

RESEARCH ARTICLE

THE EFFECTIVENESS OF A PROGRAM BASED ON RATIONAL EMOTIONAL BEHAVIORAL COUNSELING TO REDUCE THE LEARNED HELPLESSNESS OF THE PHYSICALLY DISABLED IN RIYADH

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Abstract

The present study aimed to find out the effectiveness of a program based on rational emotional behavioural counselling in reducing the learned helplessness of the physically disabled in Riyadh. The researchers used the quasi-experimental approach based on the experimental design. Moreover, the study relied on two tools, namely, the Learned Helplessness Scale, prepared by Quinless et al. translated by the researchers, and a rational, emotional, behavioural, counselling program. The study sample included 20 young people with motor disabilities, equally divided into two main groups, namely, (experimental and control). Their ages ranged between (20-30) years. Moreover, the results of this study reflected that there were obvious statistically significant differences between the mean scores of the experimental and control group members in the level of learned helplessness, after applying the program sessions based on rational, emotional, behavioural counselling. Such differences were related to and in favour of the experimental group. It was also found that there are statistically significant differences between the mean scores of the experimental group in the level of learned helplessness, before and after the application of the program based on rational, emotional, behavioural counselling. These differences were in favour of the post-test. Finally, the results reflected the existence of statistically significant differences between the mean scores of the experimental group in the learned helplessness between the two tests; the post-test and the Follow-up test, of the program based on rational, emotional and behavioural counselling. These differences were in favour of the Follow-up application. *ASEAN Journal of Psychiatry, Vol. 22(8) October, 2021; 1-22.*

Keywords: Rational Emotive Behavioural Therapy, Learned Disability, Physically

Disabled

Introduction

Human societies have been keen to give people with disabilities the care they deserve,

considering them as individuals with all the rights enjoyed by ordinary individuals. Such rights include the right to work and social security according to their ability and readiness [1]. Individuals with motor disabilities have many

psychological and social problems, such as feelings of sadness, anxiety, tension, poor self-confidence, feelings of frustration, trying to compensate for the deficiency, distraction and lack of sleep. They also experience feelings of anxiety of the future and the lack of a positive attitude towards life. These feelings are more prevalent among people with disabilities than ordinary people, as they affect their lives in general [2]. A person with a motor disability can be defined as an individual who has a disability in his movement and vital activities as a result of loss, defect or injury in his joints and bones. This affects his daily functions, and limits his ability to practice his activities normally. Physical disability is a basic manifestation of motor disability in general, as its impact on the individual is due to the fact that each person has a mental image of his body, shape, form and function. Hence, the occurrence of any defect or deficiency in this image in the individual ultimately leads to the emergence of many problems [3]. The motor disability negatively affects the individual's attitudes and tendencies, which leads to an increase in his sensitivity, and his sense of inferiority, especially when he compares his physical condition with his peers. This causes him to have many emotional problems such as fear, jealousy, and problems related to the future including the problem of marriage, and feelings of helplessness [4]. The concept of learned helplessness appeared in the experiments and studies of Martin Seligman in the middle of the last century, in order to identify the impact of traumatic experiences on the individual's sense of helplessness, or the weakness of the ability to control environmental events that he previously controlled, if he tried to answer several questions related to the adequacy of man such as: Is helplessness a learned behaviour? Or what would happen if an individual did not get the results he expected from certain behaviours? [5]. The results of the experiments indicated that helplessness is a learned behaviour that occurs when a person faces a series of failure situations, despite his best efforts to improve the results of the situations. Over time, he begins to form a belief that whatever he does will fail, and consequently becomes unwilling to take any measures to improve the outcome of the situation because he

believes that nothing will change [6]. Therefore, the learned helplessness experienced by people with motor disabilities is a vital problem that needs to be studied and addressed, since its consequences include lack of self-confidence, weak confrontation and problem-solving, distraction, and a sense of hopelessness, in addition to its association with various psychological disorders such as depression, anxiety, phobias, shyness, and loneliness [7]. The present study focuses on this social group by providing a counselling program that aims at developing the ability of individuals with disabilities to get rid of or reduce the level of their learned disability.

The counselling and treatment programs offered to this social group of individuals were numerous, including the programs presented by Al-Qadhi et al. which proved the effectiveness of emotional, rational, behavioural counselling in the treatment of many psychological disorders, mental health and organic diseases among individuals with motor disability and because they are exposed to repeated failures that accumulate over the days, as they are exposed daily to what is called negative feedback, which is a reason for forming distorted knowledge that leads to the formation of knowledge of learned helplessness. Wiz pointed out that learned helplessness is the product of the repeated failure of negative feedback from non-disabled peers, and when looking at the learned helplessness, as it leads to some psychological disorders such as depression, it becomes obvious that the expectations of success are low due to the high risk of failure [8]. Thus, the present study mainly aims to know the effectiveness of a program that is based on rational emotional behavioural counselling in reducing the learned helplessness of the physically disabled individuals, by seeing that humans think, feel and act simultaneously, and seldom feel without thinking. This is because feelings are provoked by realizing a specific situation, and the continuation of the state of emotional disturbance as a result of selftalk, and internal dialogue with oneself, is not determined by the circumstances and events that surround the individual only, but by the individual's perceptions of these events, his attitudes and beliefs about these situations. In this context, Rational Emotive Behavioural Therapy

works to attack negative and selfthreatening thoughts and emotions. It does so by reorganizing cognition and thinking to a degree that the individual becomes logical and rational, using appropriate treatment techniques. Therefore, the researcher sought to study a rational, emotional, behavioural, counselling program, as an appropriate guiding method to reduce the level of learned disability among the physically disabled individuals in the city of Riyadh.

Problem of the Study

There are many psychological, social and interactive problems that people with motor disabilities suffer from, including the feeling of being tired, where the disabled makes a great effort in order to compensate for his physical deficiencies. This leads to an increase of sensitivity level, and adds a psychological burden on it, as people with motor disabilities realize the extent to which they differ from others physically, and that they have limited abilities. Consequently, people with motor disabilities suffer from feelings of frustration, inferiority, intense psychological suffering, emotional instability, negative self-image, sadness, loneliness, and social isolation [9]. The results of the random survey of 33575 families, conducted by the General Authority for Statistics, showed that Saudis with motor disabilities aged 15 and over, face psychological problems [10]. In this respect, such problems include anxiety and depression, morbid and social fears on a daily basis. The results also showed that the percentage (4.1%) disabled individuals suffer from such psychological problems; males (2.1%) and females (2%).

