immediate worries included a child's school placement and his state of health. Looking further ahead, the mothers' major concerns are the child's ability to care for themselves and issues such as getting married, having an occupation and becoming independent, the degree of child's willpower, and who would be responsible for their care after their mother's death (kermanshahi et al., 2008).

Tavakol et al., (2009) indicated that anxiety is the most common psychological disorder in Iranian parents of disabled children. The results of study of Motamedi et al., (2007) indicate that 73% of the mothers had various degrees of depression, with 21% suffering from severe depression, which is a lot higher than the global statistics (12-25%) (Motamedi et al., 2007). According to Kermanshahi (2008) some mothers even hoped their child would die before they did, and worried about who would care for their child when they and their husband died. It appears that mothers in this situation are walking on a tight rope fluctuating between stress and uncertainty. One of the important factors in stress management is an effective care plan for oneself and the child. However, the findings showed that most mothers did not have a clear plan of how to balance their own needs and the care of their children, which resulted in constant stress and negative psychological feelings. In fact, they were unable to solve or manage the problems that arose from their situations and experienced a lack of control on how to ensure their children's futures. This realistic perception of their limitations resulted in negative psychological outlooks and emotional states for the majority of the mothers. The experience of living with a child with a disability was like a pendulum that swung back and forth between life and death.

A study in Malaysia indicated that mothers of children with mental retardation in comparison with the control group suffer from further stress, particularly if the mothers are unemployed; this stress is more severe (Ong, 1999). Norizan and Shamsuddin (2010) indicated that parenting stress is also significantly correlated with frequent use of acceptance, religious and optimist coping styles, and presence of maternal depressive, anxiety and stress symptoms. However, hierarchical regression analysis identified maternal depression and lack of acceptance of having a child with Down syndrome as the most significant predictors of parenting stress in these mothers. Yeo and Lu Xi (2012) showed high level of stress and depression among mothers of children with autism in preschool and elementary school in Malaysia and China.

In both Iran and Malaysia, care for persons with intellectual disability has been a responsibility of families and supported by some governmental services and NGOs (Shamloo, 1998; Kamaruddin, 2007). Nonetheless, the major burden for ongoing care of persons with intellectual disability continues to fall on families, especially on mothers. Although some community services have been developed in recent decades, but family has been the main source of support. The final aim of the present research was incorporated in response to a growing awareness that parents experience positive as well as negative outcomes when caring for a child with an intellectual disability (Hastings and Taunt 2002). There have been few researches exploring the relationships between social support, emotional intelligence, mental health and positive outcome measures such as life satisfaction of the child with a disability. Data that do exist suggest that increased social support and learning about emotional intelligence might be associated with positive parental outcomes (Stoneman et al., 1988; Sloper et al. 1991; Hastings et al. 2002).

### **1.3 Statement of problem**

Parenting a child with an intellectual disability is stressful for many reasons (Weiss, 2002). According to many studies (Rodrigue et al., 1992; Koegel et al. 1992;

Kasari and Sigman 1997; Solnit and Stark, 1961; White and Hastings, 2004; Dykens, 2005; Yeo Kee Jiar and Lu Xi, 2012; Baker et al., 2002; Baker., et al., 2003; Herring et al., 2006) parents of children with intellectual disabilities especially mothers have more mental health problem, higher parenting stress, and lower levels of social participation than parents of children without disabilities, they inevitably mourn the loss of their idealized perfect infant and report high level of more stress, depression and anxiety than parents of children without disabilities. Though not all mothers of children with intellectual disability report high levels of stress, for others the sense of difference and isolation can lead to major problems in this area (Weiss, 2002). Such thinking gave way to stage theorists, who assumed that mothers went through stages involving shock, emotional disorganization, and emotional reorganization as they adjusted to the trauma of having a child with disabilities (Blacher, 1984).

Report of mother's emotion shows they feel anxiety, guilt, frightened, and furious and also sometimes driven to suicide (Poehlmann et al., 2005). Furthermore, findings of previous research indicated that the child's behaviour problems were associated with parental mental health (Hastings 2002), although there was also evidence that adaptive behaviour was correlated with stress. Finally, there were a number of positive associations between social support variables and mental health measures. Researchers have shown that there is a meaningful relation between social support and health. Those who have more social support have better health (Sarason and Sarason, 1988; Yarcheskiet al., 2003; McNicholas, 2002; Adler and Fagly, 2005). Wang, Wu and Liu (2003) found out that social support is a strong factor in healthy life.

Based on finding of Gallagher and Vell-Brodrick et al. (2008) "child behaviours and social support are key factors in the etiology of parental psychological distress." Social environment has always played a key and very important role in peoples' life. Although there is evidence which shows social support has an influence on mental health but there is little study which considers the role of culture in social support and mental health (Taylor et al., 2004). Thus, those parents reporting more or more helpful social support are also those reporting higher levels of mental health. The child with intellectual disability is cast as a stressor, as

one of many life stressors that require a coping response from family members. The child, thus, calls upon the coping mechanisms of family members, who may manage in ways that are both adaptive and maladaptive (Dykens, 2005). These challenges include the conflict over life transitions and independence, the changing of family rules over time (Schneider and Mills, 2006), and concern for the future. These issues are demanding, and their constantly changing status may add to the stress felt by family members (Parker, 1996).

