

Comparison of self-esteem, mental health and psychological well-being of mothers of mentally retarded and normal children in Rasht

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Abstract

Introduction: This study aimed to compare self-esteem, mental health and psychological well-being in mothers of normal children and mothers of educable mentally retarded children.

Methods: The research method was causal-comparative. The study population consisted of all mothers of normal and educable mentally retarded children with the age range of 7 to 12 years old in Rasht in 2016-2017. Subjects were 80 mothers of mentally retarded children selected using available sampling method and based on the numbers of samples in different articles with 80 mothers of normal children in a matched method (based on age and educational level). To collect data, Rosenberg Self-Esteem Scale and the General Health Questionnaire (GHQ-28) and Reef 18-items psychological well-being questionnaire were used. Descriptive statistics and inferential statistics such as multivariate and one-way variance analysis were used to analyze the data.

Results: The findings of the study showed a significant difference between self-esteem and psychological well-being of mothers of mentally retarded and normal children ($P < 0.05$). However, there was no significant difference between mental health of mothers of mentally retarded and normal children ($P \geq 0.05$).

Conclusion: It seems that the self-esteem and psychological well-being of mothers of mentally retarded children are endangered in the care and education of these children

Keywords: "Self-esteem", "Mental health", "Psychological well-being", "Mental retardation"

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Introduction:

The existence of a healthy society in terms of mental health depends on the health of the smaller members of that society, such as assemblies, groups, and families in that society. The existence of a healthy and mentally healthy family can have a significant effect on existing mental health and creating mental health in that society (1).

The presence of an exceptional child in the family puts a lot of psychological pressure on parents and family members, especially the mother, and can endanger their mental health. It is very important that mothers of children with special needs get to know their feelings in dealing with their children. To reconcile with their child, they need to feel relatively good about themselves. The life, marriage and job of the parents of such children require them to feel satisfaction to some extent. They may feel sad about the fact that they have a disabled child, but their whole life needs not be filled with an aura of sadness (2).

The presence of a mentally disabled child in any family affects the structure of that family and overshadows the mental health of the family, especially the parents. Having a child with a disability can have different effects on the family and creates a wide range of emotional responses in the parents and then the family. For some, this issue is a crisis and requires extraordinary mental adjustment. For some, the birth of a mentally retarded child is an unfortunate event, and the initial response can be an emotional breakdown (5).

According to some psychologists, when there is a feeling of unhappiness and lack of happiness, people's self-esteem decreases. In other words, there is a causal relationship between happiness and self-esteem (6).

Self-esteem is a very common and important psychological concept, but in general, self-esteem can be defined as a person's sense of worth. People's feelings and thoughts about themselves often affect the feeling of daily experiences and temporarily affect the feeling of a person (7).

Self-esteem really affects all levels of life. People who feel good about themselves usually feel good about life. They can confidently face the problems and responsibilities of life and handle it. In general, self-esteem plays a central and effective role in the health and mental health of people. In many researches, the role of self-esteem in emotional, social and psychological adaptation has been emphasized (8).

Mental health is one of the scientific topics that is effective in the growth of family and society. The World Health Organization (2004) defines mental health as a state of well-being in which a person recognizes his abilities and uses them effectively and productively and is useful for his community. In general, mental health is the creation of mental health by preventing mental illnesses, controlling the effective factors of its occurrence, early diagnosis, preventing the factors caused by the return of mental illnesses and creating a healthy environment in establishing correct human relationships (9).

Health is complete mental, physical and social well-being. Health has the characteristics of self-acceptance, establishing positive relationships with others, expressing emotions and dealing with life's challenges. In fact, health is a person's positive perception of stressful life events and conditions. It can be concluded that health is constant adaptation to changing conditions and trying to achieve moderation between internal demand and the requirements of the changing environment (10).

Researchers consider mental health to be equivalent to positive psychological functioning and have conceptualized it in the form of the term "psychological well-being". This group does not consider the absence of disease to be enough to feel healthy, but they believe that having a feeling of satisfaction with life, sufficient progress, efficient and effective interaction with the world, energy and positive mood, and a good connection and relationship with the community and positive progress are the characteristics of a person. It is healthy (11). One of the main concepts of the health model is well-being. The concept of psychological well-being is used as a general health term in psychological research (12). In the approach of positive psychology, the concept of health as a multi-dimensional structure is emphasized instead of only emphasizing on illness and disability, on happiness and well-being (13).