The results of several studies have proven that an individual's exposure to a disability may lead to learned helplessness, according to the study of Yagmur et al, Camacho, Christine et al. [11-13]. Individuals with learning disability suffer from severe difficulties with motivation, where feelings of failure and despair drain their desire to take any action that brings them closer to their personal goals, and make individuals unwilling to learn how to achieve their goals.

The results of the studies conducted by Surilena et al, Al-Qadi et al, Azzam et al, Ulusoy et al.

reflected the effectiveness of rational, emotive, behavioural therapy in treating many mental disorders and organic diseases among individuals with motor disabilities, and its role in modifying behaviour according to modifying thoughts and beliefs, in addition to its ability to raise the level of mental health as well as self-efficacy [11,14]. The problem of the present study has stemmed out from the researcher's experience; her work in centres specialized for people with special needs, and through direct dealing with this social group, sharing their feelings, and understanding the difficulties they face such as difficulties related to health, social, and family aspects, in addition to some problems related to the personality of the disabled individuals as well as the extent to which the disabled individual accepts his disability and adapts to it.

Moreover, the researcher's practical experience in training and preparing student guides within educational centres and institutions, where they may encounter people with special needs, had a significant impact on increasing the her interest in helping and supporting people with special needs in general, and people with motor disabilities in particular.

It became clear to the researchers, through their academic and practical experience with this social group, that the disabled individuals suffer from feelings of helplessness and dependency that were generated in them as a result of not giving them a chance to achieve themselves.

This prompted the researcher to prepare a counselling program that would help people with special needs reduce learned helplessness, selfacceptance, and independence. It does do through building a counselling program based on reducing the level of learned disability among the physically disabled individuals. Thus, they can overcome the situations and difficulties they face with confidence and positivity and achieve the highest levels of mental health.

Questions of the study

The problem of the study is determined in answering the following main question: 'What is the effectiveness of a program based on rational, emotional, behavioural guidance in reducing the

level of learned disability among people with motor disabilities in the city of Riyadh?’

This main question is sub-divided as follows

- Are there statistically significant differences between the performance averages on the scale of learned helplessness for the experimental group for the pre and post measurements?
- Are there obvious statistically significant differences between the level of performance averages of the two groups; the experimental and the control groups, on the learned helplessness scale?
- Are there obvious statistically significant differences between the performance averages on the scale of learned helplessness for the experimental group for the post and follow-up measures?

Objectives of the Study

- To identify the existence of differences between the performance averages on the scale of learned helplessness for the experimental group, according to the two measures: (Pre and post-test).
- To find out the differences between the performances averages on the scale of learned helplessness for people with motor disabilities, according to the group variable (experimental-control).
- To identify the differences between the performances averages on the scale of learned disability for people with motor disabilities, according to the two measures: (Pre and posttest).

Significance of the Study

The importance of this study stems out from the fact that it sheds light on one of the areas of care for people with motor disabilities. Thus, it acquires special importance on both the theoretical and practical levels as follows:

Theoretical importance

- It deals with an important segment of society, namely, those with motor disabilities.

- It addresses an important variable which is concerned with an important social group, and sheds light on the problem of learned disability among people with motor disabilities. Moreover, it paves the way for other researches in this field.
- It sheds light on the nature of the learned disability for people with motor disabilities.
- It is concerned with an important stage of development; the stage of youth, which is important in the formation of a person's identity.
- The lack of studies that dealt with the same topic of the present study.
- It enriches the Arabic library with more research related to the physically disabled social group.

Practical importance

- The possibility of benefiting from the rational-emotive-behavioural counselling program, as a model mentorship programme, to use it in solving the psychological problems of people with motor disabilities within the institutions, centres and clinics concerned with this social group.
- The results and recommendations of the present study may contribute to assisting psychologists, researchers, and parents in facing one of the problems of people with motor disabilities.
- The possibility that decision-makers, concerned with the care and provision of guidance services for people with mobility disabilities, can benefit from this study in formulating laws and regulations that serve this group of society.
- Providing the relevant authorities with an indicative program that has psychometric characteristics that serve this social group.

Delimitation of the Study

Topic

The present study was limited to find out the effectiveness of a rational, behavioural, emotional counselling program in reducing learned helplessness.

Time

This study was conducted during the academic year 1439/1440 AH.

Place

This study was applied to people with motor disabilities who benefited from the association of motor disability for adults (Motor disability) in the city of Riyadh.

Terminology of Study

Rational Emotional Behavioral *Counseling (REBC)*

A psychological counselling intervention developed by Albert Ellis that is uniquely designed to enable individuals to notice, understand, and continually refute the irrational beliefs involved in perfection, duty, and obligation. The basic principle in it is to understand the disabled individual's complaint that he presents, and its irrational source, whether related to oneself, others, or the world. The second principle is refutation. In this way, the disabled individual attacks his irrational beliefs and ideas. The third principle is insight, which means teaching the disabled individual a new perspective of looking at the world. In other words, he learns alternate pathways of beliefs, emotions and behaviour, in such a way that he realizes how he clings to inflexible thoughts, and that these thoughts are what cause him to be disturbed.

It is procedurally defined as: "A set of planned activities and exercises that depend on rational, emotional, behavioural guidance to reduce learned disability among people with motor disabilities. It depends on the following techniques: (Dialogue and discussion, modelling, refutation, self-talk, cognitive reconstruction, reevaluation of bad events, argumentative dialogue, role playing, and awareness of feelings, reverse role playing, rational imagination, and homework).

Learned helplessness

It refers to "The individual's reluctance to exert effort and make attempts when facing obstacles in

educational situations, or when facing stressful situations, as this case reflects a severe decrease in motivation" [15,16]. The definition of people with motor disabilities was adopted procedurally by Quinless et al. who defined it as: "The negative perceptions of the physically disabled young man, through his repeated failure situations, which in turn lead to a decrease in the motivation of the meteorically disabled young man, thus leading him to surrender, and loss of control over incidents and situations. It is measured by the total scores, obtained by the physically disabled individual, on the learned disability scale."

Motor disabled persons

They are known as "Individuals who have an obstacle that prevents them from being able to carry out their physical and motor functions normally" [17]. They can be defined procedurally as: "Individuals of the present study sample, aged (20-30 years) the youth stage who suffer from lower hemiplegia, or loss of the lower extremities, and have a high score on the Learned Disability Scale.

