

Emotional Stability among People with Upper-Limb Loss in Relation with some Variables

Assistant lecturer: Qusay Mahdi Mutar

Assistant lecturer: Saad Hasan Hmud

Lecturer: Hiba Moiad Mohammad

Abstract

The current study aims to identify the emotional, psychological state, and difficulties that people with disability face over their daily life. A sample of (10) disabled individuals were chosen randomly from different facilities that taking care of those people. A questionnaire of (21) items was administered to the study sample to collect the required data. The researcher adopted the descriptive analysis to achieve the study objective. The study came out with a number of recommendations as study conclusion.

1. Introduction

An individual's life is a mixture of feelings and emotions mixed between joy, sadness, control, and anger. Thence, an individual's ability to stand firm in front of challenges reflects by showing the appropriate conditioning enables him to continue life and overcome its difficulties. As studies show that individuals who have emotional stability attain psychological balance and continue their lives despite They experience misfortunes and hardships, as well as, attempt to make their way in life amid confusion and psychological turmoil. They have meaningful confidence in themselves and are well aware of their own strength and abilities. In addition to that, they trust their ability to persevere and insist on facing challenges because they have done this before and they expect that more than their fear of change and challenges ahead. They have learned how to deal with the inevitable

challenges and difficulties of life and how they develop balance, independence, and this ability in itself is what makes them special.

Nashwa(2015) indicated that emotional balance is a fundamental pillar and an important axis on which to build a normal personality capable of dealing smoothly with different circumstances and quickly re-find its balance after every disturbance or pressure that it passes through. It has the ability to choose the type and degree of emotion associated with situations, which allows the personality to develop and move towards achieving the best through acquiring rapid adaptation mechanisms, self-confidence, self-control and the circumstances around it. Therefore, emotions are an important aspect of the individual's personality and an essential component of its constituents. Despite that,

emotions take different forms and perhaps show contradiction, the exposure of emotions remains natural if it is appropriate to the situation that caused its emergence. What distinguishes a individual who has mental health, is the ability to control emotions and employ them in the appropriate way without damaging the general entity of the personality. it ensure a constructive interaction in the sense of achieving a degree of emotional balance which is a positive feature of the personality and a state of proper adaptation to living conditions and an appropriate mechanism to face life pressures with environmental influences and social situations.

Ibrahim Mutawa (1983) points out that the mental health that the individual has is represented in the psychological, mental, and social balance and cohesion of the individual and society. It requires a great deal of harmony, suitability, and compatibility of the individual with the society in which he lives in order to obtain a measure of reassurance and live peacefully in this society. The more individual is in harmony with the society, the result is more community satisfaction, and the opposite happens when the individual is not compatible with society.

The emotional stability according to the interpretation of Francis and others (2006) represents the core of the harmonic process, and its scope is evident on a psychological continuum that ranges from normal to abnormal. An emotional balance represents the healthy aspect of the human personality, which indicates calmness, emotional stability, self-control, self-regulation, emotional adequacy, and flexibility while

the other dimension or the neural negative pole indicates tension, anxiety, impulsivity, and hostility.

Adeeb Al-Khalidi (2002) also showed that emotional stability is an explanation of the state of psychological stability, which the owners of the psychoanalytic theory call the principle of emotional stability. They see that the individual is equipped with the ability to respond to various stimuli and this ability is the characteristic of life when a person is exposed to a stimulus or stimulus. A certain person turns into a state of tension that is in a state of excitement or emotional imbalance from what drives this to carry out a specific activity of tension and reach a state of stability.

Arafat Al-Sabawi (2008) adds that emotional stability is the ability of the individual to cope with stressful-threatening circumstances and events of life, and how to deal with them without exposing his mental and physical health to disorder or disease, which represents by the individual's ability to control oneself and cooperate with the human community that characterized by optimism, cheerfulness, and freedom from fear, anxiety, loneliness, and some negative thoughts and feelings. An individual with emotional stability shows an appropriate response at the right time is able to assume responsibility and possesses the power of self-control and complete control over his motives, emotions, and feelings. Furthermore, he handles things with patience, rationality, and facing life situations, whether they are happy, sad, or surprising actively and calmly, and with good behavior in order to achieve

psychological and social compatibility between him and others.

Brenhant stressed that emotional balance is a condition of happiness and efficiency in dealing with the environment surrounding an individual and that the more emotional he is, the less efficient.

