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**The Effect of a Training Program Based on
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By Al-Dwairy, Abdallah

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The Effect of a Training Program Based on Religious Psychological Counseling in Reducing the Level of Psychological Stress among Mothers of Children with Disabilities in Light of Some Variables (Within the Corona Pandemic)

Fikry A. Al-Dwairy*^a and Ayman Y. Abdallah^a

^a*Faculty of Educational Sciences, Irbid National University, Jordan*

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This study aimed to identify the effect of a training program based on religious and psychological counseling in reducing the level of psychological stress among mothers of children with disabilities (within the Corona pandemic), as well as the relationship of the level of stress with some variables: gender, type of disability, educational qualification of the mother, the number of other children in the family, and the presence of other disabilities. The study sample consisted of 18 women from the Al-Amal Association for People with Special Needs between 3 and 5/2021. The researchers used a scale of the level of psychological stress, which has appropriate validity and reliability. The valid program was applied. The arithmetic averages of the stress level were found. T-test and one-way analysis of variance was used in the statistical analysis process. The results indicated that the level of psychological stress among mothers of disabled children was moderate, and it was the highest on the cognitive dimension, then the psychological, then the material, and that there is a positive effect of the program in reducing the level of pressure. There are no statistically significant differences due to the variables.

*Corresponding authors: fekridwairi@gmail.com

keywords: A Training Program, Religious Psychological Counseling, Psychological Stress, Mothers of Children with Disabilities, Corona Pandemic.

1. Introduction

Disability affects not only the disabled individual but also those around him, such as the family. For example, mothers of children with disabilities, according to researchers and their observations, have a disability in their son, and they are very shocked when they discover this. This is followed by feelings of rejection, denial, and lack of acceptance of their son's condition, then fear and anxiety, and an attempt to coexist with and accept reality and seek the appropriate treatment for their son's condition. All these negative feelings, anxiety, and fear make the mothers of children fall under the influence of psychological and physical pressures that continue with them as their child progresses in the age stages and the resulting difficulty in controlling his behavior and fear for his future. Definitions of psychological stress have differed according to the different scholars who make these definitions depending on their theoretical trends, and the following are examples of these definitions: Levine and Scotch (1970) define stress as a state of disorder and inadequacy of cognitive functions, and it includes situations in which an individual realizes that there is a difference between what is asked of him, whether internally or externally, and his ability to respond to them. Selye (1976) also defined stress as any stimuli or changes in the internal and external environment of this degree of intensity and persistence, which transfer the adaptive capacity of the organism to its maximum limit, which in certain circumstances can lead to an imbalance of behavior or incompatibility or dysfunction that leads to disease. The more stress persists, the unhealthier psychological and physical responses follow (Farah and Amin, 2015). The researchers adopt the definition that stress is the inability of the individual to adapt to internal and external changes (stimulus) and thus may lead to psychological and behavioral disturbance. Psychological stress forms the primary basis upon which other pressures are built, and there are many types of psychological stress, including current psychological stress, expected psychological stress, acute psychological stress, and chronic psychological stress. The current research is concerned with detecting chronic psychological stress, which results from debilitating events that accumulate over time in a series of cumulative stresses. There are also types of pressures specific to disability only and mothers of disabled children because they result from the occurrence of disability; where the common pressures in families of disabled people are as follows:

- Stress-related to the stage of childbirth and diagnosis.
- The pressure of meeting the needs of the child with a disability and caring for him.
- Pressures related to the disabled child's entry to school or institution.
- Stresses related to the behavior of the disabled child and his developmental problems.
- Non-acceptance of the disabled child by others (Farah and Amin, 2015).

Al-Mutlaq indicated that mothers of educated people with special needs are more prone to depression. At the same time, Mirza confirmed that there are no statistically significant differences in the degree of anxiety and depression among mothers of mentally disabled children according to the child's age and gender. In addition, there were no statistically significant differences in the degree of psychological stress among mothers of mentally disabled children according to the child's age and gender (Farah and Amin, 2015). As for Islamic education, it had another conception of these issues, and it had assets that included those previous principles, added to them, curbed some of them, corrected them, and straightened their crookedness. Nevertheless, the Islamic educational theory was based on a basic primary principle: that man is not the center of the universe and is not the owner of it; he does not have the right to dispose of it as he wills. Instead, he is entrusted with it and does not have the right to derive his values from himself. Instead, he derives all of them from his Creator, the Knower of everything he needs and fixes him, believing in the Almighty saying: "Does he not know who created and He is the Kind" (Al-Mulk 14). The pillars of Islamic education are:

1. Belief in God: All sciences emanate from that creed, including Islamic education and its foundations. There is no deification of man nor the infallibility of his mind, and there is no acceptance of every philosophy, saying, or theory unless it is compatible with that creed; there is no absolute freedom for the mind to wander in every field it wants, but everything is subject to that belief that governs every science and restricts it to a restriction. Thus, Islamic education was not separated from religion, as in Western education. Instead, there was no collusion between them. It was also among the fruits of faith that the foundations of education were rid of the evils of whims and ignorance because they originated from the Mighty, the Wise, the Lord of all humankind, whose knowledge encompasses everything.
2. The constants: the origins of Islamic education were not subject to the factor of the experiment, drawing conclusions, and drawing lessons; with all the exorbitant prices that this experience incurred, paid by individuals and societies alike, there were established principles that do not change over the ages and in different countries. Our Lord, glory be to Him, commanded us through His revelation in His Book or on the tongue of His Messenger; peace be upon him.
3. Imitation: The Islamic principles of education were not just ideological doctrines, mental exercises, or the saying of a lone theorist in an ivory tower. Instead, they were applied as a practical experience that could be emulated at any time and place, with its complete flexibility to take into account the factors of different times and countries. These are a few of many of the sayings of our distinguished scholars regarding the difference between public education and the principles of Islamic education. Many references in the Arabic library are extensive research on the origins of Islamic education.
4. Corona: The International Committee on Taxonomy of Viruses announced the official designation of SARS-CoV-2 (SARS-COV-2) as the new virus on February