Theoretical background

The concept of learned helplessness emerged in connection with Mower's concept of hopelessness, or despair. The notes of Seligman are considered the birth of the term learned helplessness, as the results of his study to reveal the relationship between fear and learning resulted in what he initially called "acquired helplessness". Seligman's studies were based on Pavlov's classical conditioning. Seligman noted that learned helplessness is a cognitive, motivational, and emotional deficit resulting from exposure to uncontrollable events. Moreover, he indicated in the details of his learned helplessness theory that learned helplessness is: "A psychological state that results when events or outcomes are uncontrollable." *i.e.* the individual cannot do anything about it [18]. Therefore, learned helplessness is a serious problem that needs to be studied, treated and researched, as the consequences of it include lack of selfconfidence and weakness in the face of problem solving such as distraction and a sense of despair, which have dangerous negative consequences for the self and for the society in which the individual lives. The

lack of selfcontrol impedes learning in some situations, and these obstacles make the individual feel unable to succeed [19]. When an individual develops an expectation that many events are uncontrollable, it is considered an act of helplessness as a result of the individual's realization that he is accustomed to failure and the futility of his attempts [19]. Many researchers have been interested in the phenomenon of learned helplessness. They pointed out that it is a complex phenomenon with three basic dimensions, the first of which is related to the strong belief of the individual that he is to blame for his experiences of failure because he lacks the basics for success: "I do not rise to the level of success, I am unable to change events." The second dimension is related to the tendency to generalize the experience of failure, that is, the individual believes that he will fail in all similar situations, while the third dimension is related to the assumption that the experience of failure will always continue [20]. Likewise, the exposure of an individual to learned helplessness may be caused by external circumstances, especially those that he cannot overcome. Thus, he becomes subject to these circumstances and is forced to surrender to them. He stands in confusion in the face of the harsh conditions facing him, and this case is called death before death.

Motor disability is one of the reasons affecting the individual's relationship with the people around him. It may affect the disabled individual more than his ordinary peers, and lead to the presence of many problems such as retreat behaviour and aggressive tendencies.

Among the things that a person with a motor disability suffers from is the loss of his social status in the family or in the society in which he lives. This is the result of his inability to be independent and self-reliant in fulfilling his necessary needs, and the difficulty of his movement in addition to his educational, psychological, physical and social requirements that differ from other requirements of ordinary people. It also varies according to the level of disability and its effects [21-22]. The problem of motor disability is one of the main dangers facing the world nowadays. This is because of the damage it poses to the psychological and social

situation, as the failure to confront it scientifically makes the disabled person in conflict with his family and the surrounding community [23]. Truly, there is no human community that has no disabled individuals, but the difference appears in the nature of its view and its dealings with this social group.

No less than one billion people, that is, about 15% of the world's population, face some form of disability. Besides, the number of people with disabilities is increasing dramatically, due to demographic trends and an increase in the cases of chronic health conditions. It is estimated that there are 190 million (3.8%) people, aged 15 years and more, who face great difficulties in doing their jobs, and often require health care services [24]. Disability plays an important role in the life of a disabled person, affecting it negatively in most cases, which is reflected in the individual's behaviour towards himself and others, whether they are those around him, those close to him, or others with whom he deals. The number of people with disabilities in the Kingdom of Saudi Arabia is estimated at 1,526,000 in 2017, according to the estimates of the General Authority for Statistics in the Kingdom. Moreover, the percentage of Saudis who have mild or severe disabilities is 7.1 of the total Saudis, the percentage of Saudis with disabilities is (7.1%), Saudis who have severe disabilities are 2.9%, the percentage of light disability is 4.1%, and that (65.7%) of the disabled individuals suffer from a motor disability, and that 3.5% of the Saudi disabled have only one disability [10]. Motor or physical disability is considered one of the fastest disabilities that can affect a person at any place or time. Moreover, many situations and circumstances can lead to a motor disability, whether total or partial [25]. A person with a motor disability is considered as that individual who has a disability in his movement and vital activities as a result of loss, defect, or injury in his joints and bones. This affects his normal functions. Physical disability is one of the basic manifestations of motor disability in general. It represents a special importance as a result of the fact that every person has a mental image of his body, shape, body and function. Therefore, any defect or deficiency in this image in a person leads to the emergence of many problems to which the individual is exposed as a result of his disability [26].

Physiological needs are necessary to maintain the individual's survival. Social, psychological and economic needs are also considered essential to the individual's happiness and reassurance. Besides, frustrating them raises anxiety and leads to many personality disorders. The Dictionary of Sociology defines 'need' as: "A state of tension or lack of satisfaction felt by an individual that motivates him to act towards a goal that he believes will achieve his satisfaction" [27]. Counselling is one of the basic services that must go hand in hand with educational and rehabilitative services. This is because counselling is an important part of the comprehensive education process as it helps the human to face and solve problems. In this context, counselling has the following objectives:

- Helping the physically disabled individuals to accept their disability, coexist with their disability, and the consequences it has related to their abilities and capabilities.
- Helping the physically challenged individuals to adapt and coexist with their disability and to face the problems related to their disability.
- Providing the physically disabled individuals with basic information about rehabilitation, training and treatment which is available in their community, and how to obtain them.
- Helping the physically disabled individuals to accept their disability and adapt to it.
- Assisting the physically disabled individuals in carrying out the roles assigned to each of them, and defining their responsibilities.
- Helping families of the physically disabled individual to understand the role they must play; to help him grow, the importance of special education in rehabilitation, as well as the importance of participating in social and recreational activities.

Assisting the families of the physically disabled individual in obtaining information, sources of support, and the necessary services. Since the motor disability represents one aspect of many types of disabilities, it thus makes the physically disabled individuals have needs of a special nature that are in general consistent with the needs of ordinary individuals, and differ in their content to place special needs of the group of the

disabled [26]. These needs can be explained as follows:

Individual needs: It refers to physical needs such as restoring physical fitness and providing prosthetic devices. It also refers to guidance needs such as paying attention to psychological factors, assistance in adaptation, and personal development, in addition to educational needs such as providing equal educational opportunities for those of educational age, with attention to adult education. Finally, it indicates training needs such as opening training fields according to the level of skills, and with the intention of professional preparation for work appropriate for the disabled individuals [28].

Social needs: They denote relational needs such as strengthening the ties of the disabled individual with his society, modifying the society's view of him. It also indicate supportive needs such as educational and material assistance services, transportation and communication forms, tax and customs exemptions, in addition to cultural needs such as providing cultural tools and means, and areas of knowledge. The term also refers to family needs such as enabling the disabled individual to have a proper family life [29].