In the past century, psychologist learned a lot about self-esteem management, depression, physical and mental needs and etc. But had less to say about knowledge and ability like emotional intelligence, conditions and quality of social support based on people's need and attention to the role of culture that could result in positive view on one's mental health. According to previous research the subjects of emotional intelligence and social support are new and need to be studied more among different groups.

A few studies have considered investigating the improvement of the mental health of parents especially mothers of children with intellectual disability. It seems that lack of perception of social support and social support and also inability to express their thought, emotion and their need is the cause of increased mental stress for mothers of children with mild intellectual disability. So it is necessary to find out which factors could improve mothers' mental health. Furthermore researcher could find just a few research and study which shows relationship between mental health, emotional intelligence and social support (Berges and Augusto (2007); Gallager and Vella-Brodrick (2008). In this field especially comparative study among different countries is very poor.

The aim of this study is to investigate the relationship among the Iranian and Malaysian mother's mental health, emotional intelligence and social support. The results of this study added more information about this group of mothers. This is because cities in different countries have many differences, such as culture, religious and features of the environment. So people from different countries have particular traits like behaviour, problem solving patterns, thinking about their emotions and

showing them, presenting varied ways to support themselves or others and respond to life stress. This study prepared good field for learning from these two countries.

#### **1.4 Objectives of the Study**

The specific objectives of this study are:

- i. To validate the mental health, emotional intelligence and social support hypothesized model.
- ii. To examine the good fit of the structural model.
- iii. To examine the relationship between emotional intelligence and social support among the Iranian and Malaysian mothers of children with mild intellectual disability.
  - a. To examine whether emotional intelligence and social support have an influence on the level of mental health among the Iranian mothers of children with mild intellectual disability.
  - b. To examine whether emotional intelligence and social support have an influence on the level of mental health among the Malaysian mothers of children with mild intellectual disability.
- iv. To identify significant differences between components of mental health among the Iranian and Malaysian mothers of children with mild intellectual disability.
  - a. To identify the significant differences between components of mental health among the Iranian and Malaysian mothers of children with mild intellectual disability.
  - b. To identify significant differences between components of emotional intelligence among the Iranian and Malaysian mothers of children with mild intellectual disability.
  - c. To identify significant differences between components of social support among the Iranian and Malaysian mothers of children with mild intellectual disability.

- v. To examine the measurement invariance of the model.

## 1.5 Research Questions

The most important question in this research is:

- i. Is the hypothesized model of mental health, emotional intelligence and social support valid?
- ii. Is there a good fit structural model of relation between mental health, emotional intelligence and social support of Iranian and Malaysian mothers of children with mild intellectual disability?
- iii. Are there significant relationship between social support and emotional intelligence of Iranian and Malaysian mothers of children with mild intellectual disability?
  - a. Does emotional intelligence and social support have an influence on the level of mental health among the Iranian mothers of children with mild intellectual disability?
  - b. Does emotional intelligence and social support have an influence on the level of mental health among the Malaysian mothers of children with mild intellectual disability?
- iv. Are there any significant differences between the level of mental health, emotional intelligence and social support between Iranian and Malaysian mothers of children with mild intellectual disability?
  - a. Is there any significant difference between component of mental health among Iranian and Malaysian mothers of children with mild intellectual disability?
  - b. Is there any significant difference between component of emotional intelligence among Iranian and Malaysian mothers of children with mild intellectual disability?
  - c. Is there any significant difference between component of social support among Iranian and Malaysian mothers of children with mild

intellectual disability?

- v. Does the measurement invariance of the model equivalent across the Iranian and Malaysian mothers of children with mild intellectual disability?

## **1.6 Research Hypothesis**

The hypotheses of this research are:

- i. The hypothesized model of variables is a valid model.
- ii. There is a good fit structural model of the relation between mental health, emotional intelligence and social support of Iranian and Malaysian mothers of children with mild intellectual disability.
- iii. There are significant relationships between social supports and emotional intelligence among Iranian and Malaysian mothers of children with mild intellectual disability.
  - a. Emotional intelligence and social support have an influence on the level of mental health among the Iranian mothers of children with mild intellectual disability.
  - b. Emotional intelligence and social support have an influence on the level of mental health among the Malaysian mothers of children with mild intellectual disability.
- iv. There is a significant difference between the level of mental health, emotional intelligence and social support between Iranian and Malaysian mothers of children with mild intellectual disability.
  - a. There is a significant difference between components of mental health among Iranian and Malaysian mothers of children with mild intellectual disability.
  - b. There is a significant difference between components of emotional intelligence among Iranian and Malaysian mothers of children with mild intellectual disability.
  - c. There is a significant difference between components of social support among Iranian and Malaysian mothers of children with mild intellectual disability.



- v. The measurement invariance of the model is equivalent across the Iranian and Malaysian mothers of children with mild intellectual disability.