11, 2020. This name was chosen because the virus is genetically related to the coronavirus that caused the severe acute respiratory syndrome (SARS) outbreak in 2003. However, the two viruses are different, despite their genetic link. She also announced, in turn, that "Covid-19" is the official name for this new disease, by the guidelines previously set by the World Organization for Animal Health and the Food and Agriculture Organization of the United Nations (FAO). Coronaviruses are a large family of respiratory viruses, and some cause fewer diseases than others, such as the common cold. Other more severe diseases, such as the Middle East respiratory syndrome and severe acute respiratory syndrome and some of these viruses are easily transmitted from person to person, unlike other viruses. The Department of Health Care Administration and Occupational Safety and Health urges the following main preventive measures against the Corona pandemic, including Avoiding direct contact with people suffering from acute respiratory infections such as fever, cough, and difficulty breathing. Frequent hand washing, especially after direct contact with patients or their environment. Individuals with symptoms of acute respiratory infection should practice respiratory hygiene/cough etiquette, including staying home if they are sick; keeping a distance between themselves and others; Cover their mouth and nose with a disposable tissue when coughing or sneezing; using the nearest waste receptacle to dispose of wipes after use; hand sterilization by washing hands with non-antimicrobial soap and water, rubbing hands with alcohol, or washing hands with disinfectants after contact with respiratory secretions and contaminated materials, avoid direct, unprotected contact with live or dead farms or wild animals. When visiting crowded markets in areas experiencing cases of the emerging coronavirus, avoid direct and unprotected contact with live animals and surfaces in contact with animals; the consumption of raw or undercooked animal products should be avoided, and raw meat, milk, or animal organs should be handled with care, to avoid cross-contamination with uncooked foods, in accordance with good food safety practices. Preliminary information indicates that the elderly and people with poor health conditions are at increased risk of developing severe illnesses from this virus (WHO, 2021).

The crisis of the Corona pandemic (Covid, 2019) has left many effects on all societies and all sectors of society (health, social, economic, and educational). The public education sector in general and people with special needs, in particular, have been affected by the suspension of studies and the use of the distance learning system or blended education; this is because students with special needs in most cases need direct instruction; due to the conditions of their disability, as well as the implementation of programs and treatment plans to develop skills and modify behavior, which was affected by the suspension of the study. Many studies indicate that the effects of the Corona pandemic on students with special needs vary. In contrast, Gould's Study (Gould, 2020) indicates an improvement in some cases of students with special needs who were suffering from bullying and social anxiety, as well as those who had difficulty responding to teachers' instructions by writing with paper and pen. The Corona pandemic also made it possible to add new teachers from parents and brothers of students with special needs, as these

groups acquired educational skills to teach their families with special needs during periods of curfew and stay at home due to the pandemic. In contrast, most students with special needs have been deprived of the education system face to face - required by their conditions and conditions of disability - which affects their educational levels; because they lose direct education that stimulates their energies, develops their skills, and takes into account their circumstances and their cognitive and skill capabilities, as education for people with special needs depends in most cases on individual sessions and small groups according to the type and condition of disability (Gibilisco, 2020). The categories of students with hearing disabilities who depend on lip-reading were also affected by all people putting masks on their faces, which hindered these students from part of their education programs, and made teachers look for a cure for these problems. Also, a report by the International Education Blog (World education blog, 2020) indicates that students with visual disabilities are affected by the distance education system that does not provide their letters reading through Braille. However, some countries, such as Canada, have provided technology for converting writing online into light letters that can be read through the Braille method, and of course, this technology is not available in most countries of the world. Several studies have been conducted that dealt with psychological stress and methods of coping with families of children with disabilities.

Al-Sharqawi (2021) in his study aimed to identify the impact of the Corona pandemic on the language of the mentally disabled child from the parent's point of view; it was applied to 186 parents of mentally disabled children (severe, moderate, mild) in Al Dakhiliyah Governorate in the Sultanate of Oman. The researcher prepared a questionnaire divided into two dimensions, the expressive and receptive language, with honesty and consistency suitable for the study. The study's results came as follows, as a result of the cessation of services provided during the Corona pandemic, a loss of expressive language skills occurred, while its impact was less on the receptive language of the mentally disabled child from the parent's point of view. It was also found that the impact of the pandemic on severely mentally disabled children was more pronounced than the simple and medium ones. The study also recommended activating remote language training for people with mental disabilities, launching platforms specialized in teaching and rehabilitating people with mental disabilities from a distance, and providing courses for parents to educate them about the importance of distance education during the Corona pandemic and qualifying them to train their children on their own.

The study by Farah and Amin (2015) aimed to know the level of psychological stress among mothers of children with intellectual disabilities who frequent Al-Shilah Medical Hospital. The study sample consisted of 30 individuals who were chosen by the intentional method. The descriptive approach was also used, and the results of this study indicated that the psychological pressures of mothers of children with mental disabilities are characterized by low and that there are differences between the dimensions of psychological pressures of mothers of children with mental disabilities in favor of the dimension of organic symptoms. The differences in the level of psychological stress for mothers of children with mental disabilities were found to be according to the variables of the degree of disability and economic status. There were no differences according to

the variable of mother's education.

The study of Abdullah and Al-Duwairi (2013) aimed to identify the attitudes of Irbid Private University students towards individuals with disabilities and their relationship to some variables: gender, specialization, and academic year. It also aimed to identify the impact of a training program based on Islamic education on its development. The descriptive study sample consisted of 93 male and female students studying Islamic culture course at Irbid Private University for the first semester of 2011-2012 (two divisions). As for the sample of the quasi-experimental study, the program was applied to the first group and the second to the control group. The researchers used a measure of attitudes towards individuals with disabilities that has appropriate validity and stability. The program that has validity was applied. The results indicated that there are positive trends toward individuals with disabilities, that there are no statistically significant differences due to the variables, and that there is a positive impact of the program. The study recommended conducting studies to improve the various programs for persons with disabilities. For example, paying attention to programs based on Islamic education in the curricula to develop positive attitudes towards them.

The study of Sabah (2013) aimed to identify the impact of psychological stress on the families of the mentally disabled. The study sample consisted of 121 families of disabled children enrolled in centers for the disabled in the states of Wahran and Chelf, in addition to an association for the disabled in the state of Oran, which was chosen randomly. The researcher used the descriptive approach, a measuring tool was used, which is the psychological stress scale for families of the disabled. The results of this study indicated that the families of the disabled suffer from low psychological pressure.

The study of Jabali (2012) aimed to identify the level of psychological stress and strategies to confront it among the mother of a child with Down syndrome. The study sample consisted of 66 mothers of children with Down syndrome. The researcher relied on the descriptive approach; she designed the research tools that she relied on, represented in the exploratory study form, the personal data form, the psychological stress questionnaire, and the psychological stress coping strategies questionnaire. The study's results indicated that mothers of children with Down syndrome suffer from high psychological stress and rely on positive coping strategies to relieve psychological stress. However, there are statistically significant differences in the level of psychological stress and the type of coping strategy used by mothers of children with Down syndrome due to the gender variable of the affected son.

