Parental Support, Self-Esteem and Emotional Intelligence as Predictors of Social Anxiety among Mentally Challenged Children in Ibadan

Okoiye Ojaga Emmanuel Phd
Department Of Educational Psychology/G&C
Alvan Ikoku Federal University of Education Owerri Imo State Nigeria

Abstract: *The Nigerian contemporary African society often sees mentally challenged children as being bewitched, possessed, or spiritually inflicted and fails to see their situation from the biological, physiological or accidental perspective of nature. This ill conceive feelings make members of the society and even immediate family members behave in an unaccommodating manner to mentally challenged children at home or school. This has negative implication on their well-being. In view of this context, this study investigated parental support, self-esteem, and emotional intelligence as predictors of social anxiety among mentally challenged children in Ibadan, Nigeria. Using the descriptive survey research design of ex-post factor, three research questions were answered and data were collected using four validated instruments, from seventy (70) socially anxious mentally challenged pupils selected through multi-stage sampling technique. Data was analysed using the Multiple Regression Analysis at 0.05 level of significance. The study revealed that the independent variables (parental support, self-esteem and emotional intelligence) made joint contribution of 58.5% variance on the dependent variable (social anxiety). Also, the independent variables significantly predicted the dependent variable. Thus, it was recommended that the family, school, teachers and society should support the developmental needs of mentally challenged pupils in school and at home instead of treating them with disdain.*
Keyword: *Emotional Intelligence, Parental Support, Pupils, School, Self-Esteem and Social Anxiety*

I. Introduction

The Nigerian contemporary African society often sees mentally challenged children as being bewitched, possessed, or spiritually inflicted and fails to see their situation from the biological, physiological or accidental perspective of nature. This ill conceive feelings make members of the society and even immediate family members behave in an unaccommodating manner to mentally challenged children at home or school. Thus, more often than not, the unfriendliness experience by mentally challenged children, make them nervous, helpless, frustrated and socially anxious in an attempt to relate with their environment. Most times, they may experience constant physical feelings of panic and may seek to avoid anything that might trigger their anxiety (such as being alone, going to school, talking in front of a group). According to Garcia-Lopez (2013) social anxiety is often expressed in a situation of discomfort or fear when an individual is in social interactions that involve a concern about being judged or evaluated by others. It is typically characterized by an intense fear of what others are thinking about them (specifically fear of embarrassment, criticism, or rejection), which results in the individual feeling insecure, not good enough for other people, and/or the assumption that they will automatically be rejected.

Billini (2004) affirmed that mentally challenged children and adolescents display higher levels of social anxiety than normal people. This may be because they often exhibit fear and worry regarding social situations. Similarly, Melfsen (2006) investigation of the extent of social anxiety in individuals with different mental disorders showed that mentally challenged individuals with learning disability showed a higher rate of social anxiety and obsessive-compulsive disorder. Individuals with LD and autism are prone to anxiety disorders much more than normal population (Bradley, Summers, Wood & Bryson, 2004). This may be attributable to factors such as, lifetime of adversity, inadequate social support, and poor coping skills (Cooray & Bakala, 2005). Also, lack of social and cognitive resources to cope with societal negativism is thought to contribute to this vulnerability to social and emotional problems (Wilson, 2004). These factors contribute to increased vulnerability to stressful life events, which may trigger social anxiety disorder. Smiley (2005) suggests that overprotection and poor linguistic skills, leading to greater difficulties in discussing or dismissing fears and resulting in over-generalisation, are responsible for the expression of social anxiety disorder.

Also, Rosenthal, Jacobs, Marcus & Katzman (2007) contended that children who suffer social anxiety disorder (SAD) often do not develop appropriate social behaviours. As children grow with the disorder, they may become accustomed to having social fears and design a life based on avoidance. This development can have a devastating impact on their education, career success, financial independence, and personal relationships.