Psychological well-being is defined as the development of each person's true talents. The structure of psychological well-being is in the center of attention of a branch of psychology called positive psychology. Positive psychology is the scientific study of optimal human performance (14). The results of Eisenhower, Baker and Blocker's studies (15) also showed that mothers with mentally retarded children have lower psychological well-being compared to mothers of normal children.

Not all mothers react the same to their child's disability, but in general, it can be accepted that the majority of the mothers of such children show an unfavorable reaction in front of their child's disability. The type and extent of these reactions are different from each other according to their personality aspects, reaction time, etc.

Therefore, all mothers of exceptional children need the help of specialists, and this is only possible with accurate and substantiated knowledge of the issues and problems of mothers with disabled children and examining the psychological status of parents. Considering that the psychological state of mothers has a direct and indirect effect on the formation of children's behavior and their social relations, it will be, therefore, very important to know what personality traits the mothers of these children have and how they differ from other mothers who have healthy children. In this way, she has provided more accurate data for the use of counseling, rehabilitation and treatment methods and the necessary grounds for special and basic actions in the dimensions of counseling and the association of parents and educators of exceptional children, family education, etc. should be provided.

Considering the frequency of mentally retarded children in the society and family and the financial, emotional and psychological burden affecting the family structure, a research was conducted in this regard. To the best of the researchers' knowledge, this issue has not been researched in Iran and Guilan province, so it seemed necessary to conduct such a research in the province. The main aim of the research was to compare self-esteem, mental health and psychological well-being in mothers of normal and mentally retarded children in Rasht city. According to the topic of the research, the main question of the research was whether there is a difference between psychological well-being, self-esteem and mental health in mothers of normal children and mentally retarded children.

Research method:

The research method was causal-comparative. The statistical population of this research was the mothers of mentally retarded children aged 7-12 who were identified as educable and were studying in the exceptional public elementary schools of Rasht city in the academic year of 1395-1396. They were selected in comparison with mothers of normal children in public schools who were matched with the first group in terms of demographic variables such as age, and education. The number of samples was determined based on the number of samples of numerous articles done in this regard. The number of samples was determined based on the number of samples of numerous articles done in this regard. Simple random sampling method was used to select the sample of students of exceptional children groups and cluster sampling was used to select normal students and then mothers of exceptional and normal children were invited. After justification and obtaining consent to participate in the research, self-esteem and mental health and psychological well-being tests were performed. It should be noted that mentally retarded and normal children were selected from Rasht elementary public schools.

The data collection tool of the study was a series of questionnaires including: self-esteem questionnaire, mental health questionnaire, and psychological well-being questionnaire.

Psychological well-being questionnaire: This scale was designed by Rief in 1980. The main form consists of 120 questions. However, in subsequent studies, shorter forms of 84 questions, 54 questions and 18 questions have been prepared. An 18-question form was used in this research. This version consists of 6 agents including questions 9, 12, 8 measuring independence factors; Questions 1, 4, 6 measuring the environment mastery factor; Questions 7, 15, 17 measuring personal growth factor; Questions 3, 11, 13 measuring the factor of positive communication to others; Questions 5, 14, 16 measuring purposefulness in life, and questions 2, 8, 10 measuring self-acceptance. The total score of these 6 factors is calculated as the total psychological well-being score (16). The respondents are supposed to choose among 6 options including completely disagree (1), somewhat disagree (2), slightly disagree (3), slightly agree (4), somewhat agree (5), completely agree (6). Of course, this scoring method is reversed for questions 1, 3, 4, 5, 9, 10, 13 and 17 and will be as follows: completely disagree (6), somewhat disagree (5), slightly disagree (4), slightly agree (3), somewhat agree (2), completely agree (1). To get the points related to each

dimension, the total points of that dimension are added together, and in order to get the overall score of the questionnaire, the total points of each question are calculated. Higher scores indicate higher psychological well-being in the respondent and vice versa. The correlation of the short version of the Riff psychological well-being scale with the original scale has fluctuated from 0.7 to 0.89 (17).

