

Emotional Regulation and Its Relationship to the Quality of Family Life Among Married People with Physical Disabilities in the Kingdom of Saudi Arabia

Turki Mahdi Alqarni¹, Burhan Mahmoud Hamadneh^{2*}, Malek Turki Jdaitawi³

¹Department of Special Education, Faculty of Education, Najran University, Najran, Saudi Arabia,

Email: tmaqarni@nu.edu.sa, <https://orcid.org/0000-0003-3413-7307>

^{2*}Department of Special Education, Faculty of Educational Sciences, Ajloun National University, Jordan

Email: B.hamadneh@anu.edu.jo

<https://orcid.org/0000-0001-9625-1696>

³Imam Abdulrahman bin Faisal University, Saudi Arabia, Email: mtmustafa@iau.edu.sa, <https://orcid.org/0000-0001-7536-1933>

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Abstract

The study aimed to identify the level of emotional regulation and the quality of family life for married people with physical disabilities in the Kingdom of Saudi Arabia and to indicate the nature of the correlation between them. The descriptive survey method was used to achieve the objectives of the study. The study sample consisted of (149) married males with physical disabilities, aged between (25-50) years. They were selected from Najran region in the Kingdom of Saudi Arabia in 2023. Two tools were used to collect data: the emotional regulation questionnaire, consisting of (10) items, and the family life quality questionnaire, consisting of (7) items, after verifying their validity and reliability. The results showed a low level in the answers of the study sample about the level of emotional regulation among married people with physical disabilities. Also, there is an average level in the study sample's answers of the quality of family life for married people with physical disabilities. In addition, there is a positive (directive) and statistically significant correlation between the level of emotional regulation as a whole and its domains "positive re-evaluation, re-planning and positive focus", and the level of quality of family life for married people with physical disabilities. The study recommended the preparation of psychological and social programs that deal with married people with physical disabilities to ensure raising their level of emotional regulation, improving the quality of their family life, and removing obstacles to prevent their integration into all forms of family and social life.

Keywords: emotional regulation, quality of family life, people with physical disabilities, married people with disabilities.

Introduction

Emotional regulation is one of the concepts of psychology that appeared in 1960 in the form of descriptive studies on the defense mechanisms used by individuals in dealing with stressful situations. It is based on the idea that individuals prefer pleasant emotions to unpleasant emotions and regulate them accordingly (Babkirk et al., 2015). Emotions express a series of responses that appear when the individual sees that the situation has some important challenges or opportunities. Emotion occurs due to exciting events and requires attention to what is involved in the situation, and the individual evaluates the situation to show the emotion which requires the individual to act in a specific way to control or regulate that emotion (Al-Assimi & Ali, 2018). Emotional regulation is defined as "the ability of the individual to monitor, evaluate, and modify emotional responses to achieve desired and desired goals." Thus, it is a cognitive-emotional strategy that includes the individual's ability to change the emotional meanings of the stimulus and then provide the appropriate response to it within the limits of the social context" (Babkirk et al., 2015, p. 832). It was also known as "one of the social skills based on the

individual's ability to organize and manage emotional responses, with a set of strategies that work to control the level, intensity, duration, and direction of emotions, which gives the individual flexibility in dealing with different situations" (Shahbazirad & Azizi, 2018, p. 204).

James Gross believes that emotional regulation is the conscious and unconscious strategies that an individual uses to increase, decrease, or maintain one or more components of an emotional response. They include the experience component, which includes the subjective feelings of the individual according to his life experiences, the behavioral component, which includes behavioral responses and the physiological component, which includes physiological responses such as heart rate and blood pressure. He also sees that emotion regulation involves three basic features: the goal of regulation that people are trying to achieve, the strategies of emotional regulation used to achieve the goals, and the results to be achieved. There are two factors associated with the regulation of emotion: the processes associated with the generation of emotion and the processes involved in the management or mismanagement of emotion (Gross, 2014). Emotion and emotion regulation are inseparable, but they are two different manifestations of one process. Emotion is used to refer to the individual's handling of the event, meaning what the individual can do about this event, whereas the term emotion regulation refers to the diversity of what an individual issues towards various environmental contexts, and the two terms theoretically express the individual's behavior towards environmental problems. In light of the environmental context, it is possible to determine whether the emotion is appropriate or inappropriate (Gross, 2014).

