

قلق المستقبل عند عينة من أمهات الأطفال ذوي الاحتياجات الخاصة في كل من رام الله والبيرة: دراسة مسحية

Future Anxiety Among Mothers of Children with Disabilities in Ramallah and al-Bireh: A Survey Study

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ملخص

هدفت هذه الدراسة التعرف إلى (قلق المستقبل عند عينة من أمهات الأطفال ذوي الاحتياجات الخاصة في كل من رام الله والبييرة: دراسة مسحية)، ولتحقيق الهدف تم تطبيق أداة الدراسة بعد التحقق من صدقها وثباتها على عينة مكونة من (58) أمًا، تم اختيارهن بطريقة العينة المتيسرة من أمهات الأطفال ذوي الاحتياجات الخاصة في منطقة رام الله والبييرة. وقد أظهرت نتائج الدراسة أن مدى تأثير قلق المستقبل على أمهات الأطفال ذوي الاحتياجات الخاصة في منطقة رام الله والبييرة جاءت بدرجة متوسطة، وما يرتبط به من متغيرات يمكن أن تحدث لهم في المستقبل.

كما أظهرت النتائج:

1. لا توجد فروق ذات دلالة احصائية عند مستوى الدلالة ($\alpha=0.05$) في متوسطات قلق المستقبل عند عينة من أمهات الأطفال ذوي الاحتياجات الخاصة تعزى لمتغيرات كل من نوع إعاقة الطفل، عمر الأم، المؤهل الأكاديمي للأم).
2. أن مدى قلق المستقبل عند عينة من أمهات الأطفال ذوي الاحتياجات الخاصة منخفضة بنسبة %55.6، ويعود ذلك إلى الاهتمام الدائم الذي يلقاه ذوي الاحتياجات الخاصة، والدعم الذي تجده الأم من قبل العائلة والمجتمع مما يساعدها ويعينها على القيام برعايته على أكمل وجه وثقة الأم الدائمة بحل أي مشكلة تقابلها الأمر الذي دفع بها إلى عدم الخوف من المستقبل.
3. كما أوضحت النتائج أن قلق المستقبل عند عينة من أمهات الأطفال ذوي الاحتياجات الخاصة كان وما زال يقل مع الوقت نتيجة لرؤية الأم ونظرة المجتمع المتحولة من النابذ لذوي الاحتياجات الخاصة إلى متقبل ومراع لظروفهم والمحاولات المستمرة لفتح الأبواب أمامهم وإشراكهم بالنشاطات المجتمعية المختلفة.

الكلمات الدالة: قلق المستقبل، أمهات، الأطفال، الاحتياجات الخاصة.

Abstract

The purpose of this study is to explore future anxiety among a sample that consists of mothers of children with disabilities. In order to achieve

the objective of the study, the researcher applied a study tool after verifying its validity and reliability on a sample that consists of 58 mothers of children with disabilities. The sample was selected from Ramallah and al-Bireh governorates, using available sampling method. The results of the study showed that future anxiety notwithstanding future occurring variables had medium impact on the mothers of children with disabilities. Additionally, the study showed three main observations. First, there are no statistically significant differences at the significance level of $\alpha= 0.05$ in the averages of the responses among mothers of children with disabilities concerning future anxiety in relation to the variables of the disability type, mother's age, and mother's academic qualification. Second, the level of future anxiety among mothers of children with disabilities is low (55.6%). This is due to the constant care children with disabilities receive, and the constant support their mothers receive from their families and community in order to assist them in looking after their children. Furthermore, the study revealed that mothers have high level of determination and confidence in themselves; they believe in their power to resolve any issue that might encounter them in the future. Finally, the results showed as well that future anxiety among mothers of children with disabilities is decreasing continuously with the passage of time due to the changing perspectives and attitudes of the community towards Persons with Disabilities (PWD). The views have changed from excluding and rejecting PWD to accepting them, meeting their needs and regarding their circumstances. Moreover, the community has made continuous attempts to engage people with disabilities in numerous social activities.

Keywords: Future Anxiety, Mothers, Children, Disabilities.

Introduction

People nowadays live in a constantly changing world. Life is becoming complex and shaping with it unattainable life goals. Even though some goals may be achieved, they do not bring satisfaction or psychological security to the individual. Many people describe the current era as the age of anxiety and tension on the personal and community level. This age is characterized by a rapid rhythm that is very volatile, and it often fosters psychological conflicts, anxiety and stress. Anxiety is the pillar of normal and abnormal psychological life. It is the basis of mental health study, which has received plethora of resources

and research in the scientific community (al-Shab'oun, 2011).

The level of the anxiety among most people usually alternates within an amount that is endurable and does not cause any noticeable distress. However, in some instances, the anxiety level can suddenly or gradually rise to a point that becomes unbearable. At this point, the person cannot orient and channel this anxiety towards positive and productive acts. Consequently, anxiety disrupts the psychological balance of the person and becomes prevalent, affecting his/her behavior and the ability to fulfill psychological needs in a fixable and calm manner. When the anxiety level becomes high, the person loses control over the self and his/her acts. Therefore, behavior becomes abnormal and disturbing. Anxiety is the major cause of all behavior and personality disorder, yet it is also considered, at the same time, the primary catalyst of humankind achievements and innovations (Mousa, 2000). Accordingly, different researchers proposed plans, programs and studies to counter anxiety with all its dimensions and causes, especially in an age where anxiety has surpassed all its normal and accepted levels. Alarmingly, anxiety lays its shadows mostly on Persons with Disabilities (PWD). This issue cannot be ignored; especially that now communities are including PWD in their educational plans and services (al-Hadidi, 1994).

The Study Problem and Questions

Future anxiety among mothers of children with disabilities is receiving an increased interest from studies and researches, in order to learn about the challenges that these mothers face. The various studies tackled the topic of future anxiety and its impact on mothers of children with disabilities. Short-term disturbing implications and long-term pathological effects of anxiety might have sparked this increased interest. Studies have shown that mothers of children with disabilities are mostly concerned about the future and what it holds from the different variables and changing conditions that might impact their children. Variables such as loneliness, alienation, poverty, fatal illnesses, failure in school and social relations, financial needs, loss of job, inability to make major life decisions, marriage and inability to find the right partner, society's rejection, and mortality. All of the previously mentioned variables are factors connected to anxiety and fears from the future. The study problem stems from this issue and

aims at exploring future anxiety among mothers of children with disabilities. The study seeks to answer the following questions:

- What is the level of future anxiety among mothers of children with disabilities?
- Are there differences in the averages of future anxiety among mothers of children with disabilities?

The Study also seeks to answer the following sub-question:

- Are there statistically significant differences at the level of $\alpha= 0.05$ in the averages of future anxiety among mothers of children with disabilities that are due to the following variables: age, type of disabilities and academic qualification?

The Study's Hypotheses

- There are no statistically significant differences at the level of $\alpha= 0.05$ in the average of future anxiety among mothers of children with disabilities in relation to the age variable.
- There are no statistically significant differences at the level of $\alpha= 0.05$ in the average of future anxiety among mothers of children with disabilities in relation to the type of the disabilities.
- There are no statistically significant differences at the level of $\alpha= 0.05$ in the average of future anxiety among mothers of children with disabilities in relation to the academic qualification of the mothers.