Dayer vong found the internal consistency of the subscales to be adequate and their Cronbach's alpha between 0.77 and 0.90. The correlation of psychological well-being scale with life satisfaction scale, happiness questionnaire and Rosenberg's self-esteem questionnaire was 0.47, 0.58 and 0.46, respectively (18). The reliability coefficient, obtained in the research of Zanjani Tabasi, the internal consistency method for the whole psychological well-being test was equal to 0.94 and for the sub-tests was 0.63 and 0.89. The correlation coefficient obtained based on the retest method for the whole test was 0.76 in the subtests between 0.67 and 0.73, which is significant at the level ($P < 0.001$) (19).

Validity: The validity of the psychological well-being scale was investigated in two ways, one of which was content validity and the other was construct validity.

Evidence for content validity: The compiled scale of psychological well-being and its dimensions and components were given to relevant professors, experts and researchers and according to the theoretical framework, it was recognized as valid.

Evidence related to construct validity: The construct validity of the test was checked in two ways: Calculating the correlation coefficient of the whole test with subtests and factor analysis. a) Calculation of the correlation coefficient of the whole scale and subscales: Psychological well-being test has a high correlation with six sub-tests and only individual growth and development subtests are correlated, which shows the relatively favorable validity of this scale.

b) Factor analysis: according to the results of the factor analysis obtained by the inclined rotation Pc method (Obelmin). The psychological well-being scale is saturated with six main factors which is followed based on the theoretical framework under the headings of life satisfaction, happiness and optimism, spirituality, individual growth and development, positive communication with others and oneself (19).

Self-esteem questionnaire: The Rosenberg Self-Esteem Scale measures overall self-esteem and personal worth. This scale includes 10 general statements that measure life satisfaction and feeling good about oneself. To perform this test, the scale is given to the subject and he is asked to express his agreement or disagreement with those sentences by choosing the option "agree" or "disagree" after reading the sentences. We get the algebraic sum of the total scores. A score higher than zero indicates high self-esteem and a score less than zero indicates low self-esteem. A score of +10 indicates high self-esteem and a score of -10 indicates low self-esteem. Therefore, the higher the score, the higher the level of self-esteem. This questionnaire has 10 general statements. Answering

the questions is based on a four-choice Likert scale, with a scoring range from zero to three points including: completely disagree (0), disagree (1), agree (2) and completely agree (3), where 30 is considered the highest score. Scores higher than 25 indicate high self-esteem, scores 15-25 indicate moderate self-esteem, and less than 15 indicate low self-esteem.

Validity of the test: Rosenberg has reported the creation of the scale as 0.9 and its scalability as 0.7 (20). Cronbach's alpha coefficients for this scale were calculated at 0.87 for men and 0.86 for women in the first round and 0.88 for men and 0.87 for women in the second round (21). The retest correlation is in the range of 0.82-0.88 and the internal consistency coefficient or Cronbach's alpha is in the range of 0.77-0.88. This scale has a satisfactory internal validity of 0.77. It also has a high correlation with the New York and Guttman National Questionnaire in measuring self-esteem. Therefore, its content validity is also confirmed.

General health questionnaire GHQ-28: This questionnaire was created by Goldberg (22) to separate people with mental disorders from the population referring to general medical centers. It should be noted that the cut-off score in this questionnaire is considered to be 23. In this research, the scoring method is based on the Likert model. It is as follows:

For option (a) zero, option (b) is given a score of one, option (c) is given a score of 2 and option (d) is given a score of 3. Considering that the number of questionnaires in this test is 28 and each one is awarded between 0 and 3 marks, and the minimum and maximum GHQ questionnaire of each subject is 28. A high score indicates a disorder. This test is assigned 5 points.

GHQ-28 includes four subscales as follows: a) Physical symptoms b) symptoms of anxiety c) disorder in social action d) symptoms of depression.

