



# The Relation between Emotional Intelligence, Social Support and Mental Health among Iranian and Malaysian Mothers of Mild Intellectually Disabled Children

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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. The Structural Equation Modeling (SEM) was used to analyze the good fit of the model in studying the relationships among the variables.

**Keywords:** Mental Health, Emotional Intelligence, Social Support, Iran, Malaysia, Structural Equation Modeling, Factorial Model

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## INTRODUCTION

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, social support, self-concept, self-perception and self-efficacy. 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. 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. According to (Shamloo, 1999), 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 (Organization, 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." Bromfield, Lamont, Parker, and Horsfall (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. 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. 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 & Billings, 1997; Roach, Orsmond, & Barratt, 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. (Hedov, Annerén, & Wikblad, 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 (Richard P Hastings, Allen, McDermott, & Still, 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 (Richard P Hastings et al., 2002).

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, Amoopour, Gilaninia, & Alinejad Moghadam, 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 (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). 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. (Mayer & 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. 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.

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). 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 (Richard P Hastings et al., 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 (Richard P Hastings et al., 2002). 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 & Billings, 1997; Roach et al., 1999). Research studies have indicated that parents of children with disabilities experience a greater level of stress than parents of children without disabilities (Hedov et al., 2000; Kermanshahi, Vanaki, Ahmadi, Kazemnejad, & Azadfalsh, 2008; Little, 2002; Roach et al., 1999; Sisk, 2000). Parenting a child with intellectual disability and other disabilities creates special difficulty for the parents (Dyson, 1997; R.P. Hastings, 2003; Sen & 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.

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. 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 (J. Ciarrochi, Chan, & Bajgar, 2001; Salovey & Mayer, 1990) 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 & 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.

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 (J. Ciarrochi et al., 2001).

According to (J. 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). 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, Chamot, & Perneger, 2004; Furnham, 2004). The findings of the previous research show that society members' mental health could be affected by many factors (Baker, Blacher, Crnic, & Edelbrock, 2002; Baker et al., 2003; Herring et al., 2006). 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 (J. V. Ciarrochi & Deane, 2001; Salovey & Mayer, 1990) 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 (Barakat & Linney, 1992; Koeske & Koeske, 1990). 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.

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.

The aim of this study is to investigate the relationship among the Iranian and Malaysian mother's mental health, social support and emotional intelligence. The specific objectives of this study are as:

1-Examine the relationship between emotional intelligence and social support among the Iranian and Malaysian mothers of children with mild intellectual disability.

2-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.

3-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. 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.

## METHOD

**Participants:** This research is studying mental health among all mothers who have children with mild intellectual disability in Tehran, Iran (around 2500 mothers) and Kuala Lumpur, Malaysia (around 1000 mothers). The researcher studied mental health among the mothers in a specific age range (between 30 – 60 years old) and specific situation. The reason for selecting this age group was the age of their children whom were between 10-18 years old. The sample is selected from two groups of mothers who are living in Tehran, Iran and Kuala Lumpur, Malaysia. Mothers were contacted through the special education schools and some private institute where their special children came daily for the training and rehabilitation as well. According to target of study, the participants selected and investigated based on purposive sampling from the mothers of children with mild intellectual disability in Tehran (special school) and Kuala Lumpur (special education class in primary school). (Hair) considered a sample size of between 100 and 400 with a minimum ratio of 5:1 between cases and variables. In this research, the researcher considered the parameters of three questionnaires (N=295, q=59 for 5: 1 ratio). Finally by consideration of missing data, the researcher collected 284 samples from Tehran, Iran and 236 samples from Kuala Lumpur, Malaysia.

## MEASURES

**The Mental Health Continuum (MHC-SF):** Corey Keyes has developed a model of a mental health continuum from languishing to flourishing in life. The model proposes that mental health consists of components of emotional, psychological and social well-being (C. L. M. Keyes, 2002). It reflects three main states of mental health 'flourishing' (a high level of mental health), 'moderately mentally healthy' and 'languishing' (a low level of mental health) (C. L. M. Keyes, 2006). This 14-item, self-administered questionnaire asks respondents how often in the past month they have felt six symptoms of positive affect (e.g., happy, satisfied) on a 6-point likert-type scale (C. L. M. Keyes, 2005). The short form of the MHC has shown excellent internal consistency (> .80) and discriminate validity (C. L. M. Keyes, 2005, 2006; K. M. Keyes, Grant, & Hasin, 2008; Westerhof & Keyes, 2010). According to (Westerhof & Keyes, 2010), the total reliability for MHC-SF is 0.89.

