



**An-Najah National University
Faculty of Graduate Studies**

**VISUALLY IMPAIRED ADULTS' EMOTIONAL
MATURITY AND PERCEIVED LONELINESS**

**By
Ayat Ali Sulieman**

**Supervisor
Dr. Denise Berte**

**This Thesis is Submitted in Partial Fulfillment of the Requirements for the Degree of
Master of Clinical Psychology, Faculty of Graduate Studies, An-Najah National
University, Nablus - Palestine.**

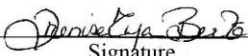
2024

VISUALLY IMPAIRED ADULTS EMOTIONAL MATURITY AND PERCEIVED LONELINESS


By
Ayat Ali Sulieman

This Thesis was Defended Successfully on 11/3/2024 and approved by

Dr. Denees Zeel
Supervisor


Signature

Dr. Amjed Abojedi
External Examiner


Signature

Dr. Fayes Mohamed
Internal Examiner


Signature

II

II

Dedication

To my dearest parents, whose unwavering love and endless support have been my guiding light throughout this journey. Your belief in me has been the foundation of my success, and I dedicate this work to you with heartfelt gratitude.

To my cherished friends for being the pillars of strength and joy in my life. Your encouragement and camaraderie have made every challenge seem conquerable, and I dedicate this endeavor to our enduring friendship.

Lastly, I would like to extend my gratitude to my mentors and advisors, who have guided me through the difficulties of this journey. Your wisdom, guidance, and encouragement have been instrumental in helping me reach this point. Thank you for your unwavering support and belief in me.

This thesis is a culmination of my hard work and dedication, and I am proud to present it as a tribute to all who have supported me on this journey.

Acknowledgment

I would like to extend my heartfelt appreciation to my supervisor, Dr. Denise Berte, for her exceptional guidance, continuous support, and profound expertise throughout the duration of this research. Dr. Berte's unwavering commitment to academic excellence, insightful feedback, and dedication to my intellectual growth have been instrumental in shaping this work.

I also wish to express my gratitude to the library management and staff for their invaluable assistance in providing access to resources and helping me locate the necessary information. Their support was crucial in conducting comprehensive research and gathering the required materials.

Furthermore, I would like to acknowledge the generous contributions and resources provided by funding organizations, groups, and institutions that made this research possible. Your support played a pivotal role in facilitating the successful completion of this study.

To all those mentioned above and to everyone who contributed in any way, I sincerely thank you for being an integral part of this academic journey. Your support and collaboration have been invaluable, and I am profoundly grateful for your contributions.

Declaration

I, the undersigned, declare that I submitted the thesis entitled:

VISUALLY IMPAIRED ADULTS' EMOTIONAL MATURITY AND PERCEIVED LONELINESS

I declare that the work provided in this thesis, unless otherwise referenced, is the researcher's own work, and has not been submitted elsewhere for any other degree or qualification.

Student's Name: Ayat Ali Sulieman

Signature: آيات سليمان

Date: 11/3/2024

Table of Contents

| | |
|--|------|
| Dedication..... | III |
| Acknowledgment..... | IV |
| Declaration..... | V |
| Table of Contents..... | VI |
| List of Tables..... | VIII |
| List of Appendices..... | IX |
| Abstract..... | X |
| Chapter One: Introduction..... | 1 |
| 1.1 Literature Review..... | 3 |
| 1.2 Visual Impairment (VI)..... | 4 |
| 1.2.1 Definition, classification and prevalence of Visual Impairment..... | 4 |
| 1.2.2 VI's psychosocial impact..... | 5 |
| 1.2.3 Inclusivity and integration..... | 10 |
| 1.3 Disabilities among Palestinians in Israel/Palestine..... | 14 |
| 1.3.1 Disability among Palestinians living in Israel..... | 14 |
| 1.3.2 Disability among Palestinians living the Occupied Palestinian Territories..... | 16 |
| 1.3.3 Inclusivity and integration within Palestinian universities..... | 18 |
| 1.4 Perceived Loneliness..... | 20 |
| 1.4.1 Loneliness and social isolation: Definition, prevalence and associated factors.... | 20 |
| 1.4.2 Health outcomes of perceived loneliness..... | 26 |
| 1.4.3 Perceived loneliness and VI..... | 29 |
| 1.5 Emotional Maturity..... | 32 |
| 1.5.1 Aspects of Emotional Maturity..... | 32 |
| 1.5.2 Emotional Maturity, VI, and Perceived Loneliness..... | 36 |
| 1.6 Statement of the research problem..... | 40 |
| 1.7 Research Objectives..... | 40 |
| 1.8 Research Hypotheses..... | 41 |
| Chapter Two: Methodology..... | 42 |
| 2.1 Study Subjects..... | 42 |
| 2.2 Instruments of the Study..... | 42 |
| 2.3 Procedure..... | 43 |
| 2.4 Statistical Analysis Methods..... | 44 |
| Chapter Three: Results..... | 45 |

| | |
|---|----|
| 3.1 Introduction..... | 45 |
| 3.2 Results Related to the Questions of the Study | 45 |
| Research Questions..... | 45 |
| Hypotheses:..... | 46 |
| Chapter Four: Discussions and conclusions | 49 |
| 4.1 Discussion..... | 49 |
| 4.2 Implications of the research | 52 |
| 4.3 Limitations of research | 53 |
| 4.4 Conclusion | 53 |
| 4.5 Future Recommendation..... | 53 |
| Reference | 57 |
| List of Abbreviations | 66 |
| Appendices..... | 67 |
| الملخص..... | ب |

List of Tables

| | |
|--|----|
| Table 1: Means and SD for both groups | 47 |
| Table 2: Pearson correlations for visually impaired participants | 48 |
| Table 3: Pearson correlations for sighted participants..... | 48 |

List of Appendices

| | |
|--|----|
| Appendix A: Emotional Maturity Scale | 67 |
| Appendix B: The loneliness Scale | 70 |

VISUALLY IMPAIRED ADULTS' EMOTIONAL MATURITY AND PERCEIVED LONELINESS

By
Ayat Ali Sulieman
Supervisor
Dr. Denise Berte

Abstract

This study investigates the relationship between emotional maturity and perceived loneliness among Arab individuals aged eighteen and above with visual impairment in Israel and the West Bank, comparing them to sighted individuals. A total of 231 participants, comprising 193 sighted and 38 visually impaired individuals, were included in the study. Emotional maturity and perceived loneliness were assessed using the UCLA Loneliness Scale and The Emotional Maturity Scale. Data were collected through social media, local welfare institutions, and personal social networks and analyzed using the Welch T-test.

The results indicate a significant inverse relationship between emotional maturity and perceived loneliness. Moreover, there were notable differences in emotional maturity and perceived loneliness levels between the visually impaired and sighted participants, particularly in terms of social maladjustment and regression. However, no significant differences were found in emotional instability and personality disintegration.

