CHAPTER-V

5.1 Discussion of the Results

The present research work seems to be important from the perspectives of the discipline of positive psychology, mental and physical health may include an individual’s ability to enjoy life and procure a balance between life activities and efforts to achieve psychological resilience. Mental health is a crucial dimension of overall health and an essential resource for living. It influences how we feel, perceive, think, communicate and understand. Without maintaining good mental and physical health, people may be unable to fulfill their full potential or play an active part in everybody life. Mental and physical health issues can address many areas, from enhancing our emotional wellbeing, treating and preventing severe illness to the prevention of suicide.

This research provide substantial evidence that emotional intelligence, life satisfaction and personality type are found to be the strong predictors of mental and physical health, and play important role as mediator of mental and physical health, therefore adding to the existing empirical knowledge in research literature of mental and physical health and in particular mental and physical health among couples of India and Iran.

The purpose of this study was exploring the influence of emotional intelligence, life satisfaction, and personality type on mental and physical health among Indian and Iranian couples. For this purpose three hypothesis have been formulated. Pearson correlation, step-wise multiple regression and enter multiple regression were used to test the research hypotheses. Another purpose of this study was to investigate the differences of emotional intelligence, life satisfaction, personality type, mental and
physical health between Indian and Iranian couples, for that purpose independent sample t-test was used to answer the research questions.

The results of this study have been discussed in the light of hypothesizes and research questions as listed below:

**First Hypothesis**

Couples who have higher emotional intelligence would be better in maintaining mental and physical health.

Responding to this hypothesis the step-wise regression was applied for couples of Indian and Iranian and total sample of both countries. Mental health is as criterion variable and self awareness, self regulation, social awareness, motivation, and social skills are as the predictor variables. Motivation accounted for 12.4% of the variance in mental health in Indian couples ($\beta=-0.269, p=0.000<0.01$), as shown in Table 4.4. In the regression, motivation was the most important predictor and other predictor variables were self awareness, self regulation, social skills and social awareness respectively that did not emerge as significant predictor for mental health. Also, in Iranian couples motivation accounted for 11.2% of the variance in mental health ($\beta=-0.206, p=0.000<0.01$), Table 4.8. In the regression, motivation was the most important predictor and other predictor variables were self regulation, social skills, social awareness, and self awareness respectively that did not emerge as significant predictor for mental health.

In total sample motivation accounted for 13.3% of the variance in mental health ($\beta=-0.365, p=0.000<0.01$), as cited in Table 4.12. In the regression, motivation was the most important predictor and other predictor variables were self regulation, social awareness, social skills, and self awareness respectively that did not emerge as significant predictor for mental health.
While physical health was as criterion variable and self awareness, self regulation, social awareness, motivation, and social skills were as the predictor variables, so the results are as follows:

Self regulation accounted for 9.3% of the variance in physical health in Indian couples ($\beta=-0.305$, $p=0.000<0.01$), Table 4.5. In the regression, self regulation was the most important predictor and other predictor variables were motivation, social skills self awareness and social awareness respectively that did not emerge as significant predictor for physical health. Also, in Iranian couples self regulation accounted for 19% of the variance in physical health ($\beta=-0.436$, $p=0.000<0.01$). In the regression, self regulation was the most important predictor and other predictor variables were self awareness, social awareness, motivation and social skills respectively that did not emerge as significant predictor for physical health.

In total sample self regulation accounted for 19.5% of the variance in step 1, self awareness accounted for 1.0% of the variance in step 2. Collectively these variables accounted for 20.5% of the variance in physical health, as shown in Table 4.13. In the regression, self regulation was first important predictor ($\beta=-0.287$, $p=0.000<0.01$) and self awareness ($\beta=-0.185$, $p=0.000<0.01$) was second significant predictor, and the other predictor variables were motivation, social awareness and social skills respectively that did not emerge as significant predictor for physical health.

According to these results, it can be said that couples with high emotional intelligence, through positive cognitive assessment of stressful events, could have more control on situations. These people look at stressful events as a challenge and opportunity for learning and not as a threat of security, so they experience less physiological disorders and this point is in a good agreement with the results reported by Moira and Olivier (2008).
It is known that emotional intelligence is in fact empathy and competence in managing your own and others' emotions, so couples with higher emotional intelligence can create desired emotions in others more easily, hence they face less with negative emotions of each other. Therefore, it may be said that people having high emotional intelligence, try to use more appropriate methods in facing with difficulties, in their marital life, and in a better way they express their feelings for each other.

