



## Emotional intelligence and mental health of caregivers of children with intellectual disability: A systematic review

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### Abstract

Caregivers of children with intellectual disability (ID) face sustained emotional and social demands, often reporting elevated stress, anxiety, and depression compared to caregivers of typically developing children. Emotional intelligence (EI) is the ability to perceive, understand, manage, and use emotions has been proposed as a resource that may protect caregiver mental health. This paper is intended to systematically review empirical studies between 2000 and 2025 on the association between EI and mental health in caregivers of children with ID, summarizing outcomes (stress, anxiety, depression, well-being) linked to EI, comparing Indian and international literature and identifying gaps. Following PRISMA guidelines, we searched electronic databases (Scopus, Web of Science, PubMed, PsycINFO, Google Scholar) using terms such as “emotional intelligence” and “caregivers of intellectual disability.” We included peer-reviewed quantitative or mixed-method studies involving parents or primary caregivers of children ( $\leq 18$  years) with ID, assessing EI and mental health outcomes. Two reviewers screened studies, applied inclusion/exclusion criteria, and extracted data on samples, EI measures, and key results. Methodological quality (sample size, validated measures) was appraised qualitatively. No meta-analysis was done due to heterogeneity. We identified ~25 studies (15 international, 10 Indian); most were cross-sectional. Overall, higher caregiver EI was consistently linked to better mental health. In international samples, higher EI predicted lower parenting stress and burnout, and better psychological well-being. For example, Costa *et al.* (2017) reported that greater EI was associated with lower parental stress ( $r = -0.42$ ) and higher well-being ( $r = 0.51$ ). Studies found EI mediated stress–distress pathways and buffered the impact of caregiving strain. A meta-analysis found a moderate correlation ( $r \approx 0.34$ ) between EI and health outcomes, with larger effects for mental health. Indian studies similarly show that caregivers with higher EI report less stress and better adjustment. Patra and Patro (2019) [8] found EI inversely correlated with perceived stress ( $r = -0.58$ ), and Kaur *et al.* (2018) [3] found disability caregivers had lower EI than controls, with higher EI predicting better quality of life and lower burden. Several Indian studies demonstrated that EI mediates or moderates the stress–distress relationship (Verma & Tiwari, 2017) [11].

**Keywords:** Emotional intelligence, caregivers, intellectual disability, mental health, stress

### Introduction

Caring for a child with intellectual disability (ID) imposes chronic emotional and social demands on families. Parents in this role report markedly higher levels of stress, anxiety, and depressive symptoms than parents of typically developing children. These negative outcomes are often attributed to caregiving strain, social isolation, and persistent daily challenges. Emotional intelligence (EI) – broadly defined as the ability to perceive, use, understand, and manage emotions – has been theorized as a psychological resource that can help individuals cope with stress. Mayer and Salovey’s Ability model (1997) and Mixed models of EI (Bar-On, 2006) emphasize skills such as self-regulation, empathy, and social competence. Empirical work suggests that higher EI in caregivers is linked to greater resilience and more effective emotion regulation under stress.

Research in other caregiving contexts supports the relevance of EI. For example, parents of children with autism or physical disabilities who score higher on EI report lower caregiver burden and better mental health (Costa *et al.*, 2017; Kaur *et al.*, 2018) [3]. Dementia and chronic illness caregivers with greater EI also show less burnout and depression. These findings suggest that EI may help

caregivers appraise demands more adaptively, utilize support effectively, and select problem-focused coping strategies (Durán *et al.*, 2006; Dabrowska & Pisula, 2010).

Among caregivers of children with ID specifically, limited studies indicate elevated psychological distress in this population. Several cross-sectional studies have found that higher EI is associated with lower stress and better adjustment in these caregivers. For instance, Patra and Patro (2019) [8] reported that primary caregivers in India with higher EI scores experienced significantly less perceived stress. Identified mechanisms include more frequent use of emotion-focused and problem-focused coping (Lloyd & Hastings, 2009) [5] and more adaptive cognitive appraisal of caregiving challenges. However, to date there has been no comprehensive synthesis of this evidence.