### Multidimensional Scale of Perceived Social Support

**(MSPSS):** Individual perceptions of social support were assessed using the Multidimensional Scale of Perceived Social Support (MSPSS) (G.D. Zimet, N.W. Dahlem, S.G. Zimet, & G.K. Farley, 1988; Zimet, Powell, Farley, Werkman, & Berkoff, 1990). It was designed by Gregory Zimet and his colleagues in 1988. The MSPSS has been designed to assess adequacy of social support from three specific sources; family, friends and significant others.

The MSPSS has been shown to be psychometrically sound, with good reliability, factor validity and adequate construct validity (Gregory D Zimet, Nancy W Dahlem, Sara G Zimet, & Gordon K Farley, 1988). The MSPSS consists of 12 items describing three different sub-scales: Family Support (4 items), Friend Support (4), and Significant Other Support (4). The instrument has adequate psychometric properties in clinical and non-clinical samples of adults (Gregory D Zimet et al., 1988). Items scored are on a 7-point Likert scale: (1) Very Strongly Disagree, (2) Strongly Disagree, (3) Mildly Disagree, (4) Neutral, (5) Mildly Agree, (6) Strongly Agree, (7) Very Strongly Agree. Content validity Initial of 24 items was constructed to address the three sources of social support. Repeated factor analysis indicated that some items did not form consistent, conceptually clear factors, resulting in their exclusion from the scale (Gregory D Zimet et al., 1988). Reliability Internal consistency, Cronbach's alpha for the total scale has been shown to be: 0.88 (Family = 0.91, Friends = 0.87 and Significant Other = 0.85) (Gregory D Zimet et al., 1988).

**Emotional Intelligence (AES):** This scale prepared by Nicola Schutte and his colleagues (1998). It is a 33-item self-report inventory and focusing on typical emotional intelligence. Scores can range from 33 to 165; higher scores indicate higher emotional intelligence. AES assesses the ability to process information about one's own and others' emotions. It was developed based on Mayer and Salovey's model of emotional intelligence (EI), which reiterate more on cognitive components and conceptualizes EI in terms of potential for intellectual and emotional growth. Response format and item scoring are based on a 5-point Likert scale: (1) strongly disagree, (2) somewhat disagree, (3) neither agrees nor disagree, (4) somewhat agree, (5) strongly agree. 33-item scale shows good internal consistency and test-retest reliability as well as good evidence of convergent and discriminate validity (N.S. Schutte et al., 1998). Reliability Internal consistency, Cronbach's alpha of 0.90 (n = 346), 0.87 (n = 32) and 0.89 were found for 33-item scale (N.S. Schutte et al., 1998) and ranged from 0.57-0.80 for the four factors. Two-week test-retest reliability correlation coefficient was 0.78 (n = 33) (N.S. Schutte et al., 1998).

In short, the most widely used subscales derived from the 33-item Assessing Emotions Scale are those based on factors identified by (J. Ciarrochi et al., 2001; Petrides & Furnham, 2000; Saklofske, Austin, & Minski, 2003). These factors analytic studies suggested a four-factor solution for the 33 items. The four factors were described as follows: perception of emotions, managing emotions in self, social skills or managing others' emotions, and utilizing emotions.

### PROCEDURE

Prior to the data collection, a list of special schools in Tehran was obtained from Iranian Ministry. For the Malaysian samples a list of primary schools with special education class was obtained from Malaysia Education ministry. The researcher distributed the questionnaires among the mothers of children with mild intellectual disability. For each mother an envelope containing a set of self-report questionnaires and instructions to how to answer the questions was prepared. On the first page of the set of questionnaires, the researcher explained about the study and promised confidentiality, and emphasized that only group information would be reported and honest response was encouraged. Respondents needed approximately 35 - 40 minutes to answer the questions. After collecting the questionnaires, the incomplete ones were excluded so 520 questionnaires (284 in Tehran, Iran and 236 in Kuala Lumpur, Malaysia) were selected for analysis. The researcher used SEM (AMOS) to confirm normality. Seven Iranian participants out of 284 were disqualified and removed from samples based on Mahalanobis distance square test, which showed p1 and p2 for observation number were .000. So the whole sample numbers for Iranians were reduced to 277.