Objectives of the Study

This study aims at exploring future anxiety among mothers of children with disabilities. The study specifically aims at examining:

- Future anxiety that is faced by a sample of mothers of children with disabilities.
- Differences in the averages of future anxiety among a sample of mothers of children with disabilities due to the variables of age and type of disability.

Importance of the Study

The study is important because it sheds the light on the following:

- Future anxiety among mothers of children with disabilities.

- The dimensions which form future anxiety that is faced by mothers of children with disabilities.
- The study could constitute an informative resource for other research papers that will tackle future anxiety faced by mothers of children with disabilities.
- The results of the study will reveal the effect of certain variables (age, mother's academic qualification, social conditions, disability type and case severity) on future anxiety that is faced by mothers of children with disabilities.
- The results of the study will help decision makers plan effective counselling programs that would mitigate future anxiety among mothers of children with disabilities.

Limitations of the Study

The researcher conducted this study within the following limitations:

- Human: The sample of the Study consisted of mothers of children with disabilities.
- Time: The study was conducted during the year 2018.
- Place: The study was conducted in the governorates of Ramallah and al-Bireh

Terms and Definitions of the Study

Future Anxiety: An internal feeling of discomfort and psychological discontentment as a result of external social pressures, such as situations where the individual feels threatened by something. The individual feels distressed, disturbed and psychologically unstable. This is associated with an unidentified feeling of fear due to unidentified anticipated issue or event. This feeling can range from mild feeling of disturbance to an overwhelming feeling of fear that cannot be coped with (Ramadan, 2011). Future anxiety is known procedurally in terms of the scores mothers receive on the future anxiety scale.

Persons with Disabilities (PWD): Groups or individuals who differ from each other in terms of their personal, emotional and social characteristics. However, they are similar to their ordinary peers in certain characteristics and common needs. Nonetheless, each type of disability imposes special different needs. Although these groups have certain common needs among each other, they do not represent a homogeneous group; they

are different from each other. If these individuals' special needs were met, they will become active and effective members in the society (Hanafi, 2004).

Hearing impairment: Dysfunction in the hearing process as a result of a disease or any other cause. It can be examined and measured through medical devices. It impedes the acquisition of a language in the ordinary approach (Fahmi, 1980).

Autism: A condition characterized by a series of symptoms such as, predominantly, the child's self-absorption and withdrawal, the lack of social skills and the weak verbal and non-verbal communication, which prevent him/her from performing constructive social interaction with those around him/her. (Yahya, 2003)

Mental Disability: Socially defined as the extent of the individual's success or failure to respond to the social requirements expected of him/her, in comparison with his/her peers of the same age group (al-Khateeb & al-Hadidi, 2011).

Visual Impairment: The educational definition indicates that the visually impaired person is the one who cannot read or write except in Braille writing system (al-Rusan, 2001).

Theoretical Framework and Previous Studies

Theoretical Framework

The first theoretical framework discussed in this study is anxiety. Anxiety is the most common psychological disorder in all communities. Modern civilization is majorly responsible for the widespread cases of anxiety. Although anxiety is the core of all personality and behavior disorders, it is also considered the basis for all known human achievements and innovations (Mousa, 2000). Normal levels of anxiety is the drive of productivity. It is normal to feel anxious when exposed to known reasons or during productivity, yet some people suffer from high levels of anxiety that overwhelm the individual and cripple his/her acts and thoughts. This leads to psychological and behavioral disorders that impede the progress of the individual's life and contentment. The individual will also be subjected to a constant feeling of tension and fear due to anticipating a threat, along with psychological symptoms that might become reflected physically in the actions of the individual. Anxiety might even lead sometimes to a disorder called "Anxiety Neurosis".

Scholars' interest in anxiety led to the development of various definitions for this concept. Al-Khateeb (2003) defines anxiety as "an ambiguous and unpleasant feeling that fosters distress, tension and anticipates self-harm and fear. It places the individual in a psychological conflict." Another definition by Mousa (2000) states that "it is a state of constant fear due to unknown causes, leading to behavioral and physiological responses that affect the overall performance and acts of the individual." On the other hand, Schaefer and Millman (1989) defines anxiety as "a state of unease, disturbance and worry related to future events. Finally, anxiety is perceived as a complex emotion of constant fear due to unknown causes. Its symptoms include: mental instability, unforeseen panic, excessive tension, fast heartbeat, excessive sweat, tremors, trembles, feeling of suffocation, chest pain, nausea, stomachache, dizziness, loss of balance, lightheadedness, the feeling that people are strangers, fear of madness or death, hot flashes and chills in the body, numbness and tingling in the limbs, muscle cramps and aches, inability to relax, increased response to stimulus, concentration difficulty and sleeping disorders (Zahran, 1995).

Children with anxiety are often less popular, less flexible and less creative in comparison with their peers. They tend to be more suggestible, hesitant, cautious, inactive, and have poor self-concept. They are inclined to have excessive dependency on adults and do not express their anger freely, which leads to a vicious cycle where the level of tension and denial of distressing facts increase. In late childhood, the fear of not being loved by parents, teachers or peers is a principal source of anxiety (Okasha, 1988). In adolescence, identity crisis is considered the primary source of anxiety (Schaefer & Millman, 1989). There are five types of anxiety:

1. Objective anxiety: It is a normal anxiety and it is essential in life (Ahmad, 1990).
2. Trait anxiety: Stable anxiety trait that increases the individual anxiety-proneness towards any issue (Ahmad, 1990).
3. Neurotic anxiety: A severe psychological disorder. It is one of the most distressing neurotic cases (Ramadan, 2011).
4. Egotistic anxiety: In which the individual feels guilt and shame. Its source lies in the personality itself. It is an internal conflict and not between the individual and the outside

world (Ramadan, 2011).

5. Achievement Anxiety: A normal response to external stress (exogenous anxiety). It is a type of anxiety associated with conducting exams (Ramadan, 2011).

The second theoretical framework is future anxiety. Future is a principal drive for one's behavior. It allows the individual to set and achieve long-term personal goals. It is an important trait in humans. The psychological inability of some people to achieve long-term plans is linked to a lack of Future Time Perspective (FTP) (Abdelsalam, 1996). People who possess this perspective tend to give great importance to the long-term goals, and they believe that hard work is the mean to achieve these goals. Although FTP is comprised of a cognitive component and a psychological component, the former component dominates as it includes anticipation of threats and exaggeration in forecasting future misfortunes and negative events (Zaleski, 1996). This concept is highly correlated with the concept of future orientation. Both concepts are at the endpoints of the same continuum; the more future anxiety promotes one's productivity and achievement, the more the person approaches future orientation. On the other hand, as one's future orientation decreases, he/she will express more concerns about the future. Consequently, the defense mechanism followed in this case against this anxiety is; focusing on the present, even if future orientation at its maximum level meant aspiring to achieve goals and fulfill wishes (Bader, 2003).

Thinking about the future and forming predictions have become a matter of concern to all societies and nations, especially in economic, social and political future planning. As nations strive to find their position among the other nations, future prediction becomes a primary concern for these nations out of fear of the upcoming misfortunes.

Future anxiety definitions:

Sabri (2003) defines future anxiety as "the fear of anticipated future negative events, resulting from integrating past anxiety, present anxiety and future anxiety together." On the other hand, Ramadan (2011) states that future anxiety is an internal feeling of discomfort and psychological discontentment as a result of external social pressures such as situations where the individual feels threatened by something, or generally feels distressed, disturbed and psychologically instable.