The study of Darwish (2011) aimed to identify the psychological stress of parents of the mentally disabled and the methods of confronting them. The study sample consisted of 40 guardians of 20 males and 20 females. The researcher applied the psychological and stress-coping methods scales to a sample of parents of the mentally disabled. The results of the study indicated that the inability to bear the burdens of the disabled child is one of the most common and influential sources of psychological stress among

parents of the mentally disabled, then followed by anxiety, followed by psychological and cognitive problems of the child, then psychological and organic symptoms, problems of the child's independent performance, followed by feelings of despair and frustration, and finally, family and social problems. As well as in the study of Yahya and Abdullah (2008), which aimed to identify the cognitive, social, physical and psychological effects of children with leukemia patients (leukemia) in Jordan (school students' category), and their relationship to variables: gender, age, length of the treatment period, place of residence, parents' education level, and to develop an indicative program to improve these effects. The study sample consisted of 100 children diagnosed with leukemia between the ages of 18 – 5 who attended the King Hussein Cancer Center and whose circumstances allowed them to meet with their parents. A measure of cognitive, social, physical, and psychological effects was applied to them. The case study was applied to 10 children and their parents who were chosen randomly, and the rational-emotive program was applied to 20 mothers of children with leukemia aged 18 – 5 years who were chosen who expressed willingness to participate in this study and their education level high is school or above. In this study, the two researchers used the scale of the cognitive, social, physical, and psychological effect that was built and contains 4 dimensions and has appropriate validity and reliability for the study; the scale was applied as a pre-test to the mothers participating in the program and then the program was conducted, after which they were exposed to the same test. The results indicated that the most essential dimensions affected by the different influences in children with leukemia patients are: physical, psychological, cognitive, and finally, social and that there are no significant differences between the effects in children of patients with leukemia due to the variable: sex, age, length of treatment, place of residence, or parental education level. The study confirmed that mothers are the most accompanying of their sick children, that the initial reaction of fathers and mothers is severe shock, that family bonding remains at the same level or increases after illness, and that all families see the disease as a destiny, and that the most critical problem they have is family care. As for the initial reaction of the children, it was mostly silence and annoyance; all the children had been exposed to chemotherapy and its effects, and they felt nervous and tense, and their expressions varied about death and the other world, and they indicated that their relationships with those around them had changed. Most of them did not find the motivation to go to school and missed it a lot, and they had several study problems. The study's results also indicated that the rational-emotive program applied through the collective guidance program for mothers of children with leukemia patients had a statistically significant effect in improving some effects among children with leukemia.

Among the outstanding efforts in evaluating Rational Emotional Educational programs is the study done by Gossette and O'Brien (1993), which reviewed a review of thirty-three theses and four published studies that evaluated the effects of Rational Education. A total of 278 comparisons were used in her study, and the participants were assigned to multiple groups within experimental groups in which rational and emotional education programs were applied and other control groups that did not receive any treatments. The results showed that rational emotional education programs had more

impact on irrational beliefs, and their effects were less on anxiety, self-concept, and control center. Treatment using rational emotive therapy was superior when compared to waiting lists in 32% of the studies, on the sham groups (placebo) in 21%, and on other forms of treatment in 23% of the studies, and it was less helpful for this treatment with young and troubled youth, as only one study showed the superiority of this treatment over others, by a percentage 2% of studies, among ordinary children, rational-emotive treatment excelled in 69 out of 237 studies, compared to 29% of the studies, and that the most significant effect of the emotional and rational education programs appeared in the form of a decrease in the embrace of irrational beliefs, and an increase in the rational thinking of the individuals participating in these programs, they believe that the vast majority of researchers who studied the impact of these rational programs on individuals in the counseling classes and groups reached such a conclusion, after they conducted a comprehensive and analytical review of many previous relevant studies.

Previous studies have indicated the importance of studying the level of different pressures among mothers of disabled children, that the majority have high stress, and that some variables affect their stress level, such as gender, age, education, and that there must be various training programs that reduce the impact of these pressures on them in a time other than the Corona pandemic. Therefore, it agrees with the current study that it focuses on studying the stress level among mothers of disabled children by studying other variables. These studies were conducted in other environments, and those environments were not exposed to a pandemic that significantly impacted all aspects of life, such as the Corona pandemic. Moreover, this study, the first of its kind in northern Jordan, is based on testing the impact of a training program based on religious guidance, as none of the previous studies touched on a program that relies on the principles of Islamic Sharia with which God sealed the divine laws, which are valid for every time and place until the advent of the Hour if it is applied as God wanted. It also seeks to study the impact of stress and work to reduce it among these mothers during the Corona pandemic.

2. The Study Problem

Those working in the field of special education and educational and psychological counseling note that disability does not affect the disabled individual himself only but also those around him. The first circle affected by this disability is the family, which is the first building block consisting of parents, brothers, and sisters, and the mother is the most closely related, follow-up, and affected by the child's disability. This generates various pressures on the mother, one of the family's most essential components, especially in our Arab and Islamic environment. A disabled child is a form of pressure on the family, especially the mothers of these children, which reflects on them in the form of a harmful psychological impact. If this worsens, it can lead to psychological pressure, especially if it is linked to other variables that add pressure, such as the number of brothers in the family and the presence of other disabilities. Also, an important

variable is the impact of the Corona pandemic on the lives of countries and humanity as a whole, families, and their children in general; therefore it certainly affected the mothers of children with disabilities and their children. Perhaps the increasing interest that extraordinary individuals and their families of different classes enjoy in all societies of our contemporary world is evidence of the awareness that has become a continuous increase. Caring for this social group and providing the means for care, all the services it needs, and suitable life opportunities has become an essential requirement of high-end societies. Like other members of society, people with special needs and their families have rights and duties towards their community and country. Methods for measuring the stress level in mothers have varied, as well as the different programs that work to reduce these pressures. Pure Islam came through our Prophet Muhammad. May God's prayers and peace be upon him, who is the seal of the messengers and messages, and the sources of legislation from the Qur'an and Sunnah, with a clear approach to dealing with all the minutes of life; when this approach is applied, the happiness of individuals, communities, and countries will be achieved in this world. Hence the researchers' idea stemmed from putting forward the primary issue of this research, which aims to identify the impact of a training program based on religious and psychological counseling in reducing the level of psychological stress among mothers of children with disabilities in light of some variables within the Corona pandemic.

