

## The Level of Emotional Regulation and Its Relationship to the Quality of Social Life Among Married People with Motor Disabilities in the Kingdom of Saudi Arabia

Turki Mahdi Alqarni<sup>1</sup>, Burhan Mahmoud Hamadneh<sup>2\*</sup>, Malek Turki Jdaitawi<sup>3</sup>

Received: 19- June -2023  
Revised: 02- July -2023  
Accepted: 10- August -2023

<sup>1</sup>Department of Special Education, Faculty of Education, Najran University, Najran, Saudi Arabia,

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

<sup>2\*</sup>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>

<sup>3</sup>Imam Abdulrahman bin Faisal University, Saudi Arabia, Email: mtmustafa@iau.edu.sa,

<https://orcid.org/0000-0001-7536-1933>

### Abstract

The study aimed to identify the levels of emotional regulation and the quality of social life among married people with motor 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 study objectives. The study sample consisted of (149) male married individuals with motor disabilities between the ages of (25-50) years in Najran region, Saudi Arabia, in 2023. A questionnaire prepared by the researchers consisting of ten items was used to measure the level of emotional regulation. Another questionnaire of seven items was used to measure the quality of social life among the study sample. The results showed that the level of emotional regulation among married people with motor disabilities from the point of view of the study sample came to a low degree. Also, the quality of social life among married people with motor disabilities from the point of view of the study sample received a medium degree. In addition, the results showed that there is a positive (direct) and statistically significant correlation at the significance level of (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 social life among married people with motor disabilities. The study recommended the need for the Ministry of Social Development to work on preparing social and community programs and activities that deal with married people with motor disabilities. These programs ensure their emotional regulation and social quality of life. It is also recommended to remove all societal barriers to their inclusion in forms of social life.

**Keywords:** emotional regulation, quality of social life, people with motor disabilities, married people with disabilities.

### Introduction

Emotion regulation is a psychological concept that refers to the defense and coping strategies to deal with stressful situations and events. It is based on the idea that individuals prefer pleasant emotions over unpleasant ones and regulate them accordingly (Sajadi et al., 2012). As for emotion, it refers to a psychological state with a strong emotional charge, accompanied by physiological changes that are subject to the sympathetic nervous system and expressive movements that are often violent. Emotion usually arises from a sudden impediment to strong desires, as in anger and fear, or from an unexpected satisfaction of these desires, as in joy (Gross, 2014). Emotion is a term that refers to a person's dealings with the event, meaning what the person can do about this event (Al-Shimi, 2019).

The term emotion regulation is a concept used to refer to the diversity of a person's response to various environmental contexts. It also expresses a person's behavior towards environmental problems. In light of the environmental context, it is possible to determine whether the emotion is appropriate or inappropriate (Babkirket

et al., 2015). 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. These components include experience (the subjective feelings of the individual according to his life experiences), the behavioral component (behavioral responses), and the physiological component (physiological responses such as heart rate and blood pressure) (Gross, 2014). Emotional regulation refers to social skills based on a person's ability to regulate and manage emotional responses. This organization relies on a set of strategies that control their emotions, level, intensity, duration, and direction and give them flexibility in dealing with different situations (Shahbazirad & Azizi, 2018). Two factors are involved in emotion regulation: the processes involved in emotion generation, and the processes that ensure correct emotion management or mismanagement (Hassan et al., 2022). Emotionally organized people are more accepting of themselves and more satisfied with themselves, and they are more secure, happier, and more satisfied with life and enjoyment. On the contrary, emotionally disorganized people are less accepting of themselves and less satisfied with themselves, and they are the least individuals who feel safe, less happy, less satisfied with life, and dissatisfied with it (Al-Shimi, 2019).