This study sheds light on the emotional and social challenges faced by visually impaired individuals, highlighting the need for tailored interventions and support systems to promote emotional growth, reduce loneliness, and enhance overall well-being.

Keywords: Emotional maturity; perceived loneliness; adults

Chapter One

Introduction

Vision is essential to every aspect and stage of life in a culture that is based on the ability to see. The capacity to see is a foundational element of all societies. Modern life is structured around sight in towns, cities, economics, education systems, sports, media, and many other areas. As a result, eyesight supports daily tasks and promotes success at every stage of life (WHO, 2019). However, at least 2.2 billion people worldwide suffer from near or distant vision impairment. Nearly half of these cases, or at least 1 billion, involve vision damage that either might have been avoided or is still unaddressed (Kisa et al., 2020).

As a result of becoming completely blind, a person becomes more dependent on his other senses, which makes moving around more challenging and slower. This limitation is often cited as the most serious side effect of vision impairment. A visually impaired person's limitations impact both their ability to experience new things and their ability to maintain healthy social relationships, which can lead to feelings of loneliness (Pandey, 2018).

Individuals with (VI) frequently deal with various psychological constraints that impede their participation in a diverse type of social activities. This exclusionary environment can cultivate feelings of inadequacy which in turn impact their emotional maturity (Ongtango et al., 2018). Moreover, a cross-sectional study done in 2021, highlights that visually impaired people of all age groups, but particularly the older ones, are more likely to experience loneliness than those without (VI). Additionally, strong correlations exist between loneliness and young age, old age, severe degree of impairment, and unemployment. The results of this study highlight the importance of initiatives to support and broaden the social networks of people with visual disabilities, not only as they age but also as they enter adulthood (Saskia, 2021).

Emotional maturity, a multifaceted construct, encompasses an individual's capacity not only to comprehend but also to effectively govern and express their emotions in a constructive manner. This encompasses elements such as self-awareness, empathy, and the skill to establish and nurture meaningful relationships (Majumdar & Das, 2019).

In Palestine, at least 130,000 Palestinians suffer from some form of (VI), and at least 70% of them are women. On the other hand, according to the Israeli Central Bureau of Statistics 4952 Arabs suffer from (VI) in 2021 [CBS], 2022). Moreover, in addition to having a sensual disability, Palestinians and Arab Israelis suffer from psychological consequences from living in a conflict-based environment where they are looked at as a minority. So, their standing in this society may affect them in a more complex way than visually impaired people elsewhere (Presler-Marshall et al., 2020).

These effects are hardly studied, and putting a focus on them in the psychological studies field may help enhance opportunities of intervention and psychological help that could aid at integrating them more into society. From here comes the need for this study that aims at studying the impact of visual impairment and its relationship with loneliness and emotional maturity among Palestinians and Arab Israelis.

The second chapter, the literature review, is comprised of four main parts. Firstly, knowledge regarding (VI) is introduced with its main definitions and classification and its prevalence rate. Literature about its psychosocial impact on visually impaired individuals is presented, followed by literature regarding the issue of inclusivity and integration, mainly in the education system and in the labor market.

The second part of the literature review focuses on the construct of “loneliness” with its various connections with other factors such as age and gender. Then, it presents findings about its psychosocial effects on individuals who experience it, and ends with findings about its connection with VI.

The Third part deals with the concept of “Emotional maturity”. It begins with findings about the different aspects of emotional maturity and moves on to present some findings that show the connections between emotional maturity, perceived loneliness, and VI.

The fourth and final part of the literature review deals with findings regarding disabilities among the Palestinian community. Firstly, focusing on Palestinians within the state of Israel, then moving to focus on Palestinians in the Palestinian Occupied Territories (East Jerusalem, the West Bank and the Gaza Strip), and ending with findings about integration of disabled people into Palestinian universities. The literature

review chapter then continues to present the statement of the research problem as well as the research objectives and hypotheses.

The third chapter presents the study's methodology, its subjects. Instruments, procedure and statistical analysis method. Then, the study's findings are presented in the fourth chapter and are discussed in the fifth chapter. The fifth chapter also includes the implications and limitations of the study as well as the conclusion and future recommendations that stem from the discussion.

1.1 Literature Review

The current chapter will present a summary of previous research on (VI) as well as its psychological impacts such as loneliness and emotional maturity on people of different demographic background and the relationship between those two variables, as well as between them and VI.

The first section deals with (VI), its main definitions and classification, its prevalence rate, its psychosocial impact on visually impaired individuals and ends with presenting the issue of inclusivity and integration, mainly in the education system and in the labor market.

The second section presents findings involving disabilities among the Palestinian community. Focusing on Palestinians within the state of Israel and in the Palestinian Occupied Territories (East Jerusalem, the West Bank and the Gaza Strip), and ending with findings about integration of disabled people into Palestinian universities.

The Third section focuses on "loneliness" and its various connections with other factors such as age and gender. It presents findings about its psychosocial effects on individuals who experience it, and ends with findings about its connection with VI.

The fourth section deals with the concept of "Emotional maturity". It begins with findings about the different aspects of emotional maturity and moves on to present some findings that show the connections between emotional maturity, perceived loneliness, and VI.

The fifth section presents the statement of the research problem the sixth presents the research objectives and the seventh and final section presents the study's hypotheses.

1.2 Visual Impairment (VI)

This section presents findings about the topic of (VI). It begins with its main definition in 2.1.1 and presents the main classification systems utilized in its conceptualization and some findings about its prevalence. Then, in 2.1.2, VI's psychosocial impacts are presented by presenting findings about its effects in the cognitive and sensory domains, its effect on mobility, on the development of social skills, self-concept, emotional distress, depression and (QOL). Lastly, in 2.1.3, the topic of integration is presented, beginning with its definition and rationale and moving to focus on integration within educational systems – schools and university – and integration within the labor market.

1.2.1 Definition, classification and prevalence of Visual Impairment

Vision is considered one of the essential functions for humans supporting most of the everyday life and social functioning (Saskia, 2021). A functional deficiency of the eye(s) or visual system brought on by an illness or disease that makes it more difficult for a person to carry out daily tasks is referred to as (VI) (Parrey & Alswelmi, 2017). (VI), which refers to a permanent and serious loss of clarity and/or field of vision and/or other functions of the visual system (Brunes et al., 2019a; Brunes et al., 2019b; Brunes & Heir, 2020; Kong et al., 2021), caused by an impairment to the eye or to the visual nervous system, limiting a person's ability to see (Ongtangco et al., 2018). It is usually considered to be a barrier to accessing information, to interacting with the environment and to mobility and orientation (Brunes et al., 2021).