### RESULTS

**Analysis Strategy:** Structural Equation Modeling (SEM) is a multivariate technique collection of statistical techniques (combining Confirmatory Factor Analysis, Multiple Regression and Path Analysis) that enables a researcher to effectively assess relationships among both manifest (i.e., observed) and latent (i.e., underlying theoretical construct) variables for the purposes of testing complex theoretical models or confirming the factor structure of a psychological instrument (B.M. Byrne, 2009; Tomarken & Waller, 2005). SEM is used to confirm model rather than to discover a new model. In SEM, a construct could be treated as both a predictor construct and a criterion construct. SEM also supports the use of a collection of measured variables that can represent latent theoretical constructs more realistically than a single variable (Chan, Lee, Lee, Kubota, & Allen, 2007). According to (Kline, 1998) two goals in SEM are considered: first, to understand the patterns of correlation/covariance among a set of variables and second is to explain as much of their variance as possible with the model specified. In survey research, operationalizing a construct often involves a series of scale items in a common format such as a Likert scale or a semantic differential scale. The researcher utilized scales from prior research studies with author's permission.

### ANALYSIS OF RELATIONSHIP BETWEEN EMOTIONAL INTELLIGENCE AND SOCIAL SUPPORT WITH MENTAL HEALTH

In this study, the researcher investigated the relation between two exogenous variables which are emotional intelligence and social support with an endogenous variable which is mental health, and the relation between two exogenous variables was considered as well. As (Lutgendorf, Russell,

Ullrich, Harris, & Wallace, 2004) explained the structural equation modeling (SEM) preparing the simultaneous testing of the relationships among variables of interest specified by the hypothesized model, while controlling the correlations among the variables (Arbuckle, 2007). The researcher is using scores on social support and emotional intelligence to predict mental health. More specifically, linear combination of social support and emotional intelligence should approximate the scores of mental health.

### RELATIONSHIP ANALYSIS BETWEEN SOCIAL SUPPORT AND EMOTIONAL INTELLIGENCE AMONG IRANIANS

The initial path diagram for examining the relationship between emotional intelligence and social support presented in figure 1. The SMC of a variable is the proportion of its variance that is accounted for by its predictors. In this research social support and emotional intelligence account for 26% of the variance of mental health among Iranian mothers. According to the finding of model specification of Iran  $\beta=0.26$ ,  $\alpha=.000$ , C.R.=4.11, results showed a significant relationship between social support and emotional intelligence which support this hypothesis.

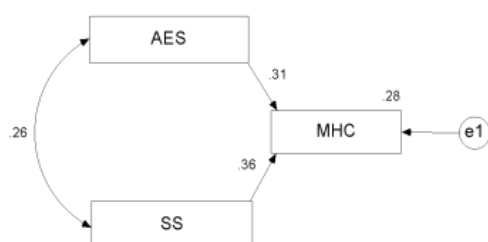


**Figure 1.** Conventional linear regression mental health of Iranian mothers of children with mild intellectual disability (model specification)

### RELATIONSHIP ANALYSIS BETWEEN SOCIAL SUPPORT AND EMOTIONAL INTELLIGENCE AMONG MALAYSIANS

The SMC of a variable is the proportion of its variance that is accounted for by its predictors. In this study social support and emotional intelligence account for 51% of the variance of mental health among Malaysian mothers. Based on results of model specification of Malaysia  $\beta=0.51$ ,  $\alpha=.000$ , C. R.=7.00, results indicated the significant relationship between social support and emotional intelligence and support hypothesis.

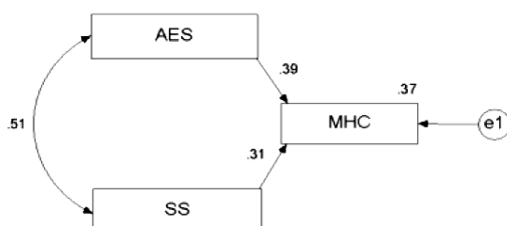


**Figure 2.** Conventional linear regression mental health of Malaysian mothers of children with mild intellectual disability (model specification)

By comparison among the finding of two countries it could be realized that there is a significant relationship between social support and emotional intelligence which supports the hypothesis. As could be seen the result showed moderate positive correlation between emotional intelligence and social support among Malaysian and weak positive correlation among Iranian mothers of children with mild intellectual disability.