Badr al-Din(2001) also showed that a balanced person is that person who is able to display good behaviors, in contrast to an emotionally unbalanced person who is quick to provide inappropriate responses and is characterized by the inability to reach emotional control. Thus, emotional stability has drawn the attention of pioneers and psychologists over times who have tried as much as possible to bring the concept closer to minds in various ways through familiarity with the basic elements that it touches and the various indicators that indicate it. Here, we have a number of definitions that were presented:

Emotional balance is the state in which a person is able to perceive the different aspects of the situations facing him and then link these aspects with his motivations, experiences, and previous experiences of success and failure. It helps individual to identify and determine the type and nature of the response so that it is compatible with the requirements of the current situation and allows the adaptation of his response in an appropriate manner. The individual ends up being compatible with the environment and positively contributing to its activity, and at the same time the individual ends up in a state of feeling well-being and happiness (rayan, 2006).

Emotional Balance is a degree of emotional self-control and proportionality between the

response and the quality of stimuli in light of the socially expected, with clarity of stability and emotional consistency, distance from sharp and severe fluctuations. additionally, the absence of any negative effects due to emotion on the physiological manifestations controlled by the autonomic nervous system such as changes In the digestive system, the circulatory system, the respiratory system, or in behavior (thahik, 2004).

As for the issue of the disabled individuals, it is considered one of the sensitive issues that have afflicted human societies, in the past and present. Thus, even the powerful regimes in the world have not the capability to curb this phenomenon in their countries. The rate of spreading varies from one society to another, according to the degree of attention and care that society gives to it, which range between prevention to taking care of disabled individuals in all respects, such as psychiatric, social and educational. Taking care of the disabled is one of the signs of the progress of any society. Therefore, the devoted specialists work to serve humanity to provide means of comfort for the disabled, making him a qualified in developing a proper and sound personality.

The personality of individuals may differ from one person to another, so the personality of a physically disabled person is greatly influenced by what may affect his needs or some of them through neglecting and deprivation. It is generally affected by the style or way in which they face these needs, so the physically disabled individual feels much or little different because of the disability. It may affect in some way his

emotional balance and psychological compatibility. Adler has shown in the deficiency theory that is based on the link between organ failure and excessive psychological compensation, which the failure of some members' increases feelings of anxiety and insecurity, but it is this feeling that inflames the will and raises the motives for the person's approval and self-assertion (Azoz alias, 2016).

Thus, disability is a physical and health problem, regardless of the age in which it occurred or the reason that resulted from it, whether congenital or acquired which often occurs as a result of various environmental factors. Physical rehabilitation makes the disabled person accept his disability and agree with it.

1.2 Study Problem

The idea of the study came through the researcher's observation of the extent of the increase and prevalence of movement disability significantly in recent years in Iraq, especially in the city of Baghdad. Moreover, the lack of services provided to them what affected aspects of their lives, and this effect was largely reflected in their interaction with other individuals and their expected reactions. In which people with disabilities require health and psychological care and the provision of equipment for mobility and movement. The individual's disability is the beginning of a series of psychological pressures and the feelings of guilt, shame, depression, anger, anxiety, and sadness that may accompany them, and this increases the severity of the disorders. Consequently, many of actions, dreams, and

expectations associated with the individual disappear.

Hence, the disabled person goes through a series of disturbances represented by the speed of emotion, so the disabled individual does not accept criticism or evaluation without feeling hurt and responds to the feeling of hurt in various ways, including sadness, shame, and withdrawal. The increase of sensitivity of disabled people leads them to doubt all the actions of people, even those close to them, which contributes to changing their relationships with others (Hamza, 2014).

1.3 Study Importance

The importance of the current study is that it deals with the emotional stability of persons without limbs, as well as clarifying the needs of this group. Perhaps the importance of this study also arises from the lack of studies that dealt with people with disabilities in general and the missing limbs in particular. Thus, this stemmed the researcher's sense of the problem and the need to explore it.

1.4 Study Objectives

- 1- To identify the emotional, psychological state, and difficulties that people with disability face over their daily life.

Chapter Two

2.1 Emotional Stability

Emotional stability is a significant pillar and an important axis on which a healthy personality is built that is able to deal smoothly with different circumstances and quickly re-find its balance after every disturbance or stress it passes through. It has

the ability to choose the type and degree of emotion associated with the situation. Emotional balance allows the personality to develop and move towards achieving the best through gaining the ability to adapt quickly, self-confidence, self-control, and the circumstances around there.