Often it will lead to an isolated lifestyle and subsequent depression or substance abuse. This implies that for some people social anxiety can become a very difficult, painful and even disabling problem that is chronic in nature. Therefore, in view of this context, this study investigated parental support, self-esteem and fear as predictors of social anxiety among mentally challenged children in Ibadan.

II.   Literature Review

Children's physical and emotional status as well as their social and cognitive development greatly depends on their family dynamics. The rising incidence of behavioural problems among children could suggest that some families are struggling to cope with the increasing stresses they are experiencing. Overprotection is a risk factor for childhood anxiety (Van Gastel, Legerstee & Ferdinand, 2008). The emotional and social outcomes are significantly improved for children whose fathers play a visible and nurturing role in their upbringing. Father involvement is associated with positive cognitive, developmental and socio-behavioural child outcomes, such as improved weight gain in preterm infants, improved breast-feeding rates, higher receptive language skills and higher academic achievement (Garfield & Isacco, 2006). Young children of depressed mothers have an elevated risk of behavioural, developmental and emotional problems (Forman, O'Hara & Stuart, 2007).

Empirical studies indicate that self-esteem is an important psychological factor contributing to health and quality of life. Some of these studies have shown that subjective well-being significantly correlates with high self-esteem, and that self-esteem shares significant variance in both mental well-being and happiness (Zimmerman, 2000). Self-esteem has been found to be the most dominant and powerful predictor of happiness (Furnham and Cheng, 2000). Indeed, while low self-esteem leads to maladjustment, positive self-esteem, internal standards and aspirations actively seem to contribute to well-being.

The symptoms of anxiety in children are unhappiness, feeling empty, easy and frequent crying, not doing their likes, anhedonia, feeling worthless and guilty, hopelessness, being nervous and distressed, short temper, appetite disorders, sleep disorders, sensitiveness, distractibility, poor school performance, breakdown in family relations, increasing friendship problems and feeling rejected and alone. The child with low self-esteem will have difficulty in not only the academic field but also all areas of social skills. In addition, the child with a high level of social anxiety will face failures in the social life. Though often neglected as a target for treatment, social anxiety disorder in mentally challenged is of clinical relevance and has been linked to an increased risk for suicide attempts, poorer quality of life, poorer social functioning and lower self-esteem (Meyer, Bearden, Lux, Gordon, Johnson & O'Brien, 2005).

Disability in all ramifications, is in itself a difficult challenge to accommodate emotionally. This makes the ability of mentally challenged to develop and sustain positive intra and interpersonal relationship with self and environment tasking. The integration and acceptability of the mentally challenged individuals into society main stream is emotionally laden and frustrating as they are often treated with disdain. Their experience depletes their emotional competence and makes them vulnerable to social anxiety in their attempt to relate with others and environment. Goleman (1995) posited that individuals that are emotionally competent easily overcomes societal pressures and adapts positively. According to Palmer, Donaldson and Stough (2001) emotional intelligence correlates significantly with psycho-social well-being. Emotional intelligence plays a significant role in establishing and maintaining relationship (Goldman, 1995) this implies that persons with higher emotional intelligence were more socially accepted and they display better social skills. Thus, mental health experts are giving greater emphasis to EI as a correlate of psychological disorders. In fact the intelligent use of emotions is considered essential for one's physical health and psychological adaptation (Mayer & Salovey, 1997).

Research Questions
The following research questions were answered in the study:
1. Would there be significant relationships between the independent variables (parental support, self-esteem and emotional intelligence) and social anxiety of mentally challenged children.
2. To what extent when combined will the independent variables (parental support, self-esteem and emotional intelligence) impact on social anxiety of mentally challenged children?
3. What are the relative effects of the independent variables (parental support, self-esteem and emotional intelligence) on social anxiety of mentally challenged children?

III.   Methodology

Research design
This study is a descriptive survey design of ex-post factor type to examine parental support, self-esteem and emotional intelligence on social anxiety of mentally challenged children.

