



Research Article

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## ***Comparison between the quality of life and family functioning of mothers with slow- learner and ordinary children***

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### **ABSTRACT**

*This research aims to present and compare the quality of life and family functioning of mothers having retard learners and ordinary children. The aim of the present research is fundamental and according to nature while the methods are considered as good.*

*Material and methods: The statistics of this society consisted of mothers of all the slow learning and ordinary children presently living in the city of Ahvaz during the academic year of 2015-16. They were chosen as per the sampling methods available. A total of 200 sample volunteers (100 normal learners and 100 slow-learners took part in this research. Field work and comparison methods chosen in this research along with quality of life - "WHOQOL-BREF" and family functioning (FAD) were used for collection of data. To analyze data, the Pearson cooperative coefficient multi variance has been used.*

***Discussion and result:** Results of the research show that there is a meaningful difference at the level of 0/01 between mothers having slow-learner and ordinary children regarding the quality of life and family functioning. It shows that mothers with slow-learner children have lower family functioning and quality of life and they have higher individual difficulties and intervention of some sort should be taken to support these mothers during these times.*

***Key words:** Quality of life, family functioning, slow-learner children and normal children.*

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### **INTRODUCTION**

Paying attention to the family and trying to solve their day to day problems and difficulties in life in this vital organization is very important and a sign for a valuable and transcendental society (Lashkeri, 2004). Disorder of a family member's activity causes not only chaos and confusion, worries along difficulties in their relationship but also their health would be in danger (Zadeh Mohammadi and Malek Khosrovi, 2006). Quality of life consists of an individual's understanding and personal experience regarding his healthy or unhealthy situations (Fernandez and Guoroo, 2000) and that is the degree where a person enjoys the life's facilities and feels satisfied (Hazrati, Zahmatkeshian, Dezhbakhsh, Nik seresht and Zaeefar, 2005). Family's function is an activity for producing balance in the family (Sanai, 2000) where a woman's role as a mother and the root for the family's stability regarding taking care of and training children as well as giving them the necessary emotions to keep them healthy both physically and mentally are of prime importance (Mosavi, 2000).

A glance in the direction of the creation of man, we can understand that no two men are alike. These differences including physical, mental, or behavioral dimensions are visible and tangible. In quite a few of the ordinary classes, there are students who cannot compete with the other students and therefore, they fail in the final examination. These

are considered as Slow-learner students and are not able to learn things very fast and they are also very slow in learning and they forget very easily and fast (Nadery & Saif Naraghi, 2004). In most countries, the Ministry of Education tries to lead school activities in a way that slow- learners and those with special difficulties use them just like ordinary students in ordinary guidance schools and though they are handicapped in their learning disabilities, they themselves prefer to study in ordinary schools like the other students, or in other words by studying in ordinary schools, they wouldn't be marked as exceptional students. This action is called as normalization and integration or pervasive learning. This action is not easy and simple and has its own difficulties (Vaisemeh, 2005) such as non-acceptance of these children in ordinary schools is one of the difficulties these children's parents face. Difficulties of accepting slow-learner children with their abilities and disabilities by mothers on the one hand and trying to show the child as an ordinary child on the other hand, the fear and stress in trying not to reveal the child as a disable child are in fact among the difficulties families of these children face (Behnia, 2002). Packston, Mool, Aivard and Nike (2014) in a research investigated relationship between self-efficacy with mental health, physical activities and quality of life. The test sample consisted of 196 middle aged people. Results showed that there is a positive relationship between self-efficacy and mental health of these people. And also, there is a positive relationship between self-efficacy and quality of life and mental health which has a positive relationship with the quality of life.

Philips (2006) presented two approaches for quality of life which consisted of family and friend relationships, personal health, family and friend's health, expenses and standard of living, and the second approach consisted of an objective approach to the quality of life which chooses income and condition of life as the social elements effective on the quality of life. Some of these elements are as follows:

Safety, social basis, environment, state health and the political system available, civil and ethical norms, teaching and training, culture and entertainment, social environment, family life and human services, transportation and social community infrastructures, employment, etc. In the objective approach the social components are important and none can be ignored (Desler, 2002).

