

Accepting Disability and its relationship to social support

Ruqayyah Ahmed Abdel Rafi Yassin

Prof. Dr. Inam Lafteh Musa Al-

Hindawi University of Baghdad / College of Arts University of Baghdad / College of Arts

nargs_flower@yahoo.com anaamalhdaye@gmail.com

Abstract

The current research aimed to identify the nature of the relationship between acceptance of a disability and social support among people with disabilities, an acquired motor disability.

In order to achieve the objectives of the research, the two researchers translated the disability acceptance scale prepared by Grooms 2004 and the social attribution scale prepared by (Carolyn and Russell 1984). A paragraph for the social attribution scale, for which psychometric properties were extracted from validity and reliability in different ways, as the stability value of the two tools was (0.98).

Then the two researchers applied the two tools to a sample of (300) persons with acquired mobility disabilities from the auditors of the Ministry of Labor and Social Affairs and the Handicapped Collective in Iraq, and the data that resulted from the research results were processed using appropriate statistical methods.

The research came up with the following results:

1-People with disabilities have an acquired movement disability, and they have a low score in both disability acceptance and social support.

2-The longer a period has passed since the disability, the greater the acceptance of the disability and the social support.

3-There is a positive, statistically significant correlation between disability acceptance and social attribution.

4-Social support greatly contributes to accepting the disability of the handicapped, an acquired movement disability.

In light of these results, the two researchers presented a set of recommendations and suggestions for future research.

-Research Problem:

Iraq is one of the most disabled producing countries, because of the wars that the country has fought since 1973 until now, and also because of the remnants of war of mines and unexploded bombs, in addition to terrorist operations and the fight against the largest terrorist organization in the world (ISIS), which is still ongoing until now, and the percentage rises if we add to it health reasons such as deformed births due to the weapons that Iraq was exposed to from the coalition forces during the last period, and also because of traffic accidents caused by large numbers of cars that were imported without prior planning, and if we add to this the medical errors that occur due to poor health awareness among families, aging and chronic diseases.

We find ourselves in front of a large number and a high percentage of the total population of Iraq, which may not be less than (10%) and may have exceeded this percentage by a not small amount, It is unfortunate that any official statistics for people with disabilities are not available, and there are significant indicators that indicate the deterioration of the social reality of this segment due to neglect and negligence on the part of the competent authorities, but some positive indicators can be seen recently after the approval of the offer.

The United Nations Convention on the Rights of Persons with Disabilities was signed on (20/3/2013) and issued by the Law on the Care of Persons with Disabilities and Special Needs No. (38) on (5/9/2013). People could be seen with disabilities despite the many observations that were recorded on it by civil society organizations interested in national monitoring (Al-Azzawi; 2018:1).

In the indicator of the Central Statistical Organization and the National Disability Survey Index (2018), it designated that the percentage of persons with disabilities has exceeded three million individuals, and in the latest statistic of the Ministry of Labor and Social Affairs, the number of registered persons reached (59,252), including (13688) in the city of Baghdad and (30,32) %) of them were physically handicapped.

Disability is often associated with negative feelings such as feelings of loss, despair and depression. However, not all people with disabilities suffer from psychological problems, as many people successfully adapt to dramatic changes in life such as damage to the human body (Park; 2019, 1).

After being diagnosed with a disability, the individual feels that he is compelled to take on a role or situation in society or the family that is usually different from what he was in the past, and his status is usually lower than the status he held before the disability, or he would have adapted if his disability was from birth, every This affects the person's self-concept and acceptance of disability (Garsk and Turpin; 1998: 30).

The individual's disability leads to changing his role to suit his new situation, as well as his psychological problems due to the disability, as the disabled individual may feel a lot of negative emotions that affect his compatibility, such as feeling inferior and devaluing himself and thus not accepting the disability (Brown, 2013, 2).

One of the important variables that should be focused on when dealing with people with disabilities are the buffering and modulating variables such as (social attribution), which affect how the individual sees events in life, and how he perceives and interprets them, and also affects how the individual evaluates his ability to Confronting these events (Jawdah, 2008, 38).

The term “social support” was used for the first time in (1970) as a preventive and curative approach to dealing and confronting the psychological effects resulting from multiple life stresses, social disintegration, and weak personal ties and relationships, especially since the sources of social support are the first line of defense that resorts to. The individual is faced with crises that may exceed his capacity (Al-Mu'minin and Zaghoul, 2009: 341).

Through the foregoing, the current research came to answer a question: What is the nature of the relationship between disability acceptance and social attribution?

Research Importance

Individuals with disabilities want to achieve acceptance and integration into society, and although some developed societies have taken upon themselves to create the basic environment for acceptance and integration, most people with disabilities are still affected by stigma and discrimination. Individuals for their disability (Moore, 1998, 13-14).

The increasing acceptance of disability reinforces the person's belief that he is included as a member of society, so social confidence increases, and this process of self-acceptance may be necessary for full empowerment and integration into society. A social context, and because of stigma and societal discrimination against disfigurement and disability, there are barriers to full participation in life for people with disabilities. Disability, and this means that individuals' acceptance of disability is closely related to their perceptions of the societal response to disability (Moore, 1998, p.22).

There are many social factors that can affect an individual's adaptation to a disability, and the social aspects of a disability involve the reactions of others, the environment, and society towards a person with a disability. These reactions will affect the way an individual perceives himself as a disabled person. Society has negative attitudes towards people with disabilities and these attitudes lead to stigmatization of the disabled person. Psychological problems of disability are linked to rehabilitation complications, low quality of life, and delayed recovery (Park, 2019, P, 2).