Goldberg et al. (23) found the correlation between the data obtained from the simultaneous implementation of two general health questionnaires and the mental symptom checklist SCL-90 on 244 subjects to the extent of 0.78 they reported. In their research, Haghighi et al. (24) found the reliability of this questionnaire by two methods, Cronbach's alpha and half-measures, for four areas, equal to (0.92, 0.88, 0.91, 0.83) and (0.75, 0.69, 0.88, 0.89) respectively. Heydarei et al. (25) used two methods of Cronbach's alpha and halving to determine the reliability of the general health questionnaire and the reliability score for the whole questionnaire was obtained as 0.90 and 0.79, respectively, which indicates the desired reliability coefficients of the said questionnaire. Inferential statistics including multivariate analysis of variance (MANOVA) and one-way analysis of variance (ANOVA) were used to investigate the research hypothesis.

Results:

Table 1 shows the characteristics of respondents based on education.

Table 1: Separation of the statistical sample according to education and age

The variables	mothers of mentally retarded children		mothers of normal children	
	N	%	N	%
Education				
Under diploma	5	6.2	6	7.5
Diploma	42	52.5	41	52.1
Associate	8	10	9	11.2
Bachelor	24	30	23	28.7
Masters	1	1.2	1	1.2
Age				
23-35	69	86.2	69	86.2
35-52	11	13.7	11	13.7

Table 2: The results of multivariate analysis of variance (MANOVA) on the mean scores of mental health, psychological well-being and self-esteem

title of Statistic test	Value	F	DF	DF	P Value	Statistical power
Pillai's Trace	0.105	6.11	3	156	0.001	0.105
Wilks' Lambda	0.895	6.11	3	156	0.001	0.195
Hotelling's Trace	0.118	6.11	3	156	0.001	0.105
Roy's Largest Root	0.118	6.11	3	156	0.001	0.105

As shown in Table 2, four tests of multivariate analysis of variance (MANOVA) were run on the mean scores of mental health, psychological well-being and self-esteem, with an effect of 0.01 and a significance level ($p < 0.01$). They are statistically

significant and they indicate that the two groups of normal mothers and mothers of mentally retarded children have significant differences in the comparison of variables.

Table 3: The results of multivariate variance analysis in the text of MANOVA on the scores of mental health, psychological well-being and self-esteem.

Statistical indicators	Variables	SS	DF	MS	Coefficient F	P Value
The amount of effect						
Source						P<0.01
mental health 0.022	Group	294.30	1	294.30	3.57	0.061
	Error	13010.53	158	82.34		
Psychological well-being 0.031	Group	429.02	1	429.02	5.12	0.025
	Error	13218.47	158	83.66		
Self-esteem 0.074	Group	22.50	1	22.50	12.56	0.001
	Error	283.00	158	1.79		

The findings of the above table showed that the two groups of normal mothers and mothers of disabled children have a significant difference in terms of variable scores in self-esteem ($F=12.56$, $P=0.001$) and psychological well-being ($F=5.12$; had $P=0.025$) but in terms of mental health ($F=3.57$; $P=0.061$) there was no significant difference between the two groups.

Conclusion and discussion:

There is a significant difference between the two groups of normal mothers and mothers of disabled children in terms of variable scores self-esteem and psychological well-being. But in terms of mental health there was no significant difference between the two groups. These results are consistent with the research findings of Taghipour et al. (26), Eisenhower et al. (27), but not consistent with the research of Mants and Halterman (28), Afkari (29) and Narimani (30).

Taghipour et al. (26) showed that there is a significant difference between the psychological well-being of three groups of normal, mentally disabled and gifted students ($P < 0.05$) and the average of the intelligent group is higher than the other two groups. It was concluded that the existence of a mentally disabled and sharp-intelligent child can have an impact on the psychological well-being of people due to guidance resources, interactive and communication styles, expectations of others, methods of coping with tension.

Solcarmona et al. (27) investigated anxiety, psychological well-being and self-esteem in Spanish families with a blind child. The results showed that there was a positive relationship between mental well-being and self-esteem and a negative relationship between anxiety, mental well-being and self-esteem.