### **1.7 Significance of the Study**

This research studied the level of mental health by concentrating on the role of emotional intelligence and social support among Iranian and Malaysian mothers of children with mild intellectual disability. in special school. Few studies have focused on analyzing the determinants level of mental health among this population. The researcher cannot find any published studies, which have examined the relation between mental health, social support along with emotional intelligence in caregivers especially mothers of children with mild intellectual disability. in two different countries. This study represents an effort to address this void in the literature. Recognition of factors in relation to mental health could help in finding the theoretical and practical ways for improving the conditions of family of this group. Furthermore, it was useful for having a general view about the relation between variables of this research. By this finding the researcher prepared a fitting model that showed all scattered previous research on a summarize model. This study provides an insight for a better understanding of factors, which have an influence on mental health.

This research could provide some information for the society and authorities like government to provide intervention and help the mothers of children with mild intellectual disability. in improving mental health and reducing mental disorders. In addition, this study provided valuable foundational information among these two countries as developing countries. Based on these results and the presented model could be having strategic planning in the field of upgrading mental health of human resources. This will help scholars and experts to get better and more rational decision.

Investigation in the different countries which is to find the cross-cultural

consistency and difference could provide a clear picture on maternal aspects in Tehran and Kuala Lumpur. The different culture and environment create different national personality, custom, understanding about their emotions and getting support from other also keeping well their mental health in good position. Detect the within culture factors in this research is to find out the culture positive factor to people or government learn the advantages from each other. This research adds valuable information on cross-cultural area of study.

One of the natural groups, which could satisfy peoples' needs, is the family. Family's duty is to protect and to educate-nurture- children, establishing healthy relations between members and aiding children toward independence, even if the child is intellectually disabled. Presence of children with intellectual disability, especially stressful experiences associated with them creates caring problems for the parents. Such situation prevents the family from having normal functions such as educating children, social relations, work, leisure time and marital relation. Even though quite difficult; but the mental health of children with intellectual disability could improve by giving the parents and caregiver suitable health education as well as effective preventing programs. The children with intellectual disability and their families need support and consideration. If mothers could be informed about, their emotions and how to manage them it may help them in finding more adaptability with their situation without feeling of shame, sadness or anxiety, which could be linked to improved mental health. While in family of intellectual disability children, mother play the role of primary caregiver and burring the hurdle of caring education and upbringing of the children with intellectual disability, the fathers are financially responsible.

By comparing the level of mental health among the parents, especially mothers, government could find out which areas and factors they need to study and learn about more and preparing a special program for teaching and supporting them. Government could provide many promotional program for this high risk group to support them for example presenting free therapeutic support for them, preparing some centers which provide free educational and therapeutic services to them and also artistic services by using media such as TV, radio, newspaper and magazines for teaching them how they could manage their emotion , introducing some centers that

provide some services to this group for increasing their knowledge about these centers and NGO. This group needs to have hope, joy and support from government to improve their mental health. Finally one of the profound responsibilities of any government is to provide for its most vulnerable citizens.

Media has the important role in improving the level of knowledge of people about life skills and prevents mental disorders. By consideration the results of this research media could highlight the role of social support, which usually refers to the functions performed for the individual by family, friend, and others who have an important role in their lives. Moreover knowing about their emotions and learning about how they could manage them or attention to the role of social support for preventing them from mental disorders will be useful for family especially for mothers of mentally disabled children.

The finding from this research could get ready the non-governmental organization (NGO) to support and help family members of mentally disabled children by providing education through public talks and forums about the role of social support and improving the emotional intelligence as an ability to improve mental health and prevent of mental disorder. Moreover, the NGOs could provide opportunities for members to share their problems and experiences with others and learn from each other.

By attention to results of this research, schools could teach both the skills of well-being and the skills of recognizing and managing the emotion. Therefore, by this way they could enable students and their parents, teachers and school communities to flourish and become more creative in positive thinking, before the early onset of mental disorder. This transformative development of the Positive Psychology movement will be effective in educational interests and support from teachers, parents and policy makers. With the help of findings of this research, schools can promote health and well being for all school community members including students, families and teachers. They could provide a healing method, including correlation of social, physical, mental and environmental aspects. It gives school and local community a chance to participate in the developing children and

their families' skill, of health, and knowledge. They could arrange a healthy and suitable educational atmosphere, positive relationships and the mental health for pupils and their families, as well as a healthy atmosphere and for educators. In which school could provide method, enable the educators to improve their mental health proactively, not reactively or uncoordinated with exceptional students and her parents. In general, the result of these researches should be considered for implementation over a long period of time

## **1.8 Theoretical Framework**

This section provides an overview of the theoretical framework used in this research.

### **1.8.1 Linking Theories between Mental health and Social Support**

Mental health defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her own community (WHO, 2007).

Indicators of positive and negative aspects of psychosocial wellbeing define mental health. A person is embedded in many social contexts, such as family, friends and other special people, which may positively contribute to their health or negatively affect it.

Mental health is fundamental to good health and quality of life and influences social and economic outcomes across the lifespan. Recently the theories of human flourishing developed by these humanistic psychologists have found empirical support from studies by positive psychologists.

Corey Keyes is an active researcher in the field of positive psychology. One area of positive psychology is to analyze subjective wellbeing, people's cognitive and affective evaluations of their lives. According to Keyes (2006) new researches on subjective wellbeing are focusing on health and human development as the presence of wellbeing (i.e., health) and not merely the absence of disorder. New directions in subjective wellbeing are emerging such as the study of mental health as a complete state, which suggest the need for greater scientific attention to the integration of hedonic and eudemonic measures and theory. Keyes introduces two new terms: "flourishing," as highest level of mental health and "languishing" as highest level of mental disorder. Positive mental health is a key asset and resource for population wellbeing and the long-term social and economic prosperity of society (Barry and Friedli, 2008).