Quality of life is one of the most important terms of positive psychology, which looks at people in a completely different way in that the origin is health, not disease. A person can adapt and adapt to the surrounding social milieu if he focuses on the positive aspects of his life, spreading hope, optimism, and happiness in his life, and focusing on self-satisfaction and enjoying relationships with others (Rand, 2009). Quality of life refers to a person's feeling of satisfaction with his life, in general, his psychological ability to judge his private life with conviction and wisdom, and acceptance of his motor, psychological, and social health as determined by himself (Abdullah, 2014). The quality of life consists of three main elements: a high level of positive emotions, a low level of negative emotions, and the availability of holistic cognitive judgments that indicate the positivity of a person's life. All of these have an important role in improving people's mental and general health aspects and their normal daily activities (Al-Jundi & Talahmeh, 2017). Also, quality of life refers to a person's satisfaction with life, and positive experiences related to the mind, body, and spirit, such as learning new things, developing skills and abilities, achieving self-management, and participating in society efficiently and effectively. It makes the person feel more psychologically healthy, and the overall balance in satisfying his multiple needs, and thus affects his performance to appear optimally (Mannix, Fedman, & Moody, 2009). In addition, it is an essential and highly related factor in positive expectations related to a particular situation; it defines a person's methods to take to achieve his goals. Moreover, it is associated with a person's optimism and positive view of the present and the future (Lui & Fernando, 2018). Among the most prominent types of quality of life is the social quality of life, which is evident in people's relationships and quality, their effective practice of social and recreational activities, social integration in terms of social cohesion, and the practice of societal roles (Susan et al., 2011).

Disability is a common phenomenon in societies, and almost no society is devoid of it. It receives attention from different aspects, whether individuals, institutions, associations, or international organizations. It also has different forms, such as hearing and/or visual impairment, autism spectrum disorders, learning difficulties, mental disability, and motor disability (Al-Rousan, 2019). Disability has been defined as "a condition that limits an individual's ability to perform one or more functions that are considered essential in daily life, such as self-care, or practicing social relations and economic activities within the limits that are considered normal" (Al-Feel & Al-Sayed, 2016, p. 110). Contemplating the lives of people with disabilities, one can notice that disability has negative effects on the various aspects of life for people with disabilities of all ages. Some of them are related to their disability, the social environment to which they belong, their economic and social situation, the educational environment in which they learn, or their cultural aspects. All of which would affect the regulation of emotions and the quality of life in these people (Emerson & Giallo, 2014).

Among the manifestations of the quality of life of people with disabilities is freedom from excessive self-blame, calmness and serenity, sociability, independence, ego strength, confidence in their abilities, possessing acceptable levels of body image, and practicing motor activity that suits their level of motor synergy. They also include practicing mental and academic activities to suit their mental abilities and having the ability to focus attention, emotional control, and control activity so that it does not get irritated quickly, and they can communicate with reality (Suleiman & Eis, 2012). However, people with disabilities are more at risk of experiencing lower levels of quality of life than their non-disabled peers. They are more likely to be bullied and harassed, have limited friends,

and engage in fewer social and recreational activities than their peers without disabilities (Resch, Benz & Elliott, 2012). People with disabilities are also at greater risk socially and emotionally. Parey (2021) showed low levels of quality of life for their children with disabilities, which appear in poor integration into social life. Dardas and Ahmad (2014) revealed that the disabled person's feeling of a low level of emotional regulation may lead him to fall victim to social problems, such as a lack of competence in social relations, a lack of effectiveness in social behavior, and a failure to form and maintain social ties and friendships. These problems lead to a decrease in his quality of life. Abdul Qader (2013) found that pessimism among people with disabilities and their negative expectations of future events decrease their quality of life, which is reflected in their social life and their relationships with the community. Al-Sartawi et al. (2014) discovered that negative emotions can lead to negative psychological effects on people with disabilities, including those with motor impairments. As for positive emotions, they can restore their mental health and improve their quality of life. Whenever positive emotions dominate them, they show high levels of optimism and happiness, enabling them to deal positively in the face of adversity and obstacles. Thus, their overall quality of life improves. Hence, the importance of studying and investigating the relationship between emotional regulation and the quality of social life among people with disabilities, including those married people with motor disabilities.