Mantes and Halterman (28) compared the mental health of mothers of children with autism with mothers of normal children in Colombia. The results showed that the mothers of children with autism experienced high stress in the context of lack of social support and family instability and have a low level of mental health. The process of giving birth to a child is enjoyable for parents, although this process is accompanied by many hardships and discomfort, despite the fact that parents endure many problems for the birth of their child. It should be said that hope for the health and normality of the child usually creates a feeling of trust in them and they accept their child, but as soon as the parents become aware of their child's disability, all hopes and dreams turn into despair and problems begin. The first person who directly communicates with the child is the mother. When the mother faces her disabled child, especially, if she is mentally retarded, due to the need to provide special conditions for the development of these children in the face of stress such as stereotyped behaviors, language problems and lack of self-care skills, the mother's natural functioning is weakened. This is why the average of behavioral disorders in mothers of exceptional children, especially mothers with mentally retarded children, is higher than mothers with normal children.

Afkari (29) conducted research comparing parenting methods, self-esteem and mental health of mothers of children with learning disabilities and normal mothers. The results indicated that mothers feel helpless in the face of the characteristics of children with learning disabilities and use more authoritarian parenting methods, the result of which is that these factors lead to lower self-esteem and mental health in these mothers.

Narimani (30) compared the mental health of mothers of exceptional children with the mental health of mothers of normal children in Ardabil. The results showed that there is a significant difference between the mental health of mothers of exceptional children and mothers of normal children. In addition, there was a significant difference in terms of mental health symptoms, i.e., depression, anxiety, psychosis, aggression and morbid fear.

Muradpour et al. (31) conducted a study on the effectiveness of teaching self-awareness and self-expression skills on the adaptability and self-esteem of mothers of mentally challenged and normal children in a Kurdish city. The results indicated that the training of self-awareness and self-expression skills had a significant positive effect on the general adjustment and its components (social adjustment, adjustment at home, emotional adjustment) and self-esteem of mothers of mentally retarded children.

In explaining this result, it should be said that the most important issue and perhaps one of the most problematic issues related to an exceptional child in the family is its educational aspect, which is the responsibility of the mother. The presence of a disabled child of any kind can cause the burden of education on the mother's shoulder, especially in our culture where the mother spends more time at home. Therefore, the educational burden and successive failures of the mother in raising the child may lead to low self-esteem and unfavorable reaction. Also, feelings of anger and aggression are among the stages of the grief reaction that occurs after the shock caused by the loss of the expected person. At this stage, the person resorts to unrealistic expectations to be able to return everything to the desired and expected state. Therefore, a mother who during 9 months of pregnancy makes many plans in anticipation of a healthy child will normally be shocked and feel uncomfortable when a mentally disabled or blind child is born. Also, considering that the education of mentally retarded children and the way to communicate with them is much more difficult than other normal children, so low self-esteem in the mothers of these children is more due to this poor communication. In explaining this finding, it can be assumed that mothers of children with intellectual disabilities are always looking for ways to reduce the pressure caused by these problems in order to have better mental health. Therefore, at first, by accepting their disabled child and increasing information and awareness of the special conditions and characteristics of their children, they increase their sense of resilience. The factor of optimism makes them deal with stressful life events and achieve a more positive view of life. They also try to increase their sense of mastery by taking help from others and various support sources. The feeling of trust and loyalty and intimacy with other mothers who have children like their child can have a very high effect in reducing negative reactions. The increase in their ability leads to the regulation of their self-esteem and emotional reactions, and the increase in their information leads to the recognition and management of their feelings and emotions. The combination of these factors leads to the fact that mothers of mentally retarded children can have self-esteem and psychological well-being equal to normal mothers. Azad Yekta (32) investigated the effect of Frankl's meaning therapy on the mental health of mothers of exceptional children. The results of the research showed that there were

significant differences in the level of mental health of mothers before the intervention and after the intervention.

The issues and problems of the individuals are caused by the inconsistency between the pressures on them, and the resources and facilities to cope with these pressures. In families with mentally retarded children, characteristics such as social-cognitive weaknesses, stress, and psychological injuries affect the development of undesirable behaviors. In families with normal children, parents internalize their children's undesirable behaviors and attribute negative actions to situational and external factors. On the contrary, parents who have mentally retarded children bear a higher level of psychological pressure and consider their children's behaviors to be intentional and consider them responsible for these behaviors; hence, the self-esteem of these children's parents is lower. Self-esteem is an important psychological factor that affects the psychological health and well-being of the parents of these children.