The concept of emotional stability is an explanation of the state of psychological stability, which the owners of the psychoanalytic theory call the principle of emotional stability. They see that the individual is equipped with the ability to respond to various stimuli and this ability is the characteristic of life. A person when is exposed to a specific impetus or stimulus turns into a state of tension, that is, he is in a state of excitement or weakness in emotional stability, which drives him to carry out a certain activity of tension and reach a state of stability (Al-Khalidi, 2002)

Al-Sharqawi (1983) stated that a psychologically correct person who possesses emotional stability is the one who can control and express his emotions as required by necessity and in proportion to the situations that require these emotions. By exaggerating in showing it, on the other hand, that would assist the individual to consciously confront the conditions of life, not to be disturbed or collapse to the pressures or difficulties he faces.

The importance attached to emotional stability driven many theorists to interpret it and give different opinions according to their view of these psychological distortions. The researcher believes that (Ezard, 1993) has interpreted these emotions in a detailed way, as she sees that emotions are only one part of the personality organization. It

includes many perceptual, cognitive, and motor subsystems. Furthermore, she indicated that although each system has its own autonomy, there is a high degree of interdependence and complexity between them.

In light of this, Ezard proposed a model that includes four dimensions to stimulate emotion: nervous systems, sensory-motor systems, motivational systems, and cognitive systems. According to this evolutionary perspective, Ezard explained that these devices can be seen as working gradually. At the most simple level, we find the nervous systems, and at the most complex or most vital level, we find the cognitive systems. Likewise, Ezard indicated that emotion can be stimulated through one of these devices or more than one; these devices are moving from simplicity to complexity and structure. The confrontation facing scientists is to draw the boundaries around the cognitive field, because without clearly defining how cognitive processing works, discussions of knowledge as an important cause of emotion will be imprecise. (Izard, 1993)

Azard et al (1974) showed that despite the difficulty in determining the names of the emotion and the precise distinction between them. she attempted to overcome that by presenting a list in which she restricted a number of emotions to a group of ordinary people and asked them to name it; busy, cheerful, astonished, upset, disgust, anger, guilt, shame, fear, and contempt.

2.2 Emotional Stability Individual's Trait

- The ability to control emotions and self-control in situations that provoke emotion.
- The ability to endure and maintain calm nerves and the safety of thinking in the face of crises and adversity.
- The ability to have a steady, sober life that does not change or fluctuate for simple reasons and emotional stimuli.
- The ability to take responsibility and do business with diligence and stability.
- Calmness and balance, no inclination to aggression.
- The ability to balance all his emotions in a psychological integration through which he relates his personal motives, experience, and aspects of the situation.
- The ability to live in social harmony, adapts himself to the surrounding environment, and contributes positively to its activities, which leads to a feeling of self-satisfaction, happiness, and cheerfulness.
- The ability to form stable moral habits by virtue of controlling and grouping emotions around specific moral issues.
- Feeling an appropriate degree of psychological security that qualifies him to feel stable and at ease.
- The ability to face life's difficulties and problems with reasonable behavior is an indication of

emotional, emotional, and mental balance in various circumstances.

(Abu azid,1987)

2.3 The Reasons of Emotional Stability Scarcity

- The lack of getting enough rest as continuous hard work leads to tension and emotional turmoil.
- Failure to assist individuals in solving the problems surrounding them without a solution usually leads to tension and anxiety.
- The lack of creating opportunities that enable individual to relieve his troubles through practicing hobbies and useful activities.
- The Weakness of family stability, which is reflected in the calm and tranquility experienced by individual.
- The lack of choosing the appropriate profession in which the individual realizes himself and establishes his being.
- Staying away from everything that is beautiful and focusing on the bad aspects of life.
- The lack of preparing oneself for emergencies that provoke emotion with a great deal of stability and calm. (Hassan Mustafa, 2005)

3.4 Mobility Disability

Mobility disability considers a physical and health problem regardless of the age in which it occurred, or the reasons that resulted from it, whether congenital or acquired. It often occurs as a result of

various environmental factors. Disability causes many psychological and social problems, which require intervention and guarantee processes through psychological and social aspects, as well as the physical qualification, which makes the disabled person accept his disability and agree with it.

Disability: It is a term that refers to the reflexive, psychological, social, emotional, or complex effect resulting from disability. It prevents the individual or limits his ability to perform the social role expected of him, which is normal for his age, gender, and social and cultural conditions. (Badr al-Din, 2001)

Jamal(1998) defined the physically handicapped as that group of individuals who have a handicap that deprives them of the ability to perform their physical, motor functions in a normal manner, which may require the provision of special educational, medical, and psychiatric services. (saeedkamal, 2009)

3.5 Characteristics of the Physically Disabled:

Physically disabled people are characterized by many characteristics that are clearly visible in their behavior and performance, which makes others know that these people have an abnormal situation, the most important of these characteristics is

A. Psychological characteristics: The scientist (Klemik) summarized the psychological characteristics and traits of the disabled at the Eighth Conference on Care for the Disabled in 1968 as follows:

- Excessive feeling of inferiority, a feeling of self-rejection and hatred,

so that, he always has a clear feeling of inferiority, which hinders his adjustment.