Population
The population for this study consists of all learning disable pupils in the three special schools in Ibadan (School for the Handicapped ring road Ibadan, H. L. A. School for the Handicapped Agodi Gate Ibadan School for the Handicapped Okebola Ibadan). These schools were purposively selected for the study. However, primary five pupils in the three special schools were screened using the Slosson Intelligence Test (SIT) to identify the pupils with mild intellectual disability using the multi-stage sampling technique. Pupils whose IQ ranges between 50-70 were selected for the study.

Sample and Sampling Technique
The sample for this study is seventy mentally challenged primary five pupils in three special schools screened using the Slosson Intelligence Test (SIT) and selected through multi-stage sampling technique.

Instrument for Data Collection
Slosson Intelligence Test (SIT) (1981); this is the revised version for persons of ages 4 to 18 years. It is designed and organized as a test of general intelligence. It is a foreign test but adapted to suit African children. For example, certain words and items were changed to suit the culture of the pupils without altering the content validity of the test by (Olatoye & Oyundoyin, 2007) in their investigation of Intelligence Quotient as a Predictor of Creativity Among Some Nigerian Secondary School Students and in Oduolowu (1998) Relative Effectiveness of Open Classroom and Conventional Strategies on Pupils Acquisition of the Basic Literacy and Numeracy Skills. The test was used to assess the intelligent quotient of pupils and screen for those with mild intellectual disability. It has a reliability coefficient of 0.90 to 0.98. However, the researcher revalidated this instrument through a test-re-test procedure with similar pupils and got a reliability coefficient of 0.86.

Social Anxiety was measured using the Social Interaction Anxiety Scale (SIAS; Mattick & Clarke, 1998). The Social Interaction Anxiety Scale contains 20 items. The Social Interaction Anxiety Scale SIAS assesses anxiety in social situations. Respondents are asked to rate each statement on a 5-point scale as it applies to them. Scores on both measures range from 0 to 80, with higher scores indicating higher levels of social anxiety. Cronbach alphas ranged from .88 to .93 for the SIAS. Test-retest correlations for the scale exceeded .90 at intervals of up to 13 weeks. However, 10 items were adopted and modified and revalidated for this study to suit the developmental state of the children. These items adapted the 5 point likert rating scale of strongly disagreed = 1 and strongly agreed = 5. The pilot study result produced an internal consistency coefficient reliability of 0.76. cronbach alpha.

Parental Social Support Assessment Scale for Children and Teens by Gokler (2007) was used to measure level of parental support socially anxious pupil get from their parents. It is a 5 point Likert scale and it measures the parental social support that children receive from their parents. It has internal coefficient reliability of 0.82.

The Sullivan Emotional Intelligence Scale for Children (1999) is based on emotional intelligence abilities such as recognizing, understanding, and managing emotions. It consists of Faces, Stories, and Understanding and Managing sections. There are 19 face pictures in the Faces section, five items about a specific situation such as thunder or death of an animal in the Stories section, 10 items in the Understanding section and seven items in the Managing section. The researcher reads each of the items to the child and then asks the questions about it. Each child is required to respond to the researcher's question with "yes" or "no" or "I don't know". internal consistency coefficient reliability of 0.76. cronbach alpha (.97-.99)

Rosenberg's self-esteem scale (RSE) Self-esteem was used to measure the self-esteem of socially anxious pupils. This 10-item self-report measure requires respondents to indicate their perceptions of themselves in positive or negative ways. Examples of items in the scale include are: "I am able to do things as well as most other people do" and "I can do anything I really set my mind to". Learners respond on a 4-point scale (4 = strongly agree, 3 = agree, 2 = disagree and 1 = strongly disagree) with higher total scores indicating a stronger self-esteem. The test-retest reliability of RSE ranged from 0.85 to 0.88.