2.1. Study Questions

This study will answer the following questions:

1. What is the level of psychological stress among mothers of children with disabilities during the Corona pandemic?
2. Are there statistically significant differences at the ($\alpha \leq 0.05$) in the level of psychological stress among mothers of children with disabilities within the Corona pandemic due to the training program?
3. Are there statistically significant differences at ($\alpha \leq 0.05$) in the level of psychological stress among mothers of children with disabilities within the Corona pandemic due to the gender of the disabled child?
4. Are there statistically significant differences at ($\alpha \leq 0.05$) in the level of psychological stress among mothers of children with disabilities within the Corona pandemic due to the type of child's disability?
5. Are there statistically significant differences at the level ($\alpha \leq 0.05$) in the level of psychological stress among mothers of children with disabilities within the Corona pandemic due to the mother's educational qualification?
6. Are there statistically significant differences at ($\alpha \leq 0.05$) in the level of psychological stress among mothers of children with disabilities within the Corona pandemic due to the number of other children in the family?

7. Are there statistically significant differences at ($\alpha \leq 0.05$) in the level of psychological stress among mothers of children with disabilities within the Corona pandemic due to other disabilities in the family?

2.2. The Study Objectives

Identify the level of psychological stress among mothers of children with disabilities during the Corona pandemic.

Identify some variables that may be related to the level of psychological stress among mothers of children with disabilities within the Corona pandemic: the gender of the disabled child, the type of child's disability, the educational qualification of the mother, the number of other children in the family, and the presence of other disabilities in the family.

Test the effect of a training program based on religious and psychological counseling in reducing psychological stress among mothers of children with disabilities during the Corona pandemic.

2.3. The Definition of Study Terms

Psychological stress: The state of an individual's inability to adapt to a perceived threat, whether real or imagined, to mental, physical, emotional, and spiritual health that produces a series of physiological responses and adaptations (Alzaem, Sulaim and Gillani). It is defined procedurally in this study as The degree obtained by mothers of children with disabilities on the scale prepared.

Children with disabilities: are individuals who deviate from the average in one or more aspects of development markedly, and they need to provide special services for long periods, and they are identified by specialized professionals (Yahya and Abdullah, 2010).

Procedurally: they are the children diagnosed by the diagnostic centers of the Ministry of Social Development or the Ministry of Education and who are enrolled in the Al-Amal Association for People with Special Needs.

The training program is based on religious and psychological counseling: It is a set of procedures that aim to achieve its purpose. Procedurally in the current study, it is a set of collective counseling sessions provided to mothers of children with disabilities, consisting of lectures, exercises, and activities based on the principles of psychological and educational counseling and Islamic education, provided through training sessions to reduce the level of psychological stress, and the program consists of 14 training sessions.

Mothers of children with disabilities: mothers of children in Al-Amal Association for Special Needs.

Islamic Education: “A process of interaction between the individual and the surrounding social environment, illuminated by the light of Islamic law, with the aim of building the integrated Muslim human personality in all its aspects, and in a balanced manner” (Khawaldeh and Eid, 2001).

Corona pandemic: Coronavirus 2 causes severe respiratory syndrome (World education blog, 2020).

2.4. The Study Importance

This study provides a broad base of information for those interested, officials, educators, and those in charge of the media, to benefit individuals with disabilities and their families during the Corona pandemic.

It is hoped that this study will prompt workers in the field of special education, psychological and educational counseling, and clerics to develop various programs to reduce the level of pressure on mothers of children with disabilities, especially during the Corona pandemic, and thus improve the quality of services provided to children, their mothers, and their families.

Finally, the study is considered the first in this field in northern Jordan, and it relies on a training program based on psychological and religious guidance to reduce stress among mothers of children with disabilities during the Corona pandemic.

2.5. The limits of the study

The study focused on mothers of children with disabilities in the Al-Amal Association for Special Education/Edoun within the conditions of the Corona pandemic.

The sample: was made up of 18 mothers of children with disabilities who agreed to participate in the training program and cooperate in filling out the stress scale from 15/3/2021 to 15/5/2021.

The tool used, its validity, and reliability.

The nature of the program was prepared to reduce the stress level among mothers of children with disabilities in the context of the Corona pandemic.

3. Method and Procedure

This descriptive study aims to identify the level of stress among mothers of disabled children and its relationship to some variables: the gender of the disabled child, the child's disability, the educational qualification of the mother, the number of other children in the family, and the presence of other disabilities. It is also quasi-experimental, aiming to investigate the effect of a training program based on religious and psychological

counseling in reducing the stress level of mothers of children with disabilities under the conditions of the Corona pandemic.

3.1. The population of the study

The study population consisted of all mothers of disabled children in the Al-Amal Association for Special Needs at the time of the study.

3.2. The Study Sample

The study sample consisted of disabled children's mothers in the Al-Amal Association for People with Special Needs at the time of the study from 15/3/2021 until 15/5/2021, who agreed to participate in the study, and continued to participate in the training program until its completion during the Corona pandemic.

Table 1: Distribution of the participants

Variable	Category	Frequency	Percent
Gender	Male	8	44%
	Female	10	56%
Disability Type	Mental	14	78%
	Learning	4	22%
Mother Qualification	High School or less	9	50%
	Above high school	9	50%
Number of other children in the family	Less than 3	4	22%
	3 -5	7	39%
	More than 5	7	39%
Having other disabilities in the family	NO	16	88%
	yes	2	12%

3.3. Study Tools

First: A scale of the level of psychological stress among mothers of disabled children:

The psychological stress scale developed by Zawawi (1992) was reviewed as a basis for the scale, and then modified until the number of items became 35 items distributed over three dimensions:

1. The physiological or physical dimension (1,2,4,5,22,23,24,25,27,29,30).
2. Cognitive or behavioral dimension (10,13,17,18,19,20,21,26,31,33,34,35).

3. The psychological or emotional dimension (3,6,7,8,9,11,12,14,15,16,28,32).

The validity of the scale

The scale was presented to 10 arbitrators holding a Ph.D. specialized in education, psychology, measurement, evaluation, and counseling to know their opinions about the suitability of the study tool. The arbitrators agreed on the tool's suitability for the study in its final form 35 items.