The term quality of life is one of the most important terms of positive psychology introduced by psychologist Martin Seligman in the nineties of the twentieth century. It looks at the person as being able to adapt and fit into his society as he focuses on the positive aspects of his life, spreading hope, optimism, and happiness in himself, spreading self-satisfaction, and enjoying relationships with others (Abdullah, 2014). This is why quality of life has received wide attention from researchers. It was defined as "an individual's feeling of satisfaction with his life in general, and his psychological ability to judge his own life with conviction and wisdom, and acceptance of his psychological, physical and social health as determined by himself, or through objective evaluation by others that the life conditions of this person are good and safe, and nothing is threatening them." (Al-Jundi & Talahmeh, 2017, p. 339).

The quality of life consists of three main elements: a high level of positive emotions, a low level of negative emotions, and holistic cognitive judgments that indicate the positivity of an individual's life. All of them have a key role in improving the manifestations of the mental and general health of the individual, raising his level of self-esteem, practicing daily life activities normally, and improving his social competence, and his mood (Rand, 2009). Quality of life refers to personal satisfaction and positive experiences related to the mind, body, and spirit, such as learning new things, developing competencies, achieving self-direction, and contributing to society. These factors make the individual feel healthier and have a comprehensive balance between satisfying his various needs and thus influence his performance to appear optimal and distinguished, and to enjoy optimal psychological health suitable for achieving satisfaction with his life (Lui & Fernando, 2018). Quality of life is an active and important factor in an individual's life and is mainly linked to the individual's optimism and positive view of the future. In contrast to pessimism, which is associated with a negative view of life and leads to sadness, despair, retreat, and fear of progress. Quality of life is mainly related to positive expectations related to a particular situation. It determines for the individual the ways he takes to achieve his goals, so optimistic expectations towards events help the individual achieve his goals instead of losing hope of achieving them (Mannix, Fedman & Moody, 2009).

When looking at the lives of people with disabilities, it is noted that disability has negative effects on the various aspects of life for individuals of all ages and social statuses. Some of them are related to their disability, the family and social environment to which they belong, their economic and social situation, or their educational and cultural aspects. All of this would affect their emotional regulation and quality of life (Mohammed, 2011). The physically handicapped is a category of people with disabilities that need care and attention instead of neglect and rejection, and training and rehabilitation instead of compassion and kindness. Thus, they can integrate into their society and interact positively with their members to achieve harmony and satisfaction with life, leading to a quality of life (Ahmed, 2020). In this regard, the physically handicapped person's feeling of a low level of emotional regulation and difficulty in it leads him later to many problems such as anxiety, tension, introversion, social withdrawal, and

a sense of psychological loneliness. It also leads to a loss of the meaning of life, a lack of competence in social relations, negative social behavior, a deficiency in forming and maintaining bonds and friendships, emotional imbalance, and others, which is negatively reflected in his quality of life (Dardas & Ahmad, 2014). In the same regard, the pessimistic emotions of people with disabilities and their negative expectations of future events lead to a decrease in their quality of life, which is reflected in their family relationships with their wives and children and as a result the quality of their family life is negatively affected (Abdul Qader, 2013). On the other hand, negative emotions can lead to negative psychological effects on the disabled person. Positive emotions enable the disabled person to regain his mental health and improve his quality of life. Whenever positive emotions control him, a high level of optimism and happiness appears, enabling him to deal positively in the face of adversity and obstacles.

Thus, his overall quality of life improves (Hassan, Abdel Wahhab, & Wahib, 2022). Accordingly, it can be said that the level of emotional regulation may be an influential factor in the quality of family life for people with physical disabilities. Hence, this study sought to shed light on the level of emotional regulation and its relationship to the quality of family life among people with physical disabilities who are married in the Kingdom of Saudi Arabia. This gives a degree of cognitive diversity and more scientific knowledge about this relationship.