Procedure of administration
The researchers got permission from the school authorities' and the essence of the study was explained to them in the process. After getting them informed and obtaining their consent, the researchers, with the assistance of class teachers distributed and collected back the completed questionnaire administered to the pupils. Also, participants were adequately informed of the adherence to confidentiality and the need to be precise and truthful in filling the questionnaires. Seventy questionnaires were administered (70) and collected back by the researchers. This number (70) formed what was used for data analysis of the study.

Data analysis

Data was analysed using multiple regression analysis at 0.05 level of significance. Multiple regression was used to find out the combined and relative contributions of the independent variables on social anxiety of mentally challenged children.

IV. Results

Research question 1: Would there be significant relationships between the independent variables (parental support, self-esteem and emotional intelligence) and social anxiety of mentally challenged children.

Table 1: Descriptive Statistics and Correlation Matrix of Relationship between the variables

Variables	N	Mean	Std Dev	1	2	3	4
Social Anxiety	70	28.16	5.23	1.000			
Self-esteem	70	22.19	3.16	0.174	1.000		
Parental Support	70	26.10	5.10	0.285	0.615	1.000	
Emotional Intelligence	70	24.19	4.07	0.221	0.224	0.514	1.000

Table 1 shows the mean, standard deviation and zero order correlation among the variables. It was observed that there was significant relationship between the independent variables and the dependent variable (social anxiety of mentally challenged children in the following order of magnitude Parental support (R=0.615, p<0.05), emotional intelligence (R=0.514, p<0.05), self-esteem (R=0.174, p<0.05). This implies that the social anxiety has grave consequence on the well-being mentally challenged children.

Research Question 2: To what extent when combined will the independent variables (parental support, self-esteem and emotional intelligence) impact on social anxiety of mentally challenged children?

Table 2: Joint effect of the independent variables on the dependent variable

R	R Square	Adjusted R Square	Std.Error of the Estimate			
0.798	0.588	0.585	4.85518			
		ANOVA				
	Sum of Squares	df	Mean Square	F	P	Remark
Regression	16619.78	3	5539.92	19.86	0.00	Sig
Residual	18413.98	66	278.99			
Total	53447.74	69				

Table 2 shows that there was joint effect of the independent variables (parental support, self-esteem and emotional intelligence) on the dependent variable (social anxiety of mentally challenged children) R=0,798, P<0.05. The table further reveals 58.5% (adjusted R square = 0.585) of the variance on social anxiety of mentally challenged children were accounted for by the linear combination of the independent variables. The ANOVA results from the regression analysis shows that there was significant effect of the independent variables on the dependent variable: $F_{(3, 66)} = 19.86$, p<0.05. This indicates that parental support, self-esteem and emotional intelligence has impact on the well-being of socially anxious mentally challenged children.

Research Question 3: What are the relative effects of the independent variables (parental support, self-esteem and emotional intelligence) on social anxiety of mentally challenged children?

Table 3: Relative effect of the independent variables on the dependent variables

Variable	Unstandardised Coefficient		Standardised Coefficient	Rank	t	p	Remark
	B	Std. Error	Beta				
Constant	8.396	1.703	-		4.93	0.000	Sig
Self-esteem	0.078	0.031	0.157	3rd	3.47	0.011	Sig
Parental Support	0.427	0.032	0.436	1st	13.31	0.00	Sig
Emotional Intelligence	0.326	0.028	0.310	2nd	11.68	0.00	Sig

Table 3 reveals that parental support made the highest contribution to social anxiety of mentally challenged children (β=0.44) followed by emotional intelligence (β=0.31), then self-esteem (β=0.16). This also highlights the fact that the interplay of social anxiety has concurrent effect on the behavioural disposition mentally challenged children.