In addition, emotional intelligence as a psychological element is health-related, because in emotional intelligence there are skills which facilitate the processing of emotional information and consolidate the thought. Subsequently, people who pay attention to their feelings and recognize and understand them and reconstruct their temperamental states, can minimize the effect of stressful events and easily deal with them and therefore have more mental and physical health, as suggested by Baron, et al., (2000). Thus, having less negative emotions, affections and more positive emotions and affections can contribute to more positive relations and interactions and consequently can contribute to more psychological health (Akbarzadeh, 2004).

Thereupon, the hypothesis of the current study was confirmed. In a way that, as the emotional intelligence increases, mental and physical health improves. About the reasons of confirmation, it may be concluded that the couples with high emotional intelligence, because of using appropriate emotions, are more flexible in facing problems and are able to control their emotions, and through a proper management remain immune from stress, which have negative and direct effect on mental and physical health. Thus the ability to control the emotions, affects balancing the stress. These results have been endorsed in a number of studies. For example, Tsaousis and Nikolaou (2005) in a study titled 'examining the relationship between emotional intelligence and psychological health function' revealed that there is relation between
emotional intelligence and mental and physical health; and those who had higher emotional intelligence were healthier physically and psychologically. In another research, Ciarrochi, Deanc and Anderson (2002) studied on the role of emotional intelligence on balancing the stress and mental health. The findings indicated that the emotional intelligence adjusts the relationship between stress and the variables of mental health. Also people with higher emotional intelligence were less affected by stress and showed a low level of stress. Consequently they had higher mental health.

Nicola, et al., (2007) in a meta-analysis indicated that emotional intelligence has a positive and meaningful relationship with health; it says, high emotional intelligence is related to high weight average (r=0.29), mental health (r=0.31), physical health (r=0.22).

Khosrovjerdi and Khanzadeh (2007) through investigating the relationship between emotional intelligence and public health, on students, concluded that the emotional intelligence is associated with public health, and emotional intelligence is a factor improving public health and preventing mental disorders.

Amini Khah (2005) in his study titled 'mental health improvement of students’ through learning emotional intelligence on 50 students of Azad University proved that as a person has higher emotional intelligence, psychologically would be healthier.

Zoghi Paydar and Abdullah (2005) in his research reported that, people with high emotional intelligence have less mental pressure and they have better psychological and physical satisfaction.

Shutte et al., (2007) examined the emotional intelligence and mental health among 98 people. Scores review indicated a strong relationship between emotional intelligence and mental health, so that it can be used as a predictor of mental health.
The results of this research is consistent with Esmaili’s (2005) research, and Bar-on (1997) based on the high correlation between emotional intelligence and mental health, and with the research of Jain & Sinha (2005), suggesting a positive relationship between emotional intelligence and public health, as well as with the Ciarrochi, et al., (2002) indicating an inverse relationship between emotional intelligence and depression and despair, and with the findings of Gardner & Stough (2003) based on the existence of a positive relationship between emotional intelligence and mental and physical health. Findings of this research is also in consistent with the results of Moira & Olivier (2008), Nicola, et al., (2007), Venta, et al., (2005), Petrides, et al., (2004), Salovey, et al., (2002), Liff (2003), Parker, et al., (2004) and Lyons & Schneide (2005), Zarean, et al., (2007) researches, suggesting that there is a significant relation between emotional intelligence and mental health, and that high emotional intelligence is a protective factor against the physical and mental diseases. The total results of the research accord with the gained results of examining this hypothesis.

Second Hypothesis

Couples who have higher life satisfaction would be better in terms of their mental and physical health.

Responding to this hypothesis the enter regression was applied for couples of Indian and Iranian and total sample of both the countries. Mental health is as criterion variable and life satisfaction is as the predictor variable. Life satisfaction accounted for 30.7% of the variance in mental health in Indian couples ($\beta = -0.554, p = 0.000 < 0.01$), as cited in Table 4.16. Also, in Iranian couples life satisfaction accounted for 8.3% of the variance in mental health ($\beta = -0.305, p = 0.000 < 0.01$), Table 4.20.

In total sample life satisfaction accounted for 17.8% of the variance in mental health ($\beta = -0.422, p = 0.000 < 0.01$), as cited in Table 4.24.
While physical health was as criterion variable and life satisfaction was also as the predictor variables, so the results are as follows:

Life satisfaction accounted for 8.6% of the variance in physical health in Indian couples ($\beta=-0.293$, $p=0.000<0.01$), Table 4.17. Also, in Iranian couples life satisfaction accounted for 9.5% of the variance in physical health ($\beta=-0.309$, $p=0.000<0.01$), as cited in Table 4.21.

In total sample life satisfaction accounted for 10.4% of the variance in physical health ($\beta=-0.323$, $p=0.000<0.01$), as shown in Table 4.25.