Recognition of the social determinants of mental health has led to a growing emphasis on models of mental health promotion that address them at different levels like strengthening individuals, strengthening communities and reducing structural barriers to mental health (Health Education Authority, 1997).

One hundred years ago, Durkheim (1897/1951) postulated that the breakdown in family, community, and work ties that occurred when workers migrated to industrial areas would be detrimental to psychological well-being. The breakdown in social ties was thought to produce a loss of social resources and a reduction in social constraints based on well-defined norms and social roles (Brownell and Schumaker, 1984). Social integration includes social ties - formal and informal- such as friends, family, religious and social groups (Berkman, 1995). Goebert in 2009 describes social integration as having different group of population like ethnic, religious groups, refugees, and underprivileged groups of the society integrating in the mainstream of society (Goebert, 2009).

The suppositions of Durkheim's theory which name is "theory of suicide" originate from his classic work "suicide" (Durkheim, 1897/1951), which specifically examined macro level influences to determine what led to the variance in suicide rates, but generally demonstrated how social factors can help explain human

behavior. His chief argument was that an individual's wellbeing is dependent upon the attainment of a balance between individualism and their attachment to society (Durkheim, 1897/1951; Hughes et al., 2003). Through his research, Durkheim discovered that weak attachment to societal institutions results in lower psychosocial well-being, consequently contributing to suicidal tendencies (Durkheim, 1897/1951). Correspondingly, stronger attachments and shared values and goals among members of a social group, derived from the quantity and intensity of their interaction, encourages well-being (Bjarnason, 1998; Durkheim, 1897/1951; Stark and Bainbridge, 1996).

The first theorists which accentuate the influence of social support on mental health were Cassel (1976) and Cobb (1976). Evidences showed that social support acts as a buffer and protecting individuals from the harmful physical health and mental effects of life stresses and also evident in all circumstances (Cohen and McKay, 1984; House, 1981; Zimet et al., 1988).

According to theories of social support; it could reduce the critical effects of distressing life incidence. Thus, the more levels of social support lead to desirable mental health and less mental disorder.

### **1.8.2 Linking Theories between Mental Health and Emotional Intelligence**

In the last decade, psychology has been more oriented toward and focused on strength character and wellbeing. It is called "positive psychology" which is the science of happiness. This new positive science concentrates on factors which help one feeling flourishing using their natural strengths to bring out the best in themselves (Salama-Younes et al., 2011). Positive psychology actually has its own theories. Some institutions, organizations, universities and associations in western countries have been interested to apply this theory in different contexts. Many proposed definitions of mental health have included aspects of psychological, social, or emotional well-being. The implications of a multidimensional conceptualization

of mental health are far reaching.

The Multidimensional Model of Mental health (Keyes, 2003; Keyes and Waterman, 2003) includes both emotional and functional wellbeing as important domains of mental health. These two domains reflect concepts identified by many writers (Ryan and Deci, 2001; Waterman, 1993). More specifically, emotional wellbeing reflects the Greek concept of Hedonic well-being (i.e. happiness or pleasure in life). It is comprised of avowed quality of life (viz. happiness with life and satisfaction with life) and positive affect, which parallels Diener's construction of subjective wellbeing (Diener et al., 2002). Functional well-being reflects the Greek concept of eudemonic wellbeing, that is, feelings experienced when engaging in behaviors aimed at reaching one's potential (Ryff, 1989). In recent times, emotional intelligence has been proposed as an important predictor of positive human functioning (Mayer and Salovey, 1997). This research is based on positive psychology theory (Seligman and Csikszentmihaly, 2000) which states happiness promotes success across various arenas of human functioning. According to Erez and Isen (2002), inducing positive emotional states in people facilitates flexible, effective problem solving, decision making and evaluation of events. Therefore, positive emotions have a potentially adaptive and interactive nature. According to positive psychology, it is more important to focus on developing positive characteristics rather than on avoiding or diminishing negative ones such as depression after they have occurred.

Emotions and coping with them are part of our personality, and it could influence stress fairly (Slaski and Cartwright, 2003; Edward and Warelow, 2005). This is one of many situations in life that can incite emotions that may become intense and impair performance. Academics describe this ability as emotional intelligence (Mayer and Salovey, 1997; Petrides and Furnham, 2000). Emotional intelligence (EI) consists of the perception of emotions, use of emotions, and managing and regulation of emotions. If an individual has high EI it is suggested that this person can control their emotions, utilize emotions adaptively, and learn from emotional experiences (Salovey and Mayer, 1990). In 1990, Peter Salovey and John Mayer identified the theory of emotional intelligence as the "ability to monitor one's

own and other's feelings and emotions to be discriminate among them and to use this information to guide one's thinking and action". To inspire hope and suggests promise at least as compared with traditional nations of crystallized intelligence. For these very reasons, emotional intelligence belongs in positive psychology (Snyder and Lopez, 2002). Several authors explored the concept with different theoretical models (e.g., Bar-On and Parker, 2000; Ciarrochi et al., 2001; Mayer and Salovey, 1997; Parker et al., 2001). However, there are three predominant models of emotional intelligence in the literature; they have been categorized as: mixed model, ability model and trait model.