Professional needs: This term indicates the guiding needs, such as creating the means of vocational guidance early, and continuing with it until the completion of the rehabilitation process. Moreover, it refers to the legislative needs such as issuing legislation in the vicinity of the employment of the disabled individuals and facilitating their lives, and the protected needs such as establishing factories that are protected from competition for this social group, where it is not possible to find work for them with the normal people, as well as integrative needs such as providing opportunities for friction and equal interaction with the rest of the citizens [30]. The responsibility to satisfy the needs of the disabled individuals is a joint responsibility between the disabled individual and the family, relatives and neighbours, associations of public interest, and the concerned government ministries such as the Ministry of Health, the Ministry of Labour and Social Affairs and the Ministry of Education, so that the relevant regional and international organizations play an important role in this regard

[31]. The objectives of psychological rehabilitation are centered on helping the individual to understand himself on the one hand, and to understand the world around him on the other hand, to be able him to appropriately adapt. The objectives of psychological rehabilitation can be summarized according to Al-Qaryouti et al. helping the disabled individuals to understand and appreciate their psychological characteristics, know their physical, mental, social and professional capabilities, and develop healthy, positive attitudes towards themselves [32].

- Reducing the tension, frustration and anxiety that the disabled individuals suffer from, and controlling their emotions and feelings.
- Modifying some wrong behavioural habits.
- Helping to develop a sense of self-worth and respect, and striving to achieve the maximum possible degree of self-realization.
- Training the disabled individuals to manage their affairs, instilling their confidence in themselves and others, their awareness of his limited capabilities, their insight into them, and how to exploit and benefit from them.
- Developing and improving positive attitudes towards life, work and society. The most important services provided to the physically disabled individuals in the process of psychological rehabilitation are according to Obeid.

Psychological counselling services: These are services related to taking care of the disabled individual's adaptation with himself on the one hand, and with the world around him on the other hand, so that he can make sound decisions in his relationship with this world, and to raise the individual to the maximum possible level of development and integration in his personality.

Family counselling services and home education: This includes the participation of both parents in the counselling process, providing support and understanding for them to face the expected problems. It also includes advising parents concerning the environmental services needed by the disabled individual, and ways to inform parents about his progress as a result of psychological counselling.

Behaviour modification services (behavioural therapy): This includes a set of procedures that emerged from the laws of behaviour. Moreover, behaviour modification is an organized process that includes the application of certain remedial procedures, the aim of which is to control the variables responsible for behaviour in order to achieve the desired goals, represented in the desired changing of behaviours with social significance.

Vocational guidance and counselling services: It aims to help the disabled individual and guide him towards choosing the appropriate profession whether for training or working that fits with his inclinations, preparations, and abilities.

Psychotherapy services: Such services deal with the most severe problems that limit the individual's adaptation to his society and his family, and help in making the disabled person adapt to himself on the one hand, and to the world around him on the other. The role of psychological counselling in the process of rehabilitating people with motor disabilities can be summarized as follows:

- Helping the disabled individual reduce his feelings of inferiority, and reduce the comparison between him and others.
- Helping the disabled individual to improve the image that he forms of himself.
- Helping the disabled individual to acquire feelings of security.
- Helping the disabled individual to develop appropriate social relations, and improve the reactions of others towards him.
- Helping the disabled individual to form a suitable lifestyle for his condition.
- Helping the disabled individual to correct his perceptions about himself, and his perceptions about the people around him, and about society in general.

Therefore, there is a strong need to design a counselling program that focuses on the physically disabled individuals to develop their psychological aspects and treat their learned disability. Perhaps this humble attempt may help them to play their role in the society, so that they become producers, not consumers, and to restore their self-confidence and psychological and social compatibility. This can be achieved by

enhancing aspects of psychological security, deepening it in their personalities, and providing them with the necessary services to lead a decent life like the rest of society.

The theory of rational, emotional, behavioural guidance, developed by Albert Ellis, is considered one of the most important cognitivebehavioural guiding methods that proceeded from the fact that the individual's problems and psychological disorders are only the result of his misinterpretation and interpretation of things, based on irrational ideas and illogical and destructive beliefs that he adopts. Ellis focused in his theory on the idea that the behaviour that characterizes the individual is related to the existence of irrational thoughts carried by him, and through which he explains his behaviour. Ellis also believed that the human being is able to get rid of his emotional problems, and his behavioural disorders, and from this point Ellis extracted the assumptions, foundations and strategies of rational, emotional, behavioural guidance that have been proven to be efficient by several studies. It is the theory that the researcher relied on, in the present research, in building the proposed counselling program, based on the importance of psychological counselling.

Previous Studies

Fadwa studied the effectiveness of the cognitivebehavioural therapy program in reducing learned disability and improving self-efficacy among a sample of physically disabled university students. The study sample included 12 physically disabled students from Minia

University, and the results of the study indicated that there is a negative correlation between learned helplessness and self-efficacy. The results confirmed the effectiveness of the cognitive-behavioural treatment program in reducing the severity of learned helplessness behaviours and improving self-efficacy. Besides, it was noted that there were obvious statistically significant differences between the scores of the sample members on the learned helplessness scale and the self-efficacy scale, before and after applying the program. It was in favour of the post-application. The results of the study reflected the extension of the impact of the program two months after its completion.

In this context, Isa et al. conducted a study that aimed at identifying the effectiveness of a counselling program in reducing the level of learned helplessness among a sample of students with learning difficulties. The study sample included 24 students in the fifth grade of primary school who suffered from learning difficulties and a high level of learned helplessness. The results of the study reflected that there were statistically significant differences between the scores of the experimental sample members, before and after the application of program, in favour of the post-application, in addition to the presence of differences between the scores of the control and experimental group members in favour of the experimental group. Finally there were no significant differences between the post- and follow-up measurements of the experimental group.

In this respect, Khalidi conducted a study on the effectiveness of a program based on rational emotive-behavioural therapy in reducing depressive symptoms among adolescents with visual impairment [33]. The study consisted of 14 students with visual impairment, who received a high score on the Beck Depression List. The results of the study reflected a decrease in depressive symptoms by calculating the average ranks of the grades of students with visual impairment, which showed statistically significant differences between the average grades of the members of the two groups; experimental and control, in favour of the control group in the post-application phase.