Altogether, results showed that life satisfaction was found to be important predictor for mental and physical health and with an increase in life satisfaction, physical and mental health improves. As the approval causes, it can be resulted that, couples with high life satisfaction are found more flexible in facing the problems, and they are able to restrain control their emotions, and with a proper management can remain immune from the stress, having negative and direct effect in physical and mental health. These results have been supported in a number of earlier studies. For example, Maltaby, et al., (2004) in their study showed that life dissatisfaction is associated with poor health status, symptoms of depression, personality problems, improper health behaviors, and poor social status. They also found that people with higher life satisfaction use the more effective and proper coping styles, experience deeper positive affections and feelings, and have higher public health. Examining the adolescents' quality of life related to health and life satisfaction, Zullig et al., (2005) reported that adolescents had poorer physical and mental health and had limited activities; their life satisfaction was low as well.
Adamiak (2004) in his research found a correlation between life satisfaction and mental health, and said that low life satisfaction is associated with mental disorders, especially with depression and anxiety.

Diener, et al., (2002) researches, found that age, sex and life satisfaction are significantly related to various scopes of job, education and physical and mental health. Myers and Diener (1995) in their research showed that life satisfaction is associated with high mental health. The high the life satisfaction, the more an individual is predisposed to experience positive affections and feelings.

Findings of Ulker (2008) research also highlighted the positive and significant relationship between mental health and life satisfaction. The findings are consistent with the studies of Pavot & Dienner (1993a), Pavot, et al., (1998), Karniol (1996), Koiumaa, et al., (2001), Adler and Fagley (2005). It means that life satisfaction is one of the important predictors of mental health. In the other words, the high an individual's life satisfaction, the better his public and psychological health.

Bahrainian and Yavari Kermani (2009), in their research project pointed out that life dissatisfaction, no matter what reasons have caused it, has many negative outcomes. Also in their project they found that woman's life satisfaction is an essential determinant of husband's mental health.

It may be concluded that instruction of life satisfaction would improve mental and physical health and increase social adjustment of people. In fact by increasing the life satisfaction, an individual becomes aware of his abilities and inabilities, and seeks to strengthen his abilities and eliminate his inabilities; consequently his mental and physical health will improve. So, identifying the variables involved in life satisfaction is important in planning for life promotion.
Third Hypothesis

Couples who have type-A behavior pattern would be showing more mental and physical health problems.

Responding to this hypothesis the step-wise regression was applied for couples of Indian and Iranian and total sample of both countries. Mental health is as criterion variable and impatience, job involvement, and hard driving/competitive are as the predictor variables.

Hard driving/competitive accounted for 16.2% of the variance in step 1, impatience accounted for 4.2% of the variance in step 2. Collectively these variables accounted for 20.4% of the variance in mental health, Table 4.28. In the regression, hard driving/competitive was first important predictor ($\beta=0.298$, $p=0.000<0.01$) and impatience ($\beta=0.230$, $p=0.000<0.01$) was second significant predictor, and the third predictor variable was job involvement that did not emerge as significant predictor for mental health. Also, in Iranian couples hard driving/competitive accounted for 4.7% of the variance in step 1, impatience accounted for 1.9% of the variance in step 2. Collectively these variables accounted for 6.6% of the variance in mental health, as shown in Table 4.32. In the regression, hard driving/competitive was first important predictor ($\beta=0.160$, $p=0.034<0.05$) and impatience ($\beta=0.149$, $p=0.039<0.05$) was second significant predictor, and the third predictor variable was job involvement that did not emerge as significant predictor for mental health.

In total sample hard driving/competitive accounted for 9.4% of the variance in step 1, impatience accounted for 2.1% of the variance in step 2. Collectively these variables accounted for 11.5% of the variance in mental health, Table 4.36. In the regression, hard driving/competitive was first important predictor ($\beta=0.240$, $p=0.000<0.01$) and impatience ($\beta=0.159$, $p=0.000<0.01$) was second significant
predictor, and the third predictor variable was job involvement that did not emerge as significant predictor for mental health.

While physical health was as criterion variable and impatience, job involvement, and hard driving/competitive were as the predictor variables, so the results are as follows:

Hard driving/competitive accounted for 22.1% of the variance in step 1, impatience accounted for 1.8% of the variance in step 2. Collectively these variables accounted for 23.9% of the variance in physical health, as shown in Table 4.29. In the regression, hard driving/competitive was first important predictor ($\beta=0.401$, $p=0.000<0.01$) and impatience ($\beta=0.152$, $p=0.031<0.05$) was second significant predictor, and the third predictor variable was job involvement that did not emerge as significant predictor for physical health. Also, in Iranian couples job involvement accounted for 9.8% of the variance in physical health ($\beta=0.313$, $p=0.000<0.01$), as cited in Table 4.33. In the regression, job involvement was the most important predictor and other predictor variables were hard driving/competitive and impatience respectively that did not emerge as significant predictor for physical health.