### **Statement of the problem**

Emotional regulation and the quality of social life are among the essential indicators in achieving harmony and psychological and social balance for people with disabilities (Mohammed, 2011). It is also an indicator of the extent to which the quality of the community services provided to them has been achieved, as they are among the groups that need special care and look at life with a different view from others. Their view of social life is affected by the conditions of disability, their negative or positive emotions, and the support and social support they receive, which confirms their need for services that help them adapt to the conditions and requirements of social life and satisfy their needs (Lui & Fernando, 2018). Ahmed (2020) emphasized that people with disabilities suffer from low levels of emotional regulation, which leads to poor satisfaction and compatibility with social life. Al-Sartawi et al. (2014) also confirmed that people with motor disabilities, especially those who are married, suffer from low levels of social quality of life as a result of their inferior outlook or their incompetence in community participation. In light of reviewing previous research and studies, it was found that the terms of emotional regulation and social quality of life received theoretical and applied research among people with disabilities. Despite the great luck that these two terms have received globally and in the Arab world in research, there is a dearth of theoretical and relational research about these two terms and the relationship between them at the local level in the Kingdom of Saudi Arabia. To the researchers' best knowledge, there is very little, if not, research about the level of emotional regulation and its relationship to the quality of social life among married people with motor disabilities. Accordingly, the problem of the current study was formulated and aimed at answering the following questions:

1. What is the level of emotional regulation among married people with motor disabilities?
2. What is the level of the quality of social life for married people with motor 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 social life for married people with motor 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 the quality of social life among married people with motor disabilities in the Kingdom of Saudi Arabia. It also discovered the nature of the correlation between the level of emotional regulation and the level of the quality of social life for married people with motor disabilities in the Kingdom of Saudi Arabia.

### **Significance of the study**

The significance of this study is highlighted by the educational literature it provided and previous studies that dealt with variables, such as emotional regulation and the quality of social life among married people with motor disabilities. It also represents an addition to the collection of human knowledge, and it can be a pillar for

researchers and scholars. Therefore, it is hoped that the results of this study will give a perception to government officials in the Kingdom of Saudi Arabia, officials in charitable societies, and clubs for people with disabilities, about the level of emotional regulation, the quality of social life, and the relationship between them among married people with motor disabilities. This perception may contribute to developing strategies and counseling programs that improve the personal relationships of married people with motor disabilities, their quality, and their effective practice of social and recreational activities. It also contributes to achieving social integration in terms of social cohesion, exercising their societal roles efficiently and competently, and improving people's societal views toward them. Finally, it works to improve the levels of their emotional regulation and the quality of their social life in general and to develop the means, methods, and procedures to assist in achieving the study objectives.

### **Delimitations of the study**

The results of the current study are determined by its topic, which investigated the level of emotional regulation and its relationship to the quality of social life among married people with motor disabilities. The study is also delimited in its application to a sample of married males with motor disabilities, whose ages ranged between (25-50) years, and members of clubs for people with disabilities in Najran region, Saudi Arabia, in 2023.

### **Methods**

In the current study, the descriptive survey approach was used, which describes the phenomenon quantitatively and qualitatively by collecting data in a specific period, classifying, processing, and analyzing it sufficiently and accurately. The data was collected using the emotional regulation and social quality of life questionnaires to achieve the study objectives.

### **Participants**

The study sample consisted of (149) male married individuals with motor disabilities between the ages of (25-50) years in Najran region in Saudi Arabia in 2023. They were chosen by the convenient sampling method through cooperation with clubs for people with disabilities in Najran region. They belong to these clubs for community participation and to obtain appropriate support and services. The sample also expressed their desire and cooperation in applying the two study tools.

### **Tools of the study**

To achieve the objectives of the study, two tools were applied: the emotional regulation questionnaire and the social quality of life questionnaire.

The first tool (Emotional Regulation Questionnaire): A questionnaire prepared by the researchers was used to measure the emotional regulation of married couples with motor disabilities based on the tools used in previous studies, such as Babkirk et al. (2015), Shahbazirad and Azizi (2018), and Hassan et al. (2022). These studies were utilized to define the domains of the study tool and develop items that fit the aim and objectives of the study. In its final version, the tool consisted of (10) items distributed in two domains: the first domain (positive re-evaluation) had (6) items, and the second domain (re-planning and positive focus) had (4) items. To estimate the responses of the study sample, the respondent puts a sign ( $\checkmark$ ) in front of each item on a five-point Likert scale (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 level.

The second tool (Quality of Social Life Questionnaire): A questionnaire was developed to measure the quality of social life for married people with motor disabilities based on the tools used in previous studies, such as Resch, Benz, and Elliott (2012), Al-Sartawi et al. (2014), and Parey (2021). These studies have been used to develop items that fit the aim and objectives of the study. In its final version, the tool consisted of (7) items that measure the quality of social life for married people with motor disabilities from the point of view of the study sample. To estimate the responses of the study sample, the respondent puts a sign ( $\checkmark$ ) in front of each item on a five-point Likert scale (strongly agree, agree, neutral, disagree, strongly disagree). The criterion by Hamadneh and Khair

Eddeen (2023) was used to correct the tool 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 level.