- Excessive feeling of helplessness, which generates a sense of weakness and surrender to disability and negative dependent behavior. (Al-knani, Mamdouh, et al, 2002)
 - Insecurity, which generates a sense of anxiety, fear of the unknown, rejection, aggression, and introversion. (Abd al-Rahman 2001)
 - Feeling of emotional imbalance, which generates states of imagination, withdrawal, and delusional fears that enforce the handicapped to have defensive behavioral manifestations such as compensation, dropping, counter-actions, and justification as means of defense. (Rayan, 2007)
- B. Social characteristics: physically disabled person is shy and introverted, suffers from significant problems that face in eating food and in using the toilet. He is distinguished by social weakness, thoughts surrounding themselves, and their view of society in an inferior way because this society, from their perspective, considers them as impotent and cannot do business in a good manner. The self-feeling of inability to engage in social participation, their dependence on others, and the lack of responsibility towards themselves. Additionally, they go through the loss of appetite or excessive food,

which leads to obesity, and this adversely affects their bodies.

3.6 Acquired Disability

It refers to this kind of disability not born with the individual and occurs to him in different stages of his life. It is caused by the surrounding environment such as; amputation that occurs as a result of deformities and burns, auricular dislocation that occurs mostly as a result of some accidents or as a result of complications Cerebral palsy, road accidents, occupational, domestic, and natural accidents. Acquired mobility disability usually comes after choosing an individual for a normal life, so that he becomes accustomed to moving or walking in a normal way. It pushes him to advance in various aspects of his preoccupations or projects, especially if the movement is the basis for success in his work until he encountered or surprised by the disability due to one of the aforementioned reasons. In this regard, Weiss (1965) argued that acquired disability creates a disruption to familiar patterns of life, if a disability occurs after childbirth and results in paralysis or loss of a part of the body, then the sense of loss becomes a factor that must be taken into account by others. (Jamal, 1998)

3.7 Mobility problems

Any disability that threatens a person in his present, future, leads to disruption of his human capabilities. It leads to raising one's fears and anxiety and to the emergence of many problems, which can be classified as follows:

A. Psychological Problems: and can be summarized as follows:

- The victim tries to use different methods to escape from the painful reality.
- Excessive feeling of inferiority is a tendency that leads its owner to respond with intense fear, anxiety, depression, and his tendency to reduce his self-esteem, especially in social situations that involve competition and criticism.
- Excessive feeling of helplessness creates a pattern of disabled people who accept to use their weakness to solicit the sympathy of others.
- Feeling insecure and reassuring about his physical condition and perception may occur due to the inability of the disabled person to a realistic assessment, and he feels insecure to others due to the disparity in the directions and responses of others towards him as he is in a state of fluctuation, hesitation, and confusion.

B. Social Problems

The disability of any individual is a disability at the same time for his family, regardless of the degree and type of disability, since the family was considered a social structure subject to the rule of balance. Balance is the optimal level for positive family relationships that are characterized by support, complementarity, and continuity.

Among the forms of social problems are the following:

- C. The work problems may lead the disabled person to leave work.

- D. The problem of friends: the group of comrades and friends occupies the utmost importance in the life of a disabled person, and his feeling of lack of inferiority with others may lead to isolation and introversion.
- E. Recreational problems: disability affects the ability of the disabled person to enjoy their free time, whether through self-recreational or passive recreational activity. The failure to occupy free time in an appropriate manner may bring the person closer to the deliberate sabotage of public or private property or any private criminal behavior.

3.8 Previous studies

Desmond (2007) attempted to determine the prevalence of clinically significant affective distress (symptoms of depression and anxiety), as well as, to examine the contribution of coping strategies to the prediction of psychosocial adjustment of individuals with acquired upper limb amputations. So as to collect the required data, the researcher used Coping Strategy Indicator, which is self-report questionnaire measures the use of three coping strategies, namely, Seeking Social Support, Problem Solving, and Avoidance in response to a specific stressor. As for the Symptoms of anxiety and depression assessment, the researcher employed the Hospital Anxiety and Depression Scale (HADS). The Trinity Amputation and Prosthesis Experience Scales (TAPES) were used to measure the psychosocial adjustment prosthesis. A group of (138) predominant elderly males with

acquired upper limb amputations were selected to be as the study sample.