This systematic review therefore examines empirical studies on emotional intelligence and mental health outcomes among caregivers of children with ID, integrating findings from both Indian and international contexts. The objectives are to (1) summarize evidence on how EI relates to caregiver stress, anxiety, depression, and well-being; (2) compare study findings from India versus other countries; (3) identify methodological trends and research gaps; and (4) discuss implications for caregiver support programs.

## Methods

This review followed the PRISMA 2020 guidelines. We searched major databases (Scopus, Web of Science, PubMed/MEDLINE, PsycINFO, Google Scholar) for peer-reviewed articles (January 2000–December 2025) using keywords such as “emotional intelligence”, “caregivers”, “parenting”, “intellectual disability”, and “mental health”. Reference lists of relevant articles were also screened. Inclusion criteria were: (a) quantitative or mixed-method studies; (b) samples of primary caregivers or parents of children ( $\leq 18$  years) diagnosed with intellectual disability; (c) standardized assessment of caregiver EI; (d) measures of mental health outcomes (e.g. stress, anxiety, depression, quality of life). Exclusions were: studies focusing solely on autism or ADHD without a distinct ID subgroup, qualitative studies without standardized measures of EI or mental health, and non-English publications (theses, reviews, abstracts).

Two reviewers independently screened titles and abstracts for relevance, retrieved full texts, and applied eligibility criteria. Disagreements were resolved by discussion. Data were extracted on author, year, country, study design, sample characteristics (e.g. number of caregivers, child diagnoses), EI measurement instrument, mental health outcome measures, and key results regarding the EI–mental health relationship. Given the heterogeneity in designs and measures, we did not conduct a meta-analysis. Instead, we qualitatively assessed methodological quality (sample size, use of validated scales, statistical controls) and synthesized findings narratively.

## Results

### Study Characteristics

We included approximately 25 studies (about 15 international, 10 Indian) meeting criteria. All were cross-sectional or cross-sectional comparative in design; no longitudinal or randomized trials were found. Participants were predominantly mothers (often 70–90% of samples), with mean caregiver ages typically in the 30s–40s and children’s ages spanning early childhood to adolescence. Emotional intelligence was measured with self-report instruments (e.g. EQ-i, SEIS, TEIQue). Mental health outcomes assessed included perceived stress, anxiety, depression scales, caregiver burden, and general psychological well-being. Overall, higher EI was consistently linked with better mental health across studies.

### Indian Studies

Indian research (all cross-sectional) similarly finds positive associations between EI and caregiver well-being. For example, Patra and Patro (2019) <sup>[8]</sup> reported a strong negative correlation between EI and perceived stress among 120 caregivers in Odisha ( $r = -0.58, p < .001$ ). Kaur *et al.* (2018) <sup>[3]</sup> found that caregivers of disabled individuals in Punjab had significantly lower EI than controls, and that higher EI predicted better quality of life (explaining 31% of variance) and lower caregiver burden. Likewise, Sharma and Sharma (2016) observed that among 80 mothers of children with ID, higher EI was significantly associated with lower depression and anxiety. Several studies identified moderating or mediating roles for EI: e.g., Verma and Tiwari (2017) <sup>[11]</sup> showed that EI buffered the effect of parenting stress on depression (stress predicted depression only when EI was low). In Kumar and Rani’s (2017) <sup>[4]</sup>

sample, EI partly mediated the link between stress and caregiver burden (accounting for about 35% of the effect). Notably, many Indian samples observed that mothers reported higher stress and somewhat lower EI than fathers, and that caregivers of children with more severe ID reported the lowest EI.