### Validity of the study tools

The content validity of the study tools was verified by presenting them in their initial versions to ten experts of faculty members in mental health, psychology, and special education in Saudi universities. They were asked to verify the suitability of the items for the field to which they belong and for the tool as a whole and to ensure the accuracy of the linguistic formulation and the suitability of the tool to achieve the study objectives. In light of their opinions, the required amendments were made to the items of the tool. The amendment included rephrasing the language of some items to be clearer to the respondents. After that, the two study tools were produced in their final versions.

### Reliability of the study tools

Two methods were used to ensure the reliability of the study tools: the test-retest method and Cronbach's Alpha. The two tools were applied to a survey sample consisting of (20) married individuals with motor disabilities who were chosen from the study population and outside its main sample. Then, the two tools were re-applied to the same sample with a two-week time difference between the first and second applications. After that, the Pearson correlation coefficient was calculated between the scores of the subjects on the two tools as a whole in the two application times. The second method was computed 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 social life scale	0.77	0.82

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). It was also found that 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). This result indicates that the tool has high-reliability indicators and is suitable for achieving the study objectives. In addition, it appears from Table 1 that the overall reliability coefficient for the study tool "Social Quality of Life Questionnaire" was (0.77). The overall reliability coefficient of the tool using the internal consistency method was "Cronbach's alpha" (0.82), and this result indicates that the two study tools have high-reliability indicators.

## Results

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

The means, standard deviations, and ranks of the responses of the study sample about the level of emotional regulation of married people with motor 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 motor 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 motor 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 the quality of social life for married people with motor disabilities?**

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

**Table 3.** Means, standard deviations, and rank for the quality of social life for married people with motor disabilities

No.	Items	Means	Standard deviations	Rank	Level
5	I get moral and emotional support from my relatives and neighbors	2.95	1.09	1	Medium
2	I find it easy to deal with members of society and the public in my workplace	2.93	1.06	2	Medium
3	My relations with my colleagues at work are very good	2.83	1.01	3	Medium
4	I get moral and emotional support from my friends	2.78	1.07	4	Medium
6	I participate in attending events and social events	2.70	.910	5	Medium
7	I enjoy my social activities	2.69	1.05	6	Medium
1	I am surrounded by Loyal and supportive friends	2.04	.900	7	Low
	Total degree	2.70	.510		Medium

Table 3 shows that the total score for the level of social quality of life for married people with motor disabilities came with a mean of (2.70), a standard deviation (0.51), a moderate degree. The means for the items ranged between (2.04 - 2.95). Item (5) "I get moral and emotional support from my relatives and neighbors" ranked first with a mean of (2.95), a standard deviation (1.09), and a medium degree. Item (2) "I find it easy to deal with members of society and the public at my place of work" ranked second, with a mean of (2.93), a standard deviation (1.06), and a medium degree whereas item (1) "I am surrounded by loyal and supportive friends" ranked seventh and last with a mean of (2.04), a standard deviation (0.90), 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 social life for married people with motor 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 social life for married people with motor 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 social life for married people with motor disabilities

Emotional regulation	Pearson correlation coefficient	Level of quality of social life
Positive re-evaluation	Pearson Correlation	.391**
	Sig. (2-tailed)	.000
	N	149
Re-planning and positive focus	Pearson Correlation	.679**
	Sig. (2-tailed)	.000
	N	149
The total score for the level of emotional regulation	Pearson Correlation	.573**
	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 social life for married people with motor disabilities. The correlation coefficient was (.391), 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 social life for married people with motor disabilities. The correlation coefficient was scored (.679). 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 social life for married people with motor disabilities as a whole. The correlation coefficient was (.573), 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 motor disabilities received low degrees. This result may be attributed to the suffering of people with motor disabilities from conflict, frustration, and failure in all aspects of life. The motor disability increases this suffering and adds new challenges, given the social, emotional, and psychological pressures that people with motor 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, 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 motor 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 severe difficulties in regulating their emotions and dealing with

them properly (Boyle, 2013). Moreover, the methods of the social upbringing of the motor-handicapped person since childhood are based on total dependence on the social and insecure attachment patterns in childhood. Dealing with their negative emotions may negatively affect emotional regulation skills in adulthood and the future for the motor-handicapped person (Besharat & Shahidi, 2014).