In total sample hard driving/competitive accounted for 3.4% of the variance in step 1, impatience accounted for 1.9% of the variance in step 2. Collectively these variables accounted for 5.3% of the variance in physical health, as shown Table 4.37. In the regression, hard driving/competitive was first important predictor ($\beta=0.138$, $p=0.000<0.01$) and impatience ($\beta=0.107$, $p=0.027<0.05$) was second significant predictor, and the third predictor variable was job involvement that did not emerge as significant predictor of physical health.

This subject that some personality types, in comparison with other types, may have higher physical and mental health has long ago occurred to psychologists' mind,
and even it's not unlikely to be raised in public minds. In the people's assessment of stressful events, can be seen that some people suffer less stress and easily cope with the stressful events, while some others with trivial stress lose their physical and mental balance and fall sick, therefore, personality type is an important variable for physical and psychological health. Altogether, results showed that personality type was found as important predictor for mental and physical health. These results have been endorsed in a number of studies. For example Kirkcaldy et al., (2002) reported that in a sample of 332 German managers a Type-A personality is associated with greater perceived levels of stress (particularly in terms of inter-personal relationships), and a poorer physical and mental health than that of managers with a Type-B personality. Pennebaker (1992) reported physical and mental health were both greater in Type-B than in Type-A individuals.

Srivastava and Krishna (1992) reported that job involvement is positively correlated with mental health. They compared the level of job involvement and mental health on employees in the private and public sector organization. They found that employees of private sector organizations where significantly more involved in their jobs as compared to public sector organizations.

Srivastava (2001) Conducted a study to examine job involvement and mental health among 60 executive and 15 Supervisor with work experience ranging from 8 to 30 years reported that the executives felt more involved in the job than the supervisor. There was a significant association between job involvement and mental health.

Sheeba and Mahmood Khan (2007) examined the relationship of Personality Type-A behavior with Mental and Physical Health of working women in metropolis. The results showed that relationship between Type-A behaviour pattern and physical and mental health problems in case of working women is found positively and
significantly related. Working women with Type-A behaviour pattern has shown positive significant relation with physical and mental health.

Kirkcaldy and Martin (1999) studied the occupational stress and health outcomes amongst 276 nurses. In general, nurses showed high scores on the stresses related to confidence and competence in role, home work conflict and score related to mental health. Older nurses showed more stress and the younger nurses experienced better mental health. Finally, Type A emerged as a significant determinant of physical health.

Wong, et al., (2001) examined the sources of stress and mental health of nurses in Hong Kong. The sample consisted of 269 nurses (Male-25 and Female-244) working in private, public and other hospitals. Results showed that more than one-third of the nurses could be considered as having poor mental health. While supervisory role produced the highest level of stress, organizational environment also created a substantial amount of stress for nurses.

The prospective study, done by Western Collaborative, on healthy people showed that, in persons with personality Type-A, in comparison with personality type B, prevalence of hypertension and myocardial infarction is dramatically higher (Barsky, 2001).

Bakhshipour (1997) reported that psychological and personality factors play a significant role in the incidence of heart diseases, and particularly there is a direct relationship between personality Type-A and experienced stress to the incidence of heart attack and heart diseases risk.

According to studies and this research results, it can be concluded that behavioral pattern of personality Type-A, including competitiveness, time urgency, anger and hostility along with ambition, is a risk factor might lead to develop physical
and psychological illness and provide conditions for aggravating the illness. So, it may be said that couples with personality Type-A have depressive tendencies and are more quarrelsome and have traits such as hostility and high excitation, and environmental stresses have painful effects on them. In contrast couples with personality Type-B are less susceptible to pressure. They are more flexible and realistic, even when the events are not quite under their control, they control themselves. Individuals with this kind of personality are able to show their emotions, and control their anger and hostility and are not dependent on others for reaching their goals and meeting their needs. They are more resilient in the face of life's problems; therefore they have less psychological problems and are less susceptible of despair, depression and physical diseases. Thus, devastating effects of stress and marital problems are far more among people with personality Type-A than those with personality Type-B.

**First Research Question**

Is there significant difference between the mean scores of Indian and Iranian men’s mental health?

For responding to this question independent sample t-test has been applied. The results showed that there is significant difference (p=0.000<0.01), between two groups i.e. Iranian men have higher mean scores (M=143.41) and showed greater mental health inventory (MHI) total in comparison to their Indian counterparts (M=138.44), Table 4.38.