With the increase of self-esteem, a feeling of empowerment and worth arises in the person and positive changes such as academic progress, increasing efforts for success style, having high self-confidence, being ambitious and wanting to have better health appear in the person. So that self-esteem can have a conflicting and inverse relationship with psychological problems, especially mental health. According to the findings of the present research, and the positive effects of self-esteem on the fate of people and their success, and considering the fact that psychological well-being can be developed, it is suggested to increase psychological well-being and self-esteem in parents by setting up educational workshops for families. It is suggested that from the pre-primary school period, support should be available to the mothers of children with problems, especially those whose children face mental development delay, in order to prevent the occurrence of problems related to self-esteem and mental well-being.

Limitation:

The lack of similar research in the country and even abroad is the most important limitation of this research, which did not allow the comparison of the results of this research with the results of similar research.

- The large number of questions in the questionnaire (GHQ general health) and, especially, its type (i.e., Likert scale) reduced the willingness of the subjects to answer, which itself was a factor for the lack of proper cooperation of the subjects and was considered one of the limitations of the research.
- The difficulty of reaching the respondents and getting their consent to complete the questionnaires was considered as one of the limitations of this research.

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Conflict of interest of the authors:

The article has no conflict of interest.

Ethical considerations:

In this research, the ethical standards include: the principle of respect and confidentiality, preventing the disclosure of the obtained information of the subjects with their real names, the discretion and freedom of the subjects to participate or leave the training, obtaining written consent from the subjects.

Contribution of the authors:

All authors contributed to the writing, submission and follow-up of this article.

References:

- 1- Ganji M., Mohammadi J., Tabriziyan S.. Comparing emotional regulation and defense mechanisms in mothers of students with and without learning disabilities. *Journal of Learning Disabilities*. 2013 Mar 21;2(3):54-72.
- 2- Afrooz G.A.. *Introduction to Exceptional Education*. Tehran: University of Tehran Press, 2017
- 3- Dyson LL.. Children with learning disabilities within the family context: A comparison with siblings in global self-concept, academic self-perception, and social competence. *Learning disabilities research & practice*. 2003 Feb; 18(1):1-9.
- 4- Gross J.J., John O.P.. The relationship between cognitive emotion regulation strategies and emotional problems: Hughes (EDS), *Emotion regulation in families: pathways to dysfunction and health*. Washington, DC. American Psychological association, 2003;16(5): 13-73.
- 5- Gohel M., Mukherjee S., Choudhary SK.. Psychosocial impact on the parents of mentally retarded children in Anand District. *Healthline*. 2011 Jul;2(2):62.
- 6- Clark A., Bean R.W., Klums H.. *Methods of strengthening self-esteem in adolescents*. Translated by P., Alipour. Tehran Publications, 2016
- 7- Brandon Nathaniel.. *Psychology of self-esteem*. Translated by M, Qaracheh Daghi. Tehran: The first publication, 1399
- 8- Biabangard I.. *Methods of increasing self-esteem in children and adolescents*. Tehran: Parents and Teachers Association Publications, 2017
- 9-Milanifar B.. *Exceptional Child and Adolescent Psychology*. Tehran: Qoms Publishing, 2019