Statement of the problem

The problem of this study emerged from the fact that emotional regulation and the quality of family life are among the important psychological factors in achieving adaptation, compatibility with life, and satisfaction for people with disabilities. The quality of services provided to them is achieved, as they are among the groups that need special care. These people look at life differently from others. Their view of life is affected by the conditions of disability, their negative or positive emotions, and the services and social support they receive which confirms their need for services that help them adapt to life's conditions and requirements and satisfy their needs. Hassan et al. (2022) confirmed that people with disabilities suffer from low levels of emotional regulation, which leads to poor satisfaction and compatibility with life. Also, Al-Sartawi et al. (2014) confirmed that people with disabilities, including those with physical disabilities, suffer from low levels of quality of life as a result of self-stigma, shame, and inferiority, which constitutes poor compatibility in life. In light of reviewing previous research and studies, it was found that emotional regulation and its relationship to the quality of family life was not adequately researched and investigated among people with physical disabilities who are married in the Arab world. Accordingly, the problem of the current study was born and aimed to answer the following questions:

1. What is the level of emotional regulation among married people with physical disabilities?
2. What is the level of quality of family life for married people with physical disabilities?
3. Is there a correlation at the level of statistical significance ($\alpha = 0.05$) between the level of emotional regulation and the level of quality of family life for married people with physical disabilities from the point of view of the study sample?

Objectives of the study

This study aimed to identify the level of emotional regulation and the level of quality of family life among married people with physical disabilities in the Kingdom of Saudi Arabia. It also showed the nature of the correlation between the level of emotional regulation and the level of quality of family life for people with physical disabilities who are married in the Kingdom of Saudi Arabia.

Significance of the study

The significance of this study is highlighted by the results about the study variables, emotional regulation, quality of family life, the relationship between them, and its society represented by married people with physical disabilities. This study represents an addition to the collection of human knowledge and a pillar for researchers, scholars, and those interested in disability sciences and special education. This study also gives a perception to government officials, officials in charities, and clubs for people with disabilities about the level of emotional regulation and the quality of family life for married people with physical disabilities and the relationship between them. These results may contribute to the development of counseling programs that improve the perception of this

group and their integration with their families naturally. In addition, it contributes to improving emotional regulation and the quality of their family life and developing plans and means that help achieve this.

Delimitations of the study

The study results are determined by its topic, which was limited to investigating the issue of emotional regulation and its relationship to the quality of family life among married people with physical disabilities. The study was also limited to a sample of males of married people with physical disabilities over the age of 25 years in Najran region of the Kingdom of Saudi Arabia during the period from May to June of the year 2023.

Methods

In the current study, the descriptive survey approach was used because it is most appropriate for the nature of the current study and the collection of quantitative data on the level of emotional regulation and the level of quality of family life among people with physical disabilities who are married in the Kingdom of Saudi Arabia. The study also showed the correlation between them by using the emotional regulation questionnaire, and the quality of family life questionnaire that was prepared to achieve this purpose.

Participants

The study was applied to married people with physical disabilities in Najran region, Saudi Arabia. The study sample consisted of (149) male participants who suffer from physical disabilities. In addition, they are married and over 25 years old. They were chosen by the convenience sampling method in cooperation with the Candle of Hope Association for People with Disabilities and Najran Club for People with Disabilities in Najran region, Saudi Arabia, in 2023. The two study tools were applied to this sample because they belong to the aforementioned association and club, and they expressed their desire and approval to participate in the study.

Tools of the study

To achieve the objectives of the study, two tools were used:

The first tool (Emotional Regulation Questionnaire): A questionnaire was developed to measure emotional regulation among married people with physical disabilities, referring to previous educational literature (Babkirk et al., 2015; Shahbazirad & Azizi, 2018; Hassan et al., 2022). These studies were employed in defining the domains of the tool and developing items that fit the aim of the study. The tool, in its final version, consisted of (10) items distributed in two domains: positive re-evaluation (6) items, and re-planning and positive focus (4) items. To estimate the responses of the study sample, the respondent puts a sign (√) in front of each item of the tool on a five-point gradient (strongly agree, agree, neutral, disagree, strongly disagree). To correct the tool, the criterion by Hamadneh and Khair Eddeen (2023) was used by giving the values, respectively (5, 4, 3, 2, 1) for the scores (strongly agree, agree, neutral, disagree, strongly disagree). The following scores were approved for the achievement of the study tool items and the overall result: 1.00 - 1.80 = very low level, more than 1.80 - 2.60 = low level, more than 2.60 - 3.40 = medium level, more than 3.40 - 4.20 = high level, more than 4.20-5.00 = very high.