Vaisi (1391) in a research analyzed the relationship between working quality of life and mental health and employment burnout among the technical and occupational Education department in Hamadan province in the academic year 90-91. Results obtained show that there is a positive and significant relationship between the working quality of life and mental health. There is a negative and meaningful relationship between working quality of life and employment burnout.

Mokhtari, Hakimi and Mokhtari (2012) in a research analyzed the correlation between mental health and quality of life among the athletes in Hamadan city. Using the Pearson correlation coefficient, it showed that there is a meaningful relationship between mental health and the quality of life among athletes in the city of Hamadan.

While, Alter and Gottlieb (2001) in their analysis noticed that ordinary children's parents were not happy to have their children studying alongside children with slow-learning conditions since this affects the behavior of their children and even others children (Nameni, Hayat Rosheni and Milani Trabi, 2002). When a child with a disability and especially mental disability is born in a family, it causes tremendous pressure on the family (Shekahi Yakta, Behpozeh, Ghobari benab, Zamani and Parand, 2008).

In an analysis by Malekpour and Ferahani (2006), that the effect of disorders in slow-learner children on their mothers was found, and all the mothers mentioned that after they learn about their children's slow-learning condition, they experienced the signs of depression or the physical signs of mental difficulties which not only affected the mothers' mental health, but the family functioning and relationship with their husbands also was affected. They mainly mentioned an increase in the differences and clashes between with their husbands. Regarding the effects of these differences on the social functioning, most of the mothers stated a decrease in their social relations which was mainly due to non-acceptance of the slow-learner child by the people around and compared him/her with the other ordinary children and stigmatization of the child while the blame fell on their mothers (Howling & Moore, 1997). Family functioning variables, child's characteristics and demographics variables have a correlation with the mental health and parenting stress (Amiri, Afrooz, Mall, Ahmadi, Javadi and Noorolahi, 2010). The presence of a disabled child in the family has a deep effect on life satisfaction and family bonding (Mac Conkey, Kennedy, Chang, Jarrah and Shukeri,

2008) and so also the social relationship decreases (Kazak & Wilcox 1984, Bcker & colleagues 1998, Mugno, ruta, Genitori & Mazzone, 2007).

Mothers due to their characteristic feel more responsible for the disable child or even they sometimes feel guilty and this behavior reveals more information about the child's disability and the support of the other people towards the disable child increases. Since a mother spends more time and energy looking after the child, and she has more contact with the neighbors and family members; therefore, she is the one who explains the conditions of the child. Mothers are those who react more toward the family and outside the family relations (Reza Zadeh, 2000).

Most of the mothers believe that training and support by the doctors who are able to recognize the disability plays an important role whereby their difficulties could be decreased. Most of the mothers have referred to other difficulties such as the child and family being labeled or characterized and the mother being blamed for disability of the child, when comparing the slow-learner child with the other ordinary children and being doubtful about the effects of training which could cause reduction in the social relation and family difficulties (Monsel and Moris, 2004). In fact, the most stressing factor which parents experience is non or less acceptance of the society towards the slow-learner child and their not being supportive for the child (Bandrix and colleagues, 2006). Studies conducted on the effects of slow-learner children on the family shows that there is a high psychological pressure on mothers who have shown depression and disruption in the family (Eisenberg & Fabes, 2010) and these mothers have very little time for themselves and they also have poor physical health and most of the time moody (Monsefzadeh Tabrizi, 1998).

In a study conducted regarding the social- mental difficulties of the disabled child show that the parents who have slow-learner children suffer more than the other family members on their social contacts and they are physically and mentally suffering compared to the families with ordinary children. Marriages relationship also is not in good shape in the mentally retarded children (Sing hi, Gopal, and Valia, 1990).