- 10- Goldberg DP., Gater R., Sartorius N., Ustun TB., Piccinelli M., Gureje O., Rutter C.. The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychological medicine*. 1997 Jan;27(1):191-7.
- 11- Karademas E.C.. Positive and negative aspects of well-being: Common and specific predictors. *Personality and individual differences*. 2007 Jul 1;43(2):277-87.
- 12- Diener E., Sapyta j.j.. Subjective, well-being? A literature review and quid to needed research. *Social Indicators research series*, 2007; 57: 69-119.
- 13- Kadkhodai M., Azad Fallah P., Farahani H.. Qualitative analysis of women's psychological well-being according to the structure of Iranian culture. *Principles of Mental Health*, 1397; 14 (55): 268-249.
- 14- Seliqman M.E.P., Steen T.A., Park N., Peterson C.. positive psychology progresses empirical validation of interventions. *American psychologist*, 2005; 60 (5): 410-31.
- 15- Eisenhower A.S., Baker B.L., Blacher J.. Preschool children with intellectual disability: syndrome specificity, behavior problems, and maternal well-being. *Journal of intellectual disability research*. 2005 Sep; 49(9):657-71.
- 16- Sefidi F., Farzad A.. Validation of Reef Biopsychological Test in Students of Qazvin University of Medical Sciences 2009. *Scientific Journal of Qazvin University of Medical Sciences*, 2012; 16(1): 71-65.
- 17- Ryff C.D., Singer B.H.. Best news yet on the six-factor model of well-being. *Social science research*. 2006 Dec 1; 35(4):1103-19.
- 18- Bayani A., Kouchaki A. and Bayani A.. Validity and reliability of the Reef Biopsychological Scale. *Iranian Psychiatry and Clinical Psychology*, 2008; 53: 146-151.
- 19-Zanjani Tabasi R.. Preliminary construction and standardization of psychological well-being test - Master's thesis of Tehran University, 2004
- 20-Salsali M., Silverstone P.H.. Low self-esteem and psychiatric patients: Part II–The relationship between self-esteem and demographic factors and psychosocial stressors in psychiatric patients. *Annals of general hospital psychiatry*. 2003 Dec;2(1):1-8.
- 21- Mäkikangas A., Kinnunen U., Feldt T.. Self-esteem, dispositional optimism, and health: Evidence from cross-lagged data on employees. *Journal of research in personality*. 2004 Dec 1; 38(6): 556-75

- 22- Ehteshamzadeh P., Ahadi H., Heidari A., Iftikhar Saad Z.. Investigating the simple and multiple relationship between forgiveness and Islamic coping strategies with public health in students. *New Findings in Psychology (Social Psychology)*, 2013; 8(2): 113-100.
- 23- Sharghi A., Karbakhsh M., Nabaei B., Meysamie A., Farrokhi A. Depression in mothers of children with thalassemia or blood malignancies: a study from Iran. *Clinical Practice and Epidemiology in Mental Health*, 2006 Dec; 2(1):1-5.
- 24- Asgari, M.. Comparison of psychological well-being and communication beliefs in employed and non-employed women, Marvdasht Branch of Azad University; 2013
- 25- Heydari, A., Asgari, P., Marashian, F. and Zamiri, A.. The Relationship between Academic Stress, Religious Thoughts and Mental Health with Academic Performance between Male and Female Students of Islamic Azad University, Ahvaz Branch. *Educational Research Journal*, 2009; 5(20): 101-79.
- 26- Taghipour Javan A., Hassan Nataj Jalodari F. and Shoushtari M.. Comparison of dimensions of psychological well-being of mothers of mentally retarded, gifted and normal children. *Cognitive and Behavioral Sciences Research*, 2014; 4(2): 88-73.
- 27- Sola-Carmona J.J., Lopez-Liria R., Padilla-Góngora D., Daza MT., Sánchez-Alcoba MA.. Anxiety, psychological well-being and self-esteem in Spanish families with blind children. A change in psychological adjustment? *Research in developmental disabilities*. 2013 Jun 1; 34(6): 1886-90.
- 28- Montes G., Halterman JS.. Bullying among children with autism and the influence of comorbidity with ADHD: A population-based study. *Ambulatory Pediatrics*. 2007 May 1; 7(3): 253-7.
- 29- Afkary P.. Comparison of parenting styles, self-esteem and mental health of mothers of children with learning disabilities and mothers of normal children. Master Thesis Mohaghegh Ardabili University - Faculty of Educational Sciences and Psychology, 2013
- 30- Narimani M., Agham Mohammadian H., Rajabi S.. Comparison of mental health of mothers of exceptional children with health of mothers of normal children. *Journal of Mental Health Principles*, 2007; 9(34-33): 24-15.
- 31 Azadikta M.. Evaluation of the effectiveness of meaning therapy in mental health. *Urine has an exceptional child. Disability Studies*, 1994; 5(11): 83-77.
- 32- Moradpour J., Miri M., Aliabadi S., Poursadegh A.. The effectiveness of self-awareness and self-expression skills training on adaptation and self-esteem of mothers of mentally retarded children. *New Care*, 2013; 10(1): 52-43.