Afasha also conducted a study on "The effectiveness of a counselling program in improving the body image of children with physical disabilities". The study sample consisted of 26 male and female children with motor disabilities, and their ages ranged from (9) to (12) years. The results of the study obviously reflected the effectiveness of the counselling program in improving the body image of children with physical disabilities.

Al-Nahi studied the learned helplessness of the students of Basrah University, mainly to identify the differences in the learned helplessness of the university students according to the following variables: (gender, specialization, educational

status “pass and fail”) [34]. Based on the findings of the study, the researcher concluded that learned helplessness is the main cause of academic failure, and that females have a higher level of learned helplessness than males. Al Damen et al. also conducted a study that aimed at revealing the effectiveness of a cognitivebehavioural counselling program to reduce learned helplessness and improve psychological resilience among abused children in public schools in Bani Kenana District [35]. The sample of the study included 30 male children who were abused. They were equally divided into two groups: experimental and control. The results reflected that there were differences between the two groups in favour of the experimental group in reducing learned helplessness, and there was an effect of the counselling program on improving psychological resilience and its dimensions. Another study in this context was conducted by Noh et al. [36]. It aimed to reveal the relationship between motor disability and depression, by gender, among adults with motor disabilities. Its sample consisted of 180 persons with motor disabilities, and 150 persons from elderly group. The results of the study confirmed that disability is an influencing factor on depression, and in addition, the gender (malefemale) of people with mobility disability is the effect rate, rather than the risk factor. In addition, the impact of gender concerning the nondisability group, consisting mostly of elderly people, is limited, and on the other hand, the female disability group reflected more depressive symptoms than the male disability group. Moreover, the gender difference concerning the disability group and the role of culture in these differences need more research.

Al-Subhiyain conducted a study that aimed at designing a proposed counselling program that is based on cognitive theory to reduce the level of learned helplessness among students with learning difficulties [37]. The program consisted of 14 counselling sessions for a period of seven weeks. This study reflected the effectiveness of the counselling program based on the cognitive behavioural theory to reduce the degree of learned helplessness among students with learning difficulties. Another study in this respect was conducted by Al-Qaran [38]. It was entitled “The

effectiveness of a proposed program based on the theory of rational behavioral therapy (Albert Ellis) in developing social skills and selfesteem among the physically disabled individuals in a Jordanian sample”. The study sample consisted of 60 individuals with motor disabilities. Moreover, the results of the study proved the existence of a statistically significant effect of the training program, and the presence of apparent differences in favour of females in the experimental group. The results also showed the presence of apparent differences in favour of the age group (18-20) in the experimental group.

And there is a statistically significant effect of the program at the pre-application level. Another study was conducted by Ulusoy et al. It aimed to identify the effectiveness of psycho-education on learned helplessness as well as irrational beliefs among a sample of eighth-grade students, in an elementary school, who have been subjected to parental abuse. This study was conducted in Turkey. Moreover, the study sample consisted of 27 students, including 10 males and 17 females. The results of the statistical analysis reflected that there were obvious statistically significant differences in the learner’s disability between the two groups due to the counselling program, and in favour of the experimental group. At the same time, the results did not show a statistically significant effect of the counselling program attributable to the gender variable.

This indicates the effect of psycho-education in promoting rational thinking, reducing the level of irrational thoughts and learned helplessness, in favour of the experimental group. In this regard, Yagmur et al. conducted a study that aimed at revealing the effectiveness of a program in culture and psychological education for irrational beliefs related to learned helplessness, on a sample of 142 students from the eighth grade of adolescence. The results of the study reflected that there are many irrational thoughts associated with learned helplessness in the study sample. Moreover, one of the most important results of the study was that the psycho-education program based on cognitive therapy effectively contributed to reducing the irrational thoughts associated with learned helplessness in the study sample.

Azzam dealt with the effectiveness of rational emotive therapy in changing false ideas among blind students [39]. The study sample consisted of 20 totally blind students. Besides, the results of this study revealed the effectiveness of the program in changing false ideas about self and others. The results also reflected that there were misconceptions associated with the level of ambition, and the look towards the future life.

Al-Qadi's study also aimed to reveal the effectiveness of a professional intervention program based on rational emotive therapy in reducing social shyness among young people with motor disabilities. The study sample consisted of 20 young people with motor disabilities. The results of the study revealed the effectiveness of a professional intervention program based on rational emotive therapy in alleviating social shyness among young people with motor disabilities. Al-Ruwad also conducted a study that aimed at knowing the effect of a counselling program in treating learned helplessness among tenth grade students in Man schools, and its relationship to the gender variable. The study sample included 60 male and female students, and over the course of 8 counselling sessions. The results of the analysis of variance showed that there were statistically significant differences between the two groups that were attributed to the counselling program, in favour of the experimental group, while the results did not show a statistically significant effect in the experimental group that was attributed for gender change.

Al-Rifai presented a study, entitled "The effectiveness of rational emotive behavioural therapy in modifying methods of attributing learned disability among female students of the college of education for girls in mecca" [40]. This study consisted of 10 female students whose ages range between (19-23) years. The results of the study showed that there were obvious statistically significant differences between the means of the two measurements: Pre and post measurements, for a sample of students. It confirms the effectiveness of the rational, emotional, behavioural treatment program in modifying learned disability attribution methods. Moreover, there are no obvious statistically significant

differences between the average means of the two measurements: Post-test and follow-up, for a sample of students of methods of attributing learned helplessness. It has become clear from the presentation of previous studies that they dealt with several programs and treatment methods to treat several mental disorders and diseases in a different category, and in multiple environments. The present study agrees, in terms of the method used, the variables addressed in the current study (the learned disability) and the target study group (people with motor disabilities), with the counselling program to treat these cases (rational emotional behavioural counselling) as one of the counselling programs for the treatment of such disorders in these groups. But it differs from previous studies in terms of the study category, its population, and the study tools used (the counselling program based on rational, emotional, behavioural counselling) that is codified and used in the Saudi environment after checking its psychometric properties.

Hypotheses of Study

Following what has been presented in the theoretical framework and previous studies, the researcher formulated a number of hypotheses as follows:

- There are obvious statistically significant differences between the performance averages on the measure of learned helplessness for the experimental group for the pre and post measurements, in favour of the post measurement.
- There are statistically significant differences between the performance averages of the two groups: experimental and control, on the scale of learned helplessness, in favour of the experimental group members.
- There are no obvious statistically significant differences between the means of performance on the measure of learned helplessness for the experimental group for the post and follow-up measurements, in favour of the follow-up measurement.