The Scale Reliability

In order to verify the reliability of the tool, the results indicated that the tool has acceptable indications of reliability, as the reliability coefficient using the equation (Cronbach's alpha) was 0.85, and on the sub-dimensions: physiological (0.85), cognitive (0.83), and psychological (0.87).

Scale Correction

Each statement can be answered on a five-level scale (Five Likert Scale: Never, Rarely, Sometimes, Usually, Always). Hence, the grades (1,2,3,4,5) respectively for the answer grading, and accordingly, the highest score obtained by the examinee on the tool is 175, and the lowest score is 35. The following equation was used: (highest mark - lowest mark) \div number of categories = $(5-1) \div 3 = 1,333$ to explain the examinees' estimates on the scale's paragraphs and dimensions and the scale as a whole. Accordingly, the item level or dimension is as follows: A - $(1 + 1.33 = 2.33$, so the averages between 1-2.33 are at a low level). B - $(2.34 + 1.33 = 3.67$, so the averages between 2.34-3.67 are at an average level). C - $(3.67 + 1.33 = 5$, so the averages between 3.68-5 are at a high level). Annex No. (1): Psychological stress scale for mothers of disabled children.

Second: The Training Program

The training program is based on psychological and religious counseling to reduce stress among mothers of children with disabilities. For the current study, the researchers prepared a training program for mothers of children with disabilities, and the program aimed to train mothers on a set of skills, modeling exercises, and applying skills in real life. Accordingly, the program was implemented in fourteen sessions, the duration of each session being sixty minutes. In addition, a logical validity of the program was conducted by presenting it to several specialized arbitrators in Jordanian universities to know their views on its suitability for the goals. The following is a brief description of the training sessions included in the training program:

The first session (meeting and acquaintance): acquaintance between the mentor researcher and mothers, setting goals, and developing team spirit.

The second session (participant goals): Defining the goals mothers hope to achieve in the program, developing team spirit and teamwork.

The third session (emotional venting): Mothers express their feelings freely and suggest strategies to face future events.

The fourth Session (Psychological Stress): Identifying the concept of psychological stress, its causes, manifestations, and effects, and forming a positive trend to reduce it through some religious methods and practices.

The fifth session (role exchange): Mothers practice the role of a therapist by exchanging roles and providing religious advice to others, freely expressing their complicated feelings, and extracting procedures to facilitate their dealings with juveniles with the experiences of others.

The sixth session (patience): Introducing the concept of patience, its etiquette, and virtues, alleviating the psychological suffering of mothers with Quranic verses that talked about patience, and transforming this knowledge into work and behavior and adopting it.

The seventh session (Self-addressing): Training in the skill of self-addressing and introducing the rooting of Islamic self-address to give mothers the ability to be free from the effects of psychological stress.

The eighth session (relaxation): Develop the ability to be free from psychological stress, realistically confront situations and irritants, and practice relaxation skills.

The ninth session (cultural recreational activity): Breaking the routine of the sessions and testing their focus on the program information, deepening the relationship and friendship between the members of the guiding group, breaking some mournful convictions among mothers, recreating their hearts, and alleviating their psychological suffering.

The tenth session (Reading the Qur'an): Introducing the importance of reading the Qur'an, remembrance, and glorification of God, urging the reading of specific surahs and remembrances, distributing a paper to them with a program of home practice, and working to practice it continuously to alleviate their psychological suffering.

The eleventh session (Remembrance of God): Recognizing the importance of remembrance of God and its benefits, alleviating the psychological suffering of mothers through remembrance of God, translating knowledge into action by practicing remembrance of God, and alleviating psychological suffering when participating in the remembrance of God.

The twelfth session (Supplication): Introducing the importance and virtue of supplication, transforming this knowledge into action by practicing supplication and invocations, and allowing them to taste their psychological benefits.

The thirteenth session (Establishing Prayer): Introducing the importance of prayer, its benefits and virtues, and relieving the psychological pressures of mothers by praying and maintaining supererogatory prayers.

The fourteenth session (program evaluation): evaluation of the program by mothers, determining what they liked the most, applying dimensional measurement to them, agreeing on a communication mechanism between the mentor and mothers, and closing and ending the program.

4. The objective of the program

The program aims to reduce the level of psychological stress among mothers of children with disabilities during the Corona pandemic, and several procedural sub-goals emerge from the main objective:

1. The mother must know the concept of counseling children with disabilities, work, or group counseling.
2. The mother must know how to vent emotionally.
3. The mother must know the concept of psychological stress.
4. The mother must practice the strategy of role-playing in the treatment.
5. The mother must know the concept of patience from a religious perspective.
6. The mother must exercise the mechanism of self-address.
7. The mother must exercise the relaxation mechanism.
8. The mother must practice religious principles and strategies to relieve stress: reading the Qur'an, remembrance of God, supplication, and establishing prayer.

The program contained three components:

1. 1. The cognitive aspect: It includes the concept of counseling, children with disabilities, work or group counseling, psychological pressures, religious principles, and strategies to relieve stress.
2. The faith (emotional) or emotional and moral aspect: It is represented by the feelings, values, and moral and religious principles that the mother carries based on the teachings of Islam to relieve psychological pressure.
3. The behavioral aspect: includes real situations and events that the mother is exposed to or exposed to through verbal and non-verbal communication, and interacts with her through displaying pictures and examples of applying some strategies to relieve stress, and exposure to imaginary situations through simulation and role-playing.

The program has used the following methods or techniques:

1. Presenting information: Quran recitation (from the participations), lecture, stories,...

2. Group discussion method: by raising topics for discussion and hearing the mothers' opinions about them and then commenting on them, and following them with open dialogue that depends on social interaction and persuasion and the modification of ideas through collaborative counseling sessions, according to the following conditions:

The sample was divided into groups, each of them: comprising approximately five mothers, to facilitate the conduct of group counseling sessions.

14 sessions were set for implementing this program at a rate of two to three sessions per week.

The duration of one session is approximately 45 minutes.

3. Role-playing style: Some mothers make a virtual or real situation in front of the audience, and they are discussed.
4. Feedback: After completing the session, the mothers are asked for a short assignment to provide us with the goals they have achieved.

Teaching aids are boards, pens, worksheets, boards or pictures, books, and pamphlets.

The validity of the program: The program was presented to a group of arbitrators from faculty members in Jordanian universities in the specializations: Of psychology (1), special education (2), Islamic education (4), and Sharia (1).