The psychosocial aspects of disability are an “important” factor in rehabilitation, and adaptation to disability is a very complex and personal process based on a mixture of psychological and social components related to disability, and it is possible to visualize the psychological and social aspects of disability as internal and external factors that when combined generate individual responses that are not attributable to the case of disability alone.

These internal (personal) and external (environmental) factors are the psychological and social factors related to disability that play a key role in adapting to disability (Garske & Turpin, 1998, p.30) Grayson (1951,) emphasized the importance of Acceptance of disability, which necessitates reorganization of body image and social integration, psychological body image of persons with acquired physical disabilities was considered prone to dissipation and preservation of body image prior to injury, however if persons with disabilities engage in body image reorganization, they will be able to deal with The curiosity of non-disabled people with social tasks, such as marriage or work, and Grayson suggested that they work hard to accept their disability (Grayson, 1951, P P. 893-896).

Adapting to an acquired disability is a continuous process. Even when individuals with disabilities accept their disability, they may face new problems in daily life that include physical functioning,

aging and psychological issues, rebuilding family life and re-employment, etc. (Tagaki, 2016, PP 85 – 109).

Positive acceptance of disability has been described as an important variable in rehabilitation and a key factor in psychological and social adjustment, because positive acceptance allows people with disabilities to accept the reality of disability, recognize their own values, and continue their productive lives (Park, 2019, p. 10).

Carl's study (2013) indicated about the acceptance of disability and its relationship to functional impairment, and this study included (97) individuals, and the first objective of the study was to determine the relationship between the disability category and the level of disability acceptance, and the second goal Is there a correlation between acceptance of disability and weakness The results indicated that the persons with the lowest degree of functional impairment have the highest degree of acceptance of the disability, while the persons with the most functional impairment have the lowest degree of acceptance (Carl, 2013, pp.1-65).

The study of Kaur & Leong (2018) examined the perception of persons with disabilities about the acceptance of disability by persons with disabilities themselves and by society and its relationship to demographic factors. The results showed that persons with disabilities with low qualifications see a low acceptance of disability by society. This study showed that people with disabilities have positive self-perception, competencies, and are ready to actively participate in society, on the contrary, they see their acceptance by the public as limited Kaur & Leong, 2018, p. 1).

A study by Shigaki et al., 2012 indicated that, compared to others, people with disabilities are treated unfairly, harassed and discriminated against at work despite evidence that people with disabilities are more committed and perform better compared to “capable co-workers.” On work, the stigma of unattractiveness has a negative impact on PWD, and employers are reluctant to hire PWD because they do not want to lose employees due to PWD not being accepted (Shigaki & etal, 2012, 559-571).

Social attribution is of great importance in an individual's life, and it also has an impact on the self-system, which leads to an increase in self-esteem and confidence and a sense of control over situations. It also generates a degree of positive feelings that make the individual perceive events as less difficult (Argyel 1993: 47-48). The individual resorts to seeking social support from those around him, when he is exposed to emotional, psychological, behavioral or social situations or problems, in order to help him overcome the different situations and problems he faces, and manage his emotions effectively, whether these emotions are positive or negative (Wickiff, 2005, p.37).

Some studies confirm that there are many dimensions of social support, including moral support, which includes providing support, material support, and indicative support that provides the individual with guidance services and informational support, which is summarized by providing advice, and directions that help the individual solve his problems and give feedback on his behavior (Haddad, 1995, p. 93).

The results of several studies have concluded that the social support that an individual receives from others, whether in the family or outside, is an important factor in his psychological health, and therefore it can be predicted that in the absence or decrease of support, the negative effects of events and bad situations that he is exposed to can activate. It has the individual, which leads to an imbalance in his mental health, and in this context it goes (Coyne & AL, 1991) that social support can reduce or exclude the consequences of life events on health (Hamouda Hakima, Ait et al., 2011, p. 2).

Thus, in the relationship of social attribution to psychological anxiety, the results of the study (Grasi, etal, 2000) showed that individuals who receive less attribution recorded higher rates of anxiety, and mental illness prevailed among them, compared to individuals who receive greater attribution (Grassi, 2000, p .95-100).

The results of the study (Bassiouni, 2006), which aimed to identify the correlation between the concept of happiness and both social attribution and stressful life events, and to identify the differences between the degrees of students of scientific and literary colleges in the study variables, the results indicated the existence of a significant correlation Negative relationship between happiness and stressful life events, and a positive correlation between happiness and social attribution, and the study results showed essential differences in some dimensions of the stressful life events scale in favor of college students (Basiouni, 2006, p. 1).

The results of the study of Holahan and Moos (Holahan & moos 1987) indicated that people with high social support are more capable of confrontation, more use of problem-focused confrontation, and less use of avoidance confrontation compared to those with low social support, and that the ability to confront when they interact with Social attribution, the negative effects of stressful events are much less for the individual (Holahan & moos, 1987, p. 447).

-Research Objectives:

The current research aimed to know:

- 1-Acceptance of disability among the disabled is an acquired movement disability.
- 2-Social support for the disabled with an acquired movement disability.
- 3-The significance of the statistical difference in acceptance of disability among the disabled, acquired movement disability according to the period that has passed since the disability (less than one year, one to five years, more than five years).
- 4-The significance of the statistical difference in social attribution for the disabled with an acquired movement disability according to the period that has passed since the disability (less than one year, one to five years, more than five years).
- 5-The relationship and contribution of social attribution to acceptance of disability among the disabled, acquired movement disability.