This is associated with an unidentified feeling of fear of an unidentified issue or due to anticipating upcoming event. This feeling ranges in intensity from a mild feeling of disturbance to a more intense feeling of fear that the person cannot cope with.

Most important psychological theories that analyze and explain future anxiety:

1. *Psychoanalysis Theory*

Sigmund Freud, the pioneer of psychoanalysis, believes that anxiety is the basis of neurosis. He described it as an emotional response or painful experience that the individual endures, accompanied with a stimulation that stems from internal organs, which are subject to the autonomic nervous system. Anxiety is an alert to the Ego to take preventive measures against threats. This alert is usually originated from repressed desires, aggressive experiences, or sexual tendencies that the Ego has suppressed before in the unconscious. In this case, the Ego will either react to deter the threat or it will either stay passive and the anxiety will accumulate till the Ego undergoes nervous breakdown (Abdelghafar, 1976). Anxiety is a feeling of impending danger. Birth is the first case of danger and it acts as a model for what follows of similar states. The individual assesses his/her strengths in relation to danger to estimate its level. Consequently, he/she will either recognize his/her inability to encounter this danger physically in case the threat is objective, or to encounter this danger psychologically in case the threat is neurotic. The individual here is oriented by his/her past real experiences (Freud, 1957).

Freud distinguished between two types of anxiety; objective anxiety which is a normal response to a real threat in the physical world, and neurotic anxiety which is a feeling of a mysterious fear and its irrational. The feelings of anxiety means that impulses of the Id that the Superego and Ego have repressed are about to emerge and appear in the conscious once again. Thus, these feelings of anxiety act as an alarm to the Ego and Superego to suppress these impulses and stop them from reaching the conscious (Kafafi, 1999). Horney believed that anxiety is a response to a threat to the principal components of the personality. The Most important reasons behind anxiety is the feeling of incapability, aggression and inferiority. Regardless of the reasons, the individual feels impotent and weak and does not understand one's self or the others, and thinks he/she lives in a hostile world full of contradictions

(In Mansour et al, 1978). Moreover, culture and environment play a role in creating high levels of tension and anxiety, especially if they embed complexities and contradictions. The individual in this case feels incompetent and helpless (Othman, 2002).

Sullivan explained that the most important reason behind anxiety is interpersonal relationships, which are the basis of personality development. Levels of Anxiety and worry can increase among children if there is tension or conflict in the relationship between the mother and the child (In Shuqeir, 2002).

2. *Behaviorism*

Behaviorists believe that anxiety is a conditioned response to a stimulus that is not of a real concern. The repetition of this response makes it a learned response. Woulbian believed that anxiety is the individual's response to disturbing stimuli. It is a fear response provoked by a stimulus that is not of a real concern. These responses are learnt due to past experiences. Thus, anxiety is a classical conditioned response subject to the rules of learning (In Putrous, 2005). Anxiety neurosis is a result of the conflict that arises from feelings of hatred and guilt. Furthermore, Morrow believes that the conflicts and frustrations that cause anxiety result from the child's inability to correlate the values of his/her society with his/her upbringing and socialization methods (In al-Tayeb, 1994).

3. *Gestalt Theory*

This theory indicates that anxiety includes three components, the psychological component which is the internal struggle within the individual to either communicate with the environment to satisfy his/her needs, or to withhold this communication due to either social conscious reasons or conditional ones. The second component is physiological, Behavioral Equivalents of Anxiety. This component includes the hysterical symptoms of anxiety such as shortness of breath and lack of oxygen. The final component is the cognitive component where the person anticipates the dire consequences of one's actions and the impending punishment. Thus, the individual endures anxiety while living in a gap that separates the present from the future, missing proper sequence of life events.

4. *Cognitive Behavioral Theory*

According to this theory, psychological

disorders are due to irrational thoughts as stated in the Rational Emotive Behavior Therapy, or they are automatic thoughts subject to an order according to Ellis Albert theory (al-Khateeb, 1995). On the other hand, Beck and Meichenbaum's theory "Cognitive Restructuring" consider these disorders a result of self-instruction (Abdullah, 2001). According to Ellis Albert, anxiety is a result of an irrational thought adopted by humans. Thus, psychological problems do not stem from the events and conditions themselves, but from the human's interpretation and assessment of these events. (al-Khateeb, 1995).

5. *Cognitive Restructuring Theory*

Following this theory, the basic traits of anxiety disorders are in their core cognitive components. Beck (2000) assumed that there are three steps followed in this theory. The first step is the primary assessment where the individual evaluates the threat. The second step is the secondary assessment where the individual assesses the available resources in order to handle the potential threat. Assessment in these two steps is carried out automatically in the unconscious mind. The level of anxiety depends on these two types of assessments. The third step is the reassessment where the individual assesses the level of the threat. As a result, the individual would either feel hostile and confront or anxious and run away. Thus, thoughts affect one's response to threats.

6. *Cognitive-Behavioral Modification Theory (self-instruction)*

Meichenbaum presented a preventive gradual training to handle stressors through using self-instruction and self-talk. According to the theory, people's self-talk impact their actions greatly. If the self-talk is positive then anxiety level decreases and vice versa (Abdullah, 2001).

Reasons behind future anxiety:

Future anxiety is caused by irrational thoughts of the future and fear of the negative future events. It is also caused by one's feelings of confusion, distress and ambiguity, in addition to anticipating the worst and possessing a negative outlook on life (Abdulmohsen, 2007). This cognitive interpretation is adopted by Aaron T. Beck, who confirmed that future anxiety is a result of distorted thoughts that distort the reality of events, situations, and interactions. This places the individual in a state of fear and anxiety,

leading to a loss of control over one's feelings and rationality, followed by a state of psychological instability and insecurity (Ramdan, 2011).

According to al-Ajami (2004), the reasons for future anxiety are the weak capability of the individual to achieve goals and aspirations, and the feeling that life is worthless. Moreover, future anxiety stems from the inability to separate ambitions from realistic expectations, the inability to predict the future, the lack of data that helps form thoughts about the future, the feeling of alienation and not belonging to the family and society, the inability to adapt to the challenges, and adopting distorted thinking (Hasanein, 2000). Furthermore, future anxiety originates from feeling insecure and torn, suffering from family disintegration and ambiguity of the future. When the individual feels that the future is out of his/her control and that his/her future vision is unclear, he/she becomes incapable of thinking about or planning for the future, increasing anxiety level towards the future (Karrie, Graig, Brown & Andrew, 2000).

Future anxiety also stems from possessing mysterious fear towards what the future holds from challenges, anticipating negative events, feeling distressed and nervous, and feeling depressed from contemplating the future. It can also generate from misperception of and negative outlook on future events, lack of efficiency in dealing with future events, and the inability of the parents to help in overcoming one's challenges (Ashri, 2004). Furthermore, unstable family relations can cause a sense of psychological instability and insecurity, leading to future anxiety. Family relations dominated by quarrels, conflicts, and the absence of a parent and divorce, subject the children to behavioral and psychological disorders such as anxiety, specifically future anxiety (Klein, 1999).