Hoser (2008) in his research on 72 mothers with exceptional children established that the level of stress and mental pressure is much higher in these persons. Malekpoor and Farehani in 2006 conducted a study and compared stress in the mothers with slow-learner and mentally retarded children with mothers of blind and deaf children and found out that the mothers of slow-learner children bear more pressure and stress and the amount of this stress is dependent on the disability of their child and care of the family members. Considering these mothers facing these social and economic difficulties and other limiting situations, it is possible to mention that there is a close association between mental pressure and children's disabilities.

Kohsali, Mirzamani, Kerimlo and Mirzamani (1999), Geliden, Biling and Jab (2009) showed that mothers having mentally retarded children obtain higher marks in neurosis when compared to mothers with normal children and this shows they have less emotional stability compared to mothers with normal children. In this regard, Ven Riper (2008) in a study on 55 families having children with mentally retarded conditions found that parents of these children have more stress compared to the control group. Considering mothers' roles in keeping psychosocial balance in the family and stress and the pressure created in mothers compared to other members of the family, she has an important effect on the mental health of the family. Present research tries to analyze and answer the questions regarding the mental health condition and quality of life and family functioning of mothers having slow-learner and normal children. Are there differences between mothers with slow-learner children and mothers of normal children? Are there differences in family functioning between mothers with slow-learner children and normal children?

**Method of research:** A casual - comparative method was used in this research. The dependent variables such as family functioning and psychological needs and independent variables such as slow-learner and normal children are the main factors in this research. Society of this research consisted of mothers of slow-learners and normal primary school students in the city of Ahvaz. Sample statistics of the analysis consisted of 200 primary school girl students during the academic year 2015-16 in Ahvaz city, 100 of whom were slow-learner students and 100 were normal students. Sample size was analyzed according to the test capacity. Since the test capacity showed more than 80%, it showed suffices of sample capacity. Slow-learner student were recognized by the test of colored Ryan. According to this method, student whose test results was between 70 to 84 was considered as slow-learner children and the quality

of life and family functioning questionnaire was given to the child's mother to be answered. Method of sampling was according to the available method along with the following tools:

A: WHOQOL-BREF quality of life questionnaire: To measure the quality of life of the mothers, the quality of life questionnaire from World Health Organization (WHOQOL-BREF) was used together with 15 other international centers in the year 1989. This comparison consisted of 26 questions with 2 general questions that did not concern any of these areas. This questionnaire evaluates 4 areas of people's life such as physical health, psychological health, life environment and relation with others (world health organization, 2002 according to Nasiri, 2006). Nasiri in 2006 mentions the reliability descriptive coefficient and its internal homology in a sample consisting of 302 students from Shiraz University where statistics were 87% and 84% respectively. In this research to determine the stability of life quality, the questionnaire Cronbach Alpha method was used and was found suitable for the whole questionnaire equal to 94% which shows suitable stability coefficient for the questionnaire.

B: Family functioning questionnaire of McMaster (FAD): FAD questionnaire containing 60 questions was used for evaluating family functioning according to McMaster pattern. This tool was prepared in the year 1983 by Apshtine and Leon with the aim of explaining organizational characteristics and family construction that analyzes the family ability in compromising with the family's duties to bring about a form of a healthy and flawless family. This tool consists of sentences which explain the tested family. Those who are being tested read a sentence, and compare his/her family according to characteristics explained by 4 classifications of Likert which consist of completely agree, agree, disagree and completely disagree. This questionnaire consists of 7 subscales with the titles of relationship, emotional association, role playing, general functioning, problem solving, emotional companionship, and behavioral control (Saatchi, Kamkar, and Askerian, 2010).

Low grades in this questionnaire indicated healthy functioning while high grades unhealthy functioning of the family.

Validity in this test showed that it is simultaneous and predictable. This method is used on 178 couples independently who were around 60 years of age according to the use of Locke-Wallace average marriage satisfaction association which showed a relatively good sign for prediction of Philadelphia scale morale for elderly people. This method also has the ability to differentiate clinical and non-clinical members of the family. Therefore, according to the 7 subscales they are highly valid (Sanai, 2000). This test has been prepared in the year 1981 (p9) on a sample consisting of 503 people. Domain of its Alpha coefficient subscales were between 72% to 92% which meant a good internal homology. (Bekharian, 2002) in a research evaluated the validity of this test as 0.93 and in the present research stability of this test by the Cronbach Alpha equals 0.96.