Hawamdeh et al (2008) conducted a quantitative study to examine the prevalence of anxiety and depression among Jordanian lower limb amputees with different clinical characteristics and sociodemographic data (social support, gender, income, marital status, type, occupation, and the level of amputation). For collecting data, the Hospital Anxiety and Depression Scale (HADS) was served as the basic instrument of the study. 56 patients with unilateral lower limb amputation were recruited from inpatient and outpatient clinics of Jordan University hospital, Al-basheer hospital in Amman, and Royal Farah Rehabilitation Center, Jordan. The findings revealed that the prevalence of anxiety and depressive symptoms were 37% and 20%, respectively. Female gender, the lack of social support, unemployment, traumatic amputation, shorter time since amputation, and amputation below the knee such these factors have a great association with a high prevalence of psychological symptoms. These findings were confirmed by a significant decline of anxiety and depression means of patients with an amputation above the knee, patients who received social support, and patients with amputation due to disease. The Presence of pain and the use of prostheses had no effect on the prevalence.

Desteli et al (2014) investigated in their study the psychological responses of upper limb (UL) amputees versus lower limb (LL) amputees regarding social discomfort, prosthetic adjustment, body image anxiety, and depression. A total of (58) patients who are using prostheses were included. 12 of

UL amputations were of the dominantly used limb. Seven of the UL amputations and nine of the LL amputations were female. The researcher utilized the Trinity Amputation and Prosthesis Experience Scales for adjustment, restriction, and satisfaction. As for anxiety, and depression levels were assessed using the Hospital Anxiety and Depression Scale (HADS). Body image disturbance and social discomfort were assessed with Amputation Body Image Scale-Revised (ABIS-R) and Social Discomfort Score. The findings revealed that there was a statistically significant difference between mean HADS depression and anxiety scores ($p < 0.001$). Social adjustment and adjustment to limitation subscales had significantly higher scores in LL amputees ($p < 0.001$). Additionally, the total ABIS-R score indicated significantly greater body image disturbance for UL amputees ($p < 0.001$).

Padovani et al (2015) chose randomly a sample of Twenty-seven patients who were interviewed. to evaluate emotional factors such as anxiety and depression, and the Quality of Life of individuals with chronic persistent pain after amputation in order to identify the inter-individual variation in response to pain. The researchers have employed three different tools: semi-structured interview to measure the clinical and economic profile; generic Quality of Life questionnaire SF-12 to measure the quality of life, and (HAD) scale to measure emotional factors of the patients to provide the study with the needed data. According to the results, anxiety levels were more prevalent among patients, who range 18 to 38 years old; the levels of depression were

most prevalent among elderly patients who range 60 to 80 years old. Furthermore, the most frequent amputations occur in males aged 18-38 years that are related to occupational accidents. The Quality of Life showed an equal percentage in both components of physical and mental health.

Kumar &Sreekeerthi (2017) have investigated the anxiety and depression in patients who underwent amputation at the time of discharge from the hospital. To this end, a group of (80) post amputated patients at Osmania general hospital, Osmania medical college, Hyderabad were selected to be the study sample. As for needed data, the hospital anxiety and depression scale (HADS) was administered at the time of discharge from the hospital. The findings indicated that patients who ranged (18-25) scored higher values on anxiety and depression on HADS, there is a significant difference between males and females in favor of females. Higher rates of anxiety and depression were found among unmarried people as compared to married people. The finding also showed that the Above elbow amputated group showed higher scores of (HADS) compared to those with amputation of both limbs above and below the knee at the same time, moreover, People whose amputation followed by trauma showed higher scores of HADS Anxiety and depression were found slightly higher among this group though not significant statistically.

Chapter Three

3.1 Participants

The study comprised a sample of (10) physically handicapped individuals, (7) males and (3) females. They were selected randomly through a number of facilities that taking care of people with impairments in Baghdad city. They were chosen for the unique features. The researcher assumed that the collected participants could reflect the perspectives of physically handicapped individuals.

3.2 Instruments

Since it is an appropriate method to collect social and personal data, the study is quantitative in nature, a questionnaire of (21) items. It was a combination of items were taken from the emotional stability questionnaires employed in a studied such as Ashur, 2017; Rayan, 2006; Hamadan, 2010; Abdul Karim Muhammad, 2020. The questionnaire was exposed to a number of experts in psych-educational sciences to ensure the validity and reliability to achieve

the objectives of the study. A 3-point Likert scale was utilized to collect the needed data.