Although many times academic and clinical professionals treat VI as one phenomenon, it is a complex condition with a lot of heterogeneity in terms of the affected visual function, the age in which it began, its severity, its causes, its progression rates and its prognosis (Brunes et al., 2019a; Brunes et al., 2019b; Brunes & Heir, 2020). People with VI are all of the people who suffer from vision loss ranging from partial to complete (Shehada et al., 2023) and they can be distinguished and classified in accordance to the effect of their VI on the visual field; low vision or blindness (Kong et al., 2021), in terms of them having moderate VI to severe VI, unspecific VI, or blindness, as well as in terms of their VI being acquired or congenital (Brunes et al., 2019a; Brunes et al., 2019b; Brunes & Heir, 2020; Saskia, 2021; WHO, 2016). The VI is considered congenital when it results from a hereditary condition or from a defective

or missing part of the visual system since birth (pre-natal) and is considered acquired when it results from disease or damage that occurred after birth (post-natal or adventitious) (Pandey, 2018).

At least 2.2 billion people worldwide are blind or visually challenged and suffer from near or distant vision impairment. Nearly half of these cases, or at least 1 billion, involve vision damage that either might have been avoided or is still unaddressed (Brunes et al., 2021; Kisa et al., 2020; Kong et al., 2021; Shehada et al., 2023). These numbers keep going up yearly, and are expected to continue rising (Shehada et al., 2023), especially if no improvements are made to current services (Chiang et al., 2010). However, it is important to note that research shows that the prevalence of VI and its causes differ between countries as well as within countries (Parrey & Alswelmi, 2017). In the future decades, there will be a sharp rise in the number of persons with eye disorders, (VI), and blindness due to population expansion, ageing, behavioral and lifestyle changes, and urbanization (Brunes et al., 2019b; Brunes & Heir, 2020; Kisa et al., 2020; WHO, 2019).

According to The (WHO), almost 90% of people with VI worldwide live in low-income areas, and over 80% of these VI are considered preventable and able to be treated, with early detection and intervention, but continue to exist nonetheless because of a lack in care services (Kisa et al., 2020; Parrey & Alswelmi, 2017). For example, research shows that in India, there are more disabled people in rural rather than urban areas, and that the most common cause of disability is poverty because of it causing people to live in more crowded settings, have more malnutrition and less access to medical care and/or vaccinations and to good education or care during pregnancy and birth (Bhuvanewari et al., 2016).

1.2.2 VI's psychosocial impact

Since vision has an essential role in our ability to grasp our environment, a loss of vision might hinder our ability to live a normative life (Shehada et al., 2023). Vision's central role in the development of mobility, socialization and functioning, makes its loss result in the lowering people with VI's functioning, the weakening of their social and emotional adaptation and even their social exclusion (Ongtangco et al., 2018). It has been established that VI also affects children's cognitive development both directly as a

causal factor which handicaps the child and prevents him or her from normative development as well as indirectly by deeply affecting the child's ability to undergo the processes of gathering, storing, organizing and retrieving information (Pandey, 2018), and that it might lead people to require support in their most basic daily tasks and emotional and social functioning, exploration and navigation (Shehada et al., 2023).

It is estimated that almost 85% of the information that we learn comes through vision (Pandey, 2018), which may shed some light on part of the reasons that VI has a bigger limiting effect on the person if it is congenital rather than acquired (Ongtangco et al., 2018). For example, according to Berthold Lowenfeld (as quoted in Pandey, 2018), having vision problems "sets three basic limitations" on the person. i.e. (i) Restrictions on the range and depth of experiences, (ii) Restrictions on mobility, (iii) Restrictions on environmental control and how one views oneself in connection to it.

As a result of becoming completely blind, a person becomes more dependent on his other senses, which makes moving around more challenging and slower. This limitation is often cited as the most serious side effect of vision impairment (Pandey, 2018). Children's lack of ability to visualize their environment and the potential dangers existing in it and their lack of familiarity with foreign places might lead to restricted mobility and sensory deficiency as well as delayed motor development (Ongtangco et al., 2018). Mobility is considered to be a capacity that consists of two interrelated components, both of which require vision to develop; physical locomotion which refers to an organism's movement through its organic mechanisms, and mental orientation which is the individuals' ability to recognize their surroundings as well as the temporal and spatial relations to themselves (Pandey, 2018).

In addition, vision and visual experiences are essential in conceptions development. Since the process of forming concepts requires classification, in the sense of noticing similar and different characteristics, it heavily depends on vision. A person who is visually blind can only learn about an object's spatial characteristics by touching and seeing it. Kinesthetic experiences are crucial in this kind of information. Direct contact with the items being observed is required to conduct any touch observations. Color perception is one feature of vision that can only be done by the retina and cannot be done by any other sensory organ. Therefore, children who are visually impaired

sometimes only understand a portion of an item since touch needs physical contact with the thing being seen. Another reason for this limitation is that, unlike vision, which is active as long as the eyes are open, and hearing, which is active continuously until its organ is obstructed, the sense of touch typically only operates if it is being utilized for cognitive purposes. The reduced range and quality of cognition that sensory defects cause, make children with VI also encounter slower intellectual development and many educational difficulties (Pandey, 2018).

Moreover, many children with VI experienced delayed communication because of their inability to read body language and the physical cues that usually occurs with speech (Ongtangco et al., 2018). (VI) affects expressive movements, such as frontal expressions or gestural behavior, in the social elements of a person's life in addition to speech because many of them are learned through visual imitation. As a result, those who are blind or visually challenged are frequently uncomfortable or even afraid of being seen in social outings. They are frequently fearsome of being observed by the social environments, which consequently might lead them to be constantly tense, anxious and self-consciousness (Bhuvanewari et al., 2016; Pandey, 2018). In addition, lip movement is considered an important part of language development and understanding, which gets severely limited for children with VI (Pandey, 2018). The social reaction to people with VI, mostly stemming from the fact that VI tend to be more easily visible than other disabilities, determines their adjustment and the personality problems that are created, or not created, for them. Extreme neglect or over protection of children by their parents causes them to have behavioral deficiencies and causes many visually impaired children to experience varying degrees of anxiety, anger, and adjustment issues (Bhuvanewari et al., 2016).