In literature review not a single study found by the researcher till date and knowledge on mental health between Indian and Iranian men. So, this study may work as a midnight lamp for future researches.

This study shows that Iranian men have higher mean scores in comparison to their Indian counterparts. In order words, Iranian men reported poor mental health than
Indian men. These significant differences may be interpreted by environmental and social-cultural differences between the two groups.

**Second Research Question**

Is there significant difference between the mean scores of Indian and Iranian women’s mental health?

In order to examine the second question independent sample t-test has been applied. The results showed that there is significant difference in mental health (p=0.000<0.01) between two groups. That is Iranian women have higher mean scores (M=145.13) and showed greater on mental health inventory (MHI) total in comparison to their Indian (M=138.68) counterparts, as cited in Table 4.39.

In literature review not a single study found by the researcher till date and knowledge on mental health between Indian and Iranian women. So, this study may work as a midnight lamp for future researches.

This study shows that Iranian women have higher mean scores in comparison to their Indian counterparts. In order words, Iranian women reported poor mental health than Indian women. These significant differences may be interpreted in terms of the environmental and social-cultural differences between two groups of women.

**Third Research Question**

Is there significant difference between the mean scores of Indian and Iranian men’s physical health?

In order to ascertain the answer of this question independent sample t-test has been applied. The result showed that there is significant difference (p=0.000<0.01), between two groups i.e. Indian men have higher mean scores (M=14.46) and showed
greater physical health scale (PHS) total in comparison to their Iranian counterparts (M=9.82), as shown in Table 4.40.

In literature review not a single study found by the researcher till date and knowledge on physical health between Indian and Iranian men. So, this study may work as a midnight lamp for future researches.

This study shows that Indian men have higher mean scores in comparison to their Iranian counterparts. In order words, Indian men reported poor physical health than Iranian men. These significant differences may be interpreted by environmental differences and health care awareness i.e. the Iranian men care more health conscious as evident from the mean scores so as the two groups differed in terms of their physical health.

**Fourth Research Question**

Is there significant difference between the mean scores of Indian and Iranian women’s physical health?

For answering to this question independent sample t-test has been applied. The results showed that there is significant difference (p=0.000<0.01) between two groups. That is Indian women have higher mean scores (M=13.56) and showed greater physical health scale (PHS) total in comparison to their Iranian counterparts (M=9.77), as shown in Table 4.41.

In literature review not a single study found by the researcher till date and knowledge on physical health between Indian and Iranian women. So, this study gives a new direction for the future researchers.

This study shows that Indian women have higher mean scores in comparison to their Iranian counterparts. In order words, Indian women reported poor physical health
than Iranian women. The obtained result is similar to that of men in terms of their social-cultural differences between two groups.

**Fifth Research Question**

Is there significant difference between the mean scores of emotional intelligence as a whole and its dimensions (self awareness, self regulation, social awareness, motivation and social skills) between Iranian and Indian couples?

For responding to this question independent sample t-test has been applied. The results showed that there is significant difference (p=0.000<0.01), between two groups i.e. Indian couples have higher mean scores (emotional intelligence M=229.63, self awareness M=49.44, self regulation M=43.16, social awareness M=47.33, motivation M=47.22 and social skills M=46.21) and showed greater emotional intelligence, self awareness, self regulation, social awareness, motivation and social skills in comparison to their Iranian counterparts i.e. (emotional intelligence M=226.44, self awareness M=43.18, self regulation M=40.21, social awareness M=41.36, motivation M=42.63 and social skills M=39.77), as cited in Table 4.42.

In literature review not a single study found by the researcher till date and knowledge on emotional intelligence between Indian and Iranian couples. So, this study seems to be very important in cross cultural context for the future researchers.

This study shows that Indian couples have higher mean scores in comparison to their Iranian counterparts. In order words, Indian couples reported that they use all five kinds of useful emotional intelligence components more often than Iranian couples.

Review of the background of the research shows that, so far little comparative research has been done on the effect of emotional intelligence on physical and mental health, in different countries particularly in India and Iran. So, due to lack of access to intercultural researches on the emotional intelligence, by the variables of this research
based on the researcher's observation and conclusion, regarding the importance of describing higher emotional intelligence of Indian Muslims than Iranian Muslims, it can be said that, emotional and marital problems in Indian Muslim couples are far less than in Iranian Muslim couples, meanwhile the capacity to deal with emotions and everyday problems and pressures in Indian couples is more than in Iranian couples. Analytical review of the research findings suggest that these significant differences may be interpreted by social-cultural differences between two groups.