Symptoms of future anxiety:

Symptoms of future anxiety include, escaping from the past, using defense mechanisms and defensive tricks, feeling nervous and uncomfortable due to trivial things, enduring nightmares and sleeping disorders, possessing thought disorder, lack of concentration and social misperception, withdrawal, introversion and loneliness, the inability to improve the standards of living, inability to plan for the future, inflexibility, codependency and irrationality, proneness to have mental and physical breakdown and

psychological damage, withdrawing into routine, lack of confidence in health and livelihood, passive waiting for future events, engaging mostly in preventive acts for self-protection, and avoiding acts that do not have guaranteed results (al-Mashekhy, 2009). Furthermore, according to Molin (1990), future anxiety can lead to intense focus on the present, lack of confidence in self and others, resorting to the past, feeling inadequate, helpless and inferior, withdrawal from constructive activities, uncertainty, sadness, stubbornness, intransigence and pessimism. According to Awad (1996), symptoms of future anxiety also include the inability to achieve self-fulfillment or creativity. Moreover, the individual tends to be negative and feel sad, insecure and unable to face the future. Zaleski (1996) indicated that individuals with high levels of anxiety tend to exert influence on others for securing their future and force and compel others to act as they wish. They are pessimistic towards the future and always generate negative predictions, especially towards global issues. They have low motivation for achievement and poor ambitions (Hasanein, 2000). Mansour et al (1978) indicated that these individuals tend to have low self-esteem and little confidence in their abilities, in addition they tend to blame external factors for unpleasant situations.

Previous Studies

Sabbah's (2016) study aimed at identifying the degree of future anxiety on the siblings of the mentally disabled. The study used the descriptive approach and was implemented on a sample of 90 brothers and sisters of mentally disabled persons in the Chlef Province. The sample was selected randomly. The study was based on the future anxiety scale developed by Salah Kriman (2007). Results showed a medium average of future anxiety for the siblings of mentally disabled persons. The results and sample of the study were discussed from a theoretical framework and based on previous studies.

Mahmoud (2018) conducted a study that aimed at understanding life pressures and their relation to future anxiety affecting the mothers of children with motor disabilities according to some variables at Khartoum Cheshire Home. The researcher used the descriptive approach for the study and implemented it on a simple random sample of 70 mothers of children with motor disabilities. The study used both life pressures scale and future anxiety scale as research tools. After the collection, the data was processed using

the Statistical Package for the Social Sciences (SPSS). The results showed that there is a direct correlation between both life pressures and future anxiety among mothers of children with motor disabilities. The overall attribute for future anxiety among mothers of children with motor disabilities is high. The results also showed that there is no direct correlation between life pressures and the type of education among mothers of children with motor disabilities. Furthermore, there are no statistically significant differences between social conditions, future anxiety and life pressures among mothers of children with motor disabilities.

The experimental study conducted by Salem (2017) aimed at lowering future anxiety and improving livelihood for a sample of mothers of children with minor mental disabilities. The study's purpose was to investigate the effectiveness of a counselling program to lower future anxiety and improving livelihood for a sample of 20 mothers of children with minor mental disabilities at Aziz al-Masri Intellectual Education school and Intellectual Education Training Center in Ain Shams. The research used the following tools: the socio-economic status questionnaire of Abdul Aziz al-Shakhs, the future anxiety scale for mothers of children with minor mental disabilities, the livelihood scale for mothers of children with minor mental disabilities, and the counselling program. The results of the study showed the effectiveness of the counselling program used by the researcher in lowering future anxiety and improving livelihood among mothers of children with minor mental disabilities.

Al-Asmari (2013) conducted a study on future anxiety among persons with hearing impairment and its relation to self-esteem. The study results showed that there is a high level of anxiety among persons with hearing impairment, and there is a negative correlation between future anxiety and self-esteem, the higher the future anxiety, the lower the self-esteem. The sample consisted of 76 individuals with hearing impairment in Dammam, Saudi Arabia. The researcher used a scale for measuring future anxiety and self-esteem. The results of the study showed that the level of future anxiety differed based on the academic level of the individuals (sophomore, junior and senior high school). Moreover, the study revealed the importance of the parents and the family in helping their children with limiting their future anxiety.

Belkilani (2008) conducted a study on the relation between future anxiety and self-esteem in Oslo, Norway. The sample consisted of 110

persons. The results showed that future anxiety level was high among the sample.

Arslan & Ari (2010) carried out a study in Turkey that aimed at exploring future anxiety, psychological identity and patterns of sympathy among high school and college students. The sample consisted of 1525 female and male students. The results of the study showed differences between the dimensions of exploration and commitment in accordance with the level of intimacy and future anxiety. The higher the intimacy level in the personality of the student, the lower the negative behavior becomes and the higher the exploration of the surrounding environment and commitment become. Moreover, fears and future anxiety, which are represented by weak social relations with the others and the inability to live in the surrounding social environment, were found to decrease when intimacy level is high. The results of the study showed that there are statistically significant differences in favor of female students in the dimension of commitment and in favor of male students in the dimension of exploration. Furthermore, there are statistically significant differences in favor of male students in the decline of fears and future anxiety, especially in the economic and educational fields and in having better educational opportunities.

Comments on the previous studies:

Most of the previous studies tackled future anxiety as the primary topic. While the studies addressed the same topic, the variables and the results were various. This study is distinguished from the other studies by its topic which explores the impact of future anxiety among mothers of children with disabilities. The other studies focused on future anxiety and its relation to self-esteem, the level of future anxiety and its relation to life goal and anxiety, future anxiety among persons with hearing impairment and its relation to self-esteem, and some of the variables related to future anxiety and irrational thoughts and psychological pressures. Thus, the importance of this study stems from its unique topic that is very interesting and has never been tackled before. Moreover, other studies revealed that there are high levels of future anxiety among the samples, while the current study showed that the level of future anxiety among mothers of children with disabilities is low.

Methodology

Overview

This chapter provides an insight on the

methodology of the study, its sample, the methods and tools used to gather the information needed by the study and the statistical measures undertaken to analyze the data of the study.

Study Methodology

Based on the nature of this study, the researcher used the descriptive approach to fulfill the requirements of the study in regards to observing and analyzing the problem at hand in real time in an attempt to describe, interpret and predict its results. The researcher finds that this approach is the most effective for this type of study.

Population of the Study

The study population consists of a sample of mothers of children with disabilities in the Ramallah and al-Bireh Governorate for the year 2018.

Sample of the Study

The study sample consists of a total number of 58 mothers using available sampling method due to the difficulty of using random sampling, as the population of the study cannot be restricted and for the lack of official statistics on the number of children with disabilities. In addition to the refusal of some mothers of children with disabilities to participate in the study for shame of having a child with disability in the family. Table 3.1 provides details on the demographic characteristics of the sample.

Table 3.1.

Demographic characteristics of the study sample			
Variables	Number	Percentage %	Missing Values
Type of Child Disability			
Autism	7	12.1	
Mental	17	29.3	-
Visual Impairment	24	41.4	
Hearing Impairment	10	17.2	
Age of Mother			
18-25	4	6.9	
26-30	23	39.7	-
31-36	13	22.4	
37 and more	18	31.0	

Variables	Number	Percentage %	Missing Values
Educational Level of Mother			
Below General Secondary Education Certificate (Tawjihyya)	18	31.0	-
Tawjihyya-Diploma	21	36.2	
Bachelor	19	32.8	

Table 3.1 shows the demographic characteristics in relation to the variables of; type of child disability, age of the mother and educational level of the mother as follows:

- Distribution of the study sample participants according to the type of child disability:

Results from table 3.1 showed that 12.1% of the children suffer from autism, 29.3% from mental disorders and 41.4% are visually impaired, while 17.2% suffer from hearing disabilities.