The barriers that the VI causes also include limitations on their spontaneity in their decisions to engage in various social activities or pursuit of knowledge (Pandey, 2018). Since adolescence is a transition phase in which a person moves from childhood to adulthood, it involves complex adjustments and difficult achievement of academic, interpersonal and emotional developmental tasks, and also new explorations and developments of skills, interests and identities. Hence, adolescents with VI show deficiency in their verbal social skills which results from social exclusion and or lack of opportunities for socialization, interpersonal confusion and miscommunication, and

perceived inferiority. In fact, since many people with VI were considered as inferior in their school and/or home environments, they grow up with a bruised self-concept (Ongtangco et al., 2018), self-esteem, body image (Shpigelman & Vorobioff, 2021) or self-stigma (Kong et al., 2021). These effects combine together and lead the person with VI to be detached both from his or her physical environments and from the social ones (Pandey, 2018)

As young adults, individuals usually begin dating and finding serious romantic partners to explore emotional and physical intimacy and to marry and create families with them. One's experiences with social acceptance and popularity, and with his or her romantic and physical attractiveness have detrimental effects on his or her identity development. However, the normative discourses in this domain and the beauty models exclude (PWD), making them be often perceived as incompetent, weak, unattractive and even asexual. Individuals with VI lack the ability to see their own body and to imitate others' behaviors and appearance, which produces for them many difficulties in initiating and in maintaining romantic interactions. This, according to research, coupled with their own internalization of the stigma and their parents overprotection and low expectations, narrows down the number of opportunities for young (PWD) to meet a partner and develop romantic relationships, and increases the chances of them remaining single or the changes of (PWD) choosing to remain in unhealthy or abusive relationships (Shpigelman & Vorobioff, 2021).

As adults, people with VI keep experiencing many difficulties in their daily lives. They receive partial information and experience less mastery over themselves and their environments and experience barriers in their interpersonal interactions and communications (Kong et al., 2021). Notably, also for people who lost their vision rather than were born with its loss, changes in the self-concept are considered to be the most frequent during the adjustment process (Saskia, 2021). A study in Kenya showed gender differences in the self-concept of students with VI, with girls having higher self-concept, which affects their academic achievements (Pandey, 2018). In Kenya and in India gender was also found to affect the anxiety and the aggression levels among student with VI, with girls having higher academic anxiety and boys having more aggression, which in turn affects their social and personal adjustment (Bhuvaneshwari et al., 2016; Pandey, 2018).

Furthermore, because of their social isolation and stigmatization, adolescents with VI are more exposed to secondary conditions such as emotional distress and depression (Ongtangco et al., 2018) this heightened risk of depression carries on with them into adulthood. Notwithstanding the large variations in the prevalence between different studies and the difficulty in delineating causal links between VI and depression, since depression also affects visual function, many research across settings and countries and based on diverse study designs, consistently shows a strong correlation between VI and high prevalence of anxiety and depression, which function as an additional disability interfering with people's lives and their processes of vision rehabilitation and social integration (Bhuvaneswari et al., 2016; Brunes & Heir, 2020; Choi et al., 2018; Khurana et al., 2021; Saskia, 2021). In parallel, findings also show that adjustment to the loss of vision, independently of its severity, is in its turn also associated with depression (Pandey, 2018) and that anxiety significantly influences the social and the personal adjustment levels among students with VI (Bhuvaneswari et al., 2016).

All of the challenges created for people with VI in their daily living create systemic conditions of unsafety for them. The difficulties in exploring and navigating unfamiliar environments and moving between different ones, make it unsafe for them especially when spaces are not designed with their accessibility in mind (Shehada et al., 2023). Systematic research reviews done in the past found that people with VI are more prone to “potentially traumatic events” and are much more exposed to traumatic events such as falls and injuries, and that VI might affect their ability to manage dangerous events and situations (Brunes et al., 2019b). Visual or hearing disabilities, therefore, were found to be a potential contributor to suicidality (Khurana et al., 2021).

According to a 2018 systematic review, sensory impairments in older people are significantly linked to their quality of life. (QOL) is reduced as hearing impairment or (VI) severity increases (Tseng et al., 2018). Additionally, the impact of sensory disabilities in the capabilities and physiological functioning of older adults, as well as social isolation and sadness that lower quality of life even more. The WHO defines QOL as a person's perception of themselves in the contexts of their culture, value systems, goals, expectations, standards and concerns. This concept is comprises the following dimensions; physical and psychological health, independence level, social relations, personal beliefs, and environment (Ongtangco et al., 2018; Tseng et al., 2018).

A study conducted in 7546 houses in England with participants aged 16 and over, used the method of Strengthening the Reporting of Observational Studies in Epidemiology cross-sectional Study checklist and showed that people with sensory impairments including (VI) were more prone to having suicidal thoughts and attempted suicide. (Khurana et al., 2021). Additionally, a longitudinal Korean study used international cohort data from 2002 to 2013 enrolled 23,384 control participants matched for age, sex, income, and region of residence with 5,846 visually impaired participants who were registered but had not previously been diagnosed with depression found that (VI) increased the risk of depression (Choi et al., 2018).

A telephone-based cross-sectional survey of people who were members of the Norwegian Association of the Blind and Partially Sighted was carried out between January and May 2017 on an age-stratified sample. Participants were questioned regarding their sociodemographic traits, VI traits, and level of life satisfaction, and they were also assessed for depression. Calculating the prevalence of depression (including major depression and other depressive disorders) across gender and age groups was done using the diagnostic scoring algorithm. The study concluded that depression was independently correlated with having additional disabilities and losing eyesight later in life, indicating that people may be more susceptible to developing depression if they have trouble adjusting to their new status as visually impaired or blind. Lastly, compared to those without depression, those with depression in the study sample had significantly poorer life satisfaction and were more inclined to be referred for psychological counseling (Brunes & Heir, 2020). Additionally, studies showed correlations between VI, QOL and age. Children and adolescents as well as elderly people with VI have significantly lower QOL scores (Ongtangco et al., 2018) and poorer mental health (Khurana et al., 2021).

1.2.3 Inclusivity and integration

Social integration refers to the societal planning and design which aims to foster regular interaction between people with disability and people without and to enable disabled people to work, live and spend leisure time among their abled peers, and physical integration involves the planning of locations and settings that allow for (PWD) to function (Pandey, 2018). Adapting environments in such a way which provides people the chance to explore them through touch and other senses and using assistive devices

and technologies, can counter the limitation on their mobility and their heightened risk in these environments (Ongtangco et al., 2018).

For example, artificial intelligence technologies were developed which recognized facial emotions and can be implemented to aid people with VI in emotional recognition (Shehada et al., 2023). That research used a custom-trained (CNN) for facial emotion identification and adopted a partial transfer learning strategy. It was suggested to have used a unique model that transfers features between datasets. With the help of this model, it is possible to apply characteristics discovered while resolving a limited number of challenging new situations. A portable, lightweight and low cost facial expression recognition system with a mounted portable camera and wireless connectivity and excellent detection accuracy was built and designed with people with VI in mind using the suggested approach based on a newly trained CNN. With the greatest recognition accuracy of Facial Expression Recognition dataset, the suggested recognition model offers a significant advancement over the state-of-the-art. It recognizes the correct emotions and conveys this information to the person with VI. Overall, the model was very accurate in classifying the three named emotions of happiness, sadness, and surprise; however, it was noticeably less accurate in classifying the emotions of anger, disgust, and fear, and more inaccurate in classifying the emotion of sadness.