Mixed model, which combines emotional abilities with personality dimensions such as optimism and self-motivation abilities (Bar-On, 1997, 2006; Goleman, 1998).

Ability model typified by the work of Mayer, Caruso and Salovey (2000), focuses exclusively on cognitive abilities related to emotions. Ability model focuses on how individuals process emotional information and the analysis of the capabilities that are required for such processing (Brackett and Salovey, 2006; Mayer and Salovey, 1997; Mayer and Caruso et al., 1999). Mayer and Salovey's model (1997) focused on emotional constructs such as the ability to perceive, glean information from, and manage one's own and others' emotions (Salovey and Mayer, 1990). In agreement with Mayer and Salovey (1997), Salovey and Mayer (1990) define EI as the result of an adaptive interaction between emotion and cognition that includes the ability to perceive, to assimilate, to understand and to handle one's own emotions and the capacity to detect and to interpret the emotions of the others. In other words, it is ability or competency based as distinguished from being rooted in personality attributes (Brackett and Salovey, 2006).

The theory as formulated by Salovey and Mayer (Salovey and Mayer, 1990; Mayer et al., 2000) framed EI within a model of intelligence (Goleman, 2001). As Salovey and Mayer, (Mayer and Salovey, 1997; Salovey et al. 2000; Salovey and Mayer, 1990) suggested this model can be categorized into four branches. The first branch, emotional perception and expression involve recognizing and inputting



verbal and nonverbal information from the emotion system. The second branch, emotional facilitation of thought (sometimes referred to as using emotional intelligence) refers to using emotions as part of cognitive processes such as creativity and problem solving. The third branch, emotional understanding involves cognitive processing of emotion, that is, insight and knowledge brought to bear upon one's feelings or the feelings of others. The fourth branch, emotional management, concerns the regulation of emotions in oneself and in other people (Snyder and Lopez, 2002). As a result, based on their model, emotional intelligence refers to: (1) abilities to identify our own and others' emotions; (2) abilities to improve our own thought.

At 2001, Schutte, Malouff, and their colleagues indicate that, although researchers have conceptualized emotional intelligence as relatively stable, it may be possible to increase emotional intelligence through intensive training. On those grounds emotional intelligence is a measure of the ability of an individual to orchestrate emotional rapport between him and others.

As a result, those who have higher emotional intelligence could manage their emotional problem better and could gain more emotional health compared to those with less emotional intelligence.

People who have more perception about their emotions could have better interaction with others and get more support from them. People who are disabled to understand of themselves or other emotions have poor social adjustment which in turn reduces the amount of social support. People who are able to percept, manage and regulate their emotions could build stronger social support networks stable social net and consequently may feel more capable. In contrast, individuals with low emotional intelligence are disabled to recognize and cope with feelings of others, which is necessary for effective interpersonal relationships.