### THE INFLUENCE OF EMOTIONAL INTELLIGENCE AND SOCIAL SUPPORT ON MENTAL HEALTH

Based on the reported SEM findings in figure 1 (model specification of Iran) the estimated path coefficient  $\beta$  value with critical ratio (C.R. equivalent to t-value) and p-value was assessed between mental health and emotional intelligence ( $\beta=.31$ ,  $\alpha=.000$ , C.R. =5.85). According to (Barbara M Byrne, 2010) the standard decision rules (t-value greater than or equal to 1.96, and p value is  $\leq .05$ ) apply here to decide the significance of the path coefficient between DV an IV". The result showed that the relationship between Mental Health and Emotional Intelligence of Iranian sample is significant and emotional intelligence has an influence on mental health so supports the hypothesis. The result showed that the relationship between Mental Health and social support of Iranian sample is significant and social support has an influence on mental health thus support the hypothesis (Table 1).

**Table 1.** Effect of emotional intelligence and social support on mental health among Iranian mothers

|                        | URW  | S.E  | SRW  | C.R  | P. Value |
|------------------------|------|------|------|------|----------|
| Emotional Intelligence | 0.64 | 0.11 | 0.31 | 5.85 | .000     |
| Social Support         | 0.36 | 0.05 | 0.36 | 6.84 | .000     |

\* URW - Unstandardized Regression Weights.

\*\* SRW -Standardized Regression Weights-

According to table 1 the effect of social support ( $\beta=0.36$ ) on mental health is significantly more than emotional intelligence ( $\beta=0.31$ ) among Iranians. Based on figure 2 (model specification of Malaysia) ( $\beta=.38$ ,  $\alpha=.000$ , C.R. =5.08). The results support the relationship between social support and mental health. According to figure 2 (model specification of Malaysia) ( $\beta=.38$ ,  $\alpha=.000$ , C.R. =6.32). The results showed the relationship between emotional intelligence and mental health. The results shown in table 2 indicated that emotional intelligence and social support have an influence on mental health.

**Table 2.** Effect of emotional intelligence and social support on mental health among Malaysian mothers

|                        | URW  | S.E  | SRW  | C.R  | P. Value |
|------------------------|------|------|------|------|----------|
| Emotional Intelligence | 0.60 | 0.09 | 0.39 | 6.39 | .000     |
| Social Support         | 0.27 | 0.05 | 0.31 | 5.17 | .000     |

\* URW - Unstandardized Regression Weights.

\*\* SRW -Standardized Regression Weights-

According to table 2 the effect of emotional intelligence ( $\beta=0.39$ ) on mental health is significantly more than social support ( $\beta=0.31$ ) among Malaysian.

## DISCUSSION

Mental health is a special field in psychology and its objective is to safeguard mental health by preventive measures, controlling factors which affect the development of mental disorder, prevention of complications due to relapse of mental disorder and the providing a healthy environment as a contributory factor on sound human relationship. Different factors like social, emotional, economic, cultural, and political may have influence on mental and physical health of people who have children with intellectual disability. As it was explained before, 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). These challenges include the conflict over life transitions and independence, the changing of family rules over time (Schneider & 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 & Bar, 1996). Report shows that mothers feel anxious, frightened, guilty, angry, and in rare cases, suicidal (Poehlmann, Clements, Abbeduto, & Farsad, 2005). It seems that lack of social support for mothers and their inability to express their thought, emotion and their need can cause increased stress for them. (Cummings, Bayley, & Rie, 1966) found that their samples (mothers of children with mild intellectual disability), have significantly poorer physical and mental health than mothers with a normal child. In this investigation, the role of emotional intelligence and social support on mental health of mothers who have children with mild intellectual disability was studied. Emotional and behavioral problems among this group of mothers cause significant distress in their families and have potential social and economic impacts on their lives. A major mental health study provides an opportunity to better understand the relationship between mental health and other factors in order to provide the best services for this group of mothers.