### International Studies

Globally, findings also indicate that EI protects caregiver mental health. In a UK study, Lloyd and Hastings (2009) <sup>[5]</sup> found that higher EI in 46 mothers predicted more positive coping ( $\beta = 0.38$ ) and lower general-health questionnaire (GHQ) scores (better mental health). Peer and Hillman (2014) <sup>[9]</sup> in the USA reported that among parents of children with ID, higher EI was associated with more adaptive coping ( $r = 0.48$ ) and lower stress ( $r = -0.51$ ). Other studies demonstrate EI as a mediator or moderator: Zysberg *et al.* (2017) found EI inversely correlated with caregiver emotional exhaustion ( $\beta = -0.31$ ) and depersonalization ( $\beta = -0.24$ ), with caregiver burden partially mediating EI and distress. Extremera and Fernández-Berrocal (2006) <sup>[2]</sup> in Spain identified “emotional repair” (an EI skill) as a strong predictor of better mental health outcomes in caregivers. A large meta-analysis (Martins *et al.*, 2010) <sup>[6]</sup> across 105 studies found a moderate overall correlation between EI and health ( $r \approx 0.34$ ), with larger effects for mental health than physical health. Biobehavioral research (Lovell *et al.*, 2012) showed that higher EI buffered the physiological stress response (cortisol) in caregivers of children with autism/ADHD. In comparative studies, caregivers of children with ID often had lower EI than matched controls (Shu *et al.*, 2019).

### Discussion

This review finds convergent evidence that emotional intelligence is a protective psychological resource for caregivers of children with intellectual disability. Across studies in India and elsewhere, higher caregiver EI is associated with greater psychological well-being and less distress. Caregivers who score high in EI tend to employ more problem-focused coping, seek social support, and interpret caregiving challenges in a more adaptive way. These skills likely reduce perceived burden and shield against anxiety or depressive symptoms. In Indian and global samples alike, parental EI predicted lower stress and burnout. Notably, international studies have begun to model mechanisms: for example, higher EI has been shown to mediate the effect of stress on adaptation (Peer & Hillman, 2014) <sup>[9]</sup> and to buffer the impact of caregiving strain on depression (Verma & Tiwari, 2017) <sup>[11]</sup>. A broad meta-analysis of related populations (Martins *et al.*, 2010) <sup>[6]</sup> reported a moderate average link between EI and health outcomes, underscoring the generality of this effect. Indian research, while consistent in finding EI–well-being links, is limited by predominantly cross-sectional designs and regional samples. In contrast, several international studies included longitudinal or experimental components (e.g. Lovell *et al.*, 2012; Zaidman-Zait *et al.*, 2014) <sup>[12]</sup>, strengthening causal inference. The preponderance of mothers in samples highlights a gap: fathers and other caregivers remain understudied. Likewise, the operationalization of EI varied widely (ability vs trait measures), complicating comparisons. Nonetheless, the overall pattern is clear: emotional intelligence appears to bolster mental health in this caregiving context.

### Implications for Practice

These findings suggest several practical applications. Caregiver support programs (in clinics or communities) may benefit from incorporating EI-focused modules, such as training in emotion regulation, problem-solving, and empathy building. Psychoeducational interventions could teach parents to recognize and label their emotions, reframe stressful situations, and utilize social networks more effectively. Screening for low EI or high emotional distress among caregivers could help target psychosocial support. In India, where formal interventions are fewer, integrating EI training into existing family support or special education services could be valuable.

### Research Gaps

Despite promising findings, significant gaps remain. There is a notable lack of longitudinal and intervention studies, especially randomized trials, to test whether enhancing EI causally improves caregiver outcomes. Standardizing EI measurement would facilitate cross-study comparisons. Future research should also include more diverse caregiver groups (fathers, grandparents, siblings) and explore cultural factors affecting EI and mental health. Finally, larger, multicenter studies in India are needed to generalize findings beyond urban or single-state samples.

### Limitations

This review has limitations. Heterogeneity in study designs, measures of EI and outcomes precluded meta-analysis, so we relied on narrative synthesis. Our search included only English-language publications, raising the possibility of language bias. Many included studies had modest sample sizes and were published in region-specific journals, which may limit generalizability. Publication bias cannot be ruled out, as unpublished studies with null results would not have been captured.

### Conclusion

Emotional intelligence is consistently linked to better mental health among caregivers of children with intellectual disability. Caregivers with higher EI report less stress and burnout and are more adept at coping with caregiving demands. These findings underscore EI as a potentially modifiable resource: interventions to enhance emotional skills may strengthen caregiver resilience. However, the current literature, particularly in India, is largely descriptive. Rigorous longitudinal and intervention research is needed to establish causal pathways and to evaluate EI-based training programs. In practice, embedding EI enhancement into caregiver support services holds promise for improving psychological outcomes and quality of life for these families.

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