The second tool (Quality of Family Life Questionnaire): A questionnaire was developed to measure the quality of family life for married people with physical disabilities, referring to previous educational literature (Abdul Qader 2013; Hassan et al., 2022). They were used to develop items that fit the aim of the study. The tool, in its final version, consisted of (7) items that measure the quality of family life from the point of view of the study sample. To estimate the responses of the study sample, the respondent puts a sign (√) in front of each item of the tool, on a five-point gradient (strongly agree, agree, neutral, disagree, strongly disagree). To correct the tool, the criterion by Hamadneh and Khair Eddeen (2023) was used by giving the values, respectively (5, 4, 3, 2, 1) for the scores (strongly agree, agree, neutral, disagree, strongly disagree). The following scores were approved for the achievement of the study tool items and the overall result: 1.00 - 1.80 = very low level, more than 1.80 - 2.60 = low level, more than 2.60 - 3.40 = medium level, more than 3.40 - 4.20 = high level, more than 4.20-5.00 = very high.

Validity of the tools

The content validity of the study tools was verified by presenting the tools in their primary form to ten experts from faculty members in mental health, psychology, and special education in Saudi universities. They verified the suitability of the items for the domain to which they belong and for the tool as a whole, the accuracy of the linguistic formulation, and the suitability of the tool to achieve the objectives of the study. In light of the experts' opinions, the required amendments were made, which were agreed upon by 80%. The most prominent observations included rephrasing some items to be clearer to the respondents and measurable. After modifications, the study tools were produced in their final version.

Reliability of the tools

The reliability of the study tools was verified in two ways. The first was the test-retest method. The two tools were applied to a survey sample consisting of (20) married individuals with physical disabilities who were selected from outside the study sample. Then, the two tools were re-applied to the same sample after two weeks. After that, the Pearson correlation coefficient was calculated between the scores of the subjects on the two tools as a whole in the two applications. The second method was calculated by calculating the reliability coefficient of internal consistency (Cronbach's Alpha). Table 1 shows the results.

Table 1. Reliability coefficients for the two study tools

Domain	Test-retest	Cronbach's Alpha
Positive re-evaluation	0.89	0.79
Re-planning and positive focus	0.85	0.78
Emotional regulation scale	0.91	0.83
Quality of family life scale	0.79	0.80

Table 1 shows that the reliability coefficients for the domains of the study tool "Emotional Regulation Questionnaire" according to the test-retest method ranged between (0.85-0.89). The overall reliability coefficient of the tool in the same way was (0.91). The reliability coefficients for the domains of the study tool "emotional regulation questionnaire" according to the internal consistency method "Alpha Cronbach" ranged between (0.78-0.79). The overall reliability coefficient of the tool, in the same way, was (0.83), which indicates that the tool has high-reliability indications and is appropriate to achieve the objectives of the study. It is also evident from Table 1 that the overall reliability coefficient for the study tool "Quality of Family Life Questionnaire" was (0.79). The overall reliability coefficient of the tool using the internal consistency method "Cronbach's alpha" was (0.80), which indicates that the two study tools have high-reliability indications and are appropriate to achieve the objectives of the study.

Results

Results of the first research question: What is the level of emotional regulation among married people with physical disabilities?

The means, standard deviations and ranks of the responses of the study sample about the level of emotional regulation of married people with physical disabilities were calculated to answer this question. Table 2 depicts the results.