This research supported by (Gallagher & Vella-Brodrick, 2008; MONTES BERGES & AUGUSTO, 2007) by expressing the fact that, people who have high emotional intelligence have more perceived social support. According to study of (Kong, Zhao, & You, 2012) among young Chinese adults, path analysis showed that social support partially mediated the relationship between emotional intelligence and life satisfaction and also between mental health and emotional intelligence. Results of Gallagher and Vella-Brodrick indicate that where emotional intelligence is low, the level of perceived social support does interact with emotional intelligence to produce higher subjective well-being. They explained that social support is necessary for people demonstrate low emotional intelligence. The present findings seem to be consistent with other research which found people with good emotional abilities are likely to have more positive social relationships and less negative social relationships (Paulo N Lopes et al., 2004; P. N. Lopes, Salovey, & Straus, 2003) and people with high emotional intelligence scores have a propensity to perceive greater

social support (Gallagher & Vella-Brodrick, 2008; MONTES BERGES & AUGUSTO, 2007). There is similarity between the finding of this research and some previous researches. Everybody experiences some crises such as death of family members, economic problems, having children with intellectual disability in their family, and so on, but they have different reactions to stress. One of the protective factors of mental health against stresses is social support. Researches on the relation between social support and mental health have been done for the past two decades. The research done by (Chou & Chi, 2001) showed that social support has an important role in relation with stressful life events and depression and could be affected as a protective factor. On the other hand, (Cohen & Wills, 1985) showed in their researches that social support can affect mental, physical and social health positively in two ways: protective effects and fundamental effects. According to (MONTES BERGES & AUGUSTO, 2007) this is really important in stressful situations, and as some authors like (Lazarus & Folkman, 1984) consider it as another coping strategy, this would involve one or more of the following factors: (1) emotional compromise; (2) instrumental help; (3) communication; and (4) relevant information to assess. So, the couple, family and friends' social support is not only beneficial when facing stressing situations but also necessary. Different studies have shown that social support is strongly related to mental health (Laschinger & Havens, 1997) and stress in the work environment (Laschinger, Finegan, Shamian, & Wilk, 2001; Laschinger & Havens, 1997). According to (Ando, 2010), statistically significant, direct and positive relationship was found between social capital and flourishing ( $\beta = .49$ ,  $p < .05$ ). The higher level of social capital shows higher level of flourishing among the sample of Japanese immigrants and sojourners. Social capital accounted for a 40.4% variance in flourishing (gross effects of social capital on flourishing;  $R^2 = .40$ ). Still other studies have examined whether social support can serve as protective role, moderating the impact of negative life stresses on adults' psychological well-being and parenting practices (Campbell & Lee, 1992; Taylor, Casten, & Flickinger, 1993). For example, (McLoyd, 1990, 1998) found that emotional and practical support from extended family members and friends may improve African American mothers' parenting behaviors by protecting them against depression and fostering positive parent-child relations.

According to (Bhullar, Schutte, & Malouff, 2013) it was hypothesized that trait emotional intelligence functions as a mediator in the relationship between well being processed and wellbeing outcomes. The results showed that trait emotional intelligence had fully mediated the relationship between hedonic and eudaimonic processes and well-being outcomes. Also as it is mentioned in the literature review, trait EI was significantly associated with mental, physical and psychosomatic health and furthermore associated with markers of subjective well-being, greater life satisfaction, higher level of psychological well-being and positive mental health such as lower levels of depression and anxiety (Austin, Saklofske, & Egan, 2005; Brackett & Mayer, 2003; N.S. Schutte et al., 1998; Nicola S Schutte, Malouff, Simunek, McKenley, & Hollander, 2002; N. S. Schutte, Malouff,

Thorsteinsson, Bhullar, & Rooke, 2007). The findings of this research indicated the distinct role for social support and emotional intelligence in relationship with mental health in both countries. Both emotional intelligence and social support have significant influence on mental health. Thus the hypothesis was supported.

Despite several limitations, the results of the current study have important implications for educators and other family practitioners interested in promoting positive parenting among Iranian and Malaysian families. The results of this research suggest following strategies to manage the issue of psychological distress among this group of mothers. Special

attention should be given to emotional intelligence. Furthermore intervention strategies should be introduced to enhance EI among mothers. In general, therefore, it seems that we could use some strategies to help building personal strengths, resilience and wellness in people. Some methods like; using relaxation therapies, decreasing the intensity of unpleasant events and having most positive activities in daily life, using cognitive therapies, training mothers in finding positive meaning in daily life and building empathy between people and this group of mothers. Also presenting feedback to them about their level of own emotional intelligence which could help in lowering psychological distress.