With regard to integration within the education systems, two main approaches can be identified. The earlier is called “Special Education”, a separate education system aimed for children with disabilities, based on the assumption that they have special needs that cannot be met in the regular school system and among abled children. This system functions either as day school, as residential school, or as special classes in mainstream schools. This form of education requires specialized professionals, special curriculum and infrastructure facilities. Special education has some disadvantages such as requiring the disabled children to be raised afar from their families, communities and abled peers, and it also has some advantages, namely, providing the children with specialized help and having their needs more accurately met as well as enabling them to develop a common culture with other disabled peers. In contrast to this form of education, a system called “Integrated” or “Inclusive” Education”, rooted in movements for equality and equal rights for all citizens, was created, which refused to recognize segregation as

a solution and emphasized the education of disabled pupils in general schools, albeit with provision of extra help, adaptation and specialized services (Al-Rimawi, 2021; Pandey, 2018).

Adaptations are the administrative, educational, social, psychological and environmental accommodations that are provided by teachers for disabled students to help them with the learning environment, teaching techniques, and curriculum, aiming to counter difficulties in the individual's interaction with his or her environment (Al-Rimawi, 2021). Studies demonstrated how in addition to the integrated education method being cheaper, because of the lack of the need to hire specialized professionals, students' self-concept development, academic performances and achievements, age appropriate behavior, as well as home, school and emotional adjustment levels were better among those being educated in inclusive schools than those in segregated schools. These findings emphasize the essential role that positive attitudes among parents, teachers and peers play in the children's adjustment, rehabilitation, and their development of a positive self-concept (Pandey, 2018) and the way in which accommodations, such as providing learning through Braille, adapting alternative methods of teaching and focusing on the training and development of social skills, contributes to students' rehabilitation and successful integration (Ongtangco et al., 2018). Additionally, it is acknowledged that in the process of integration and adaptation, the resources that educational institutions receive and/or develop, in turn benefit all of the student community, not only those students with disabilities (Pandey, 2018).

With regard to the transition from school to university, students in general face many challenges in their adaptation to the new environment such as moving away from their families and starting to live independently and creating new social relationships, hence, it makes sense that students with disabilities face exponentially more difficult and complex difficulties. Higher education years are a time of psychological and social growth, and the universities' environments has a central role in identity and self-esteem development, social networking, interests and skills exploration and development, and preparation of students to the life in the broader society. Therefore, to have a successful integration of students with disabilities into the universities, all of its administrative and educational staff needs to be mindful and work to create suitable accommodations for them (Al-Rimawi, 2021; Fteiha & Khalili, 2021).

One study among students with disabilities at Fayoum University in Egypt found that they encountered structural, administrative, educational, psychological and social challenges. While in a study conducted in Qassim University, Saudi Arabia, students with VI reported that the admission registration standards did not take their circumstances into account, that the admission procedures were difficult to implement, and that the registration forms did not contain essential information for people with VI, even though the registration staff, colleagues and management were cooperative and supportive. In addition, they expressed dissatisfaction with teaching methods and pointed at a lack of suitable educational resources. Lastly, students at the University of Jordan also expressed encountering administrative and academic challenges (Al-Rimawi, 2021).

In addition, regarding the integration into the workforce, a lack of accessible environment limits disabled people from participating in social contexts like the labor market which is especially demanding and challenging (Brunes et al., 2019a). There have been a growing body of research showing how hiring workers with disabilities has a big value for the hiring organization, not just for the disabled individuals, because of their unique insight into disabled consumer needs as well as because of a growing number of consumers preferring organizations with inclusivity and diversity policies, which are seen as promoting the common good and value of humanity and positively impacting the community. Nevertheless, disabled people are consistently under employed compared to abled people and it was found that negative stereotypes and beliefs, such as the mistaken view that accommodation is a form of special treatment, cause many employers and human resources professionals to not actively outreach and search for disabled employees. Even when human resources departments are guided by values such as “diversity” and “inclusion”, disability is often not placed high on their awareness or priorities as a diversity status (Gould et al., 2020).

In the context of workforce integration, similarly to the integration into the education system, two broad approaches can be found; the first is called specialization and it refers to the creation of a tailored support system for a group of workers, the second is called mainstreaming and it refers to the integration of the support mechanisms and resources into existing groups and infrastructure in the workplace. And also in this context, as in the context of education, it was found that the method of mainstreaming in integration

facilitates the development of resources and accommodations that benefit all of the workers, not only those with disability, which in turn lowers the needs to provide special accommodations for disabled workers (Gould et al., 2020).

1.3 Disabilities among Palestinians in Israel/Palestine

In this second section of the literature review, findings regarding disabilities among the Palestinian population are reviewed. At least 130,000 Palestinians suffer from some form of (VI), and at least 70% of them are women. On the other hand, according to the Israeli Central Bureau of Statistics 4952 Arabs suffer from (VI) in 2021(CBS, 2022). In Palestine, (PWD) face great difficulty managing social life, in addition to maltreatment by caregivers such as parents which negatively affects their psychological, emotional and social well-being (Badran et al., 2023; Presler-Marshall et al., 2020).

The first part, 2.2.1, focuses on findings about disabilities among Palestinian people living within the state of Israel. Then in 2.2.2 it moves on to focus on disability among Palestinians living in the Occupied Palestinian Territories (East Jerusalem, the West Bank and the Gaza Strip). This section ends in 2.2.3, presenting some findings regarding the issue of integration within Palestinian universities.

1.3.1 Disability among Palestinians living in Israel

Israel has a far lower estimated prevalence of blindness in the population (0.3%) than the Eastern Mediterranean Region (0.8%), which includes the Occupied Palestinian Territories, and has a distribution of blindness causes that much more resembles wealthy nations than its own Mediterranean neighbors (Chiang et al., 2010). However, within the state of Israel, there are significant socioeconomic differences between Arab (Palestinian) citizens and Jews, reflecting in differences in life expectancy, infant mortality, education levels and employment rates (Badran et al., 2023).

Vision impairment and eye disorders are not equally burdensome. In low- and middle-income nations, underrepresented populations including women, immigrants, indigenous people, people with specific types of disabilities, and rural areas, the burden is typically heavier (WHO, 2019). Most studies consistently find higher rates of Arabs with disability compared of Jews with disability, and a higher prevalence of chronic diseases and functional impairments. This considerable discrepancy is most likely

caused by the high association between poverty and disability as well as the rates of poverty within the Arab minority (Amin et al., 2024; Badran et al., 2023; CSF, 2020; Shpigelman & Vorobioff, 2021).