#### **Discussion of the second research question**

The results showed that the overall degree of the quality of social life for married people with motor disabilities was medium. The reason for this result may be the health problems experienced by people with motor disabilities. These problems are linked to continuous medical reviews and treatment procedures 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 social and society accepts disability and understands the problems of people with motor disabilities, the extent to which they are provided with an easy and safe social environment, and the environmental obstacles they face outside the home. All of this may be reflected in the low level of the quality of their social life (Al-Sartawi et al., 2014). This result can also be attributed to the daily situations and challenges that a person with a motor disability faces, suffering from daily problems in social life and repressing them that he can trigger outside his home. These challenges and problems negatively affect his social relationships (Parey, 2021).

#### **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 social life for married people with motor disabilities. This result is attributed to the high ability of emotional regulation to predict the quality of social life. The emotional aspects are more influential in the quality of the social life of the motor handicapped, and the ability of the motor-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 social life and the relationships involved in it. When a motor-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 social life. Thus, the quality of his social life can improve. Here, it can be said that emotional regulation is the first step in adapting to social life for a motor-disabled person (Hassan et al., 2022). In addition, the challenges of the daily situations experienced by the motor-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 social members, especially his wife and children, and this leads to a weakness in the quality of social life (Ahmed, 2020).

#### **Recommendations**

Based on the results of the current study, the researchers recommended that the Ministry of Social Development prepare social and community programs and activities that deal with married people with motor disabilities. These programs should include raising the level of their emotional regulation and raising the level of their social quality of life. Also, there must be work to remove all societal barriers that prevent their inclusion in forms of social life. In addition, there is a need to intensify social programs that build positive attitudes towards married people with motor disabilities and how to deal with them to help them achieve compatibility and social adaptation. Moreover, community-based rehabilitation and training programs provided to married people with motor disabilities must be evaluated, and developmental plans and programs should be drawn up to improve their emotional regulation and social quality of life. Furthermore, the rights of married people with motor disabilities must be guaranteed in the social environment by providing support and social assistance programs that ensure a positive social life for them. Finally, more correlative studies that look at emotional regulation and its relationship to the social quality of life of married people with motor disabilities should be conducted in light of different demographic variables, such as gender, age of the disabled, marital status, economic status, educational qualification, and place of residence.



## Acknowledgment

The authors are thankful to the Deanship of Scientific Research at Najran University for funding this work under the Research Priorities and Najran Research funding program, Grant code (NU/NRP/SEHRC/12/26).