- Distribution of the study sample participants according to the age of the mother:

Table 3.1 showed that 6.9% of the mothers in the study sample are between the ages of 18-25, while 39.7% are between 26-30, whereas 22.4% are between 31-36 and 31% are 37 years of age and above.

- Distribution of the study sample participants according to the educational level of the mother:

The above-mentioned table showed that 31% of the mothers in the study sample have education below the Tawjihyya level, while 36.2% of them have Tawjihyya-Diploma education levels and 32.8% have Bachelor degrees.

Tools of the Study

The study used the questionnaire as a tool for data gathering. To study the concept of future anxiety among mothers of children with disabilities, the researcher has developed a questionnaire based on the previous literature review. The questionnaire is composed of 41 questions, divided into two sections. The first section consists of general information that include independent variables of the study, as follows: type of child disability, age of the mother and educational level of the mother. On the other hand, section two consisted of a measurement tool from 41 questions.

The answers of the questionnaire were based on the Likert scale five-response categories, as follows:

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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1. Validity of the Study

The validity of the study results were approved by peer-reviewers who provided some feedbacks which were taken into consideration in the final measurement process. On the other hand, the validity of the study was affirmed through the factor analysis for the survey questions, as explained in table 3.2.

Table 3.2.

Results of the Factor Analysis

Number	Future Anxiety among mothers of children with disabilities	Loading factors
Health Factor		
1.	When I visited the doctor he assured me that the pain I feel is due to psychological causes.	.853
2.	I feel very anxious when I imagine getting into an accident which will make me not able to take care of my child with disability.	.869
3.	I feel very anxious when I imagine being dead and not being able to take care of my child with disability.	.857
4.	I get insomnia at night every time I think of the future of my child with disability.	.788
5.	I perspire a lot and fast all the time when I think about my child with disability.	.703
6.	I feel my heart pounding very fast when I think of the future of my child with disability.	.784
7.	I feel that my chest is heavy and in pain all the time.	.830
8.	I feel that my appearance changes constantly, which causes me fear of being unattractive in the eyes of my husband in the future.	.721
9.	I feel very sad when I think of the situation of my child with disability, which causes me shortness of breath.	.806

Number	Future Anxiety among mothers of children with disabilities	Loading factors	Number	Future Anxiety among mothers of children with disabilities	Loading factors
Social Factor					
1.	I avoid talking with others about the future of my child with disability.	.775	5.	I am constantly thinking about my marital relationship since there is a child with disability.	.556
2.	I feel anxious for my other children from the community because they have a brother with disability.	.683	6.	I feel anxious even though my family is around me.	.747
3.	I feel anxious when friends ask me about my child with disability.	.828	7.	My husband does not feel my pain and sadness.	.777
4.	I fear that my social life with my family and friends will crumble in the future.	.704	8.	I do not feel reassured regarding the future of my family since there is a child with disability.	.673
5.	The community perception towards children with disabilities increases my anxiety towards my family because we have a child with disability.	.667	9.	I feel that my husband is unstable regarding the future since there is a child with disability.	.822
6.	I do not feel confident in solving any social issue that I may face in the future with my child with disability.	.818	10.	My husband holds me responsible for our son in all aspects.	.859
7.	I do not have any friends whether males or females to rely on during hard times.	.717	11.	Having a child with disability makes me desperate in achieving a better future for my other children.	.734
8.	Society is filled with cruel people toward people with disability which prone me to anticipate danger for my child at any time.	.770	12.	I fear giving birth to other children with disabilities in the future.	.696
Family Factor			Stresses Factor from Future Anxiety		
1.	I fear that my husband may leave me in the future because of the child with disability.	.851	1.	I believe in the divine destiny, and that fate will bring difficult times to my child with disability in the future.	.740
2.	I feel disturbed anticipating a disaster because there is a child with disability in my family.	.778	2.	I have no clear ambitions in life after I gave birth to my child with disability.	.740
3.	Increased living expenses and low income in my family make me feel anxious for the future of my child with disability.	.865	3.	The future holds unpleasant surprises for me about the future of my child with disability.	.769
4.	I am not satisfied with the level of livelihood of my family in general which prone me to failure in the future.	.828	4.	I feel fear when I think about the future of my child with disability.	.890
			5.	I have faith in life, but I do not think that my child will recover from his disability.	.756
			6.	I cannot cope with life but I also cannot stop thinking about the future.	.832
			7.	Life goes on horribly, which makes me fear the unknown that awaits my child with disability.	.842

Number	Future Anxiety among mothers of children with disabilities	Loading factors
8.	I feel hopeless in life and that it is very hard to improve the future.	.720
9.	I feel that life has no purpose for it holds no clear future for my child.	.745
10.	I am concerned about the deterioration of the situation of my children with disabilities in the future.	.786
11.	I fear not being able to provide a decent life for my child with disability.	.838
12.	I feel that I have no luck now and it will be worse in the future.	.895

All the inputs shown in table 3.2 confirm that the factor analysis of all the questions of the study survey have statistical significances. They benefit from a high level of loading factor and they share a common measurement for scaling future anxiety among mothers of children with disabilities based on the theoretical framework on which the scale was set.

2. Reliability of Study

The reliability of the study and its different axes was measured through Cronbach's alpha internal coefficient as shown in table 3.3.

Table 3.3.

Results of Cronbach's alpha measure of internal coefficient of the study

Item	Cases Number	Questions Number	Alpha Value	Degree
Total	58	41	94	Very high

The reliability of the measurement procedure of the study was validated through Cronbach's alpha measure of internal coefficient for the future anxiety among mothers of children with disabilities and where the value of reliability is 0.94. Thus, the questionnaire is deemed to have a high level of reliability.

Procedures of the Study

After the researcher chose the sample of the study and proved the validity and reliability of the study measuring process, they distributed the

questionnaire to the study sample participants. The total number of participants in the study were 60 mothers in the Ramallah and al-Bireh governorate for the year 2018. The researcher collected 58 questionnaires from the total number distributed, around 97% of the total questionnaires.

Variables of the Study

The current study has one constant variable which is future anxiety among mothers of children with disabilities. It consists of independent variables which are: type of child disability, age of the mother and educational level of the mother.

Statistical Analysis

Upon gathering of the data by the researcher, it was reviewed and prepared to be inputted into a computer. The data was inputted using special codes which transformed the verbal responses to numerical inputs, as follows: strongly agree = 1, agree = 2, neither agree nor disagree = 3, disagree = 4, strongly disagree = 5 for all questions of the questionnaire.

Statistical analysis of the data was performed by extracting numbers, percentages, means/averages and standard deviation. The hypothesis of the study will be proven through the use of the following statistical tests: Factor Analysis, Cronbach alpha, One way analysis of variance, Tukey test, T-test and graphs with the help of a computer and SPSS. To judge the average responses of the sample participants, future anxiety was divided into three levels: low, medium and high according to the following equation:

$$\text{Length of Group} = \frac{\text{High level} - \text{Low level (gradient)}}{\text{Proposed number of levels}} = \frac{5 - 1}{3} = 1.33$$

Thus, the researcher used the mean/average as shown in table 3.4.