Additionally, factors which are emphasized refer to unique barriers that Arabs with disabilities living within Israel encounter, including but not limited to the lack of suitable and accessible infrastructure, transportation and services, institutional, linguistic and cultural barriers, strict security measures and prejudice toward Arabs with disabilities as Arabs, not only as disabled people (Amin et al., 2024; Badran et al., 2023; CSF, 2020). Moreover, within the Arab society itself, (PWD) encounter challenges and stigmatic, devaluing, and limiting attitudes (Shpigelman & Vorobioff, 2021).

One of the striking findings in a study made in 2023 was that Arabs in Israel with disabilities reported encountering a variety of stifling and crippling attitudes from members of their own community, from academics and teachers to their family members. Four distinct sub-themes emerged: the first was being only seen through the lens of disability, which led to low expectations; the second was uncaring and unaccommodating attitudes; the third was lack of sympathy and being ignored; and the fourth was the failure to implement disability services or rights due to ignorance, poverty, or exploitation. Moreover, despite having excellent and pertinent qualifications, the majority described difficulties in finding jobs. The second important conclusion was that, while having certain rights, Arabs with disabilities nevertheless experienced prejudice because of their ethnicity (Badran et al., 2023).

A 2019 study (Shpigelman & Vorobioff, 2021) was carried out in the heterogeneous community of Israel. 24 Jewish and Arab adults (aged 18 to 40) with vision impairment participated in in-depth semi structured interviews regarding their love experiences and the meanings they ascribe to them. An inductive thematic analysis was employed. In contrast to Jewish individuals, the findings indicated that singlehood appeared to be a painful circumstance for the female Muslim participants. Particularly for Muslims, having a romantic partner improved participants' psychological wellbeing and self-acceptance. The results showed how gender, culture, and lifetime impairment interact when it comes to romantic relationships, creating both physical and social barriers for people with VI in their ability to find and maintain romantic relationships. The findings

also emphasize the need of encouraging young people with (VI) to pursue romantic chances and experiences, particularly those from Arab societies, especially in light of findings that show how romantic relationships can be a catalyst for self-acceptance, psychological wellbeing and body image.

Moreover, a qualitative study (Amin et al., 2024) conducted by students in Bar Ilan University in Israel, which used semi-structured interviews with a sample of Arabs with various disabilities found that In Israel Compared to Jewish colleagues, Arabs with disabilities either cannot access the disability aid services and facilities or do so very hardly. The results indicate that there are two possible causes for this: institutional discrimination against Arabs by the employees, or structural discrimination as facilities and services are particularly developed for the Jewish majority and their neighborhoods not for the Arab ones.

This unique identity matrix comprising the lived experiences of Arab Palestinian individuals with disabilities who are citizens (albeit second class citizens) of Israel led some to suggest the utilization of Intersectionality theory in related considerations and conceptualizations. This theory emphasizes the interactions between different identity categories which work to create the lived experience of people, they in which, for example, one's ethnicity and citizenship status is experienced through one's disability and vice versa, producing unique effects and consequences. Importantly, rooted in marginalized experiences (the racialized experiences of Black women in the United States), intersectionality theory takes into account the systemic and institutional social oppression and marginalization as part and parcel of its theorization, rather than treats the identity categories and essential and inherent (Amin et al., 2024). For example, because of societal gender norms, girls with disabilities were found to encounter double disadvantages in their ability and opportunity of mobility and movement (Presler-Marshall et al., 2020).

1.3.2 Disability among Palestinians living the Occupied Palestinian Territories

Throughout the occupied Palestinian territories (East Jerusalem, the West Bank and the Gaza Strip), Gaza has a higher prevalence of VI than the West Bank, almost twice the prevalence in the West Bank, since unemployment, poverty and lack of access to health services are worse. Additionally, most of the leading causes of VI and blindness in the

occupied Palestinian territories are avoidable or treatable diseases (Chiang et al., 2010). Much of the disability in Palestine results from poor prenatal and postnatal care, nutrition and lack of suitable medical services, factors that are directly caused by Israeli blockade and occupation (Snounu et al., 2019).

The issues with minority stress and handling stigma while speaking with their psychologist were subjects that Palestinian participants brought up most frequently (Brunes & Heir, 2020). Israeli checkpoints and barriers in issuing permits to move around cause additional difficulties for Palestinians with VI and restrict them accessing health services in East Jerusalem or within Israel (Chiang et al., 2010).

According to Human Rights Watch (2023a; 2023b; 2023c) wide-ranging Israeli restrictions on the transportation of people and commodities, which are occasionally made worse by restrictive measures taken by the Palestinian Authority, limit many disabled people's access to power, health care, and other. Although discrimination against individuals with disabilities is not legal under Gaza-applicable Palestinian legislation, which also grants them the right to employment, inclusive education, health care, and access to public facilities, the authorities in Gaza have mostly failed to sufficiently safeguard accessibility and regulations for the disabled. Also, (PWD) are stigmatized and subjected to pervasive discrimination in Gaza because they are seen to be incapable of self-care or decision making. Many with disabilities are unable to engage in the society on an equal level with other people because of this shortcoming, which also puts them in danger of significant damage. For instance, three women with hearing disabilities informed Human Rights Watch in 2019 and 2020 that public hospitals do not offer sign language services. The NGO also noted that several organizations that work with (PWD) did not provide signs in Braille for those with visual disabilities.

According to a research done in 2019 that included adolescents' samples from Palestine, many young people, especially females, have very few opportunities to interact with peers, whether formally in the community or through organized programs geared at adolescents. Because there is so much stigma associated with disabilities, when young people do leave home, many of them face verbal abuse, this, in turn, furthers their social isolation. Besides, despite the prolonged humanitarian situation in Palestine having

exposed youth to high levels of stress, trauma, and violence, youth with disabilities have virtually no access to institutional psychological care (Presler-Marshall et al., 2020).

Moreover, what adds to the complexity of disability in Palestine is that the number of Palestinians with disabilities keeps rising because of Israeli systematic strategies of targeting and maiming the Palestinian indigenous population. The rights of many Palestinians with disabilities are threatened by ongoing power shortages, which are partly caused by Israel's blockade of the border. These people depend on light to use sign language or to move using equipment like electric wheelchairs and elevators. On a similar note, due to Israeli snipers shooting directly at Palestinians, often in the spine, legs, or other body parts, there are hundreds of thousands of physical impairments among Palestinians, and the number is growing. Such actions are intended to subjugate and exterminate Palestinians. It was suggested that Foucault's framework of "Biopolitics" is a useful tool to understand the colonial power practices of devaluing the Palestinian body and its purposeful maiming and debilitating (Snounu et al., 2019).