V.   Discussion Of The Findings

Research Question One

Would there be significant relationships between the independent variables (parental support, self-esteem and emotional intelligence) and social anxiety of mentally challenged children? The result reveals that there was significant relationship between the independent variables and the dependent variable (social anxiety of mentally challenged children in the following order of magnitude parental support (R=0.615, p<0.05), emotional intelligence (R=0.514, p<0.05) and self-esteem (R=0.174, p<0.05). This could be due to the fact that socially anxious children are more often than not emotionally disturbed and frustrated in their bid to relate with others. This is consistent with Billini (2004) assertion that mentally challenged children and adolescents display higher levels of social anxiety than normal people. This may be because they often exhibit fear and worry regarding social situations. Similarly, Melfsen (2006) investigation of the extent of social anxiety in individuals with different mental disorders, showed that mentally challenged individuals with learning disability showed a higher rate of social anxiety and obsessive-compulsive disorder. This may be attributable to factors such as, lifetime of adversity, inadequate social support, and poor coping skills (Cooray & Bakala, 2005). Also, lack of social and cognitive resources to cope with societal negativism is thought to contribute to this vulnerability to social and emotional problems (Wilson, 2004). These factors contribute to increased vulnerability to stressful life events, which may trigger social anxiety disorder.

Research Question Two

To what extent when combined will the independent variables (parental support, self-esteem and emotional intelligence) impact on social anxiety of mentally challenged children? The findings of the study reveal that there was joint effect of the independent variables (parental support, self-esteem and emotional intelligence) on the dependent variable (social anxiety of mentally challenged children) R=0,798, P<0.05. It further reveals that 58.5% (adjusted R square = 0.585) of the variance on social anxiety of mentally challenged children were accounted for by the linear combination of the independent variables and ANOVA results from the regression analysis shows that there was significant effect of the independent variables on the dependent variable: $F_{(3, 66)} = 19.86$, p<0.05. This implies that the joint impact of the independent variables on the dependent variable is significantly high and this is possibly responsible for the social anxiousness of mentally challenged children. Giving credence to this point of view, Rosenthal, Jacobs, Marcus & Katzman (2007) contended that children who suffer with social anxiety disorder (SAD) often do not develop appropriate social behaviours. As children grow with the disorder, they may become accustomed to having social fears and design a life based on avoidance. This development can have a devastating impact on their education, career success, financial independence, and personal relationships. Often it will lead to an isolated lifestyle and subsequent depression or substance abuse. This implies that for some people social anxiety can become a very difficult, painful and even disabling problem that is chronic in nature.

Research Question Three

What are the relative effects of the independent variables (parental support, self-esteem and emotional intelligence) on social anxiety of mentally challenged children? The result of the findings reveals that parental support made the highest contribution to social anxiety of mentally challenged children (β=0.44) followed by emotional intelligence (β=0.31), then and self-esteem (β= 0.16) made the least contribution. This implies that the independent variables have appreciable measure of impact on the dependent variable and this could be aligned to the fact that the social anxiousness causes discomfort on their psychological well-being. The resultant effect is devastating and the consequence has often led them to express negative behavioural attitude towards self and others. Thus, disability in all ramifications, is in itself a difficult challenge to accommodate emotionally. This makes the ability of mentally challenged to develop and sustain positive intra and interpersonal relationship with self and environment tasking. The integration and acceptability of the mentally challenged individuals into society main stream is emotionally laden and frustrating as they are often treated with disdain. Their experience depletes their emotional competence and makes them vulnerable to social anxiety in their attempt to relate with others and environment. Concurring, Garcia-Lopez (2013) affirmed that social anxiety is often expressed in a situation of discomfort or fear when an individual is in social interactions that involve a concern about being judged or evaluated by others. It is typically characterized by an intense fear of what others are thinking about them (specifically fear of embarrassment, criticism, or rejection), which results in the individual feeling insecure, not good enough for other people, and/or the assumption that they will automatically be rejected.