### **1.8.3 Linking Theories between Social Support and Emotional Intelligence**

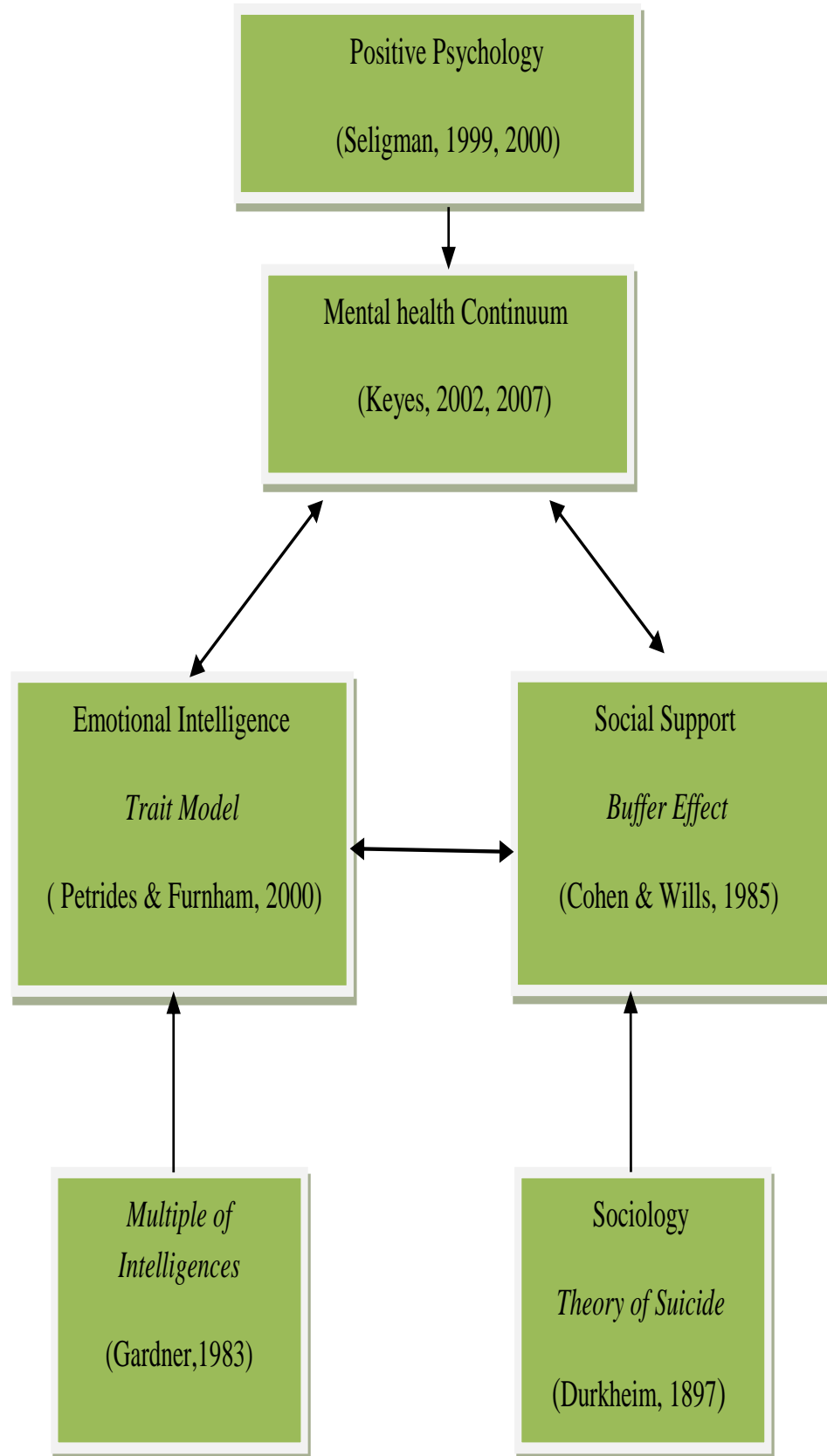
Exploring the relationship between emotional intelligence and social support is important because it illuminates factors that foster optimal psychological functioning. There is consensus that social support is positively related to subjective wellbeing (Cohen et al., 2000). Some even suggest that social support is necessary for subjective well-being (Diener and Oishi, 2005; Diener and Seligman, 2002). Subjective well-being is the evaluation and declarations that individuals make about the quality of their lives which are based on the review, weighting, and summation of the quality of experiences, accomplishments, relationships, and other culturally relevant and valued ways of functioning in life (Diener et al., 1999; Keyes et al., 2002). Although subjective wellbeing seems to be synonymous with emotions like happiness, there is increasing recognition of the different theoretical streams of inquiry guiding this important domain of inquiry (Keyes et al., 2002; McGregor and Little, 1998; Ryan and Deci, 2001; Ryff, 1989; Waterman, 1993).

Social support is thought to promote well-being by influencing emotions, cognitions and behaviors in a way that promotes positive affect (Cohen et al., 2000). Sources of support like significant others, partner, family or friends are emerging as an important measure of social support (Arkar et al., 2004; Dahlem et al., 1991; Winefield et al., 1992). Perceived social support, as opposed to number of supports and received support, is also important (Zimet et al., 1988; Wills and Shinar, 2000).

According to Mayer and Salovey (1997) emotional intelligence is postulated to promote positive social functioning by focusing attention on important information in the environment, facilitating the ability to adopt others' perspectives, which leads to increased empathy and provision of social support, enhancing communication about emotions which leads to fewer misunderstandings and finally regulating behavior which reduces the likelihood of irrational action. Emotional intelligence has been theoretically associated with both subjective wellbeing and social support (Bar-On, 2005; Mayer et al., 1999)

People with higher emotional intelligence are thought to possess a greater capacity to perceive and reason around emotion which facilitates greater positive affect (Mayer and Salovey, 1997; Salovey and Mayer, 1990; Mayer et al., 1999). Although there is some controversy regarding emotional intelligence's discriminant validity, many researches also support emotional intelligence's utility (Ciarrochi et al., 2000; Ciarrochi et al., 2002; Schutte et al., 1998) and evidence is emerging which indicates that emotional intelligence could be taught and developed (Slaski and Cartwright, 2003).

According to some evidence, emotional intelligence could protect individuals from stress and help them to better adjust with their environment. Also people who have ability to manage their emotions, it could lead to more social support and more satisfaction by this support (Ciarrochi et al., 2001).