In order to verify the suitability of the sessions to the objectives of the program in light of the opinions of the arbitrators' members, the necessary amendments were made in terms of the objectives and their formulation, the suitability of the objectives, content, and methods, and the suitability of the sessions. As a result, the sessions approved by 80% or more of the arbitrators were adopted in the program. The period for applying to the program: is 3/15/2021 to 5/15/2021.

5. Study Application Procedures

After completing the construction of the study tools, the two researchers took approval from the university to conduct the study and directed a letter to the Al-Amal Association for People with Special Needs/Edoun through the Directorate of Social Development. Then the mothers' consent of children with disabilities was obtained in the association, and the program's objectives were explained to the mothers. Next, the researchers followed up on the mothers to fill out the stress scale (pre-measurement), to participate in the program sessions (14), and finally to fill out the stress scale (post-measurement). The return rate for the questionnaires was 100%, as the two researchers followed them up. As for the percentage of mothers' commitment to attend the sessions, it was 90%, due to the selection of the appropriate time for the session, as well as the mothers' feeling of the importance of the topics presented and their practical implementation. Description of the research (research design and statistical analysis) The study consists of two parts:

First: a descriptive study to determine the stress level among mothers of disabled children based on the application of the scale. Arithmetic averages, standard deviations, percentages, T-test, and One-Way ANOVA were used in the statistical analysis process to determine the effect of variables. The independent level of stress among mothers of disabled children.

Second: A quasi-experimental study for the experimental (training) program, arithmetic means, standard deviations, and (T-test independent) were used. A t-test was used for the same group (Paired-Samples T-Test) to determine the significant differences between the means of the pre and post-measurements. The design used was an O X O. design to validate the hypotheses of the quasi-experimental study.

6. Results and Discussion

Results related to the first question: What is the level of psychological stress among mothers of children with disabilities during the Corona pandemic?

The results in Table 2 showed that the total average of the scale of the level of psychological stress among mothers of children with disabilities within the Corona pandemic as a whole is (97.67) and with an average of paragraphs (2.79), that is, a level of average psychological pressure. This differs from Jabali (2012) and Koydemir (2009), which indicated a high level of psychological stress among mothers of disabled children, and also in contrast to the study of Farah and Amin (2015) and Sabah (2013), which indicated its low.

This is due to the nature of the different environments, the role of the Corona pandemic, the social role and beliefs that exist among mothers, and may also be due to the Arab and Islamic social culture and customs that encourage sympathy and cooperation and provide many colors of support for the child and his family as well as the religious or faith dimension they have and its empowerment in their behavior, which is rational and logical thinking. The Corona pandemic has also limited their psychological and emotional venting capabilities. The results also indicated that the cognitive or behavioral dimension obtained the highest average, which is 35.33, then the psychological or emotional dimension with an average of 31.78, and finally, the physiological or physical dimension with an average of 30.56. They are all at a medium pressure level. The highest stress level paragraph was paragraph No. 35 with an average of 3.83, which is (my disabled son needs constant guidance and monitoring), which is high according to the stress scale. The following item, which is also high, is paragraph 19 with an average of 3.72, which is "I regret that my disabled son's limited capabilities make him unable to face the conditions of his life alone". The two items are on the cognitive side concerning the level of psychological stress among mothers of children with disabilities. This is consistent with the study (Al-Sharqawi, 2021), which confirmed that the greater or greater level of pressure the parents of mentally disabled children had as a result of the Corona pandemic was in the cognitive aspect, especially their expressive language. As well as Darwish (2011), which indicated the greater cognitive impact and the inability to bear the upcoming burdens and to think about and follow up on the future of the

Table 2: Arithmetic averages and standard deviations of the dimensions and paragraphs of the stress level scale among mothers of children with disabilities within the Corona pandemic, arranged in descending order

N	Dimension or Item	Mean	STD	N	Item	Mean	STD
1	Cognitive	35.33	14.87	20	32	2.72	1.74
2	Psychological	31.78	13.79	21	10	2.72	1.49
3	Physiological	30.56	9.98	22	23	2.67	1.54
4	35	3.83	1.54	23	9	2.67	1.71
5	19	3.72	1.41	24	27	2.61	1.65
6	16	3.61	1.38	25	33	2.56	1.46
7	18	3.33	1.64	26	31	2.56	1.46
8	30	3.28	1.84	27	14	2.56	1.82
9	28	3.28	1.93	28	13	2.56	1.76
10	17	3.22	1.77	29	20	2.50	1.62
11	2	3.17	1.29	30	3	2.44	1.09
12	1	3.17	1.20	31	21	2.39	1.61
13	29	3.17	1.89	32	4	2.33	1.08
14	26	3.11	1.64	33	5	2.33	1.61
15	8	3.00	1.61	34	12	2.28	1.36
16	24	2.89	1.60	35	7	2.28	1.60
17	6	2.89	1.57	36	25	2.11	1.45
18	34	2.83	1.47	37	15	2.11	1.68
19	22	2.83	1.61	38	11	1.94	1.35

disabled child more, then psychological and cognitive. It contradicts the study of Farah and Amin (2015) and Yahya and Abdullah (2008), which indicated that the most significant impact is on the organic, physiological, physical, psychological, cognitive, and social aspects. This is also due to the role of the Corona pandemic, in which children with disabilities have long been absent from different learning sources, such as centers or schools, in which there is more significant in the learning of these disabled children and their development progress compared to ordinary children who may be able to take some knowledge or learn through distance learning means. And then the impact that follows it on the psychological aspect for them is due to the significant impact of disability on the family and children and the great Corona pandemic. The reactions are not necessarily harmful in all cases. There is the same amount of happiness and companionship with a disabled child as it is with a healthy child.

There are also many examples of disabled children who brought positive experiences to their parents and relatives, which strengthened their family relationships and increased their depth; it must be pointed out that even in the most handicapped and sickest children, there is still a human being who thinks, feels, and is affected.

Results related to the second question: Are there statistically significant differences at the ($\alpha \leq 0.05$) level in the level of psychological stress among mothers of children with disabilities within the Corona pandemic due to the training program? To answer this question and test the effect of the training program based on religious and psychological counseling in improving the level of psychological stress among mothers of children with disabilities within the Corona pandemic, the arithmetic averages and standard deviations of the pre-and post-measurement of the same group were found. Table 3 shows the arithmetic averages and standard deviations of the pre and post-measurements of the group on the cognitive, social, physical, and psychological effects.