C: Psychology needs questionnaire (PNG): This criterion was done by Gardia, Desi and Ryan in the year 2000 which measures the amount of support feeling of self-sufficiency needs, competence and relation with the other tests. The mentioned measurement consists of 21 clauses which are classified according to the Likert seven degree scale.

1	2	3	4	5	6	7
Not correct at all			correct to certain extent		completely correct	

Wei, Shaffer, young and Zakalik (2005) reported the need for independency needed validity, competency and continuity and mentioned the total marks scale as 0.68, 0.75, 0.85, 0.90 respectively. In Iran, this scale is executed for the managers' level and Iranian university students and is obtained suitable validity and stability. And Alpha between 74 to 79% was fluctuated. In the present research stability of this test according to Cronbach Alpha is equal to 0.95.

D: Reyon progressive matrices test: this test was conducted in 1947 by Pen Rose and Reyan. The Reyan Children test which is conducted for testing 5 to 9 years old children's intelligence consists of colorful pictures, with 36 elements of which are allocated to the children with mentally retarded conditions and they are mainly colorful and its execution time is 30 minutes. The questions asked regarding matrices are from one kind and all are prepared from matrices or a series of abstract images with logical sequences. The questions graduate from easy to difficult accordingly (Hashemi,

Ebrahim and Bathaee, Hassan, 1974). To differentiate retarded children from ordinary children, Ryan color test was used for these children and those children having an IQ between 70 to 84 were considered as slow-learner children.

## Results

### A: Descriptive findings:

Descriptive findings in this research consists of statistical indicators such as average and standard deviation for all the variables which were studied in this research and are presented in Table 1.

**Table 1:** average and standard deviation, minimum and maximum marks for quality of life variables and family functioning of mothers of slow-learners and ordinary children:

Variables	Statistical Indicator(test	Average	Standard deviation	min	max	numbers
Quality of life	Slow-learner children	82.48	30.28	34.00	147.00	100
	Ordinary children	113.44	20.64	60.00	147.00	100
Family function-ing	Slow-learner	154.71	33.99	81.00	212.00	100
	123,62	123.62	23.31	78.00	204.00	100

As can be noticed from Table 1, in quality of life variations, average and standard deviations are equal to 82,48 and 30,28 for slow-learner children and 113,44 and 20,64 for ordinary children and in family functioning the average and standard deviation for slow-learner children are 154,71 and 33,99 and for ordinary children 123,62 and 23,31 respectively.

In quality of life variation for slow-learner children minimum and maximum marks are 34,00 and 147,00 and for ordinary children 60,00 and 147,00 respectively and in family functioning variable minimum and maximum marks for slow-learner children are 81,00 and 212,00 respectively and for ordinary children are 78,00 and 204,00 respectively.

### A: Findings regarding to research theories:

The present research consists of the following theories together with their results obtained from its analysis:

**Theory 1:** There are differences between quality of life of the mothers having slow-learner children and ordinary children.

**Theory 2:** There are differences between family functioning of mothers with slow- learner children and mothers with ordinary children.

**Table 2:** Results of variance analysis of multivariable (Manova) on the quality of life marks and family functioning of mothers having slow-learners and ordinary children:

Test name	amount	F	Df theory	DF error	Meaningful level P
Pilae effect test	0,269	26,31	2	197	0,0001
Lambady walkez test	0,731	36,31	2	197	0,0001
Hetling effect test	0,369	36,31	2	197	0,0001
Highest rooting test	0,369	36,31	2	197	0,0001

As seen in Table 2, all the tests have significant levels which show that there is a meaningful difference between slow-learner children and ordinary children regarding independent variables (quality of life and family functioning) ( $P=0.0001$ ,  $F=36.31$ ). To find out the differences, results obtained from the Variance analysis of Univariate from the Manova has been presented in Table 3. The results obtained from the first theory is acceptable.