What can be inferred from the current study is that, emotional intelligence training might improve physical and mental health and increase social adjustment. In fact, with an increase in emotional intelligence, an individual becomes more aware of his ability and inability then try to strengthen his abilities and eliminate his inabilities, so his physical and mental health level will improve also. Neglecting the emotional intelligence and its essential skills would disturb the adjustment to life conditions. Problems which today some people face in social interactions, environmental adjustment and not observing the others' rights are due to ignoring the mentioned issue.

**Sixth Research Question**

Is there significant difference between the mean scores of life satisfaction between Iranian and Indian couples?

In order to examine the sixth question independent sample t-test has been applied. The results showed that there is significant difference (p=0.000<0.01), between two groups i.e. Indian couples have higher mean scores (M=29.84) and showed greater satisfaction with life scale (SWLS) in comparison to their Iranian counterparts (M=27.76), as shown in Table 4.43.
In literature review not a single study found by the researcher till date and knowledge on life satisfaction between Indian and Iranian couples. So, this study may work as a midnight lamp for future researches.

This study shows that Indian couples have higher mean scores in comparison to their Iranian counterparts. In other words, Indian couples showed better life satisfaction than Iranian couples.

So, due to lack of access to intercultural researches on the field of life satisfaction, by the variables of this research based on the researcher's observation and conclusion, regarding the importance of describing higher life satisfaction of Indian Muslims than Iranian Muslims, it can be said that, Indian couples' emotional and marital problems are far less than Iranian couples', and Indian couples' family and marital life is stronger than Iranian's family life. Because of Indian couples' more compatibility with the existing conditions and their belief that life satisfaction does not depend on material facilities and prosperities, life satisfaction in Indian couples was higher than the Iranian couples.

**Seventh Research Question**

Is there significant difference between the mean scores of personality type (impatience, job involvement and hard driving/competitive) between Iranian and Indian couples?

To ascertain the answer of this question independent sample t-test has been applied. The results showed that there is significant difference (p=0.000<0.01), between two groups i.e. Indian couples have higher mean scores (impatience M=33.13, job involvement M=31.97 and hard driving/competitive M=31.94) and showed greater impatience, job involvement and hard driving/competitive in comparison to their
Iranian counterparts i.e. (impatience M=30.33, job involvement M=29.78 and hard driving/competitive M=29.87), as cited in Table 4.44.

In literature review not a single study found by the researcher till date and knowledge on personality type between Indian and Iranian couples. So, this study may work as a midnight lamp for future researches.

This study shows that Indian couples have higher mean scores in comparison to their Iranian counterparts. In other words, Indian couples reported that they use three kinds of harmful personality type more than Iranian couples.

The cause of such difference between Iranian Muslims and Indian Muslims might be due to cultural issues. Culture variably impacts on the creation of individuals' personality and people's reaction to the culture of society is different. It can be said that, culture of society almost determine the extents of personality development, and each culture develops a personality, different from other personality types from other cultures. It means that most of ideas, social and family behaviors and customs, originate from his cultural environment. Therefore, the individual's personality in society is influenced by cultural events and the effects are reflected in his affection, behavior, deed and speech. However the geographical conditions and life style are effective. Hence there is an obvious reciprocal correlation between culture and personality.

Eighth Research Question

Is there significant difference between the mean scores of mental health between Iranian and Indian couples?

For responding to this question independent sample t-test has been applied. The results showed that there is significant difference (p=0.000<0.01) between two groups. That is Iranian couples have higher mean scores (M=142.31) and showed greater
mental health inventory (MHI) total in comparison to their Indian counterparts (M=140.54), as shown in Table 4.45.

In literature review not a single study found by the researcher till date and knowledge on mental health between Indian and Iranian couples. So, this study may work as a midnight lamp for future researches.

This study shows that Iranian couples have higher mean scores in comparison to their Indian counterparts. In other words, it may be said that Iranian couples reported poor mental health than Indian couples. These significant differences may be interpreted by environmental and social-cultural differences between two groups.

Also one of the most important reasons of Indians higher mental health than Iranians may be because Indians are more indifferent and aloof than Iranians, so they may avoid facing stressful situations, or they have more strength to adjust to difficult environmental situations. Besides, cultural, historical and social differences between the two countries are among the possible reasons of differences in mental health (Mohebali, 1982).

In countries like India where there are various sects and religions and, the country's culture invite them to life satisfaction and more compatibility with fellow, they have learned to have a happy life with the minimum facilities (Dreze & Sen, 1995).

**Ninth Research Question**

Is there significant difference between the mean scores of physical health between Iranian and Indian couples?