Limitations of Research:

The current research is limited to individuals with disabilities who are referred to the Ministry of Labor and Social Affairs and the disabled group in Iraq in the Baghdad governorate of handicapped males, acquired motor disabilities of various ages, for the year (2021).

Define Terms:

Accept Disability

Dembo defined it (Dembo, 1975)) is an adaptation or agreement with the value system of the individual so that the disability caused by the disability is seen as not negatively affecting the value of the capabilities that already exist (Dembo 1975, p.27).

Social Support

Weiss (1974): It is the emotional support of the individual and his sense of belonging to a group that he trusts and can help and guide him and recognizes his competence and responsibility (Weiss, 1974, p. 17.)

Acceptance of Loss Theory:

Dembo and etal (1956) saw the acceptance of loss as a process that involves changes in an individual's structure, as a disability can take on a meaning that leads to a reduction in the capabilities he possesses, and acceptance of a disability is seen as a modification of an individual's personal value system so that actual losses or losses do not affect Perceived disability affects the rest of his abilities (Dembo & etal, 1956, PP.4-62).

Wright (1983) defines loss as “the absence of something of value, experienced as personal misfortune, and Wright looks at reactions to disability from a personal sociological perspective that integrates responses to social and environmental stresses and personal processes, when the individual perceives that other values are more important than physical fitness. Disability is just one of a variety of factors that determine the nature and direction of life, not all areas of life are affected or determined by disability and not all influences are negative. Although disability may be part of a person's identity, it does not determine the essential essence of an individual (Dembo & etal, 1956, PP. 1-100).

Dembo & Wright (Dembo & Wright, 1975), the author of the theory of acceptance of loss, believes that disability is usually defined as one of the misfortunes facing the individual or his loss of his value, and when this is recognized, the disability leads to a state of underestimation of the capabilities that he has, and on the other hand looks at Disability is an adaptation or compatibility with the individual's value system, so that the disability caused by the disability is seen as not negatively affecting the value of the existing capabilities. It is also believed that rehabilitation is a more successful process in the event that individuals with disabilities and their counterparts are accepting of the disability and willing to adapt with changes reinforced by that impairment (Dembo & Wright, 1975, p. 1).

The theory of loss or loss is the cornerstone in understanding and understanding the process of surrender and acceptance of disability, as the theory assumed that there are four basic changes in the value system of the individual if he wants to achieve acceptance and put an end to the derogation, and these changes are:

- 1-Expand the range of values,
- 2-The physical structure associated with other values,
- 3-Containing the effects of disability, and
- 4-Making changes in the comparative values and converting them to eigenvalues.

As for the first change (expanding the range of values) it occurs when individuals begin to realize and discern the importance of the values and abilities they carry, and perception is often stimulated by

the need to manage and control daily activities and the need to get rid of sadness, and when the individual can find meaning for events and abilities the underlying and the goals, the individual must then begin to expand and enlarge the range of those values (Marinelli & Dellorto, 1984, P. 98).

As for the second change (the physical structure linked to other values) it is achieved when the individual is able to overcome the physical disability and place a self-value for the abilities and other values, and in society a great value is placed on the physical ability, and when the disabled individual feels that he lacks some physical advantages, he increases focus on physical ability, and this leads the individual not to look at other important values such as friendship, intelligence, work and creativity, and when the individual expands the extent of his value system, the state of stress on the body will diminish and the self-value will be determined by individual capabilities and characteristics related to the physical structure. (Keany & Glueckauf, 1993, P. 199).

As per for the third change (containing the effects of disability) it occurs when the individual is able to contain the effects of the disability so that it does not affect the rest of the functions and abilities, and when the individual looks at the disability as a general disability, then it will be difficult to overcome its real effects, and thus show a state of Weaknesses in other areas, such as emotional states, intellectual states, physical abilities, and self-worth in general. Dembo & Wright (Dembo 1975 and Wright 1983)) called this state of disability the common spread effect (Dembo & Wright;1975:P. 38).

If disability is perceived as a personal trait, then the individual, the trait, and the disability will be one state, namely, a disabled person. .

As for the fourth change (transforming the comparative values into original subjective values), the focus will be on the essence of the thing and the ability or the structure of the individual instead of making a comparison between him and another individual, but if the individual is preoccupied with comparing himself with healthy others, this will lead to the formation of judgments Negative effects on the value of the individual, as well as have negative effects on self-worth and respect (Carl, 2013, p. 34).

According to Dembo & et al, (1975) (When the individual works to bring about the changes mentioned, he will be more accepting of his disability, which leads to his self-esteem, and this was confirmed by the study (Giles, 1990), which indicated that there is a correlation between acceptance of disability and self-esteem.

The results also showed, in addition to the study of Arnold-Oatley, (2005) that the relationship between disability acceptance and self-esteem is two-way, meaning that whenever there is an increase in the acceptance of disability, the corresponding increase in self-esteem and vice versa, and acceptance of disability also effects on the way in which individuals with disabilities perceive others.

Wissel, 1981, study showed that quadriplegics who accept their disability are more positive in the direction towards others and are more accepting of self-concepts, as shown by the study (Linkowski & Dunn, 1974) a significant relationship between acceptance of disability and complete satisfaction with social relations, in addition to having a high degree of self-esteem, as it was also found that individuals with disabilities who accept their disability adapt more than others to their disabilities.