**Table 3:** results of variance analysis of univariate in Manova on quality of life and family functioning of mothers having slow-learner and ordinary children:

variables	Total squares	Degree of freedom	Square average	F	Meaningful level P
Quality of life	47926,08	1	47926,08	71,33	0,0001
Family function	48329,40	1	48329,40	56,88	0,0001

As can be seen from table 3, there are meaningful differences between the mothers having slow-learner children and mothers with ordinary children considering family functioning and psychological needs ( $P=0.0001$  and  $F=56.88$ ). Therefore, the first theory is acceptable. In other words, considering the average of both groups, mothers having slow-learner children have lower quality of life compared to mothers having ordinary children. Also, there are meaningful differences between mothers having slow-learner children compared to the mothers having ordinary children regarding family functioning ( $P=0.0001$ ,  $F=71.33$ ) and therefore the second theory is acceptable.

**Table 4:** Simple correlation coefficient between quality of life of mothers having slow-learner and ordinary children:

The criterion variable	Predictor variable: statistical index	Correlation coefficient	Meaningful level	Number of sample
Mental health	Life quality	49%	0,0001	200
	Physical health element	49%	0,0001	
	Mental health element	50%	0,0001	
	Social relation health element	38%	0,0001	
	Health environment element	38%	0,0001	

As can be observed from Table 4, there is a meaningful positive relation between mothers having slow-learner and ordinary children ( $P= 0.0001$  &  $r= 0.49$ ). Simply said, the mother of any family having a slow-learner child, has a lower quality of life. There is also a meaningful positive social relation regarding quality of life in the ground of physical, mental, social relation and environmental mental health of mothers. And therefore, the first hypothesis is accepted.

### Discussion and results

This research is conducted with the aim of making a comparison between quality of life and family functioning of mothers having slow-learner children and mothers of ordinary children. In this research, 100 mothers with ordinary children and 100 mothers with slow-learner children were chosen as models to participate in the research. Results obtained show that there is meaningful difference between average marks of family functioning in both groups of mothers. In the other words ( $p13$ ), family functioning of mothers with slow-learner children is meaningfully weaker than family functioning of ordinary children ( $P<0.001$ ).

This observation coordinates with the results obtained by Boker and Bergman (2006) and Berengi, Hilill, Ferijens and Meyos (2010) and it correlates with the study results obtained by Mosavi Shoshteri (1998), Shahsevari (2003), Bideli (2003) Nooroldin vandi, shaheni yeilagh and Pasha (2003), Sharifi (2003), Amanallai (2006), Tajali and Ardelan (2010) on the effects and relation of family functioning on the students' compatibility. And according to the research conducted by McConki et al (2008) on the deep effect of a disabled child in the family is in favor with the life satisfaction and family relationship.

Family functioning is one of the important indicators which guarantees quality of life and mental health of the family members and also its negative relation as one of the causes is considered as a spiritual disorder and cause of anxiety. Having a disabled child at home causes difficulties in the family, and all the responsibility of the family is centered on the disabled slow-learner child and in return destroys any if all the family's concentration, in addition, it fades out the family's relation with the outside world, and all the family members suffer shortage of relation in the society. Having a disabled child causes pressure in the family especially for the mother. And it affects the marriage relationship as well. Fading of relationship on both sides of the marriage is usually accompanied with as behavioral abnormalities

and the psychology of the mother cause other difficulties in the family to surface such as behavioral disorders among children. Birth of a disabled child is always considered as a basis for disruption in a family. One of the biggest problems is upbringing of the disabled child. The child may be badly trained because all the burden of training and taking care of the child is on the mother's shoulder and therefore, causes much disability for the mother and even mental pressure. News about disability of the child has mental pressure not only on the immediate family but all the family members especially mothers as they have to be prepared for future reactions and disorder.

Results also show that quality of life of mothers with slow-learner child and ordinary child has meaningful difference ( $P=0.001$ ). Therefore, we can say that a slow-learner child produces a great amount of mental pressure on the mother. There is a meaningful relation between quality of life regarding physical, mental, social, and environmental health with mental health of the mothers. In the other words, there is reduction in the quality of life in the areas of physical, mental, social and environmental health of the mothers having slow-learner children.