## REFERENCES

- Ando, S. (2010). Flourishing Among Japanese Immigrants And Sojourners In Texas: Social Capital And Acculturation.
- Arbuckle, J. (2007). AmosTM 16 user's guide. Chicago: SPSS.
- Austin, E. J., Saklofske, D. H., & Egan, V. (2005). Personality, well-being and health correlates of trait emotional intelligence. *Personality and Individual Differences*, 38(3), 547-558.
- Baker, B. L., Blacher, J., Crnic, K. A., & Edelbrock, C. (2002). Behavior problems and parenting stress in families of three-year-old children with and without developmental delays. *Journal Information*, 107(6).
- Baker, B. L., McIntyre, L., Blacher, J., Crnic, K., Edelbrock, C., & Low, C. (2003). Pre school children with and without developmental delay: behaviour problems and parenting stress over time. *Journal of Intellectual Disability Research*, 47(4 5), 217-230.
- Barakat, L. P., & Linney, J. A. (1992). Children with physical handicaps and their mothers: The interrelation of social support, maternal adjustment, and child adjustment. *Journal of Pediatric Psychology*, 17(6), 725-739.
- Berkman, L. F. (1995). The role of social relations in health promotion. *Psychosomatic medicine*, 57(3), 245.
- Bhullar, N., Schutte, N. S., & Malouff, J. M. (2013). The Nature of Well-Being: The Roles of Hedonic and Eudaimonic Processes and Trait Emotional Intelligence. *The Journal of Psychology*, 147(1), 1-16.
- Bovier, P. A., Chamot, E., & Perneger, T. V. (2004). Perceived stress, internal resources, and social support as determinants of mental health among young adults. *Quality of Life Research*, 13(1), 161-170.
- Brackett, M. A., & Mayer, J. D. (2003). Convergent, discriminant, and incremental validity of competing measures of emotional intelligence. *Personality and Social Psychology Bulletin*, 29(9), 1147-1158.
- Bromfield, L., Lamont, A., Parker, R., & Horsfall, B. (2010). *Issues for the safety and wellbeing of children in families with multiple and complex problems: The co-occurrence of domestic violence, parental substance misuse, and mental health problems*: Australian Institute of Family Studies.
- Byrne, B. M. (2009). *Structural equation modeling with AMOS: Basic concepts, applications, and programming*: Psychology Press.
- Byrne, B. M. (2010). *Structural equation modeling with AMOS: Basic concepts, applications, and programming*: Psychology Press.
- Campbell, K. E., & Lee, B. A. (1992). Sources of personal neighbor networks: social integration, need, or time? *Social Forces*, 70(4), 1077-1100.
- Chan, F., Lee, G. K., Lee, E. J., Kubota, C., & Allen, C. A. (2007). Structural equation modeling in rehabilitation counseling research. *Rehabilitation Counseling Bulletin*, 51(1), 44.
- Chou, K.-L., & Chi, I. (2001). Stressful life events and depressive symptoms: social support and sense of control as mediators or moderators? *International Journal of Aging and Human Development*, 52(2), 155.
- Ciarrochi, J., Chan, A. Y. C., & Bajgar, J. (2001). Measuring emotional intelligence in adolescents. *Personality and Individual Differences*, 31(7), 1105-1119.
- Ciarrochi, J. V., & Deane, F. P. (2001). Emotional competence and willingness to seek help from professional and nonprofessional sources. *British Journal of Guidance & Counselling*, 29(2), 233-246.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357.
- Cummings, S. T., Bayley, H. C., & Rie, H. E. (1966). Effects Of The Child's Deficiency On The Mother: A Study Of Mothers Of Mentally Retarded, Chronically Ill And Neurotic Children\*. *American Journal of Orthopsychiatry*, 36(4), 595-608.
- Dyson, L. L. (1997). Fathers and mothers of school-age children with developmental disabilities: Parental stress, family functioning, and social support. *American Journal on Mental Retardation*, 102(3), 267-279.
- Faghripour, M., Amoopour, M., Gilaninia, S., & Alinejad Moghadam, M. (2011). The Relationship between Emotional Intelligence and Mental Health of Students. *Journal Of Basic and Applied Scientific research*, 1(12), 3046-3052.
- Furnham, A. (2004). Education and culture shock. *Psychologist*, 17(1), 16.