Implication of the findings

The implications of the findings are important for stake holders such as parents, care givers teachers, school counsellors, and educational policy makers. The management of social anxiety among primary school

children would enable them to overcome the constant fear of making friends, participating actively in classrooms, or speaking with confidence. Primary school children who are socially anxious have low self-esteem, low self-confidence and fear of initiating interactions among their peers or relating actively with their teachers. They become psychologically disabled by the fear of other people's reactions and expectations that they avoid situations in which they fear evaluation might occur. Thus, if socially anxious children do not know how to manage this problem; they often become frustrated and traumatized as a result of not been able to function adequately with peers. This could create maladjustment in most aspect of their life such as social, intellectual, personality, language development and academic achievements.

VI. Recommendations

Schools should provide functional counselling services to support the developmental growth of socially anxious mentally challenged pupils considering the fact that they often express disaffection, anger and aggression in the classroom even when teaching and learning experience is going on and thereby causing distraction. The family, society and significant others should take time to give appropriate support to socially anxious mentally challenged pupils as to help them overcome their challenges and adjust well to teaching and learning situation in school.

Psychological intervention programmes should be put in place to help socially anxious mentally challenged pupils to self-rediscover their potential and competence to adjust to learning situation in school.

Teachers teaching socially anxious mentally challenged pupils should endevour to use stimulating teaching methods that would motivate pupils to learn purposefully in school.

VII. Conclusion

The Nigerian contemporary African society often sees mentally challenged children as being bewitched, possessed, or spiritually inflicted and fails to see their situation from the biological, physiological or accidental perspective of nature. Therefore, the society fails to relate with them positively and this makes them nervous, helpless, frustrated and socially anxious in an attempt to relate with their environment. However, the society should learn how to appreciate them as to make them have a life fulfilling experience.

References

[1].   Bellini, S., (2004): Social skill deficits and anxiety in high functioning adolescents with autism spectrum disorders Focus on Autism and Other Developmental Disabilities, 19 (2), 78-86.
[2].   Bradley, E., Summers, A., Wood, H. L., & Bryson, S. E., (2004): Comparing rates of psychiatric and behaviour disorders in adolescents and young adults with severe intellectual disability with and without autism Journal of autism and developmental disorders, 34(2), 151-161
[3].   Brobst, J. B., Clopton, J. R., & Hendrick, S. S. (2009): Parenting children with autism spectrum disorders: The couple's relationship. Focus on Autism and Other Developmental Disabilities, 24(1), 38-49.
[4].   Cooray, S. E., & Bakala, A., (2005): Anxiety disorders in people with learning disabilities Adv Psychiatr Treat, 11(5), 355-361
[5].   Downey LA, Johnston PJ, Hansen K, Schembri R,Stough C, & Tuckwell V, (2008): The relationship between emotional intelligence and depression in a clinical sample. Eur J Psychiat; 22:93-8.
[6].   Forman, D. R., O'Hara, M. W., & Stuart, S., (2007): Effective treatment for postpartum depression is not sufficient to improve the developing mother-child relationship. Dev Psychopathol. Spring;19(2):585-602.
[7].   Furnham, A. & Cheng, H. (2000) Lay theories of happiness. Journal of Happiness Studies, 1, 227–246.
[8].   Garcia-Lopez, L. J., (2013): "Tratando...trastorno de ansiedad social/Treating...social anxiety disorder". Madrid: Piramide.
[9].   Garfield, C. F., & Isacco, A., (2006): Fathers and the well-child visit. Pediatrics. 2006 Apr;117(4):e637-45.
[10].   Gökler, I. (2007). The Turkish Adaptation Study of Social Support Appraisals Scale To Be Used With Children And Adolescents: Factor Structure, Validity and Turkish Journal of Child and Adolescent Mental Health, 14(2), 90-98.
[11].   Goleman, D. (1995). Emotional Intelligence. New York: Bantam Books.
[12].   Mattick, R. P. & Clarke, J. C. (1998). Development and validation of measures of social phobia scrutiny fear and social interaction anxiety. Behaviour and Therapy, 36, 455-470.
[13].   Meyer, S. E, Bearden, C. E, Lux, S. R, Gordon, J. L, Johnson, J. K, & O'Brien, M. P, (2005): The psychosis prodrome in adolescent patients viewed through the lens of DSM-IV. J Child Adolesc Psychopharmacol;15(3):434–451.
[14].   Mayer, J. D, & Salovey, P., (1997): What is emotional intelligence? In: Salovey P Sluyter DJ, editors. Emotional development and emotional intelligence: Implications for educators. New York: Basic Books; 1997. p.3-31
[15].   Melfsen, S., (2006): The extent of social anxiety in combination with mental disorders. European Child & Adolescent Psychiatry 15(2), 111-117.
[16].   Oduolowu, E. A, (1998). The Relative Effectiveness of Open Classroom and Conventional Strategies on Pupils Acquisition of the Basic Literacy and Numeracy Skills.
[17].   Unpublished Ph.D Thesis, Department of Teacher Education University of Ibadan, Nigeria.
[18].   Olatoye, R. A & Oyundoyin, J. O. (2007). Intelligence Quotient as a Predictor of Creativity Among Some Nigerian Secondary School Students: Educational Research and Review Vol. 2 (4), pp.092-095.
[19].   Palmer, B. W., Burgess Z., & Stough, C. (2001): Emotional intelligence and effective leadership. Leadership and organizational Development Journal, 22,5-10.
[20].   Rangaswamy, K., & Bhavani, K., (2008): Impact of disability on the family and needs of families of disabled children, J. Commu. Guid. Res., 25(1): 121- 130.
[21].   Rosenthal, J., Jacobs, L., Marcus, M., & Katzman, M., (2007): Beyond shy: When to suspect social anxiety disorder. The Journal of Family Practice; 56: 369-374.