Table 2. Means and standard deviations for the level of emotional regulation among married people with physical disabilities

No.	Items	Means	Standard deviations	Rank	Level
2	Re-planning and positive focus	2.56	.760	1	Low
1	Positive re-evaluation	2.47	.740	2	Low
	Total degree	2.49	.680		Low

Table 2 shows that the total score for the level of emotional regulation among married people with physical disabilities was low with a mean of (2.49) and a standard deviation of (0.68). The second domain, "Re-planning and positive focus", ranked first with a mean of (2.56), a standard deviation of (0.76), and a low degree. The first domain, "Positive re-evaluation", ranked second, with a mean of (2.47), a standard deviation of (0.74), and a low degree.

Results of the second research question: What is the level of quality of family life for married people with physical disabilities?

The means, standard deviations, and ranks of the study sample's responses to the level of quality of family life for married people with physical disabilities were calculated to answer the second question. Table 3 shows the results.

Table 3. Means, standard deviations, and rank for the quality of family life for married people with physical disabilities

No.	Items	Means	Standard deviations	Rank	Level
7	I lead a normal life with my family members	3.10	.990	1	Medium
6	I share love and affection with my family members	2.99	1.15	2	Medium
1	There is a closeness between me and my family members	2.68	1.18	3	Medium
2	I get emotional support from my family	2.62	1.08	4	Medium
3	I find it easy to deal with my family members	2.58	1.11	5	Low
4	I share trust with my family members	2.48	1.13	6	Low
5	My family is satisfied with me	2.44	1.04	7	Low
	Total degree	2.77	.560		Medium

Table 3 shows that the total score for the level of quality of family life for married people with physical disabilities was medium, with a mean of (2.77) and a standard deviation of (0.56). The means for the items of the study tool ranged between (2.44 - 3.10). Item (7) "I practice a normal life with my family members" ranked first, with a mean of (3.10), a standard deviation of (0.99), and a medium degree. Item (6) "I exchange love and affection with my family members" ranked second, with a mean of (2.99), a standard deviation of (1.15), and a medium degree, while item (5) "My family is satisfied with me" ranked seventh and last with a mean of (2.44), a standard deviation of (1.04), and a low degree.

Results of the third research question: Is there a correlation at the level of statistical significance ($\alpha = 0.05$) between the level of emotional regulation and the level of quality of family life for married people with physical disabilities from the point of view of the study sample?

Pearson's correlation coefficient was used to show the nature of the correlation between emotional regulation and the level of quality of family life for married people with physical disabilities to answer this question. Table 4 shows the results.

Table 4. Pearson correlation coefficient to show the nature of the correlation between emotional regulation and the level of quality of family life for married people with physical disabilities

Emotional regulation	Pearson correlation coefficient	Level of quality of family life
Positive re-evaluation	Pearson Correlation	.714**
	Sig. (2-tailed)	.000
	N	149
Re-planning and positive focus	Pearson Correlation	.272**
	Sig. (2-tailed)	.001
	N	149
The total score for the level of emotional regulation	Pearson Correlation	.579**
	Sig. (2-tailed)	.000
	N	149

Table 4 shows that there was a positive (direct) and statistically significant correlation at the significance level of (0.01) between the first domain "positive re-evaluation" and the level of quality of family life for married people with physical disabilities. The correlation coefficient was (.714), and the statistical significance was (.000). There was also a positive (direct) and statistically significant correlation at the significance level of (0.01) between the second domain "Re-planning and positive focus" and the level of quality of family life for married people with physical disabilities. The correlation coefficient was (.272), and the statistical significance was (.001). It was also found that there is a positive (direct) and statistically significant correlation at the significance level of (0.01) between emotional regulation as a whole and the level of quality of family life for married people with physical disabilities as a whole. The correlation coefficient was (.579), and the statistical significance was (.000).