From this point, it is clear that the acceptance of disability has a significant impact on individuals' self-esteem, motivation and adaptation, and that they are more successful in their personal lives. The acceptance of disability by the individual has a significant impact on his success in life, as research has shown that when individuals are able to accept their disability they have higher levels of self-esteem, better coping skills, higher goals, and greater motivation (Dembo & etal, 1956, p. 62).

Theory of the Function of Social Relationships

The author of this theory Weiss (1974) described six different social tasks or supports that can be received from relationships with others, and Weiss claimed that the individual needs these six supports to feel sufficiently supported and to avoid loneliness, although some supports are crucial in certain circumstances or at different stages of the life cycle, each support is received from a particular type of relationship, but several supports can be received from the same person (Weiss, 1974, p. 17).

Support can be divided into broad categories, some related to assistance and others not related to assistance. In the first category, tasks must be appropriate to solve immediate problems in the context of pressure, ie, counseling (giving advice or providing information), and according to Weiss, it can be obtained. Counseling comes from teachers, counselors, or someone in the form of a parent, while trusted people come from family members (Cobb, 1979, p. 102).

Non-help supports do not contribute directly to problem solving and appear to have effects through enhancing self-sufficiency, self-affirmation and importance, which is one of them. Thus, an individual whose self-efficacy is enhanced by support inputs from others is expected to cope effectively and suffer less from the harmful effects of stress than those whose support system does not provide such reinforcements (Cobb, 1979, p.105).

The second type of support is unique to Weiss' theoretical model, in that the most important aspect of interpersonal relationships is the individual's feeling that others need him, so he places the opportunity for nurturing (the feeling that others depend on someone for their well-being) within his conceptual schema. Weiss emphasized that the most important source of the opportunity for care is the offspring of the individual, although the partner is another repeating source, this cannot be considered social support because the individual here is more the donor than the recipient (Kahn, 1979, p. 78).

The last two types of support relate to the presence of emotional attachments: attachment (the emotional closeness from which one derives security) and social integration (the feeling of belonging to a group that shares the same interests and recreational activity). For Weiss, attachment is often provided by the partner, but it can also be received from friends or family relationships, and social integration is often gained from friends, that such bonds can provide comfort, security, pleasure, and a sense of identity to the extent that it has a positive impact on health (Cassel, 1976, p. 107).

Weiss has analyzed the role played by relationships in a mature stage, especially among those who have experienced a major disruption in their lives such as divorce, the death of a partner, retirement, or the occurrence of some health issue. His main interest was focused on concepts of privacy or functional quality of relationships, as well as communication and integration. It is suggested in the first term that people need special reference from relationships and that the presence of more than one source of attribution does not compensate for the deficiency in other fields of attribution. What is important is the total amount of references rather than being specific or specific (Constable & Russell, 1986, p. 20).

Weiss points out that the absence of support within relationships leads to grief, for example, if a person loses the sense of connection, it produces a feeling of deep isolation and loneliness, and the absence of social integration leads to a feeling of weakness, and if the necessary guidance and counseling is not available, one becomes anxious. Perplexed, if one does not provide an emphasis on personal worth and competence, the result is low self-esteem, and also without an opportunity to care for others, the person tends to feel that life is meaningless (Cutrona, 1986, p. 206).

Weiss concept of support through relationships includes both the function or role of social networks and the consequences of deficiencies and deficits through relationships, and it seems that this general framework is appropriate to help clarify and explain the link between social interaction and psychological well-being, as people produce changes in the course of their lives within relationships with close people according to life events such as displacement, retirement, health deterioration, and death of a partner or friend (Schaefer & et.al, 1981, P. 386).

According to Weiss, the need for certain types of support varies in light of many factors. One of these factors is the nature of the stresses that the individual has previously experienced, while the second factor is the stage that the individual goes through in his life, and one of the aspects of the difference in social needs is the link between Age and certain stressful events that occur within a high probability at a particular time in life (such as shape when old), the second aspect may be psychological, and although few theories of evolution dealt with life periods, many theorists such as (Freud, Erikson, and Sullivan) have assumed that there are different social needs in different periods of life, so it seems important to take into account not only the special circumstances of the individual but his stage in life (Russell and Cutrona, 1987, p. 281).

Research Population

The original community of the current research consists of male individuals with acquired mobility disabilities in the city of Baghdad, who are auditors of the Ministry of Labor and Social Affairs, as well as belonging to the disabled group in Iraq. The number of disabled males with acquired mobility disabilities who are registered in the Ministry of Labor and Social Affairs in Baghdad is (4243). Disabled, which was obtained by the two researchers from the Commission for People with Disabilities and Special Needs in the Ministry, as well as the number of disabled people with physical disabilities and belonging to the disabled group in Iraq within the Baghdad governorate (2051), inactivated according to the statistics of the group, but there is no accurate statistics on the total number of disabled people in Baghdad. As, there is not all persons with disabilities are registered with the ministry or the assembly.

The Research Sample

In view of the fact that the current society is not defined, meaning that there is no accurate statistic regarding the number of its members, the sample of the current research was randomly selected with (300) handicapped acquired motor disabilities from males, and by (200) disabled from the auditors of the Ministry of Labor and Social Affairs, and (100) disabled from Registered in the disabled pool in Iraq.

Research Tools:

Achieving the objectives of the current research requires the availability of two tools: the disability acceptance scale, and the social attribution scale. The two researchers were able to obtain two ready-made tools to measure both the acceptance of disability, which is the Groomes 2004 scale, and the Corolan and Russell 1984 social attribution scale. A non-Iraqi foreigner, so the two researchers will Arabize and adapt the two scales to the Iraqi environment for the purpose of using them in measuring disability acceptance and social attribution, and accordingly the two researchers will present a detailed presentation of the steps of affiliation and adaptation of the disability and social attribution scales.