This context produces contradictory cultural attitudes toward disability. In some cases, it is pitied and treated as a personal weakness causing the disabled people to be seen as needing protection and sympathy, while in other cases (PWD) are seen as heroes, if their disability was caused by the Israeli direct violence. Therefore, it was suggested to utilize knowledge from the field of (CDS) to the Palestinian context. As an activist field which emphasizes the essential importance of addressing social injustices and highlights intersections of disability, gender, race and class with poverty, capitalism and colonialism, it does not treat disability through the medical model, as something that needs curing. Rather, CDS approach examines the social meanings, prejudices and stigma against disability as related and maintaining hierarchical systems of power, domination and oppression (Snounu et al., 2019).

1.3.3 Inclusivity and integration within Palestinian universities

Students with disabilities are increasingly becoming a central part of the educational systems in the university, and particularly in Palestinian universities (Al-Rimawi, 2021). Palestinian universities inclusion policies and practices contribute to the societal changes in views on disability (Snounu et al., 2019). It is considered to be an ethical commitment to explore and assess Palestinian higher education integration practices and

policies since it promotes the rights and needs of students with disability and their inclusion into these settings. A study was conducted to critically examine Palestinian policies and practices. Four methods of data collection were used to accomplish this goal: email exchanges, two focus groups with 38 university students who had physical, visual, and hearing disabilities as participants, six one-on-one interviews with senior directors of PHEIs' disability care offices, and a critical content analysis of eleven relevant Palestinian policy documents. Three primary conclusions emerged from the study: first, there was a dearth of trustworthy factual data regarding Palestinian students with disabilities enrolled in PHEIs; second, inclusive policies and strategic goals were not adopted; and third, a variety of practices were used, some of which helped and sometimes hindered the implementation (Al-Masri et al., 2023).

Although there are laws in place that aim to integrate individuals with disabilities into the education system, the political context produce barriers for the Palestinian Authority in the West Bank and Gaza to offer the necessary accommodations, as well as barriers for the disabled people themselves, in terms of mobility restriction and violence from Israeli authorities and military, and as a result only a small number of disabled people in Palestine to attend academic studies (Fteiha & Khalili, 2021; Snounu et al., 2019).

To assess the difficulties that students with disabilities in Palestine face, a study done in 2021 found opposite results. The study aimed to identify the improvements that Palestinian university students with disabilities would need, from the perspective of fifty specifically selected students from the second semester of 2020–2021 who had physical, hearing, and (VI) from universities in Bethlehem and Jerusalem. A 36-paragraph questionnaire covering three categories—academic adaptations, environmental adaptations, and social adaptations (relationships with other students, relationships with the academic and administrative body)—was utilized to gather data for the descriptive analytical approach. One of the results shows that there are no statistically significant differences in the averages of adaptations due to the University variable, and that the overall degree of necessary adaptations for students with disabilities in the four areas is high regardless of the university. However, the disability variable affects the required adaptation with adaptations for visual disabilities being more prevalent (Al-Rimawi, 2021).

Surveys show that Al-Najah National University and Birzeit University have protocols and policies aiming to support students with disabilities in admission, financial support, counseling and accommodations in learning environments and methods such as a computer lab for people with VI and other technological devices as well as books and learning material in Braille (Fteiha & Khalili, 2021).

1.4 Perceived Loneliness

This section presents findings about the topic of “Loneliness”. It begins in 2.3.1 with the general definition and differentiation between emotional perceived loneliness as a subjective experience and social isolation as an objectively measured phenomenon. It shows the perceived loneliness prevalence and the factors and variables that were found to be associated with it as well as the triggers and causes of it. Then, in 2.3.2 some findings regarding loneliness’s health outcomes biologically psychologically and socially as well as its connection with emotional distress, depression and QOL. Lastly, in 2.3.3 the section ends with the presentation of findings about the relationships between perceived loneliness and VI.

1.4.1 Loneliness and social isolation: Definition, prevalence and associated factors

As social beings, human have a fundamental “need to belong”, especially to beneficial and reliable social relationships and interactions, which developed evolutionary to increase the chances of survival and reproduction, and therefore humans developed a crucial need for social relationships and social integration as a condition for emotional fulfillment and development across their life span (Beutel et al., 2017; Cacioppo & Cacioppo, 2018a; Cacioppo & Cacioppo, 2018b; Shovestul et al., 2020; Shrum et al., 2023). When people feel that their requirements for belongingness are not being satisfied, in terms of number or quality of their relationships, they experience a complicated range of unpleasant emotions commonly defined as “loneliness”. The issue of loneliness has been described throughout the years by psychologists and philosophers as an essential feature of humanity (Richard et al., 2017), and as one inherent and basic human need, much like hunger is. However, it is often seen as signifying fragility and weakness on the part of the lonely person (Lim et al., 2020).

Like any threat to core human needs, loneliness is an uncomfortable state that people are intensely driven to avoid. Most of the time, people effectively deal with their

loneliness by interacting with others, thus these emotions of loneliness are transient, but sometimes they do not, and their feelings develop to become a chronic state of loneliness. The UCLA Loneliness Scale is the most commonly used measure to capture loneliness as a distinct concept from social isolation (Rucker & Cannon, 2019; Russell, 1996; Saskia, 2021; Shrum et al., 2023).

Loneliness, as cited in much of the literature reviewed (Barreto et al., 2021; Beutel et al., 2017; Cacioppo & Cacioppo, 2018a; Cacioppo & Cacioppo, 2018b; Donovan et al., 2017; Ellis et al., 2021; Fatima et al., 2021; Heppe et al., 2020; Hutten et al., 2022; Johns et al., 2016; Kim, 2022; Lara et al., 2019; Lim et al., 2020; Macdonald et al., 2018; Richard et al., 2017; Shrum et al., 2023; Shukla et al., 2020; Veerman et al., 2019; Vincent, 2020; Yanguas et al., 2018) is a psychological condition in which one feels profoundly empty and alone. This condition can be defined as a “unique condition in which an individual perceives himself or herself to be socially isolated even when among other people”. Loneliness is also described as “the unpleasant experience that occurs when there is a subjective discrepancy between desired and perceived availability and quality of social interactions”. Meaning, psychologists distinguish between the "objective" and "subjective" aspects of loneliness. Social isolation can be objectively measured; social isolated people have small social networks and interact with others infrequently, whereas loneliness is considered to be a subjective feeling, defined as an experienced absence of social contact and a sense of isolation. It is considered to result from a perceived incongruity between social needs and the number and quality of available relationships in one’s environments, regardless of the “objective” existence or quantity of relationships. The two types are not consistently connected, as is now well acknowledged. Socially isolated people do not necessarily feel lonely, whereas people who have many relationships may nonetheless subjectively feel lonely.