Table 3: Arithmetic averages and standard deviations of the pre and post-measurements of the group on the level of psychological stress among mothers of children with disabilities within the Corona pandemic

Stress level	Measurement	N	Mean	STD
Overall stress	Pre	18	97.67	36.68
	Post	18	93.17	21.65

Table 3 indicated the average performance on the level of psychological stress among mothers of children with disabilities within the Corona pandemic for the post-measurement (97.67) has decreased from the average performance for the pre-measurement (93.17). A t-test was used for the same group (Paired-Samples T-Test) to determine the significant differences between the mean of the pre and post measurements. Table 4 shows the results of the T-test analysis for the same group for the pre and post-measurement.

Table 4: Results of t-test analysis for the same group for pre and post-measurement

Paired comparisons of pre and post measurements					
Stress level	Mean	STD	T value	df	Sig
Overall stress	93.92	29.82	18.9	35	0.000

It is evident from Table (4) that there are statistically significant differences at the significance level ($\alpha = 0.05$) between the tribal and dimensional averages in favor of the training program on the level of psychological stress among mothers of disabled children (significance level = 0.000). This is consistent with the study of Abdullah and

Al-Duwairi (2013) and Yahya and Abdullah (2008) and Gossette and O'Brien (1993), which emphasized the role of Islamic education programs and rationality in changing the different pressures, trends, and effects of disability or chronic diseases on the parents of disabled children and different people. Likewise, Jordanian society is characterized by positive attitudes towards the disabled based on the Islamic religious dimension, as it is a conservative society in general. Therefore, religion has a significant role in changing its behavior, beliefs, or the conduct of its life, venting its various problems and finding practical alternatives, urging it to contact God, reading the Qur'an, prayer, and patience; these and others have a significant role in reducing psychological stress.

Results related to the third question: Are there statistically significant differences at the ($\alpha \leq 0.05$) level in the level of psychological stress among mothers of children with disabilities within the Corona pandemic due to the gender of the disabled child? To answer this question, the arithmetic averages, standard deviations, and T-values for the level of psychological stress among mothers of children with disabilities within the Corona pandemic were found on the scale applied according to the child's sex variable, and this appears in Table 5.

Table 5: Arithmetic averages, standard deviations, and tabular (T) values of the level of psychological stress among mothers of children with disabilities within the Corona pandemic, according to the child's sex variable

Stress level	Gender	N	Mean	STD	T Value	Sig
Overall stress	Male	8	105.00	34.85	0.75	0.46
	Female	10	91.800	38.86		

Table 5 shows that if there are differences in the arithmetic averages in favor of males (105.0) compared to females (91.80) at the level of psychological stress among mothers of children with disabilities within the Corona pandemic according to the gender variable of the disabled child. When applying the test (T) to examine these differences between the arithmetic averages of males and females, there was no significance (0.46). This is consistent with the study of Yahya and Abdullah (2008), which confirmed that the effects of pressures were not affected by the sex of the child, in contrast to the study of Jabali (2012), which indicated that it is in favor of females in some dimensions. This is because the different effects of this pandemic did not differentiate between different members of society, and we do not have in our societies, in general, a clear differentiation in dealing or interest in education or follow-up between males and females. It is part of the principles of our religion that make some superficial differences between males and females in terms of abilities and jobs.

Results related to the fourth question: Are there statistically significant differences at the ($\alpha = 0.05$) in the level of psychological stress among mothers of children with disabilities within the Corona pandemic due to the type of child's disability? To answer this question, the arithmetic averages, standard deviations, and T-values for

the level of psychological stress among mothers of children with disabilities within the Corona pandemic were found on the scale applied according to the variable of the type of child's disability, and this is shown in Table 6.

Table 6: Arithmetic averages, standard deviations, and tabular (T) values of the level of psychological stress among mothers of children with disabilities within the Corona pandemic according to the variable of the type of child's disability

Stress level	Child's disability type	N	Mean	STD	T value	Sig
Overall stress	Mental disability	14	93.07	39.07	0.99	0.34
	Learning difficulties	4	113.75	24.07		

Table 6 shows that there are differences in the arithmetic averages in favor of learning difficulties (113.75) compared to mental disability (93.07) at the level of psychological stress among mothers of children with disabilities within the Corona pandemic, according to the variable of the type of child's disability, when applying the t-test to examine these differences between the arithmetic averages of the two types of children's disabilities, it was not significant (0.34). This confirms the nature of the similar effects and pressures that the pandemic has left on families, children, and various educational institutions, resulting in the absence of everyone from centers and schools.

Results related to the fifth question: Are there statistically significant differences at the ($\alpha = 0.05$) level in the level of psychological stress among mothers of children with disabilities within the Corona pandemic due to the mother's educational qualification? Means, standard deviations, and T-values for the level of psychological stress among mothers of children with disabilities within the Corona pandemic were found on the scale applied according to the variable of the mother's educational qualification, which appears in Table 7.

Table 7: Arithmetic averages, standard deviations, and tabular (T) values of the level of psychological stress among mothers of children with disabilities within the Corona pandemic according to the educational qualification variable of the mother

Stress level	Mother's qualification	N	Mean	STD	T Value	Sig
Overall stress	High school or less	9	92.78	41.33	0.55	0.59
	Higher than high school	9	102.56	33.11		

Table 7 shows that there are differences in the arithmetic averages in favor of the educational qualification of the mother (above high school) (102.56) compared to the qualification (high school and below) (92.78) at the level of psychological stress among

mothers of children with disabilities within the Corona pandemic according to the variable of the educational qualification of the mother when applying the t-test to examine these differences between the arithmetic averages, it was not significant (0.59). This is consistent with the study of Farah and Amin (2015) and Yahya and Abdullah (2008), which confirmed no effect. He also reviewed the similar effects of disability and the Corona pandemic on all members of society, regardless of their level of study, and also because of the presence of similar means of communication and levels of awareness that removed the differences depending on the variable of the educational qualification of the mother.

Results related to the sixth question: Are there statistically significant differences at the ($\alpha = 0.05$) level in the level of psychological stress among mothers of children with disabilities within the Corona pandemic due to the number of other children in the family? To answer this question, the arithmetic averages and standard deviations of the level of psychological stress among mothers of children with disabilities within the Corona pandemic were found according to the variable number of other children in the family, as shown in Table 8.