3.3 Statistic Analysis

To find out the research findings, the results going to be expressed through tables contains the number of sample, the frequency of alternatives and their percentage comparing to the other variables.

Chapter Four

First: Biodata

Table No. (1-1) shows the number of frequency of the gender

N	Gender	Frequency	Percentage	Rank
1	Female	3	30%	First
2	Male	7	70%	Second
Total		10	100%	

Table No. (1-1) shows the gender of people with disabilities, as the percentage of males came in first place with a frequency of (7) and a percentage of (70%) and the percentage of females came in second place, as they got (3) frequency and at a rate of (30%), and the difference was large between the two sexes.

Table (1-2) shows the number of frequency of educational

Achievement for people with disabilities

N	Edu. Level	Frequency	Percentage	Rank
1	Bachelor	6	60%	First
2	Primary school	2	20%	Second
3	Secondary school	1	10%	Third
4	Postgraduates	1	10%	Third
Total		10	100%	

Table No. (1-2) shows the academic achievement of people with disabilities, as the highest percentage of bachelor’s studies came as it obtained (6) frequency at a percentage of (60%). As for primary education, it came in second place with (2) frequency at (20%). The third place was occupied by both the middle school studies with (1) frequency and (10%) and higher studies with (10%) frequency (1) and the rate.

4.1 Results

Questionnaire Items:

Table No. (1-1) I feel a lot of internal struggles

N	Alternatives	Frequency	Percentage	Rank
1	always	2	20%	First
2	usually	6	60%	Second
3	never	2	20%	Third
Total		10	100%	

Table No. (1-1) shows the extent to which the disabled person feels internal conflicts, as the alternative came sometimes in the first place with a frequency of (6) and with a percentage (60%). It applies in the second place also with frequency (2) and a percentage (20%). This indicates that most of the study sample feels internal conflicts because of the handicap.

Table No. (2-2) I feel a lot of suffering in my life

N	Alternatives	Frequency	Percentage	Rank
1	always	4	40%	First
2	usually	6	60%	Second
3	never	0	0%	Third
Total		10	100%	

Table (2-2) illustrates the extent to which the disabled person feels suffering in his life, as the alternative is sometimes applied in the first place with a frequency of (6) and with a percentage (60%). It was not chosen at all, and this indicates that suffering is a common characteristic of all handicapped people.

Table (2-3) I am very sensitive to the ridicule, and mockery of others

N	Alternatives	Frequency	Percentage	Rank
1	always	3	30%	First
2	usually	3	30%	Second
3	never	4	40%	Third
Total		10	100%	

Table (2-3) illustrates the extent of the mockery and mockery of others contributing to the severity and sensitivity of people with disabilities. %) Followed by the alternative that applies sometimes in second place also repeatedly (3) and with a percentage (30%). This indicates that the mockery and mockery of others greatly affect the sensitivity of people with disabilities towards the behavior of others.

Table No. (2-4) I feel a lot of fear and dread of new situations

N	Alternatives	Frequency	Percentage	Rank
1	always	2	20%	First
2	usually	4	40%	Second
3	never	4	40%	Third
Total		10	100%	

Table No. (2-4) shows the extent of fear and dread of people with disabilities in facing situations that they had not previously encountered, as the alternative came sometimes in the first place with a frequency of (4) and with a percentage (40%). With a percentage (40%), followed by the alternative, it always applies in second place, with a frequency of (2) and a percentage (20%). This indicates a weak fear of people with disabilities about-facing new situations in their daily lives.

Table (2-5) I feel tempted to quarrel with my parents when I am stressed

N	Alternatives	Frequency	Percentage	Rank
1	always	1	10%	First
2	usually	9	90%	Second
3	never	0	0%	Third
Total		10	100%	

Table No. (2-5) shows the extent to which the individual’s disability contributes to the desire to create a kind of quarrel with the family, as the alternative came sometimes in the first place with a frequency of (9) and with a percentage (90%). (10%) As for the alternative, it is not applicable at all to take a marginal role. This indicates that people with disabilities are in an almost constant desire to quarrel with their parents when they experience a state of psychological distress resulting from the disability.

Table No. (2-6) I often feel that other people make fun of me

N	Alternatives	Frequency	Percentage	Rank
1	always	1	10%	First
2	usually	3	30%	Second
3	never	6	60%	Third
Total		10	100%	

Table No. (2-6) illustrates the extent of personal weakness when the alternative came. It always came in third place repeatedly (1) and with a percentage (10%), this indicates that the highest percentage of people with disabilities have high confidence and indifference that others do not utter from the words of their direction. The alternative does not apply at all in the first place with a frequency of (6) and with a percentage (60%), either it is applied sometimes it came in the second place with a repeat (3) and with a percentage (30%). This indicates that the highest percentage of people with disabilities have high confidence and the indifference that others have not uttered from the words of their direction.