Description of the search criteria:

Groomes 2004 built a disability acceptance scale according to Dembo 1975 theory, which consisted of 32 items distributed over four domains: Transformation by 9 items, Enlargement by 9 items, Containment by 9 items, and Subordination. By 5 items, the scale items are answered according to a list of four alternatives.

As for the social attribution scale, which was built by Carolyn and Russell 1984 based on Weiss 1974 theory, it consisted of 24 items distributed over six domains, with four items for each domain: Attachment, Social integration, and Reliable of alliance), Guidance, Reassurance, and Nurture, and the paragraphs of the scale are answered according to a list of four alternatives.

Translation of the two scales and the validity of the translation:

To achieve the validity of the translation, the two researchers translated the instructions and paragraphs of the Disability Acceptance Scale, whose number is (32) and the Social Attribution Scale, whose number is (24) into Arabic verbatim without any action. A group of experts in the field of translation and psychology, and the two researchers were keen to choose those who have a second language, English besides their Arabic, and asked them to express their opinions on the extent of the accuracy of the translation and to suggest the appropriate amendment, if any, and some experts made slight modifications to some paragraphs. The paragraphs obtained a percentage of 100% agreement.

Paragraph Correction:

In light of the use of the four alternatives mentioned previously, the respondent's answers to the items of the two scales were corrected as follows: the alternative (strongly agree) gets four marks, the alternative (agree) gets three marks, the alternative (I do not agree) gets two marks, and the alternative (Strongly disagree) gets one mark for the paragraphs that are in the direction of the concept (positive paragraphs), and reflects the correction for the paragraphs that are the opposite of the concept (negative paragraphs). According to the respondent, it is (32) while the hypothetical average is (80). As for the social attribution scale, the highest score obtained by the respondent is (96) and the lowest score is (24), while the hypothetical average is (60).

Statistical analysis of the paragraphs of the two scales:

_Calculate the discriminative power of the vertebrae

For the purpose of making sure that the disability acceptance scale and the social attribution scale meet the conditions of honesty, stability and ability to distinguish between individuals, its paragraphs had to be subjected to statistical analysis, so the two researchers applied the disability acceptance scale and the social attribution scale on a sample of (300) disabled, and after retrieving forms Application The paragraphs of the two scales were subjected to statistical analysis by adopting a number of methods:

A- The method of the two extreme groups.

B- The relationship of the paragraph's degree to the total degree of the scale.

C - The relationship of the paragraph's degree with the degree of the field to which it belongs.

D - Relationship of the degree of the field to the degree of other fields and the total degree in the scale.

In light of the foregoing, all paragraphs of the two scales were retained.

Scale stability

In order to extract the stability of the two scales by the method of internal consistency, the statistical analysis sample forms (300) were subjected to the Alpha Cronbach Formula, and the stability coefficient of the disability acceptance scale and the social reference scale reached (0.98).

Standard description of disability acceptance and social support in its final form

The disability acceptance scale in its final form consisted of 32 items, of which (10) are positive items (with the concept), which are items (2, 6, 10, 14, 18, 22, 25, 28, 30, 31) corresponding to four alternatives (strongly agree, I agree, I do not agree, I strongly disagree) and take weights (4, 3, 2, 1), and the rest of the 22 paragraphs are negative paragraphs (the opposite of the concept) and the correction is reflected in them.

As for the social attribution scale, in its final form, it consisted of 24 items, of which (12) are positive items (with the concept), which are items (2, 3, 6, 7, 8, 10, 12, 13, 16, 17, 21, 23) corresponding to Four alternatives (strongly agree, agree, disagree, strongly disagree) and take weights (4, 3, 2, 1), and the rest of the 12 paragraphs are negative paragraphs (the opposite of the concept) and reflect the correction.

Research results, interpretation and discussion

The first goal: to know the acceptance of the disability among the disabled, an acquired movement disability.

To achieve this goal, the two researchers applied the disability acceptance scale to the research sample of (300) individuals, and the results showed that their average score on the scale amounted to (66.19) degrees, with a standard deviation of (23.41) degrees, and when balancing this average with the hypothetical average () For the scale of (80) degrees, and using the t-test for one sample, it was found that the difference was statistically significant and in favor of the hypothetical average, as the calculated t-value was higher than the tabular t-value of (1.96) with a degree of freedom (299) and a level of significance (0.05). Table (1) illustrates this.

Table (1)

T-test for the difference between the sample mean and the hypothetical mean of the disability acceptance scale

Sig. level	Degree of freedom	Tabulated t-value	Calculated t-value	Hypothesis mean	Standard deviation	Arithmetic mean	Sample size
Sig.	299	1.96	10.22	80	23.41	66.19	300

The result of Table (1) indicates that the research sample has a low level of acceptance of disability, and this can be explained by the fact that the individual after his disability feels compelled to play a role or situation in society or the family that is different from what it was in the past, and his situation is usually lower than the situation in which he kept it before the disability, or he would have adapted if his disability was from birth, all of this affects the person's self-concept and acceptance of his disability, as the disabled individual may feel a lot of negative emotions that affect his compatibility such as feeling inferior and devaluing himself and thus not accepting the disability.