For answering this question independent sample t-test has been applied. The results showed that there is significant difference (p=0.000<0.01) between two groups. That is Indian couples have higher mean scores (M=14.31) and showed greater physical
health scale (PHS) total in comparison to their Iranian counterparts (M=8.63), as cited in Table 4.46.

In literature review not a single study found by the researcher till date and knowledge on physical health between Indian and Iranian couples. So, this study may work as a midnight lamp for future researches.

This study shows that Indian couples have higher mean scores in comparison to their Iranian counterparts. In other words, Indian couples were found to show poor physical health than Iranian couples. These significant differences may be interpreted by environmental differences between two groups.

Due to lack of access to intercultural studies on physical health, based on researcher's observation and conclusion, regarding the importance of describing Iranian couples' better health than Indian couples, it can be said that cultural factors have also significant role in individuals' physical health. And some people have improper health and behavioral habits which also affect physical health. It should be noted that, the low level of health, reduces an individual's capability for work or self care which lead to decrease in income and increase in health care costs which consequently reduces the health. Adames, et al., (2003) reported that genetic factors have influence on resistance to disease.

5.2 Conclusions

- The results of regression analysis showed that motivation was found as the most important predictor and other predictor variables were self awareness, self regulation, social skills and social awareness respectively that did not emerge as significant predictor for mental health in Indian couples.
- The results of regression analysis showed that motivation was the most important predictor and other predictor variables were self regulation, social
skills, social awareness, and self awareness respectively that did not emerge as significant predictor for mental health in Iranian couples.

- The results of regression analysis showed that motivation was the most important predictor and other predictor variables were self regulation, social awareness, social skills, and self awareness respectively that did not emerge as significant predictor for mental health in Indian and Iranian couples.

- The results of regression analysis showed that self regulation was the most important predictor and other predictor variables were motivation, social skills self awareness and social awareness respectively that did not emerge as significant predictor for physical health in Indian couples.

- The results of regression analysis showed that self regulation was the most important predictor and other predictor variables were self awareness, social awareness, motivation and social skills respectively that did not emerge as significant predictor for physical health in Iranian couples.

- The results of regression analysis showed that self regulation was first important predictor and self awareness was second significant predictor, and the other predictor variables were motivation, social awareness and social skills respectively that did not emerge as significant predictor for physical health in Indian and Iranian couples.

- The results of regression analysis showed that life satisfaction is significant predictor of mental health in Indian couples.

- The results of regression analysis showed that life satisfaction is significant predictor of mental health in Iranian couples.

- The results of regression analysis showed that life satisfaction is significant predictor of mental health in Indian and Iranian couples.
The results of regression analysis showed that life satisfaction is significant predictor of physical health in Indian couples.

The results of regression analysis showed that life satisfaction is significant predictor of physical health in Iranian couples.

The results of regression analysis showed that life satisfaction is significant predictor of physical health in Indian and Iranian couples.

The results of regression analysis showed that hard driving/competitive was first important predictor and impatience was second significant predictor, and the third predictor variable was job involvement that did not emerge as significant predictor for mental health in Indian couples.

The results of regression analysis showed that hard driving/competitive was first important predictor and impatience was second significant predictor, and the third predictor variable was job involvement that did not emerge as significant predictor for mental health in Iranian couples.

The results of regression analysis showed that hard driving/competitive was first important predictor and impatience was second significant predictor, and the third predictor variable was job involvement that did not emerge as significant predictor for mental health in Indian and Iranian couples.

The results of regression analysis showed that hard driving/competitive was first important predictor and impatience was second significant predictor, and the third predictor variable was job involvement that did not emerge as significant predictor for physical health in Indian couples.

The results of regression analysis showed that job involvement was the most important predictor and other predictor variables were hard driving/competitive
and impatience respectively that did not emerge as significant predictor for physical health in Iranian couples.

- The results of regression analysis showed that hard driving/competitive was first important predictor and impatience was second significant predictor, and the third predictor variable was job involvement that did not emerge as significant predictor for physical health in Indian and Iranian couples.

- Iranian men were found to show poor mental health in comparison to their Indian counterparts.

- Iranian women showed poor mental health in comparison to their Indian counterparts.

- Indian men have shown higher physical health problems in comparison to their Iranian counterparts.

- Indian women were also found to show more physical health problems in comparison to their Iranian counterparts.

- Indian couples have higher mean scores of emotional intelligence in comparison to their Iranian counterparts.

- Indian couples have higher mean scores of life satisfaction in comparison to their Iranian counterparts.

- Indian couples have higher mean scores of personality type in comparison to their Iranian counterparts.

- Iranian couples have higher mean scores of mental health thus, showing more mental health problems in comparison to their Indian counterparts.