Table 8: A simple example

Stress level	The number of other children in the family	N	Mean	STD
Overall stress	Less than 3	4	108.00	48.79
	From 3 - less than 5	7	99.86	39.98
	5 children or more	7	89.57	29.50

It is clear from Table 8 that there are differences in the arithmetic averages between the categories of the number of other children in the different families at the level of psychological stress among mothers of children with disabilities. Where the average for the category less than 3 children was 108.00, while the category from 3 - less than 5 was 99.86, and for the category 5 children or more was 89.57. In order to verify that these averages are statistically significant, a one-way analysis of variance (One-Way ANOVA) was used to find the value of (f) and statistical significance. Table 9 shows the results of the one-way variance analysis of the differences between the averages according to the various categories of the number of other children in the family at the level of psychological stress among mothers of children with disabilities.

It is evident from Table 9 that there are no statistically significant differences at the level ($\alpha \leq 0.05$) between the different effects among children with leukemia patients due to the variable number of other sons in the family. Where it was not significant (0.74), this may be due to the social factor and the role of extended families in mitigating the impact of pressures and various effects, accepting them, and reducing their impact.

Results related to the seventh question: Are there statistically significant differences at the ($\alpha \leq 0.05$) level in the level of psychological stress among mothers of children with disabilities within the Corona pandemic due to other disabilities in the family? To answer this question, the arithmetic averages, standard deviations, and T-

Table 9: The results of the one-way variance analysis of the differences between the averages according to the various categories of the number of other children in the family

Stress level	Source of variance	Sum of squares	df	Mean of squares	F value	Sig
Overall stress	Between groups	919.43	2	459.71	0.31	0.74
	within groups	21950.57	15	1463.37		
	Total	22870.00	17			

values for the level of psychological stress among mothers of children with disabilities within the Corona pandemic were found on the scale applied according to the variable of the presence of other disabilities in the family, and this is shown in Table 10.

Table 10: A simple example

Stress Level	Having other disabilities in the family	N	Mean	STD	T Value	Sig
Overall stress	No	16	93.13	35.44	1.55	0.14
	Yes	2	134.00	32.53		

Table 10 shows that there are differences in the arithmetic averages in favor of the presence of other disabilities in the family (134.0) compared to no other disabilities in the family (93.13) at the level of psychological stress among mothers of children with disabilities within the Corona pandemic according to the variable of the presence of other disabilities in the family when applying the t-test to examine these differences between the arithmetic averages, they were not significant (0.14).

7. Recommendations

- - Conduct more in-depth studies on the impact of the Corona pandemic on disabled children and their families by choosing other variables such as the physical dimension or the place of residence.
- Reduce the effects of the Corona pandemic on families of disabled children and families in general.
- Raise awareness of the rights of these children and their families by providing them with psychological, social, material, legal, and educational support.
- It is necessary to use the principles of religious and psychological counseling in various fields among children's families in general.
- There is a necessity to develop remedial plans for the education of these disabled children after Corona to reduce these significant effects, especially in the educational or cognitive dimension.

- The need to focus on direct interactive education for these children with disabilities as much as possible and to use the blended (hybrid) education system until the end of the Corona pandemic.
- Train parents to increase their ability to benefit from distance education programs to help their children with disabilities.
- Introduce training collective counseling programs based on psychological counseling built with parents of children with disabilities.

A. Annex 1 Psychological stress scale among mothers of disabled children

Honorable mothers... May the peace, mercy, and blessings of God be upon you... This questionnaire includes items on psychological stress among mothers of children with disabilities and its relationship to some variables. The objectives of this study will not be achieved without your participation and cooperation, so please read each item and then answer it objectively in terms of your practice of the item by placing a sign (X) in front of each item, under the column that represents the level of your choice, where there is a grade scale of five degrees. The information in this study is for scientific research purposes, and the information that will be provided will be treated with strict confidentiality, so we hope that your answer will properly express your position, and we hope that you do not leave any item without answering it.. With many thanks.

***Information about a disabled child:**

- Gender: 1. Male 2. Female
- Disability type: 1. mentality 2. learning difficulties

*** Information about the mother who is filling out the questionnaire:**

- Educational qualification: 1. High school or less 2. Above high school (diploma, bachelor's degree, ..)
- Number of other children in the family: 1. Less than (3) 2. From (3)- Less than (5) 3. (5) or more children.
- Having other disabilities in the family: 1. No 2. Yes

N	Item	Always	Usually	Sometimes	Rarely	Never
1	I get lethargic or tired all day long.					
2	I find that my sleep is disturbed.					
3	I get anxious or upset most of the time for no reason.					
4	I am short of breath for no apparent reason.					
5	I have stomach or digestive disorders.					
6	I get so upset when I think about my son's disability.					
7	I regret that my life has been meaningless since the birth of my disabled son.					
8	It saddens me that my son will not be a natural extension of my family.					
9	I miss my life.					
10	I cannot achieve any result even though I am working hard with my disabled son.					
11	It's hard for my son to adapt to his siblings.					
12	I get upset when I see my family no longer has many social relationships.					
13	It hurts me that my son will be a constant problem for the family.					
14	Family members are giving up many necessities because of my disabled son.					
15	I am so embarrassed to talk to others because of my disabled son.					
16	I worry about the future of my disabled son.					
17	I am so sad to think that my disabled son will not lead an everyday life.					
18	I am very sad because my disabled son will not recover from his disability for the rest of his life.					
19	I regret that my disabled son's limited capabilities make him unable to face the circumstances of his life alone.					
20	It's hard to come up with firm future plans because of my disabled son.					
21	I am concerned that my disabled son cannot wear his clothes or shoes.					
22	It bothers me that my disabled son can't use the bathroom alone.					
23	It bothers me that my disabled son finds it difficult to eat alone.					
24	I am concerned that my disabled son is not independent in his hygiene.					
25	It's hard for my son to learn simple skills like holding a pen or spoon.					
26	It hurts me that I cannot fulfill all the requirements of my disabled son.					
27	I am concerned that the requirements to care for my disabled son are expensive or burdensome.					
28	I gave up many things I wished for because of my disabled son.					
29	I regret that there is no financial support to help take care of the disabled child.					
30	I am concerned that the demands of caring for my disabled son are beyond my financial capabilities.					
31	My disabled son has great difficulties understanding or paying attention.					
32	It hurts me that my disabled son does not have confidence in himself.					
33	I regret that my disabled son is practicing impolite behavior.					
34	I am concerned about being unable to control my disabled son's behavior.					
35	My disabled son needs constant guidance and monitoring.					

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