According to the Dembo theory, the person with a disability perceiving his disability as one of the calamities leads to a state of disregard for his existing capabilities, and thus lack of adaptation or compatibility and realizing the disability caused by the disability that it will negatively affect the rest of the individual's abilities and the inability to overcome the physical disability, and thus the feeling of losing some physical advantages and increasing Focusing on it and not looking at the rest of the other important values such as work, creativity and friendship, and thus not overcoming the effects of disability and showing weakness in the rest of the emotional and intellectual areas and self-worth in general and thus p Blood accept his disability.

This result is consistent with the Iwakuma study 2011 and the study of Grooms & Leahy 2002, which indicated the low level of disability acceptance among the disabled.

The second objective: to identify the social attribution of the handicapped with acquired movement disability.

To achieve this goal, the two researchers applied the social attribution scale to the research sample of (300) individuals, and the results showed that their average score on the scale amounted to (52.28) degrees and a standard deviation of (19.27) degrees, and when balancing this average with the hypothetical average () For the scale of (60) degrees, and using the t-test for one sample, it was found that the difference was statistically significant and in favor of the hypothetical average, as the calculated t-

value was higher than the tabular t-value of (1.96) with a degree of freedom (299) and a level of significance (0.05). Table (2) illustrates this.

Table (2)

The t-test for the difference between the sample mean and the hypothetical mean of the social reference scale

Sig.	Degree of freedom	Tabulated t-value	Calculated t-value	Hypothesis mean	Standard deviation	Arithmetic mean	Sample size
Sig.	299	1.96	6.94	60	19.27	52.28	300

The result of Table (2) indicates that the research sample has a low level of social attribution, and this result can be explained in the fact that with the desire of individuals with disabilities to achieve acceptance and social integration, and although some developed societies have taken to preparing the basic environment for acceptance and integration, however, it is still Most people with disabilities are affected by stigma and discrimination by others as well as the lack of material and moral support provided by the relevant institutions.

So they are usually less able to cope, less use of problem-focused confrontation and more use of avoidant confrontation, and according to Weiss theory, the reduced sense of the disabled with social support It was because of their feeling that life is meaningless because of their disability, and thus a state of isolation, misery, lack of social integration, a sense of weakness, and a lack of advice from others.

The third objective: the significance of the statistical difference in acceptance of disability among the disabled, acquired movement disability according to the period that has passed since the disability (less than one year, one to five years, more than five years).

To achieve this goal, a one-way analysis of variance was used to identify the difference in acceptance of disability according to the variable of the duration of the disability, and the two tables (3, 4) explain this:

Table (3)

Arithmetic averages and standard deviations of the disability acceptance scale according to the variable duration of disability

Standard deviation	Arithmetic mean	number	Disability duration
11.59	36.77	84	A year or less
7.76	64.32	92	More than one year to five
12.07	87.51	124	More than five
23.41	66.19	300	Total

Table (4)

One-way analysis of variance to reveal the significance of the differences in acceptance of disability according to the variable duration of disability

Sig.	Quotient value F	Mean of squares M.S	Degree of freedom D.F	Sum of squares s.of.s	Source of variance s.of.v
Sig.	555.83	64681.308	2	129362.617	Between groups
		116.369	297	34561.553	Within groups
		----	299	163924.170	Total

The above result indicates that there is a statistically significant difference in the acceptance of disability according to the variable of the duration of the disability, as the calculated t value reached (555.83) which is higher than the tabular maxima of (3) at the level of (0.05) and the degree of freedom (2-297).

In order to find out the significance of the differences between each two periods separately, the researcher conducted a Scheffe test for dimensional comparisons (binary), and Table (5) illustrates this

Table (5)

The values of the differences between the means and Scheffe critical values to know the differences in the acceptance of disability according to the variable of the duration of the disability

Sig.	Scheffe Critical value	The difference between the two means	Arithmetic mean	No.	Comparisons
Sig. at 0.05 in favor of more than one year to five	3.99	27.54	36.77 64.32	84 92	year or less More than a year to five
Sig. at 0.05 in favor of more than five	3.73	50.73	36.77 87.51	84 124	year or less More than five
Sig. at 0.05 in favor of more than five	3.64	23.19	64.32 87.51	92 124	More than a year to five More than five

It is clear from the above table (5) that the acceptance of the disability increases with the increase in the period that has passed since the disability, so the individuals who have passed on their disability for more than five years were more accepting of their disability than those who are less in the time period, and the researcher explains this according to the Dembo theory that the more time passed On disability, the more the individual adapts to his disability and is able to overcome the physical disability and the effects of the disability, and he becomes aware of other capabilities that cannot be underestimated and can be exploited to compensate for his physical loss.

This result is consistent with the findings of the Park 2019 study, which indicated that the disabled person increases in age and the longer a period of time passes on the disability, the higher the level of acceptance of his disability.

Fourth Objective: To know the significance of the statistical difference in social reference among the disabled with a movement disability according to the period that has passed since the disability (less than one year, one to five years, more than five years).

To achieve this goal, a one-way analysis of variance was used to identify the difference in social attribution according to the variable period of disability, and the two tables (6, 7) explain this:

Table (6)

Arithmetic averages and standard deviations of the social reference scale according to the variable duration of disability

Standard deviation	Arithmetic mean	No.	Disability duration
12.17	28.61	84	A year or less
7.62	50.13	92	More than one year to five
7.74	69.91	124	More than five
19.27	52.28	300	Total

Table (7)

One-way analysis of variance to reveal the significance of differences in acceptance of disability according to the social attribution variable

Sig.	Quotient value F	Mean of squares M.S	Degree of freedom D.F	Sum of squares s.of.s	Source of variance s.of.v
دال	512.09	43022.993	2	86045.985	Between groups
		84.015	297	24952.495	Within groups
		----	299	110998.480	Total

The above result indicates that there is a statistically significant difference in the social attribution according to the variable of the duration of the disability, as the calculated t-value reached (512.09), which is higher than the tabular t-value of (3) at the level (0.05) and the degree of freedom (2-297).