Table 3.4.

Mean	
Means	Future anxiety among mothers of children with disabilities
1-2.33	Low
2.34-3.67	Medium
3.68-5	High

Study Results

Overview

This chapter provides a detailed account of

the main results that the study achieved in order to answer its study questions, and validate its hypothesis using the appropriate statistical tools.

The Results of the Study

First— Results of the Study questions:

First Study Question

What is the level of future anxiety among mothers of children with disabilities?

In order to answer the first question of this study, the researcher calculated the mean and standard deviation as shown in table 4.1.

Table 4.1.

Numbers, means, standard deviation and percentages of future anxiety among mothers of children with disabilities

Variable	Number	Mean	Standard Deviation	Percentage
Future anxiety among mothers with children with disabilities	58	2.78	0.67	55.6

The results shown in table 4.1 refer to the extent of future anxiety among mothers of children with disabilities which is low (55.6%) where the mean is 2.78 and the standard deviation is 0.67. Table 4.2 provides the answers of the participants and the order of the questions asked as well as the mean for each question.

Table 4.2.

Means and standard deviation of future anxiety among mothers of children with disabilities

Future Anxiety among Mothers of Children with Disabilities	Mean	Standard Deviation
Health Factor		
When I visited the doctor he assured me that the pain I feel is due to psychological causes.	3.09	1.218
I feel very anxious when I imagine getting into an accident which will make me not able to take care of my child with disability.	3.50	1.218
I feel very anxious when I imagine being dead and not being able to take care of my child with disability.	3.59	1.325

Future Anxiety among Mothers of Children with Disabilities	Mean	Standard Deviation
I get insomnia at night every time I think of the future of my child with disability.	3.31	1.143
I perspire a lot and fast all the time when I think about my child with disability.	2.98	1.162
I feel my heart pounding very fast when I think of the future of my child with disability.	3.12	1.201
I feel that my chest is heavy and in pain all the time.	2.93	1.183
I feel that my appearance changes constantly, which causes me fear of being unattractive in the eyes of my husband in the future.	2.43	1.061
I feel very sad when I think of the situation of my child with disability, which causes me shortness of breath.	3.26	1.292
Social Factor		
I avoid talking with others about the future of my child with disability.	2.52	1.064
I feel anxious for my other children from the community because they have a brother with disability.	2.81	1.221
I feel anxious when friends ask me about my child with disability.	2.41	1.093
I fear that my social life with my family and friends will crumble in the future.	2.19	0.963
The community perception towards children with disabilities increases my anxiety towards my family because we have a child with disability.	2.55	1.202
I do not feel confident in solving any social issue that I may face in the future with my child with disability.	2.28	1.039
I do not have any friends whether males or females to rely on during hard times.	2.36	1.135
Society is filled with cruel people toward people with disability which prone me to anticipate danger for my child at any time.	3.41	1.364
Family Factor		
I fear that my husband may leave me in the future because of the child with disability.	2.34	1.250
I feel disturbed anticipating a disaster because there is a child with disability in my family.	2.50	1.128

Future Anxiety among Mothers of Children with Disabilities	Mean	Standard Deviation	Future Anxiety among Mothers of Children with Disabilities	Mean	Standard Deviation
Increased living expenses and low income in my family make me feel anxious for the future of my child with disability.	3.34	1.163	I cannot cope with life but I also cannot stop thinking about the future.	2.71	1.140
I am not satisfied with the level of livelihood of my family in general which prone me to failure in the future.	3.03	1.123	Life goes on horribly, which makes me fear the unknown that awaits my child with disability.	2.97	1.184
I am constantly thinking about my marital relationship since there is a child with disability.	2.55	1.062	I feel hopeless in life and that it is very hard to improve the future.	2.48	1.112
I feel anxious even though my family is around me.	2.64	1.165	I feel that life has no purpose for it holds no clear future for my child.	2.62	1.152
My husband does not feel my pain and sadness.	2.48	1.232	I am concerned about the deterioration of the situation of my children with disabilities in the future.	2.88	1.285
I do not feel reassured regarding the future of my family since there is a child with disability.	2.69	1.111	I fear not being able to provide a decent life for my child with disability.	3.41	1.285
I feel that my husband is unstable regarding the future since there is a child with disability.	2.12	1.027	I feel that I have no luck now and it will be worse in the future.	2.52	1.314
My husband holds me responsible for our son in all aspects.	2.36	1.180			
Having a child with disability makes me desperate in achieving a better future for my other children.	2.47	1.143			
I fear giving birth to other children with disabilities in the future.	2.86	1.357			
Stresses Factor from Future Anxiety					
I believe in the divine destiny, and that fate will bring difficult times to my child with disability in the future.	3.24	1.406			
I have no clear ambitions in life after I gave birth to my child with disability.	2.43	0.957			
The future holds unpleasant surprises for me about the future of my child with disability.	2.48	1.013			
I feel fear when I think about the future of my child with disability.	3.03	1.228			
I have faith in life, but I do not think that my child will recover from his disability.	3.14	1.357			

Second Study Question

Are there statistically significant differences for the means of future anxiety among mothers of children with disabilities in relation to; type of child disability, age of the mother and educational level of the mother variables?

To answer the second question of the study, the researcher proposed three hypotheses. To validate these hypotheses, the study used the one way analysis of variance to determine the differences between the different means of future anxiety among mothers of children with disabilities in relation to the type of child disability, age of the mother and educational level of the mother variables.

Table 4.3 highlights the results of the one way analysis of variance test to determine the differences between the different means of future anxiety among mothers of children with disabilities in relation to; the type of child disability, age of the mother and educational level of the mother variables.

Table 4.3.

One way analysis of variance test for type of child disability, age of the mother and educational level of the mother

Variable	Source of Variance	Sum of squares	Degree of Freedom	Mean squares	F Value	Statistical Significance
Type of Child Disability	Between Groups	2.453	3	0.81	1.851	0.149
	Within Groups	23.858	54	0.44		
	Total		57			

Type of Child Disability	Number	Mean	Standard Deviation
Autism	7	3.23	0.74
Mental	17	2.86	0.67
Visual Impairment	24	2.69	0.52
Hearing Impairment	10	2.51	0.87

The results show that there are no statistically significant differences at $\alpha=0.05$ for the means of future anxiety among mothers of children with disabilities in relation to the type of child disability variable.

Variable	Source of Variance	Sum of squares	Degree of Freedom	Mean squares	F Value	Statistical Significance
Age of the Mother	Between Groups	2.332	3	0.77	1.751	0.168
	Within Groups	23.979	54	0.44		
	Total	26.311	57			

Age of the Mother	Number	Mean	Standard Deviation
18-25	4	2.85	0.26
26-30	23	2.73	0.62
31-36	13	3.12	0.69
37 and above	18	2.57	0.71

The results show that there are no statistically significant differences at $\alpha=0.05$ for the means of future anxiety among mothers of children with disabilities in relation to the age of the mother variable.

Variable	Source of Variance	Sum of squares	Degree of Freedom	Mean squares	F Value	Statistical Significance
Educational Level of the Mother	Between Groups	0.672	2	0.33	0.721	0.491
	Within Groups	25.639	55	0.64		
	Total	26.311	57			

Educational Level of the Mother	Number	Mean	Standard Deviation
Below Tawjihyya	18	2.94	0.79
Tawjihyya-Diploma	21	2.71	0.59
Bachelor	19	2.78	0.66

The results show that there are no statistically significant differences at $\alpha=0.05$ for the means of future anxiety among mothers of children with disabilities in relation to the educational level of the mother variable.