Discussion

Discussion of the first research question

The results showed that the domain of re-planning and positive focus, the domain of positive re-evaluation, and the total score for the level of emotional regulation of married people with physical disabilities received low degrees. This result may be attributed to the suffering of people with physical disabilities from conflict, frustration, and failure in all aspects of life. The physical disability increases this suffering and adds new challenges, given the social, emotional, and psychological pressures that people with physical disabilities suffer from related to their disability and its limitations on their capabilities. Hence, they generate negative feelings and emotions, such as excessive anxiety and depression, excessive sensitivity, and a sense of psychological loneliness, etc. Thus, this suffering leads them to difficulty in organizing and managing emotional responses and the use of strategies to control the level of emotions incorrectly. They face difficulty being flexible in dealing with different situations (Ahmed, 2020). In addition, the lives of people with physical disabilities as a result of their living under the burden of self-stigma, increase their psychological, emotional, and social pressures in a way that exceeds their ability to bear. It may lead them to adopt some distorted and irrational ideas that call for illogical reactions, such as self-blame, exaggerating matters, excessive generalization, and reaching conclusions in an illogical way. It may lead to a loss of control over their feelings and emotions and lead them to severe difficulties in regulating their emotions and dealing with them properly (Boyle, 2013). Moreover, the methods of family upbringing of the physically handicapped person since childhood are based on total dependence on the family and insecure attachment patterns in childhood. Dealing with their negative emotions may negatively affect emotional regulation skills in adulthood and the future for the physically handicapped person (Besharat & Shahidi, 2014).

Discussion of the second research question

The results showed that the overall degree of the quality of family life for married people with physical disabilities was medium. The reason for this result may be due to the health problems experienced by people with physical disabilities. These problems are linked to continuous medical reviews and treatment procedures that are reflected in their emotional and emotional states, and thus their low level of self-satisfaction. In addition, there are problems related to the extent to which the family and society accept disability and understand the problems of people with physical disabilities, the extent to which they are provided with an easy and safe family environment, and the environmental obstacles they face inside and outside the home. All of this may be reflected in the low level of their psychological health, and their satisfaction with the quality of their family life. This result can also be attributed to the daily situations and challenges that a person with a physical disability faces, suffering from daily problems in life, and repressing them that he can trigger inside his home. These challenges and problems negatively affect his family relationships (Al-Sartawi et al., 2014).

Discussion of the third research question

The results showed that there is a positive (direct) and statistically significant correlation at the level of significance (0.01) between the first domain “positive re-evaluation”, the second domain “re-planning and positive focus”, the level of emotional regulation as a whole, and the level of quality of family life for married people with physical disabilities. This result is attributed to the high ability of emotional regulation to predict the quality of family life. The emotional aspects are more influential in the quality of the family life of the physically handicapped, and the ability of the physically handicapped person to be aware of his emotions and control them, and the ability to work strategies to regulate them affects aspects of the quality of his family life and the relationships involved in it. When a physically disabled person controls positive emotions, he shows good levels of optimism and hope that enable him to deal positively with the difficulties and obstacles that he faces in his family life. Thus, the quality of his family life can improve. Here, it can be said that emotional regulation is the first step in adapting to family life for a physically disabled person (Hassan et al., 2022). In addition, the challenges of the daily situations experienced by the physically disabled person may lead him to deal with them incorrectly through poor awareness of his emotions towards them. They result in difficulty controlling and controlling emotions, and thus reckless thinking, the emergence of incorrect reactions towards them, and the practice of wrong behaviors and actions. These problems affect his positive evaluation, re-planning, and positive focus, and ultimately lead him to negative relationships with the individuals around him, including family members, especially the wife and children, and this leads to a weakness in the quality of family life (Ahmed, 2020).

Recommendations

Based on the results of the current research, the researchers recommended preparing psychological and social programs that deal with people with physical disabilities who are married to ensure raising the level of their emotional regulation and the level of the quality of their family life. Also, they recommended the removal of all obstacles and impediments to the inclusion of physically handicapped married couples in all forms of family and social life. In addition, there is a need to intensify social programs that would build positive attitudes towards people with physical disabilities who are married and deal with them. Moreover, the community-based rehabilitation and training programs offered to married people with physical disabilities must be evaluated, and developmental plans and programs should be put in place to improve their emotional regulation and the quality of their family life. Likewise, the rights of married people with physical disabilities must be guaranteed in the family environment, support programs must be provided that guarantee them a decent family life, and the proper building of the family. Finally, the researchers suggested conducting more research and studies on emotional regulation and the quality of family life for married people with physical disabilities and its relationship to demographic variables, such as the age of the disabled, his gender, his educational and work life, and his place of residence.

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