In order to find out the significance of the differences between each two periods separately, the researcher conducted a Scheffe test for dimensional comparisons (binary), and Table (8) illustrates this:

Table (8)

The values of the differences between the circles and Scheffe critical values to know the differences in the social reference according to the variable of the duration of the disability

Sig.	Scheffe Critical value	The difference between the two means	Arithmetic mean	No.	Comparisons
Sig. at 0.05 in favor of more than one year to five	3.39	21.52	28.61 50.13	84 92	year or less More than five

Sig. at 0.05 in favor of more than five	3.17	41.30	28.61 69.91	84 124	More than a year to five
Sig. at 0.05 in favor of more than five	3.09	19.78	50.13 69.91	92 124	More than a year to five More than five

It is clear from the table (8) above that the disabled's sense of social support from family, friends and society increases with the increase in the period that has passed on the disability, as it is clear that the individuals who have been disabled for more than five years were more aware of the existence of social support than their peers who have been disabled for a period of time Less.

This can be explained according to Weiss that the disabled and with time he became aware of the support provided to him by others to get out of the state of isolation and increase his integration with them and obtain the necessary advice from them, but that after a while he became providing care to others who are his responsibility and became aware that his life has meaning.

Fifth Objective: The relationship and contribution of social attribution to the acceptance of disability among the disabled, an acquired movement disability.

To achieve this goal, the Pearson correlation coefficient was used to calculate the correlation coefficient between the total scores obtained by the sample members on the scale of acceptance of disability and social attribution. (0.95) which is higher compared with the value of the Pearson tabular correlation coefficient of (0.11) at the level (0.05) and the degree of freedom (298).

In order to find out the contribution of social attribution in accepting the disability among the disabled, the acquired movement disability, the researcher used simple regression analysis after extracting the correlation between the two variables, and table (9) shows that.

Table (9)

Regression variance analysis to identify the statistical significance of the contribution of social attribution to acceptance of disability among a sample of people with disabilities.

Sig	Value F	mean squares M.S	degree of freedom D.F	sum of squares s.of.s	Contrast source s.of.v
Statistically	2606.90	147107.968	1	147107.968	Regression

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significant		56.430	298	16816.202	Remaining
			299	163924.170	Total

Through the above table, it is clear that social attribution contributes significantly to accepting the disability, as the t value calculated for the regression variance analysis reached (2606.90), which is higher than the tabular t value of (3.84) at the level (0.05) and the degree of freedom (1-298).

In order to identify the relative contribution of social attribution to accepting a disability, the (Beta) coefficient was extracted, and the table (10) illustrates this:

Table (10)

The standard beta coefficient of the relative contribution and its statistical significance

Independent variable Correlation coefficient Coefficient of determination Calculated beta value T Significance

Sig.	T Calculated	beta value	Coefficient of determination	Correlation coefficient	Independent variable
Sig.at 0.05	51.06	0.95	0.90	0.95	Social Reference

Through the above table, it is clear that social attribution has a direct, statistically significant contribution to disability acceptance, as the t-values of the standard (beta) coefficient have higher than the calculated t-value of (1.96) at the (0.05) level, which means that (0.90) of the change Disability acceptance is due to social attribution, and the remaining (0.10) of the change in disability acceptance is due to other variables that were not addressed in the study, and this result can be explained according to Weiss that there are many social factors that can affect an individual's adaptation to disability.

The social aspects of disability involve the reactions of others, the environment, and society towards a person with a disability, and these reactions will affect the way the individual perceives himself as a disabled person.

The acceptance of disability is greatly affected by social discrimination against persons with disabilities, as the more individuals with disabilities believe that their work will be devalued and discriminated against, the less likely they are to accept the disability, and this means that individuals' acceptance of the disability is closely related to their perceptions of the societal response to the disability.

This result is consistent with the study of Nakagoshi and Tanemura 2017, which indicated the need of the disabled for material and moral support in order to accept themselves and their disability.

The result is also consistent with Moore's 1998 study, which indicated that self-esteem and emotional support from family and friends played an important role in individuals' adaptation to a disability.

The result is also consistent with the study of Shigaki et al. 2012, which indicated that the stigma of unattractiveness from others has a negative impact on people's acceptance of their disability.

Conclusions:

- 1-There is a low acceptance of the disability among the disabled, an acquired movement disability.
- 2-There is a decline in social support for the disabled with acquired mobility disability.
- 3-The longer a period has passed since the disability, the greater the acceptance of the disability and the social support for the disabled has an acquired movement disability.
- 4- Social support greatly contributes to accepting the disability of the disabled, an acquired movement disability.