The inputs from table 4.3 show the following results:

1. There are no statistically significant differences at $\alpha=0.05$ for the means of future anxiety among mothers of children with disabilities in relation to type of child disability variable. Thus, the hypothesis was accepted.

2. There are no statistically significant differences at $\alpha=0.05$ for the means of future anxiety among mothers of children with disabilities in relation to age of the mother variable. Thus, the hypothesis was accepted.

3. There are no statistically significant differences at $\alpha=0.05$ for the means of future anxiety among mothers of children with disabilities in relation to educational level of the mother variable. Thus, the hypothesis was accepted.

Discussion of Results and Recommendations

Discussion of the Results related to the Study Questions

1. What is the degree of future anxiety among mothers of children with disabilities in the Ramallah and al-Bireh governorate?

Based on the study data related to the question above, the researcher concluded that the responses of mothers in the city of Ramallah and al-Bireh in relation to future anxiety was low. The response ratio was 55.6% compared to the total percentage. The researcher projects this finding to the constant care received by people with disabilities and the support mothers receive from the family and community as well which helps fulfill the care services and the everlasting confidence of mothers to surpass any adversities which will help them overcome fear of the future and anticipate it. This study is in line with the study conducted by Sabbah (2016) which aimed at identifying the degree of future anxiety on the siblings of the mentally disabled. Results showed a medium average of future anxiety for the siblings of mentally disabled persons. In the other hand, the study contradicts Mahmoud's (2018) study which aimed at understanding life pressures and their relation with future anxiety on the mothers of children with motor disabilities according to some variables at Khartoum Cheshire Home. The overall attribute for future anxiety among mothers of children with motor disabilities is high.

2. Are there differences in the means of future anxiety among mothers of children with disabilities?

The results of this question concluded that the responses of mothers in the city of Ramallah and al-Bireh in relation to future anxiety were low. The response ratio was 55.6% compared to the total percentage. The researcher projects this finding to the vision of mothers regarding the change in the community view toward people with disabilities. The change from a discriminatory view to a more accepting one, care about disabled circumstances and an eager approach to enroll them into the community's activities and open the doors in front of them for new opportunities as well as finding specialized centers and institution that provide good care services for them.

Discussion of the Results of the Hypotheses

1. The results of the study showed that there are no statistically significant differences at $\alpha=0.05$ for the means of future anxiety among mothers of children with disabilities in relation to the type of child disability variable. The researcher attributes this to the similarities between the observations of the mothers of children with disabilities in this particular variable as a result of akin similarities to all types of disabilities, and that the services provided to all types of disabilities are somewhat compatible.
2. The results of the study showed that there are no statistically significant differences at $\alpha=0.05$ for the means of future anxiety among mothers of children with disabilities in relation to the age of the mother variable. The researcher attributes this to the similar outlook of mothers at all ages concerning future anxiety for people with disabilities.
3. The results of the study showed that there are no statistically significant differences at $\alpha=0.05$ for the means of future anxiety among mothers of children with disabilities in relation to the educational level of the mother variable. The researcher attributes this to the cultural similarities between the mothers of children with disabilities as well as the cultural interaction and dialogue between mothers of children with disabilities.

Recommendations

In light of the findings of this study, the researcher recommends the following:

1. Provide a healthy environment suitable for children with disabilities and their mothers by making available psychologists in the centers for people with disabilities.
2. Encourage researchers to focus more on future anxiety and its social and psychological impact on mothers of children with disabilities.
3. Focus on preparing counselling programs that help lower the level of future anxiety among mothers of children with disabilities.
4. Hold constant seminars and workshops for mothers on how to deal with their children with disabilities.

References

International References:

1. Arslan, E. & Ari, R. (2010). Analysis of ego identity process of adolescents in terms of attachment styles and gender. *Procedia - Social and Behavioral Sciences*, Vol. 2(2), 2010, pp. 744-750. doi: <https://doi.org/10.1016/j.sbspro.2010.03.095>.
2. Freud, S. (1921). Group psychology and the analysis of the ego. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud*, Vol. 18, pp. 65-144. London: Hogarth Press.
3. Karrie, J., Craig, K., Brown, J., & Andrew, B. (2000). Environmental Factors in the Etiology of Anxiety. *Neurop psychopharmacology: the fifth generation of progress*, 2008. Retrieved from: <http://www.acnp.org/g4/GN401000127/Default.htm>.
4. Klein, K. (1999). The relationship between interpersonal meaning systems and future orientation, vol. 61(1).
5. Molin, R. (1990). Future Anxiety: Clinical Issues of Child in the Latter Phases of Foster Care. *Journal of Child & Adolescent Social Work*, Vol. 7(6), pp. 501-512.
6. Zaleski, Z. (1996). Future anxiety, concept, measurement and preliminary research. *Personality and individual Differences*, Vol. 21(2), pp. 165-174.

Arabic References:

1. أحمد، س. (1995) (Ahmad, S.): قلق الشباب (Youth anxiety)، القاهرة: مجلة دراسات نفسية رانم، ج 3.
2. الأسمرى، م. (2013) (al-Asmari, M.): قلق المستقبل وعلاقته بتقدير الذات عند المعوقين سمعياً (Future anxiety and its relation to self-esteem for hard of hearing)، رسالة ماجستير كلية التربية، البحرين: جامعة البحرين.
3. بدر، إ. (2003) (Bader, I.): مستوى التوجه نحو المستقبل وعلاقته ببعض الاضطرابات عند الشباب الجامعي (Degree of orientation toward the future and its relation to some disorders

(with university youths
الدراسات النفسية، المجلد 13، العدد 38. ص

4. بطرس، ح. (2004) (Butros, H.): خفض حدة بعض اضطرابات القلق عند أطفال ما قبل المدرسة (Decreasing the severeness of some anxiety disorders for children post-school)، بحث منشور لمركز الإرشاد النفسي، مصر: جامعة عين شمس.
5. بلكيلاني، إ. (2008) (Belkilani, I.): تقدير الذات وعلاقته بقلق المستقبل عند الجالية العربية المقيمة بمدينة أوسلو في النرويج (Self-esteem and its relation to future anxiety for Arabs living in Oslo-Norway)، رسالة ماجستير غير منشورة، الدنمارك: الأكاديمية العربية المفتوحة في الدنمارك.
6. بيك، أ. (2000) (Beik, A.): العلاج المعرفي والاضطرابات الانفعالية، ترجمة عادل مصطفى (Cognitive therapy and emotional disorders.)، (Tans. A. Mustafa)، القاهرة: دار الافاق العربية.
7. الحديدي، م. (1994) (al-Hadidi, M.): دمج الأطفال المكفوفين في المدارس العادية من وجهة نظر المعلمين (Integrating blind children in regular schools from the point of view of teachers)، مجلة أبحاث اليرموك، سلسلة العلوم الانسانية والاجتماعية، المجلد 15، العدد 3، عمان، الأردن.
8. حسانين، أ. (2000) (Hasanein, A.): قلق المستقبل وقلق الامتحان وعلاقتهم ببعض المتغيرات النفسية (Future anxiety & exam anxiety: Their relation to some psychological variables)، رسالة ماجستير، كلية الآداب، مصر: جامعة المنيا.
9. حنفي، ع. (2000) (Hanafi, A.): العمل مع أسر ذوي الاحتياجات الخاصة ()، عمان: دار العلم والايمان للنشر والتوزيع، ص 27.
10. الخطيب، م. (2003) (al-Khateeb, M.): علم النفس الفسيولوجي (Physiological Psychology)، كلية التربية، غزة: جامع الأزهر.
11. الخطيب، ج.، والحديدي، م. (2011) (al-Khateeb, M. & al-Hadidi, M.): التدخل المبكر (Early intervention)، ط5، عمان: دار الفكر.
12. رمضان، م. (2011) (Ramadan, M.): قلق المستقبل وعلاقته ببعض المتغيرات عند طلبة كليات التربية