- Indian couples have higher mean scores of physical health thus, showing more physical health problems in comparison to their Iranian counterparts.
5.3 Limitation of the Present Research

A researcher can not go beyond his/her capacity to include many things as it is true in case of this research work too. As with any research, this study has some limitations to consider. First, the population from which the research sample was drawn consisted of couples from only one city i.e. Aligarh in India and another city Tehran in Iran. The results from study, therefore, provide only a template on which to base further research and cannot be applied to the general populations of either couple.

One of the other major limitations of the present study was the lack of research materials in this area. Unfortunately due to lack of intercultural researches in this area, in Iran and India, there is little probability in stating the conclusion. It is recommended that more researches in this area should be done in future to achieve stronger results.

Another important limitation of the research was the large number of questionnaires (six in numbers) which might lead that the subjects become impatience or pay less attention while filling out questionnaires.

Studied countries in this research endeavour (India and Iran) are broad countries and they have so many subculture in them, but for present researcher it was impossible to administer questionnaires in more than one city, however, the comparative results is related to two cities of the countries from which subjects were selected for this study i.e. two cities (Aligarh from India and Tehran from Iran). Then the results obtained can not be generealizable to two countries as a whole. However, in selecting sample from mentioned cities random sampling method was used which is the best manner of selection of sample. Although being limited in a number of ways, the results of this study are valuable and provide on insight into the role of emotional intelligence, life satisfaction, personality type, certain demographic variables and health (physical and mental). The limitations presented in this study are common to most of the studies
because of cultural and individual differences, and whilst researchers need to be aware of them, their impact seems to be not significant enough to discredit the findings of the present study.

5.4 Further Research Suggestions

Regarding the importance of emotional intelligence, life satisfaction and personality types in physical and mental health and success in individual and social life, currently few researches have been done in this area. So, it would be better that researchers and scholars should indepth study in this area.

Our study has been done according to social-cultural factors of Iran and India societies. Therefore using such findings, through recognizing the importance of emotional intelligence, life satisfaction and personality types, we can take steps to promote couples' health.

Clearly, other factors and parameters are associated with physical and mental health, hence, more extensive researches on the other influential variables in physical health are suggested, and contribution of each variable should be specified correctly. According to the findings of this research and the mentioned limitations, conducting similar researches, at the national level can pave the way for determining parameters related to physical and mental health in couples and different groups. Regarding the lack of internal and external background about the impact of the relationship between emotional intelligence and life satisfaction and personality types on physical and mental health, it is hoped that, the future studies may resolve the ambiguity. Comparative studies between Muslim and non-Muslim couples at different age levels should also be conducted to ascertain similarity-dissimilarly regarding the variables already studied in this study.
Few studies have been conducted by psychologists and advisors on the life satisfaction and factors affecting it, so it is needed that family advisors and psychologists study in this area.

Examining how the psychological-educational interventions and the quality of training programs impact on improving emotional intelligence and life satisfaction. It is suggested that, researches on the influence of the emotional intelligence components on the variables of mental and physical health be conducted.

It's incumbent upon the future researchers to review and explore the repeatability and non-repeatability of the current research findings in relation to the performance of both genders in emotional intelligence and its related sub-scales.

Generally, emotional intelligence has an important role in developing positive self-concept and improving mental health of couples, and training the components of emotional intelligence leads to the better health of couples and cause that they achieve more success in life and job opportunities. So it is necessary that training workshops be held for getting familiar with the importance of these variables and teaching them to the couples through a proper strategies and models. Meanwhile it is necessary that this research be conducted comparatively, in the other countries with various features in different groups, so that its results can be compared, and differences and similarities are recognized and also the research findings are used confidently.

Discovering the relationship between the mentioned components is important, and the current study is in fact an introduction to more comprehensive studies in this area. Discovering the components affecting physical and mental health is considered the most important result of this study, which enables the experts of this field to consciously provide appropriate programs for reducing physical and mental illnesses.
Obviously, by being aware of the effect of the variables of this study, providing appropriate programs for developing emotional intelligence and life satisfaction of couples is the practical suggestion of the current study. Conducting additional researches with larger samples and more comprehensive assessment tools, as well as attending to the other important variables, such as sex, type of job and wider aspects of physical and mental health is one of the other suggestions of this study.

It is also hoped that the findings of the present study profoundly improved the way of the life of couples representing two countries which has been recognized as the critical spots in marital life. Therefore, through empowering the emotional and personal factors we can make a better life to an extent for all people. Also, parents and teachers can apply the findings to increase the emotional and physical health care among couples.

Based on the results, gained from examining the hypothesis and the research questions, authorities are recommended that through arranging some courses for couples get them familiar with emotional intelligence components and their impact on mental health, so that their performance and behavior become more favorable.