- Gallagher, E. N., & Vella-Brodrick, D. A. (2008). Social support and emotional intelligence as predictors of subjective well-being. *Personality and Individual Differences*, 44(7), 1551-1561.
- Goleman, D. (1998). *Working with emotional intelligence*: Bantam.
- Hair, J. Black, WC, Babin, BJ, & Anderson, RE (2010). *Multivariate data analysis*, 7.
- Hastings, R. P. (2003). Child behaviour problems and partner mental health as correlates of stress in mothers and fathers of children with autism. *Journal of Intellectual Disability Research*, 47(4 5), 231-237.
- Hastings, R. P., Allen, R., McDermott, K., & Still, D. (2002). Factors related to positive perceptions in mothers of children with intellectual disabilities. *Journal of applied research in intellectual disabilities*, 15(3), 269-275.
- Hedov, G., Annerén, G., & Wikblad, K. (2000). Self-perceived health in Swedish parents of children with Down's syndrome. *Quality of Life Research*, 9(4), 415-422.
- Herring, S., Gray, K., Taffe, J., Tonge, B., Sweeney, D., & Einfeld, S. (2006). Behaviour and emotional problems in toddlers with pervasive developmental disorders and developmental delay: associations with parental mental health and family functioning. *Journal of Intellectual Disability Research*, 50(12), 874-882.
- Kaplan, H. B. (2002). Toward an understanding of resilience. *Resilience and development*, 17-83.
- Kermanshahi, S., Vanaki, Z., Ahmadi, F., Kazemnejad, A., & Azadfalsh, P. (2008). Children with learning disabilities: A phenomenological study of the lived experiences of Iranian mothers. *International Journal of Qualitative Studies on Health and Well-being*, 3(1), 18-26.
- Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social behavior*, 207-222.
- Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73(3), 539.
- Keyes, C. L. M. (2006). Mental health in adolescence: Is America's youth flourishing? *American Journal of Orthopsychiatry*, 76(3), 395-402.
- Keyes, K. M., Grant, B. F., & Hasin, D. S. (2008). Evidence for a closing gender gap in alcohol use, abuse, and dependence in the United States population. *Drug and alcohol dependence*, 93(1-2), 21-29.
- Kline, R. B. (1998). Software review: Software programs for structural equation modeling: Amos, EQS, and LISREL. *Journal of psychoeducational assessment*, 16(4), 343-364.
- Koeske, G. F., & Koeske, R. D. (1990). The buffering effect of social support on parental stress. *American Journal of Orthopsychiatry*, 60(3), 440-451.
- Kong, F., Zhao, J., & You, X. (2012). Social support mediates the impact of emotional intelligence on mental distress and life satisfaction in Chinese young adults. *Personality and Individual Differences*, 53(4), 513-517.
- Lamb, M. E., & Billings, L. A. L. (1997). Fathers of children with special needs. *The role of the father in child development*, 3, 179-190.
- Laschinger, H. K. S., Finegan, J., Shamian, J., & Wilk, P. (2001). Impact of structural and psychological empowerment on job strain in nursing work settings: expanding Kanter's model. *Journal of Nursing Administration*, 31(5), 260-272.
- Laschinger, H. K. S., & Havens, D. S. (1997). The effect of workplace empowerment on staff nurses' occupational mental health and work effectiveness. *Journal of Nursing Administration*, 27(6), 42-50.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*: Springer Publishing Company.
- Little, L. (2002). Middle-Class Mothers'perceptions Of Peer And Sibling Victimization Among Children With Asperger's Syndrome And Nonverbal Learning Disorders. *Issues in comprehensive pediatric nursing*, 25(1), 43-57.
- Lopes, P. N., Brackett, M. A., Nezlek, J. B., Schütz, A., Sellin, I., & Salovey, P. (2004). Emotional intelligence and social interaction. *Personality and Social Psychology Bulletin*, 30(8), 1018-1034.
- Lopes, P. N., Salovey, P., & Straus, R. (2003). Emotional intelligence, personality, and the perceived quality of social relationships. *Personality and Individual Differences*, 35(3), 641-658.
- Lutendorf, S. K., Russell, D., Ullrich, P., Harris, T. B., & Wallace, R. (2004). Religious participation, interleukin-6, and mortality in older adults. *Health Psychology*, 23(5), 465.
- Mayer, J. D., & Salovey, P. (1993). The intelligence of emotional intelligence. *Intelligence*, 17(4), 433-442.
- McLoyd, V. C. (1990). The impact of economic hardship on black families and children: Psychological distress, parenting, and socioemotional development. *Child development*, 61(2), 311-346.
- McLoyd, V. C. (1998). Socioeconomic disadvantage and child development. *American psychologist*, 53(2), 185.
- Montes Berges, B., & Augusto, J. M. (2007). Exploring the relationship between perceived emotional intelligence, coping, social support and mental health in nursing students. *Journal of Psychiatric and Mental Health Nursing*, 14(2), 163-171.
- Organization, W. H. (1948). WHO Constitution; 1948. *Official Records of the World Health Organization*, 2, 100.
- Parker, R., & Bar, V. (1996). Torn in two: the experience of maternal ambivalence. *Journal of Analytical Psychology*, 41(4), 611-612.
- Petrides, K., & Furnham, A. (2000). On the dimensional structure of emotional intelligence. *Personality and Individual Differences*, 29(2), 313-320.
- Poehlmann, J., Clements, M., Abbeduto, L., & Farsad, V. (2005). Family experiences associated with a child's diagnosis of fragile X or Down syndrome: Evidence for disruption and resilience. *Journal Information*, 43(4).
- Roach, M. A., Orsmond, G. I., & Barratt, M. S. (1999). Mothers and fathers of children with Down syndrome: Parental stress and involvement in childcare. *American Journal on Mental Retardation*, 104(5), 422-436.
- Rodriguez, C. M., & Green, A. J. (1997). Parenting stress and anger expression as predictors of child abuse potential. *Child Abuse & Neglect*, 21(4), 367-377.