Methodology and Procedures of the Study *Research methodology*

To achieve the objectives of the study, the researcher follows the quasi-experimental approach. It was employed to determine the effectiveness of the program based on rational, emotional, behavioral counselling to reduce the severity of learned disability among people with motor disabilities in the city of Riyadh.

Research population

The population of the present study consisted of all the physically disabled individuals in the city of Riyadh; a number of 3546 disabled individuals. The number of males with motor disabilities reached 1057, while the number of females with motor disabilities reached 2489, according to the statistics of the General Authority for Statistics.

Sample of the study

The experimental sample of the present study was determined after applying the Learned Disability Scale to (60) young males who suffer from motor disabilities only. Their ages ranged between 20 and 30 of the beneficiaries of the Motor Disability Association. This sample was specifically selected from the Motor Disability Association due to the fact that this association focuses on a large age group of people with motor disabilities. Those with the highest scores, between (80-60) degrees, in the Learned Disability Scale were selected, since a higher score means an increase in the individual's suffering from learned helplessness. Moreover, they were randomly distributed through even and odd numbers into two groups: Control (10) and experimental (10).

The following tools have been used to achieve

- A rational, emotional, and behavioral counseling program.

The following is an explanation of these tools:

The following tools have been used to achieve the objectives of the study: *Learned helplessness scale*

The Learned Helplessness Scale, prepared by Quinless et al. was used in the present study. It is a modified and shortened version of the Learned Helplessness Scale prepared by Peterson et al.

The scale preparers reduced the scale into (20) items which were selected out of (50) items, based on their classification as strong indicators of learned helplessness and comprehensive of five factors (comprehensiveness: 7-12), (subjectivity: 9,16,18,19,20), (Persistence: 1, 3,5,6,13,15), (Prediction: 2, 17), (Choice: 4,14).

Each answer was rated on a list of four alternatives: Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4). The score ranges from (20) (low index of learned disability) to (80) (high index of learned disability). Moreover, the scale contained (10) inverse paragraphs (2,3,5,6,10,12,14,16,19,20), and for the purposes of the present study, the characteristics of the psychometric tool were verified as follows:

Psychometric properties of the tools

The characteristics of psychometric instruments have been verified as follows. The validity of the scale was verified through the following:

Table 1. The experimental design of the two study groups (n=20)

Group	Treatment			
	Pre-Measurement	Treatment Program	Post-Measurement	Follow-up Measurement
Experimental	✓	✓	✓	✓
Control	✓	-	✓	-

the objectives of the study:

- Learned Helplessness Scale

Virtual validity: The scale prepared by Quinless et al. was presented to a specialist in languages and translation to translate it from English to Arabic.

Then it was re-translated from Arabic into English to verify the integrity of the meaning of the paragraphs. Moreover, the scale was presented to ten university professors (Psychologists) (n=8). Their observations on the wording of the paragraphs, their clarity and the extent of their relevance were taken into account.

Accordingly, some paragraphs were linguistically reformulated as per the arbitrators' suggestions. Such paragraphs were (I feel that I do not control the outcome of the task, no matter how hard I try to do it, Other people have more power than I do to control their success or failure or both, I try new tasks no matter how I failed similar tasks in the past, I am able to reach my goals in life, I feel that my success reflects my ability undoubtedly, my behaviour seems to affect the success of the work of the group).

Internal consistency validity: To ensure the validity of the learned helplessness scale, the correlation coefficients were calculated between the degree of each item of the scale and the total degrees of the dimension to which it belongs, after deleting the item's degree to verify the validity of the internal consistency of the scale. Table 2 includes a presentation of the results that resulted from the statistical processing of internal consistency validity.

Table 2. Correlation coefficients between the item and the total score of the dimension of the Learned Helplessness Scale (n=60)

No.	Paragraphs	Correlation coefficient
First dimension: Comprehensiveness		
7	When I don't succeed in a task, I avoid doing similar tasks because I feel that I will inevitably fail again.	0.41

8	When things don't go as planned I know it's because I never have the ability to get it done.	0.365
10	I try new tasks even if I have failed similar tasks in the past.	0.62
11	When I'm doing badly, it's because I don't have the ability to do better.	0.572
12	Accept assignments even if I am not sure I will succeed in them.	0.437
Second dimension: Subjectivity		
9	Other people have the ability to determine their success or failure better than me.	0.465
16	I feel like I can achieve my goals in life	0.341
18	No matter how hard I try, things just don't work out the way I want them to.	0.595
19	I always feel that I succeed by my efforts and not because I am lucky.	0.566
20	My behavior seems to affect the success of any group I'm involved with.	0.269
The third dimension: Stability		
1	No matter how hard I try, I can't reach what I want to reach	0.271
3	I can find solutions to difficult problems.	0.521
5	I feel that I do not fully control the course of my life.	0.419
6	I feel that I have the ability to solve most of life's problems.	0.444
13	I feel that I have the ability to solve most of life's problems.	0.529
15	I feel like everyone else could be better than me at most tasks.	0.297
The fourth dimension: Prediction		
2	I feel that my ability to solve problems is the reason for my success.	0.411
17	When I don't succeed in a task, I blame myself for the failure.	0.411
The Fifth Dimension: Choice		
4	I don't put myself in situations where I can't anticipate the outcome.	0.323
14	I am successful in the tasks that I do.	0.323

It is obviously seen in Table 2 that all the values of the correlation coefficients for the expressions between the scores of each item of the scale and the total degrees of the dimension to which it belongs, after deleting the item score exceed (0.2). This indicates the internal consistency of the scale and the possibility of its reliability in the present study.

Concurrent validity: The concurrent validity was verified by applying the scale after verifying the virtual validity with the depression scale prepared by Beck and translated into Arabic by Gharib on a sample of 60 individuals with motor disabilities. Moreover, the correlation coefficients were calculated between the scores of people with motor disabilities in the Learned Disability Scale with their scores in the test, and

it was 0.82, which is a significant value at the level of significance 0.01.

Reliability: The Reliability of the scale was verified by calculating Cronbach's alpha stability coefficient and the split-half coefficient (Spearman), after adjusting the expressions according to the arbitrators' opinions. The total stability value was 0.73 and the split-half was 0.81.