Table (2-7) I get angry quickly when I fail to do something

N	Alternatives	Frequency	Percentage	Rank
1	always	1	10%	First
2	usually	7	70%	Second
3	never	2	20%	Third
Total		10	100%	

Table No. (2-7) shows the response of persons with disabilities in the completion of their daily tasks, as the alternative came sometimes in the first place with a frequency of (7) and with a percentage (70%), either it does not apply at all, it came in the second place with a frequency (2) and a percentage (20%) As for the alternative that is always applicable, it came in the third place repeatedly (1) and with a percentage (10%), this indicates that the highest percentage of people with disabilities experience an excessive reaction when they are able to do something.

Table No. (2-8) I feel shy when talking to others

N	Alternatives	Frequency	Percentage	Rank
1	always	1	10%	First
2	usually	5	50%	Second
3	never	4	40%	Third
Total		10	100%	

Table (2-8) illustrates the extent to which people with disabilities feel shy when interacting daily with others. If the alternative came, it was sometimes applied in the first place with a frequency

of (5) and with a percentage (50%), but it did not apply at all, it came in the second place with a repeat (4) and with a percentage (40%). This indicates that there is a sense of shame that people with disabilities experience when interacting with others.

Table No. (2-9) I find it difficult to express what I feel

N	Alternatives	Frequency	Percentage	Rank
1	always	2	20%	First
2	usually	3	30%	Second
3	never	5	50%	Third
Total		10	100%	

Table No. (2-9) shows the difficulty of expressing what is going around within persons with disabilities to alleviate psychological pressures, as the alternative came at all. Percentage (30%) As for the alternative that always applies, it came in third place repeatedly (2) and a percentage (20%). This indicates that most people with disabilities have the ability to express what is inside them for others.

Table No. (2-10) I am upset that I am unable to fulfill my personal obligations as a result of my disability

N	Alternatives	Frequency	Percentage	Rank
1	always	0	0%	First
2	usually	6	60%	Second
3	never	4	40%	Third
Total		10	100%	

Table No. (2-10) shows the extent of the weakness of the capabilities of people with disabilities in meeting their personal life obligations, as the alternative came sometimes in the first place with a frequency of (6) and with a percentage (60%). %) As for the alternative, it always applies, it did not come within the options of the research sample, as the percentages showed that only some of those with disabilities are difficult to meet their daily personal needs.

Table No. (2-11) my psychological state affects the outcome of my decisions

N	Alternatives	Frequency	Percentage	Rank
1	always	0		First
2	usually	5	50%	Second
3	never	5	50%	Third
Total		10	100%	

Table (2-11) illustrates the extent to which the decisions made by people with disabilities are affected by the psychological state they are going through, as alternatives are sometimes applied and do not apply at all in the first place repeatedly (5) and with a percentage (50%)

consecutively, while the alternative is always applicable. Within the selected alternatives, where the percentages were equal, evidence that some people may be affected by their decisions and others their decisions are not affected by the psychological state they are going through.

Table No. (2-12) I find it difficult to change my habits

N	Alternatives	Frequency	Percentage	Rank
1	always	2	20%	First
2	usually	5	50%	Second
3	never	3	30%	Third
Total		10	100%	

As for Table No. (2-12), it shows the extent of the difficulty in changing pre-disability habits, as the alternative came sometimes in the first place with a frequency of (5) and with a percentage (50%). As for the alternative that is always applicable, it ranked third with a frequency of (2) and a percentage (20%). The results show the variation in the difficulty of changing pre-disability habits.

Table No. (2-13) I tolerate and forgive others offense

N	Alternatives	Frequency	Percentage	Rank
1	always	3	20%	First
2	usually	7	60%	Second
3	never			Third
Total		10	100%	

Table No. (2-13) shows the ability of people with disabilities to endure the abuse of others and the dream that they enjoy. As the alternative came, it is sometimes applied in the first place repeatedly (7) and with a percentage (70%). As for the alternative it always applies, it came in the second place with a repeat (3) and with a percentage (30%). Of self-control and good dealing with others.