[22]. Salovey P, Bedell B, & Detweiler JB. (1999): Coping intelligently: Emotional intelligence and the coping process. In: Snyder CR, editor. Coping: The psychology of what works. New York: Oxford University Press; 1999. p. 141-64.
[23]. Salovey, P. & Mayer, J. (1990). Emotional intelligence. Imagination, cognition and personality, 9, 185-211.
[24]. Smiley, E., (2005): Epidemiology of mental health problems in adults with learning disability: an update. Adv Psychiatr Treat, 11(3), 214-222
[25]. Slosson, R. L. (1981). Slosson Intelligent Test. East Aurora, NY: Slosson Educational Publications.
[26]. Sullivan, A. K. (1999). The Emotional Intelligence Scale for Children. Unpublished doctoral dissertation, University of Virginia, VA. Retrieved April 8, 2001, from Umi Proquest database.
[27]. Tarabek, J., (2011): Relationship satisfaction and mental health of parents of children with autism: A comparison of autism, ADHD, and normative children: Thesis submitted to the faculty of the Virginia Polytechnic Institute and State University in partial fulfilment of the requirements for the degree of Master of Science In Human Development.
[28]. Van Gastel, W., Legerstee, J. S., & Ferdinand, R. F., (2008): The role of perceived parenting in familial aggregation of anxiety disorders in children. J Anxiety Disord. 2009 Jan;23(1):46-53. Epub 2008 Mar 26.
[29]. Woolery A, Salovey P. (2004): Emotional intelligence and physical health. In: Nyklicek I, Temoshok LR, Vingerhoets A, editors. Emotional expression and health:Biobehavioral perspectives on health and disease prevention. New York: Harwood Academic
[30]. Publishers; p. 154-68.
[31]. Wong, C.S., & Law, K. S. (2002). The effects of leader and follower emotional intelligence on performance and attitude: An exploratory study. The leadership Quarterly, 13, 243-274.
[32]. Wilson, A., (2004): Young people with anxiety and depression: a Phenomenological study Journal of Intellectual Disability Research 48 ((4)), 291-320
[33]. Zimmerman, S. L., (2000) Self-esteem, personal control, optimism, extraversion and the subjective well-being of midwestern university faculty. Dissertation Abstracts International B: Sciences and Engineering, 60(7-B), 3608.