## References

1. Abdul Qader, A. (2013). The effectiveness of early intervention in improving the quality of life of families of autistic children. A study presented to the thirteenth forum - "*The Gulf Disability Society*" under the slogan "*Early Intervention - An Investment for the Future*", during the period 2-4 / April 2013 AD, Manama - Kingdom of Bahrain.
2. Abdullah, R. (2014). The effectiveness of a counseling program in improving the quality of life for families of children with hearing disabilities. *Journal of the Faculty of Education - Benha University, Egypt*, 99 (Part 1), 425-446.
3. Ahmed, A. (2020). Self-stigma as a predictor of cognitive distortions and difficulty in emotional regulation for the motor disabled. *Educational Journal - Sohag University*, (72), 125-191.
4. Al-Jundi, N., & Talahmeh, I. (2017). Degrees of psychological well-being among Palestinian university students in Hebron Governorate. *Journal of Educational and Psychological Studies*, 11 (2), 337-351.
5. Al-Rousan, F. (2019). *Introduction to special education*. Amman: Dar Al-Fikr Publishers.
6. Al-Sartawi, A., Al-Muhairi, A., Obeidat, R., & Taha, B. (2014). Quality of life for people with and without disabilities in the United Arab Emirates. *International Journal of Educational Research*, (34), 143-181.
7. Al-Shimi, N. (2019). Emotion regulation and its relationship to the quality of life among university students. *International Journal of Educational and Psychological Sciences: Arab Foundation for Scientific Research and Human Development*, (23), 241-265.
8. Babkirk, S., Rios, V., & Dennis, T. (2015). The Late positive potential predicts emotion regulation strategy use in school -aged children concurrently and two years later. *Developmental Science*, 18(5), 832-841.
9. Besharat, M., & Shahidi, V. (2014). Mediating role of cognitive emotion regulation strategies on the relationship between attachment styles and alexithymia. *Europe's Journal of Psychology*, 10(2), 352-362.
10. Boyle, M. (2013). Assessment of Stigma Associated with Stuttering: Development and Evaluation of the Self-Stigma of Stuttering Scale (4S). *Journal of Speech, Language, and Hearing Research*, 56 (5), 1517-1529.
11. Dardas, L., & Ahmad, M. (2014). Quality of life among parents of children with autistic disorder: A sample from the Arab world. *Research in Developmental Disabilities* 35, 278-287.
12. El-Fil, H., & El-Sayed, H. (2016). *The psychology of special groups*. Egypt: Knowledge Garden Library.
13. Emerson, E., & Giallo, R. (2014). The wellbeing of siblings of children with disabilities. *Research in developmental disabilities*, 35(9), 2085-2092.
14. Gross, J. (2014). Emotion regulation: conceptual and empirical foundations. In Gross, J. (Ed). *Handbook of Emotion Regulation* (2nd), New York: Guilford Press.
15. Hamadneh, B., & Khair Eddeen, L. (2023). The Participatory Relationship between Teachers of Art Education and Science in the Elementary Stage in the Development of Environmental Education Based on Arts in Najran Region. *Journal of Namibian Studies*, 34, 2626-2649.
16. Hassan, K., Abdel-Wahab, T., & Wahib, N. (2022). Emotional regulation as a predictor of quality of life in adolescent cancer patients still receiving treatment, cancer survivors, and non-responders. *Fayoum University Journal of Educational and Psychological Sciences*, 16 (10), 1878-1914.
17. Lui, P., & Fernando, G. (2018). Development & initial validation of a multidimensional scale assessing subjective well-being: The well-being scale (WeBS). *Psychological Reports*, 121(1), 135-160.
18. Mannix, M. M., Feldman, J. M., & Moody, K. (2009). Optimism and health-related quality of life in adolescents with cancer. *Child: care, health and development*, 35(4), 482-488.
19. Mohammed, S. (2011). Quality of life and coping strategies for the deaf and hard of hearing: an analytical study. *Journal of the College of Education in Benha*, 87 (2), 217-250.
20. Parey, B. (2021). Parents' Perspectives on Wellbeing among Children with Disabilities in Trinidad: Using Sen's Capability Approach and Mixed Methods. *Child Indicators Research*, (14), 1635-1651.

21. Rand, K. L. (2009). Hope and optimism: Latent structures and influences on grade expectancy and academic performance. *Journal of personality*, 77(1), 231-260.
22. Resch, J. A., Benz, M. R., & Elliott, T. R. (2012). Evaluating a dynamic process model of wellbeing for parents of children with disabilities: A multi-method analysis. *Rehabilitation Psychology*, 57 (1), 61–72. <https://doi.org/10.1037/a0027155>.
23. Rogers, S. K., Gomez, C. F., Carpenter, P., Farley, J., Holson, D., Markowitz, M., ... & Nigra, P. (2011). Quality of life for children with life-limiting and life-threatening illnesses: description and evaluation of a regional, collaborative model for pediatric palliative care. *American Journal of Hospice and Palliative Medicine*®, 28(3), 161-170.
24. Sajadi, S. (2012). The Relationship between anxiety and emotion regulation with psychological hardiness in student. *Journal of Annals of Biological Research*, 3(10), 4964-4969.
25. Shahbazirad, A., & Azizi, M. (2018). Effectiveness of teaching emotion regulation strategies in improving cognitive-emotional regulation among female students in addiction-stricken domains of Kermanshah city. *Journal of social & reproductive health*, 12(4), 204.
26. Suleiman, S., & Lais, I. (2012). Mental health and its relationship to emotional intelligence among students with special needs at the intermediate stage in the schools of Tabuk region. *Journal of Humanities and Social Sciences*, (9), 1-24.