The rational-emotive-behavioural counselling program

The concept of the counselling program: Procedurally, the rational-emotive-behavioural indicative program is defined as a program based on a set of sessions that includes planned activities and exercises that depend on techniques (dialogue and discussion, modelling, refutation and implementation, self-talk, cognitive

reconstruction, re-evaluation of bad events, argumentative dialogue, role playing, awareness of feelings, role-playing, rational imagination, homework) according to rationalemotive-behavioural guidance to reduce learned disability among young people with motor disabilities.

Cognitive and philosophical sources for designing the program: To achieve the objectives of the study, a counselling program based on rational and emotional therapy was built to reduce learned helplessness, after reviewing a number of Arab and foreign studies and counselling programs, in addition to reviewing Arab and foreign scientific books related to the current study topic. Besides, the program's arbitration was done by presenting it to a number of specialists in psychology.

The general framework of the program and its objectives: The general objectives of the program are limited to the fact that it aims to reduce the learned disability of the experimental group members who suffer from motor disabilities. They were selected from the youth category and beneficiaries of the Association of Motor Disability for Adults in Riyadh, in light of the foundations and pillars of the theory of rational emotional behavioural guidance, in addition to introducing the experimental group members to the concept of learned helplessness, its causes and manifestations, the concept of rational, emotional, behavioural counselling and its techniques, and training them on it.

Procedural Objectives of the Program

The procedural objectives of the Program are as follows

- Training people with motor disabilities to logically analyse ideas and replace irrational ideas with rational ones.
- Training people with motor disabilities to reduce expectations of failure and replace them with more positive expectations.
- Work to raise self-esteem by discovering the abilities and potentials that are disabled by people with motor disabilities as a result of their false beliefs about them.

- Raising the motivation of people with motor disabilities by overcoming false beliefs that have a role in enhancing their learned disability.
- Training disabled individuals on ways to solve problems and positive thinking.
- Relaxation training to relieve anxiety and tension.

Training program content

The counselling program consisted of (20) sessions as follows:

- An introductory session that includes (confidence-building, familiarization with the program sessions' themes).
- An introductory session to identify the nature of the problem, and the prior application of the learned helplessness scale.
- A number of 16 sessions to apply the techniques of rational, emotional, and behavioural counselling according to the objectives of each session.
- The ending, evaluation and post application session of the experimental and control groups.
- A follow-up session and the application of follow-up measurement to the experimental group.
- The duration of each session is 45-60 min, twice a week, for a period of ten weeks.

Techniques and skills used in the program

When structuring the program sessions, the researcher relied on a number of guiding techniques on which rational emotional behavioural guidance is based, such as cognitive techniques (dialogue and discussion, analysis of ideas, foresight, problem solving, refutation and persuasion) and emotional techniques (selfdialogue, emotional venting, encouragement) and behavioural techniques (role playing, relaxation, homework).

Table 3. Content of the counselling program sessions

Session	Content	Session	Content
Introductory session	Acquaintance and building trust	Tenth	Overcoming feelings of inability or powerlessness
First	Introduction and application of the pre-measurement	Eleventh	Feeling of powerlessness
Second	Recognizing learned helplessness	Twelfth thirteenth	Feeling of self-blame
Third	Logical analysis of irrational thoughts	Fourteenth	Attacking feelings of selfblame
Fourth	Discussing homework.	Fifteenth	Boosting self-esteem
Fifth	Relaxation training	Sixteenth	Self-esteem (follow-up)
Sixth	Boosting motivation to achieve	Ending Session	Completion of the program and the post-application
Seventh	Discussing homework.	Follow-up Session	Follow-up application
Eight+ninth	Anticipating failure		

Procedures for Verifying the Efficiency of the Counselling Program

The procedures for verifying the efficiency of the counselling program are as follows

Legalization of the counselling program: A sample of the program was presented to a group of arbitrators specialized in counselling and psychotherapy, (n=8) arbitrators, to know their opinions about the appropriateness of the counselling program for the target group, and to verify its objectives, and the appropriateness of the techniques, activities and tools used. Thus, the counselling program sessions have been modified in light of the opinions and instructions of the arbitrators.

Formative evaluation: This is done by following up on the sample’s attendance at the sessions, their performance and commitment to tasks, following up on and discussing homework, and then evaluating the extent to which the goals have

been achieved and getting feedback on the sessions.

Final evaluation: This is done through the evaluation of the program in the last session, through the results of the post-application of the Learned Disability Scale on the two groups (controlling and experimental)

Follow-up evaluation: This is done through the researcher’s application of the Learned Disability Scale to the members of the experimental group to assess the effectiveness of the counselling program after a month has passed from the end of the program’s application.

Data analysis methods: To achieve the objectives of this study, and to verify the hypotheses, the data were analysed using the following statistical methods:

- Arithmetic means and standard deviations.
- Mann-Whitney Test, which is used to find the differences in the arithmetic mean of the experimental and control groups as two independent samples.

- The Wilcoxon Test of correlated samples to test the difference between the arithmetic means of the experimental group in the pre and post measurements.

Results and Discussion

The results of the first hypothesis

To verify the hypothesis of the first study, which stated that “There are statistically significant differences between the performance averages on the scale of learned helplessness for the experimental group for the pre and post measurements, in favour of the post measurement” The Wilcoxon Signed Ranks Test was used to identify the differences between the pre and post application for the experimental group on the learned helplessness scale as shown in the following table:

Table 4. The results of the Wilcoxon test for the differences between the mean scores of the experimental group concerning the learned helplessness before and after applying the program (n=10)

Dimension	Group	Number	Mean	Total ranks	Z value	Significance level
The total score for the learned disability scale	Negative ranks	10	5.50	55.00	-2.807	0.005**
	Positive ranks	0	0.00	0.00		
	Interferences	5	-	-		
	Total	23	-	-		

Table 4 shows that the value of (Z) is statistically significant at a significance level of 0.01 or less. This indicates that there are statistically significant differences between the experimental group’s scores in the learned helplessness scale, before and after the application of the program, based on rational, emotional, behavioural counselling in favour of the post application. This confirms the effectiveness of counselling programs in reducing learned disability among people with motor disabilities. This result is consistent with a number of previous studies as stated in the Fadwa, which aimed to find out the effect of a cognitive behavioural counselling program in reducing learned disability among the physically disabled individuals. This confirms the effectiveness of counselling programs in reducing learned disability among people with motor disabilities.