References

1. Al-Azzawi, Hashem Khalil: 2018, the parallel report to the government's report on the Convention on the Rights of Persons with Disabilities, the Disabled People's Gathering in Iraq in cooperation with the Handicap International, Baghdad.
2. -Argyle, Michael (1993), *The Psychology of Happiness*, The World of Knowledge, No. 175, Kuwait.
3. Bassiouni, Suzan Sadafa (2006), p. 1, The feeling of happiness and its relationship to stressful life events and social support among a sample of university students, *Journal of the Faculty of Arts, Supplement to the 38th issue, Mansoura University*.
4. Gouda, Saad Aziz (2008), p. 38 The impact of rational emotive therapy and self-affirmation in developing psychological toughness, PhD thesis (unpublished), Al-Mustansiriya University, College of Education.
5. Haddad, Afaf Shukri (1995), The trait of anxiety and its relationship to the level of social support, *Journal of Human Sciences Studies, Journal (28), No. (1), p. 93*.
6. Mahmouda Hakima, Ait et al., The importance of social support in achieving psychological and social adjustment among unemployed youth, *Journal of Human and Social Sciences, second issue, June 2011, p. 2-34*.
7. -Fawaz Ayoub and Zaghoul, Rafea Aqeel (The believers), (2009), p. 341 Perceived Social Support for Victims and Families of the Amman Terrorist Hotel Bombings, *The Jordanian Journal of Social Sciences Vol. 2, No. 3, Jordan*.
8. -Arnold – Oatley , A . E . : 2005 , studenti with physical disabilities adaptation to university , Masters thesis , York University , canada .
9. -Brown , Susan . (2013) . Help – seeking in the event of Psychological distress : a qualitative exploration . PhD thesis , University of Nottingham.
10. -Carl, B. C. (2013). Acceptance of disability in college students.
11. -Cassel, J . : 1976 , The Contribution of the Social environment to host resistance , *American Journal Epidemiology , 104 , 107 – 123 .*
12. -Cobb , s .:1979 , social Support and health through the life course , In M.W. Riley (Ed) , *Aging from Brith to death : Interdisciplinary perspective (P.P 93- 106) Boulder , CO : Westview Press*
13. -Constable , J . f. and Russell , D . : 1986 , The effect of social support and the work environment upon burn out among nurses , *Journal of Human Stress , 12 , 20-26*.

14. -Cutrona , C . E . : 1986 , Social support and depression among the elderly , Journal of personality and social psychology . 51, 201 – 208 .
15. -Dembo , T . , Leviton , G . L . , & Wright , B . A . : 1956 , Adjustment to misfortune A Problem of Social Psychological rehabilitation . Artificial Limbs , 3 , 4 – 62
16. -Dembo , T . , Leviton , G . L . , and Wright , B . A . : 1975 , Adjustment to misfortune : Aproblem of Social – Psychological rehabilitation , Rehabilitation Psychology , 22 (1) , 1- 100 .
17. -Garske, G. G., & Turpin, J. O. (1998). Understanding psychosocial adjustment to disability: an American perspective. *International Journal of Rehabilitation and Health*, 4(1), 29-37.
18. -Grassi , etal (2000) : social support and psychology distress in primary care at tenders . psychotherapy and psycho som . vol . 69 . N . 2 .
19. -Grayson, M. (1951). Concept of “acceptance” in physical rehabilitation. *Journal of the American Medical Association*, 145, 893–896 .
20. -Holahan , Ch and Moos , R.H : (1987) : Personal and contextual determinants of coping strategies , Journal of Personality and social Psychology , vol 52 , N 5 , p. 447.
21. -Kahn , R . L . : 1979 , Aging and Social Support , In M . W . Riley (Ed .) , Aging from birth to death : Interdisciplinary perspective (P.P . 77-91) Boulder , CO : Westview Press .
22. -Kaur, G., & Leong, T. P. (2018). Acceptance of Disability: A perspective from people with disability. *Asian Journal of Behavioural Studies*, 3(1).
23. -Keany, K. c., & Glueckauf, R. L. :1993, Disability and value changes: An overview and analysis of acceptance of loss theory. *Rehabilitation Psychology*, 38(3), 199-210.
24. -Linkowski , D . C . and Dunn,M : 1974 , self – concept and acceptance of disability , Rehabilitation counseling Bulletin , 18 (1) , 28-32
25. -Marinelli , R . P . and Dellorto , A . E . : 1984 , The Psychological and Social impact of Physical disability , New York : Springer Publishing
26. -Moore ,D . : 1998 , Acceptance of Disability and its correlates , The Journal of social psychologh , v01 . 138 , no. 1 , p.p. 13-25.
27. -Park, E. Y. :2019, Rasch analysis of the Disability Acceptance Scale for individuals with cerebral palsy. *Frontiers in neurology*, 10, 1260.
28. -Russell , D . , and cutrona , C . E . : 1987 , The social provisions scal : A multidimensional measure of perc Rived social support , manuscript in preparation .
29. -Schaefer , C . , Coyne , J . C . and Lazarus , R . S . : 1981 , The health – related functions of social support , Journal of Behavioral Medicine , 4 , 381 – 406
30. -Shigaki, C. L., Anderson, K. M., Howald, C. L., Henson, L., & Gregg, B. E. (2012). Disability on campus: a perspective from faculty and staff. *Work (Reading, Mass.)*, 42(4), 559-571.
31. -Tagaki, M. (2016). Research development from acceptance to the meaning of acquired disability in people with impaired mobility in Japan. *Japanese Psychological Research*, 58, 85-109.
32. -Weiss , R . : 1974 , The provisions of social relationships , In Z. Rubin (ED) , Doing unto others (P.P . 17-26) Englewood chiffs , NJ : prentice Hall .
33. -Wickliff , T.V . (2005) . An Empirical Study of the Relations Between Leadership Social Support Networks , Task Autonomy and Emotions in A Technical Work Environment , Unpublished Doctoral Thesis , Texas A&M University .