The results of the research coordinate with the results obtained from the research conducted by Delavar 2012, Seo Kao and Steven 2012, Waisi 1391, Nazari 1391, Pakston et al 2014 and Siros 2012.

Quality of life is one of the main worries for health specialists and used as an indicator for measuring the health condition in most health researches. Obtaining a date about quality of life is not only a way for effectively treating and its development in the future, but also used for (p15) advancement of supportive programs, plans and rehabilitation measures. Many elements are effective on the quality of life such as age, marital status, education, and employment. Mental health of mothers is a vital need for improvement in the quality of life. Having a slow-learner child can affect the family relationship of mothers and also the reason for low quality of life and uses other mechanisms and at the same time causes increase in the tension and this tension has direct relation with mental and physical elements and can cause disorder in the quality of life of mothers.

Quality of life is a process for attaining health well-being and conscious events are considered as elements for reaching spiritual, mental and physical health. In the other words, being positive or negative is characteristic of an individual's life dependent on the quality of life. People with passions and those with a high quality of life usually experience positive emotions and have a positive evaluation of their surroundings. While people with low quality of life find their quality of life and find the environmental events undesirable and experience greater negative emotions such as anxiety, depression, anger, etc. and this causes ineffective compatibility and subsequently brings about increased tension in people. Here, family plays an important role especially when its members keep contact with each other to produce quality of life. Unwillingness of some of the mothers to participate in the research, is due to being too many questions in the questionnaire and being time consuming and exhausting mothers; and also some of the topics and questions uncomprehensible or some expressions in the questions not being understandable cause limitation in the research. It is suggested that there should be further researches in the other cities and also that fathers should participate to be able to compare the results of the research so that researchers would have a better chance of taking samples and working on them and researches should even be conducted on the other areas such as life satisfaction, emotional intelligence, and marriage satisfaction.

These findings are consistent with the findings of Ang Al and Chandran (1999), Khazai (2003), Davodvani (2003), Malekpoor and Farehani (2006), Houser (2008), Van Riper (2008, and Gliden and colleagues (2009). Researches show that parents having slow-learners condition find themselves in the situation of facing many family problems which are common emotional disorders which most parents face all the time (Beiger, 1989). The research by Gorji and Mahmodi (1391) also revealed that the mental health and model of living of mothers having a slow-learner child and having more than one child, has no meaningful difference.

Research conducted by Mosevi Khatat, Salimi and Abdi (2012) regarding recognition of mental, and social characteristics of parents having more than one exceptional child show that the four conditions of physical, anxiety, social elements and depression dimensions are lower than the mothers of ordinary children. Researches show that parents of disabled children suffer from unstable emotions, psychological sicknesses, sustainable grief and social isolation (Chandokar & Chandokar, 2002). Most of these mothers challenge with the problem of being blamed by the



others and they even sometimes blame themselves which is absolutely in correlation with Midence and Anil's findings (1999).

Studies conducted show that there is an increasing stress on the mothers of slow-learner children such as failing health, needs for special facilities such as physical treatment and training care. Family's emotions such as frustration, regret, tolerance towards the others' opinions, ashamedness, avoiding interaction with people in general, etc. All of which are causes for pressure which increases as time passes by. Therefore, a way has to be found to be able to treat and emotionally support these mothers and make them to have hope about their children and therefore decrease the stress they are facing and allow the mothers to feel more relaxed, she would be more successful in her facing the difficulties of her slow-learner child and would be much happier and satisfied with her life. Regarding the women's role played in the betterment and increase of the child and family's health and also regarding their ability in producing professional services and reduction in the vulnerability and role play as wife and a mother in the family and finally their health effects on the society, it is necessary to conduct meetings regarding their training and consultations about their parenting, skills in solving conflicts, and skills in fighting against stress, behavior correction, attitude correction, and documents regarding self-blaming, prevention from putting herself down, and avoidance from extra supports and with (17) creating different conditions, a step has been taken towards reducing the mother's difficulties and causing family satisfaction.

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