- Saarni, C. (1999). *The development of emotional competence*: Guilford Publication.
- Saklofske, D. H., Austin, E. J., & Minski, P. S. (2003). Factor structure and validity of a trait emotional intelligence measure. *Personality and Individual Differences*, 34(4), 707-721.
- Salovey, P., & Mayer, J. D. (1990). Emotional intelligence. *children*, 5, 185.
- Sarafino, E. Health psychology–biopsychosocial interactions.. 2002: John Wiley & Sons. New York.
- Schneider, A. K., & Mills, N. (2006). What family lawyers are really doing when they negotiate. *Family Court Review*, 44(4), 612-622.
- Schutte, N. S., Malouff, J. M., Hall, L. E., Haggerty, D. J., Cooper, J. T., Golden, C. J., & Dornheim, L. (1998). Development and validation of a measure of emotional intelligence. *Personality and Individual Differences*, 25(2), 167-177.
- Schutte, N. S., Malouff, J. M., Simunek, M., McKenley, J., & Hollander, S. (2002). Characteristic emotional intelligence and emotional well-being. *Cognition & Emotion*, 16(6), 769-785.
- Schutte, N. S., Malouff, J. M., Thorsteinsson, E. B., Bhullar, N., & Rooke, S. E. (2007). A meta-analytic investigation of the relationship between emotional intelligence and health. [Article]. *Personality and Individual Differences*, 42(6), 921-933. doi: 10.1016/j.paid.2006.09.003
- Sen, E., & Yurtsever, S. (2007). Difficulties experienced by families with disabled children. *Journal for Specialists in Pediatric Nursing*, 12(4), 238-252.
- Shamloo, S. (1999). Mental Health. Tehran: Roshd press.
- Sisk, R. J. (2000). Caregiver burden and health promotion. *International Journal of Nursing Studies*, 37(1), 37-43.
- Taylor, R. D., Casten, R., & Flickinger, S. M. (1993). Influence of kinship social support on the parenting experiences and psychosocial adjustment of African-American adolescents. *Developmental Psychology*, 29(2), 382.
- Tomarken, A. J., & Waller, N. G. (2005). Structural equation modeling: Strengths, limitations, and misconceptions. *Annu. Rev. Clin. Psychol.*, 1, 31-65.
- Westerhof, G. J., & Keyes, C. L. M. (2010). Mental illness and mental health: the two continua model across the lifespan. *Journal of adult development*, 17(2), 110-119.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of Personality Assessment*, 52(1), 30-41.
- Zimet, G. D., Powell, S. S., Farley, G. K., Werkman, S., & Berkoff, K. A. (1990). Psychometric characteristics of the multidimensional scale of perceived social support. *Journal of Personality Assessment*, 55(3), 610-617.