**Figure 1.1** Theoretical model of the relationship between mental health, social support and emotional intelligence

## **1.9 Scope of the Study**

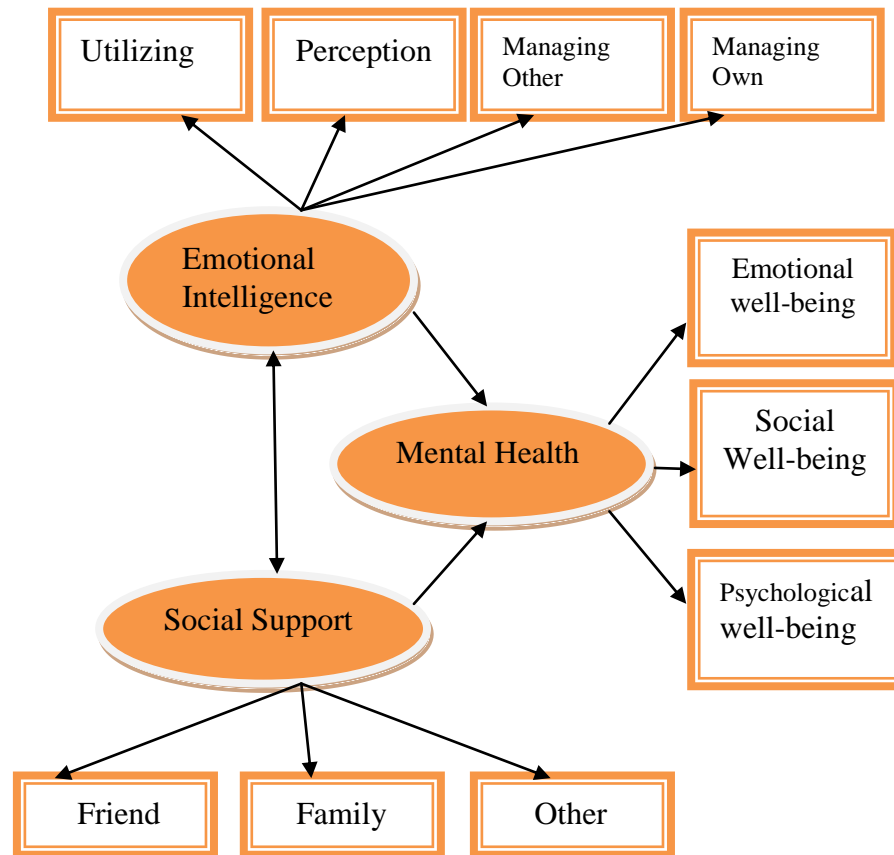
This research is focused on the mothers of children with mild intellectual disability in Tehran as capital of Iran and Kuala Lumpur as capital of Malaysia. In carrying out the research, mothers from two different countries namely Iran and Malaysia were studied. The study did not intend to make a detail analysis on the influence of demographic data to the level of mental health. The researcher studied the levels of mental health, emotional intelligence and social support among these mothers in Iran and Malaysia. The researcher selected the respondents purposively, and the samples were between 30- 60 years old. Mothers in this age group were selected based on having children aged between 10-18 years old. The children of Iranian mothers attend special school in Tehran- Iran and the children of Malaysian mothers attend special education class at public school. This group of children was in puberty period and made same experiences in relation to their children. The data collected via four self-report questionnaires. The researcher collected data from mothers of mild intellectual disability in Tehran and Kuala Lumpur.

## **1.10 Conceptual Framework of the Research**

The conceptual framework proposed here (figure 1.2) acts as frame of reference for the relationship between mental health with emotional intelligence and social support.

Many studies showed the relationship between mental health and social support which they indicated that social support is positively related to mental health or even suggest that social support is necessary for mental health (Yarcheski et al.,2003; McNicholas ,2002; Adler and Fagley ,2005; Wang et al.,2003; Gray and Holden ,1992; Weiss ,2002; White and Hastings ,2004; Cohen et al., 2000; Diener and Oishi ,2005; Diener and Seligman, 2002). Also social support is thought to promote mental health by influencing emotions, cognitions and behaviors (Cohen et al., 2000). According to many studies the researcher could find evidences for

showing relationship between mental health and emotional intelligence which indicated that emotional intelligence has been theoretically associated with social support and mental health (Ciarrochi et al., 2000, 2001; Sunil et al., 2009; Holahan and Moos, 1991; Bar-On, 1999, 2000, 2005; Mayer and Coob, 2000; Liau et al., 2003; Bastian et al., 2005; Mayer et al., 1999; Diener et al., 1999). So emotional intelligence is a construct about an individual skill that would help to understand better why some people are more prone to have negative consequences of the stress and however, others manage better the stress effects using more adaptive coping strategies. Thus people with higher emotional intelligence are thought to possess a greater capacity to perceive and reason around emotion which facilitates greater positive affect (Mayer et al., 1999; Mayer and Salovey, 1997; Salovey and Mayer, 1990). But the researcher could find just a few research and study which shows relationship between mental health, emotional intelligence and social support (Montes-Berges and Augusto (2007); Gallagher and Vella-Brodrick (2008)). Also a few studies have considered to investigate for improving the mental health of parents especially mothers of children with intellectual disability. In this field especially comparative study among different countries is very poor. So, study about the relationship between mental health, emotional intelligence and perceived social support could be a necessity.



**Figure 1.2** Conceptual framework of relationship between mental health, emotional intelligence and social support

## 1.11 Definition of Terms

This part is conceptual and operational definitions that provide an overview of several terms frequently used throughout this research.

### 1.11.1 Mental Health

WHO famously defines health as:

“... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 2001b)”.

WHO has recently proposed that mental health is :

“... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2001d)”.

Keyes (2002) described a mental health continuum which has three levels included languishing, Moderate Mental Health and flourishing. The mental health continuum consists of complete and incomplete mental health. Definition of Keyes (2002) from the mental health continuum will be used in this study. It measures the degree of (1) emotional well-being (EWB) which refers to happiness or pleasure in life; (2) social wellbeing (SWB) which refers to people who see themselves thriving in their social lives, encompassing local and broader communities; and (3) psychological wellbeing (PWB) which refers to positive mental health such as having health relationship with others, self-acceptance, positive relations with other people, self-esteem, having goal in life, having domination on environment and self-sufficiency.