- Future anxiety and its relation to some) variables for students at the Faculty of Education), رسالة ماجستير، كلية التربية، بغداد: جامعة النبار.
- 13.الروسان، ف. (1989) (al-Rusan, F.): سيكولوجية الاطفال غير العاديين، مقدمة في التربية الخاصة (The Psychology of unusual children: An introduction to special education), عمان: مكتب الجامعة.
- 14.الروسان، ف. (2001) (al-Rusan, F.): سيكولوجية الأطفال غير العاديين: مقدمة في التربية الخاصة (The Psychology of unusual children: An introduction to special education), ط 5، عمان: دار الفكر للنشر والتوزيع.
- 15.زهران، ح. (1995) (Zahran, H.): علم نفس النمو، الطفولة والمراهقة (Developmental psychology: Childhood and Adolescence), ط 5، القاهرة: عالم الكتب.
- 16.سعود، ن. (2005) (Saoud, N.): قلق المستقبل وعلاقته ببعض سماتي التفاؤل والتشاؤم (Future anxiety and its relation to the traits of optimism and pessimism), رسالة دكتوراه غير منشورة، كلية التربية، سوريا: جامعة دمشق.
- 17.الشبؤون، د. ا. (2011) (al-Shaboun, D.): القلق وعلاقته بالاكتئاب عند المراهقين (Anxiety and its relation to depression in adolescents), مجلة جامعة دمشق، المجلد 27، العدد 3 و 4.
- 18.شقيير، ز. (2005) (Shuqeir): مقياس قلق المستقبل (Future anxiety scale)، القاهرة: مكتبة الإنجلو المصرية.
- 19.شيفر، ش.، وميلمان، ه. (Schaefer, C. & Millman, H.) (1989): مشكلات الأطفال والمراهقين وأساليب المساعدة فيها، ترجمة نسيمه داود ونزيه حمدي (How to help children with common problems), (Trans. H. Nazeeh & N. Daoud)، الأردن: منشورات الجامعة الأردنية.
- 20.صبري، إ. (2003) (Sabri, E.): بعض المعتقدات الخرافية عند المراهقين وعلاقتها بقلق المستقبل (Some superstitious beliefs and their relation with future anxiety and motivation for achievement), القاهرة: المجلة المصرية للدراسات النفسية، المجلد 13، العدد 38.
- 21.الطيب، م. (1994) (al-Taye, M.): مبادئ الصحة النفسية (Principles of Mental Health)، الإسكندرية: دار المعرفة الجامعية.
- 22.عبد السلام، س. (1990) (Abdelsalam, S.): منظور زمن المستقبل كمفهوم دافعي معرفي وعلاقته بكل من الجنس والتخصص والتحصيل الأكاديمي عند طلبة كلية التربية جامعة الزقازيق (The future time perspective as a cognitive motivation concept and its relation to gender, specialization and academic merit for students at the Faculty of Education at Zagazig University), مجلة دراسات نفسية، المجلد 5، العدد 4.
- 23.عبد الغفار، ع. (1976) (Abdelghafar, A.): مقدمة في الصحة النفسية (Introduction to Mental Health)، القاهرة: دار النهضة العربية.
- 24.عبد المحسن، م. (2007) (Abdulmohsen, M.): فعالية الإرشاد النفسي في خفض قلق المستقبل المهني عند طلاب كلية التربية بأسيوط (The effectiveness of psychological counseling in decreasing career future anxiety for students at the Faculty of Education in Assiut University), رسالة ماجستير غير منشورة، كلية التربية، مصر: جامعة أسيوط.
- 25.عثمان، م. (2002) (Othman, M.): التدخل السريع في الازمات ومدى قابلية التطبيق في الواقع الفلسطيني (rapid crisis intervention and the degree of applicability in Palestine), غزة: جامعة القدس المفتوحة.
- 26.العجمي، ن. (2004) (al-Ajami, N.): بناء اداة لقياس قلق المستقبل عند طلاب وطالبات جامعة الملك سعود (Developing a tool to measure future anxiety for students at King Saud University), رسالة ماجستير غير منشورة، الرياض: جامعة الملك سعود.
- 27.عشري، م. (2004) (Ashri, M.): قلق المستقبل وعلاقته بالمتغيرات الثقافية (Future anxiety and its relation with cultural variables), المؤتمر السنوي الحادي عشر للإرشاد النفسي، القاهرة:

- جامعة عين شمس. (Mental Health)، القاهرة: دار النهضة العربية.
28. عكاشة، أ. (1988) (Okasha, A.): الطب النفسي المعاصر (Contemporary Psychiatry)، القاهرة: مكتبة الإنجلو المصرية.
29. عوض، م. (1996) (Awad, M.): أثر كل من العلاج المعرفي والعلاج النفسي وتخفيف قلق المستقبل عند عينة من طلبة الجامعة (Impact of both cognitive therapy and psychotherapy and the alleviation of future anxiety for a sample of university students)، رسالة دكتوراه غير منشورة، كلية التربية، مصر: جامعة طنطا.
30. فهمي، م. (1980) (Fahmi, M.): مجالات علم النفس، سيكولوجية الأطفال غير العاديين (Areas of psychology: The psychology of unusual children)، القاهرة: مكتبة مصر.
31. كفاقي، ع. (1999) (Kafafi, A.): الارشاد والعلاج الاسري (Counseling and family therapy)، سلسلة المراجع في التربية وعلم النفس، القاهرة: دار الفكر العربي.
32. محمد، ع. (2001) (Mohammad. A.): العلاج المعرفي السلوكي (Behavioral cognitive therapy)، القاهرة: دار الرشاد.
33. مسعود، س. (2006) (Masoud, S.): بعض المتغيرات المرتبطة بقلق المستقبل عند عينة من المراهقين (Some variables connected to future anxiety among a sample of teenagers: A diagnostic study)، رسالة ماجستير غير منشورة، مصر: جامعة طنطا.
34. المشيخي، غ. (2009) (al-Mashekhy, G.): قلق المستقبل وعلاقته بفاعلية الذات ومستوى الطموح لطلاب جامعة الطائف (Future anxiety and its relation to self-efficacy and motivation degree for students at Taif University)، رسالة دكتوراه، كلية التربية، المملكة العربية السعودية: جامعة ام القرى بمكة المكرمة.
35. منصور، ط. واخرون (1978) (Mansour, T. et al.): أسس علم النفس العام (Principles of general psychology)، القاهرة: مكتبة الإنجلو المصرية.
36. موسى، ر. (2000) (Mousa, R.): الصحة النفسية