Moreover, the study of AlRifai examined the effectiveness of rational emotive-behavioural therapy in modifying the methods of attributing learned helplessness among female students of the College of Education for Girls in Mecca, and confirmed the impact of the positive program on the experimental group. The results of the study showed that there were statistically significant differences between the means of the pre and post measurements of the sample. This confirms the effectiveness of the rational-emotivebehavioural treatment program in modifying the methods of attributing learned helplessness. In this list is also the study of Yagmur et al. which aimed to reveal the effectiveness of a program in culture and psychological education for irrational beliefs related to learned helplessness. One of its most important results was that the psychoeducation program effectively contributes to reducing irrational thoughts associated with learned

helplessness among the study sample. This result is explained in the light of the different rational, emotional, behavioural guiding methods and techniques that have been practiced, and various activities with the members of the experimental

studies that confirmed the effectiveness of the rational and emotional counselling program on reducing learned helplessness.

The second hypothesis' results

Table 5. The results of the Mann Whitney test for the differences between the mean scores of the experimental and control groups concerning the learned helplessness after applying the program (n=20)

Dimension	Group	Number	Mean	Total ranks	Z value	Significance level
The total score for the learned disability scale	Experimental group	10	7.10	71.00	-2.58	0.009**
	Control group	10	13.90	139.00		
	Total	20	-	-		

group during the sessions of the rational and emotional counselling program. During the sessions, the researcher discussed the causes of the learned helplessness experienced by the group members, ways to overcome it, and training to modify irrational ideas, using the various techniques and activities of the program, which were represented in lectures and group discussions, reinforcement and role playing, and the relationship between events and ideas (ABC), relaxation, homework, modelling. During the program sessions, the researcher noticed an obvious change in the members of the experimental group, consistent with the results of

To verify the hypothesis of the second study, which states that "There are statistically significant differences between the performance averages of the two groups: Experimental and control, on the scale of learned helplessness, related to, and in favour of the experimental group", the Mann-Whitney test for differences between two independent groups was used to identify the differences between the experimental group and the control group in the post-measures of the learned helplessness scale, as shown in the following table:

Table 5 shows that the value of (Z) is significant at a significance level of (0.01) or less, which indicates that there are obvious statistically significant differences between the mean scores of the experimental as well as control groups in the learned helplessness after applying the program based on rational, emotional, behavioural counselling in favour of the experimental group.

cognitive and behavioral techniques such as Fadwa, which dealt with a cognitive behavioural program to reduce learned disability. The effectiveness of the program based on rational, emotional, behavioral counselling to reduce the learned disability of people with motor disabilities in the experimental group, compared to the control group in the postmeasurement, is due to the techniques used in the program and the sessions that contributed to achieving the desired goal and enabling people with motor disabilities to transform negative thoughts into positive thoughts. This increases the continuity of the effectiveness of the counselling program. The researcher was keen in the current program to

These results are consistent with the results of some previous studies that aimed to reduce learned disability by adopting the rational, emotional, behavioral counselling program, such as, in addition to the results of programs that relied on

select the appropriate techniques for the study sample and the environment in which the program was applied. Moreover, she worked to encourage the experimental group to participate and provide support to them, which made this program a clear impact on reducing the learned disability of the members of the experimental group, and this is almost completely consistent with the results previous studies.

The third hypothesis' results

The third hypothesis of the present study states that “There are no obvious statistically significant differences between the performance averages on the measure of learned helplessness for the experimental group for the post and follow-up measures, in favour of the follow-up measure”. Moreover, the Wilcoxon Signed

It is in favour of the follow-up application. This indicates that there are statistically significant differences between the post and follow-up measurements in favour of the postmeasurement. This confirms the high impact of the program in reducing the learned helplessness of the members of the experimental group, and the absence of this effect between the post and follow-up applications, which confirms the effectiveness of the program.

Therefore, the hypothesis that stats “there are no statistically significant differences in the level of learned helplessness between the average ranks of the experimental group's scores on the scale of learned helplessness, after the application of the counselling program based on rational emotional behavioral counselling and follow-up measurement” is rejected. By reviewing previous

Ranks Test was followed to identify the in the total score of the Learned Disability Scale, differences between the post application and the as shown in Table 6. follow-up application of the experimental group

Table 6. The results of the Wilcoxon test for the differences between the mean scores of the experimental group in the learned helplessness in the post and follow-up measurements (n=10)

Dimension	Group	Number	Mean	Total ranks	Z value	Significance level
The total score for the learned disability scale	Negative ranks	8	6.25	50.00	-2.325	0.02*
	Positive ranks	2	2.50	5.00		
	Interferences	18	-	-		
	Total	23	-	-		

Table 6 shows that the value of (Z) is statistically significant at the level of significance 0.05 and less, between the scores of the experimental group concerning the learned helplessness, between the post- and follow-up application of the program that is based on rational-emotionalbehavioral counselling.

studies, the results of this hypothesis agreed with the study which confirmed the continuous impact of the counselling program after the sessions.

Conclusion

The results of this hypothesis also differed with the study of Issa et al. whose results did not find differences between the post-measurement and follow-up measurements for the members of the

experimental group after the end of the program. This result constantly attributes the impact of the program after the end of the sessions to the appropriateness of the guiding techniques that were addressed during the sessions for the characteristics of the physically disabled youths, providing the appropriate psychological atmosphere and giving them enough time to benefit from the guiding techniques within the sessions, giving them the opportunity to present and discuss their ideas in a way that helps them analyse and find solutions to modify such ideas in proportion to their reality, and try new ways and methods of positive thinking, in addition to learning some behaviours and skills that help them reduce anxiety, fears and feelings of despair, and help them to realize the importance of sharing ideas with others, and to participate in finding effective solutions. The researcher's keenness to follow up on the sample members during the period between the post-application and the follow-up application may have affected the results of the study. The researcher was also keen on directing the program with its techniques in accordance with the health and psychological status of the physically disabled individuals and choosing the time periods that correspond to the conditions of the sample's presence, in addition to dividing the sessions in a period of no more than 60 min, taking into account the health status of the sample.

Recommendations

- Benefiting from the current study program in reducing the learned disability of people with motor disabilities and generalizing it to be applied in all centres of people with special needs in the Kingdom of Saudi Arabia. The researcher noticed the positive impact of the counselling program.
- Preparing therapeutic and guidance programs that will help and rehabilitate people with motor disabilities so that they can adapt in society.
- Shedding more light on the subject of learned helplessness, as it is one of the issues that affect the psychological life of the individual in general, and its consequences affect the individual's achievement and motivation.

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