In this research, mental health refers to the three levels of mental health: *flourishing* when they saw hope, satisfaction and happiness in their life and their relationship with others, *languishing* when they show depression, anxiety, loneliness, hopelessness and distrust to others and life. Between flourishing and languishing people are at the level of *moderate mental health* in which they are in the middle range of mental health.

### **1.11.2 Emotional Intelligence**

According to Oxford Advanced Learner’s Dictionary emotional intelligence is the ability to understand your emotions and those of other people and to behave appropriately in different situations (2011).



Goleman (2001) believes that emotional intelligence includes the following constructs: self-awareness, self-control, motivation, empathy and social skills. According to Mayer, Salovey and Caruso (2002) emotional intelligence refers to ability to perceive, recognize and express emotions, to assimilate emotions in thought, understand and try to help regulate emotions and feelings of self and others. Schutte and Malouff (2009) proposed that emotional intelligence consists of appraisal of emotion in self and others, expression of emotion, regulation of emotion in self and others, and utilization of emotion in solving problems.

In this research, emotional intelligence refers to trait of individual in understanding emotion of self and others and managing the emotions in own or others, analyzing their emotions and using their emotions for particular purpose.

People who are high in emotional intelligence have the ability to use their emotions wisely, and they appear to have a deeper understanding of their emotional lives (Salovey et al., 2002).

### **1.11.3 Social Support**

Social support is defined as the "existence or availability of people on whom we can rely, people who let us know that they care about, value, and love us" (Sarason et al., 1983).

Cobb (1976) defined social support as 'the individual belief that one is cared for, loved, esteemed, valued and belongs to a network of communication and mutual obligations'.

Perceived social support define as a peoples' perception of how resources can act as a buffer between stressful events and symptoms (Zimet et al., 1988). Perceived social support is including of three components, - family, friends and significant

others- (Zimet et al., 1988). While the term family and friends are clear and do not need any explanation, significant other might be a supervisor, peer, and co-worker or etc., with whom one might be on a daily base contact.

In this research, definition of Zimet et al (1988) of social support will be used. Friend is referred to anybody who is familiar and known, whom one likes very much, and enjoys spending time with them. Family refers to a group of people, who are related to each other, especially a mother, a father, and their children. Significant others refer to someone important to them other than family, spouse, or friends; it could easily refer to a teacher, counselor, religious figure, or any other important person in the respondent's life. Lack of social support showed a positive association with psychosomatic symptoms (Newby-Fraser and Schlebusch, 1997) and high levels of perceived social support were associated with low levels of depression (Zimet et al., 1988).

#### **1.11.4 Mothers of Children with Mild Intellectual Disability**

According to Longman dictionary mother is referred to a female parent of a child or animal who cares and looks after and protects someone and doing everything for them (Summers and Gadsby, 2005). Mothers of children with intellectual disability carry the primary responsibility and care for the disabled children (Carey, 1982; Wilkin, 1979).

In the past few years many definitions like mental retardation, developmental disability, and mental subnormal, mental deficient or mental handicapped were used to describe people with mental disability. Currently the term of intellectual disability is used to describe this group of people (Lin, 2003). Intellectual disability is within the general term of disability. Intellectual disability expresses the limitation of one functioning within a social context which is a substantial disadvantage. According to The American Association on Intellectual and Developmental Disabilities (AAIDD) (formerly the American Association on Mental Retardation -AAMR) (2009) the term

children with intellectual disability is about children who have disabilities in their function, unable to adapt with their environment and developmental problems and during disability they need individualized support and services (AAIDD, 2009). As published by Luckasson et al., (2002) and Schalock et al., (2007), this definition is as follows ” Intellectual disability is characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills. This disability originates before age 18”.

In 2002 AAMR was defined as: “Mental retardation is an Intellectual disability characterized by significant limitations, both in intellectual function and adaptive behavior expressed in conceptual, social, and practical adaptive skills. The disability originates before age 18.”

In this research, mothers of children with mild intellectual disability who are below than 30 to 60 years were assessed. The demographic information such as level of education, ethnicity, job, household income and the number of children with mild intellectual disability was considered.

Mild intellectual disability which is roughly equivalent to what used to be referred to as the educational category of “educable” constitutes the largest segment (about 85 percent) of those with the disorder. This group is educable and their IQ is 50 to 70. This group is able to learn some skills like practical skills, reading ability and mathematics ability through special education (Lin, 2003). This means they have capable of learning basic academic and vocational skills and living at least semi-independently (Maloney and ward, 1976). Many adults will be able to work and maintain good social relationships and contribute to society. Further, they may marry and have children of their own (Davidson and Neale, 1994)

## **1.12 Summary**

In this chapter, the importance and role of mental health among the mothers

of children with intellectual disability has been explained. Furthermore the researcher discussed the two other important variables which have relationship with mental health of these groups of mothers. Review of the literature showed few researches about emotional intelligence, social support and mental health of mothers of children with mild intellectual disability. The researcher presented the statement of the problem, research objective and hypothesis of research. Furthermore researcher explained the significance of study and presented the important theories in this field.

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