Table No. (2-14) My ability to accomplish what I aspire to

N	Alternatives	Frequency	Percentage	Rank
1	always	5	50%	First
2	usually	4	40%	Second
3	never	1	10%	Third
Total		10	100%	

The above table (2-14) shows the extent to which people with disabilities enjoy the ability to help them accomplish what they aspire to, as the alternative came always applied in the first place with a frequency of (5) and with a percentage (50%). (40%) As for the alternative that does not apply at all, it ranked third repeatedly (1) and with a percentage (10%). The percentages

indicate the high capacity of people with disabilities with the possibility of achieving their dreams to be fulfilled.

Table No. (2-15) Enjoy self-control in critical situations

N	Alternatives	Frequency	Percentage	Rank
1	always	3	30%	First
2	usually	6	60%	Second
3	never	1	10%	Third
Total		10	100%	

The above table (2-15) shows the extent to which people with disabilities enjoy the ability to self-control, as the alternative came sometimes applied in the first place with a frequency of (6) and with a percentage (60%). As for the alternative that does not apply at all, it came in third place with a frequency (1) and a percentage (10%), and this indicates high self-control by people with disabilities in the face of critical situations.

Table No. (2-16) I feel that tomorrow will be better

N	Alternatives	Frequency	Percentage	Rank
1	always	4	40%	First
2	usually	6	60%	Second
3	never			Third
Total		10	100%	

The above table (2-16) shows the spirit of optimism enjoyed by people with disabilities, as the alternative came sometimes in the first place with a frequency of (6) and with a percentage (60%). The alternative does not apply at all. It is not indicated as an effective alternative, and this indicates the high spirit of optimism despite the disability and the surrounding circumstances. However, hope is present in the souls of people with disabilities.

Table No. (2-17) I control my behavior, whatever the circumstances

N	Alternatives	Frequency	Percentage	Rank
1	always	4	20%	First
2	usually	6	60%	Second
3	never	0		Third
Total		10	100%	

The above table (2-17) shows the ability for people with disabilities to control their behavior over the duration of days, as the alternative came sometimes in the first place with a frequency of (6) and with a percentage (60%). As for the alternative, it does not apply at all. It has not been indicated as an effective alternative, and this is evidence of the wisdom enjoyed by people with disabilities despite the circumstances surrounding them.

Table No. (2-18) I fell successful in all my actions

N	Alternatives	Frequency	Percentage	Rank
1	always	4	40%	First
2	usually	6	60%	Second
3	never	0		Third
Total		10	100%	

The above table (2-18) shows the self-confidence of persons with disabilities in completing matters in the most complete manner, as the alternative came sometimes in the first place with a frequency of (6) and with a percentage (60%). %) As for the alternative, it does not apply at all. It was not indicated as an effective alternative, and this is evidence of their absolute confidence in accomplishing what they aspire to.

Table No. (2-19) I can overcome difficulties no matter what

N	Alternatives	Frequency	Percentage	Rank
1	always	2	20%	First
2	usually	6	60%	Second
3	never	2	20%	Third
Total		10	100%	

The above table (2-19) illustrates the ability of people with disabilities to overcome difficulties, as the alternative came sometimes in the first place with a frequency of (6) and with a percentage (60%). The alternative does not apply at all. It also came in second place repeatedly (2) and with a percentage (20%). The results indicate the ability of people with disabilities to face difficulties in daily life.

Table No. (2-20) I accept help from others

N	Alternatives	Frequency	Percentage	Rank
1	always	3	30%	First
2	usually	6	60%	Second
3	never	1	10%	Third
Total		10	100%	

The above table (2-20) shows the spirit of help and accepting support from others. If the alternative came sometimes it applied in the first place with a frequency of (6) and with a percentage (60%). It does not apply at all. It ranked third with a frequency of (1) and a percentage (10%). This is evidence of the high spirituality of people with disabilities by accepting help from others.

Table No. (2-21) my social relationships with others are successful

N	Alternatives	Frequency	Percentage	Rank
1	always	8	80%	First
2	usually	1	10%	Second
3	never	1	10%	Third
Total		10	100%	

Table No. (2-21) shows the type of social relationship between people with disabilities and others, as the alternative is always applied in the first place with a frequency of (8) and with a percentage (80%). The alternative does not apply at all. It also came in second place with a frequency (1) and a percentage (10%). This indicates that the highest percentage of people with disabilities have successful social communication and relationships with others.

Conclusion:

It necessary to help the physically disabled people to develop their mental capabilities, in order to help them face the difficulties they face, to help the physically disabled people to change the negative thoughts about themselves and the society's view toward handicaps. Additionally, it is obligatory to assist the physically disabled people to engage in actions with other people, providing the physically disabled people with skills and knowledge that contribute to improving their level of emotion in self-confidence and in others.

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