Additional conceptualization that exists suggests that loneliness can also happen on the collective level. Collective loneliness is caused by peoples’ lack of meaningful relations with valued groups such as school, workplace and community (Shrum et al., 2023). Studies consistently show that the number of people who experience chronic loneliness is increasing, even since before the COVID-19 pandemic, which only made the issue

worse (Cacioppo & Cacioppo, 2018a; Cacioppo & Cacioppo, 2018b; Shrum et al., 2023).

Knowing that loneliness is the subjective feeling stemming from the gap between one's desired and available social relationships, lead many researchers to explore the factors affecting the desired social relationships in terms of personality traits, social skills, sociodemographic characteristics, resources and physical mobility. Many of these findings conflict among and between the different studies, showing a rich complexity in the phenomenon and the different interactions between its associated factors. It was found that marriage and cohabitation are protective factors countering loneliness (Barreto et al., 2021), one study found that the number of lonely people living alone was four times the number of people who are not lonely (Beutel et al., 2017).

Romantic relationships, social support and acceptance and being married are factors associated with feeling less lonely (Beutel et al., 2017). Moreover, a study that used a cross-sectional survey conducted by the local public health services in the Dutch province of Limburg to look into a wide range of risk variables in a Dutch sample (N = 52,341) ranging from late adolescence to old age. Male gender, lower education levels, inadequate financial resources, mental health, informal caregiving that is perceived as stressful, and restricted social contact or network type were risk variables linked to greater levels of self-reported loneliness over the life span (Hutten et al., 2022).

Gender is another sociodemographic factor which relates to the prevalence and distribution of loneliness, with women reporting higher prevalence of loneliness than men. Although often these differences seemed to disappear when controlling for other factors such as depression or being widowhood, or when taking into account the gaps between men and women in their willingness to report loneliness. Additionally, low educational or income levels, and immigration status especially among women were also found to be associated with feeling lonelier (Barreto et al., 2021; Richard et al., 2017). Lastly, social marginality is also considered to be a factor which might lead to loneliness (Rokach, 2019). In fact, one's community's income and socioeconomic status was found to strongly correlate with loneliness among adult individuals (Shovestul et al., 2020). One study found that an increased loneliness is associated with decreased socioeconomic status (Beutel et al., 2017).

In a meta-analysis that offered a thorough examination of the connections between personality factors and loneliness, the study looked into the bivariate relationships between personality qualities and loneliness as well as the particular connections of every personality feature with loneliness. The strongest relationships were reported for extraversion (negative association) and neuroticism (positive association) in both bivariate and multivariate models. Agreeableness and conscientiousness have a weaker negative relationship with loneliness. In the context of loneliness, openness did not appear to be a major factor (Buecker et al., 2020; Veerman et al., 2019). Loneliness was also shown to be related to shyness, depressive symptoms, low self-esteem and low self-worth, and pessimism (Johns et al., 2016; Macdonald et al., 2018).

With regard to age, the amount and quality of an elderly person's social relationships can be considerably and suddenly affected by major life transitions that they go through, such as retirement or having to move away from home to facilities that can satisfy their medical needs (Lim et al., 2020). Even though surveys show how loneliness is in its highest prevalence among the elderly, there are unique potential risks that are involved with adolescence (Heppe et al., 2020; Saskia, 2021). The challenges of identity formation that arise during the transition from early childhood to adolescence can affect how much support and intimacy young people need and expect, as well as how successful social relationships they can form (Chaplin et al., 2019).

Different age groups might experience different challenges for their social relations. All of which are considered culture specific (Barreto et al., 2021; Hutten et al., 2022; Shrum et al., 2023). The instability of social networks as a result of changes in school settings, identity explorations, bodily changes and expectations of conformity to peers with the developmental tasks of independence and individuality, can all work to cause more risk of social exclusion for adolescents and young adults (Barreto et al., 2021; Rokach, 2019; Veerman et al., 2019).

The two most common concerns among young adults, particularly those who are attending college, are stress and loneliness. Young adults may be in the process of developing a career plan and beginning a new job and are subject to a lot of pressure and stress. People frequently think they are under greater stress than they are, and they often worry about their obligations at work and in the future. These stresses might lead

to poor interpersonal interaction with others nearby and can also lead to loneliness (Reji & Babu, 2020). Adults and middle-aged people experience vulnerability to loneliness as a result of potential changes in their work status, income levels, or marital or relationship separation, while older adults often experience loss of people in their social network or reduced mobility and health (Barreto et al., 2021).

In 2020, the three-item UCLA Loneliness Survey was completed by 4,885 US citizens between the ages of 10 and 97 on TestMyBrain.org. Age accounted for the vast majority of the variation in loneliness, with loneliness reaching its peak at 19 years old and then dropping after that (Shovestul et al., 2020). In fact, although there are some studies showed how the prevalence of loneliness is linearly reduced with age (Barreto et al., 2021), or linearly increased with age (Macdonald et al., 2018), most research consistently shows how the highest prevalence of loneliness is both among older adults and among young adults (Lim et al., 2020). This pattern of high loneliness in late adolescence, which decreases during middle adulthood and increase again in late adulthood, often described as a U-shaped prevalence, is found throughout the studies that explored the associations between the prevalence of loneliness and different age groups (Barreto et al., 2021; Beutel et al., 2017; Richard et al., 2017; Shovestul et al., 2020).

Furthermore, the different sociodemographic factors that affect loneliness also independently interact with each other. Although some claim that marriage or cohabitation function as a protective factor for loneliness (Barreto et al., 2021; Richard et al., 2017), others found no significant correlation between loneliness and conditions of living – living alone or with someone (Kim, 2022). One study found that gender and age play a role in the relationship between conditions of living and loneliness; among people cohabiting with a partner, who in general feel less lonely than people living alone, less men felt lonely than women. And among the people living alone, women were found to be lonelier than men only in specific age groups – age 35-44 and 55-64. Additionally, among people living alone the youngest group of women, aged 35-44, reported the highest levels of loneliness, whereas for men it was the age group of 45-54 years old who were the loneliest, lonelier than other age groups among men and also slightly lonelier than women. (Beutel et al., 2017). Additionally, on the one hand, it was found that the chances to develop loneliness are higher among the lower income groups

(Shovestul et al., 2020) while on the other hand, lower socioeconomic status was found to be associated with lower levels of marital quality (Hutten et al., 2022), which could in turn explain the higher levels of loneliness among those groups.

Although loneliness was found to correlate with gender it is unclear exactly how. Some studies showed men being lonelier than women (Barreto et al., 2021; Hutten et al., 2022), others indicated that women report significantly higher prevalence of loneliness, and others still found that this correlation only exists among married individuals (Rokach, 2019). Loneliness interacts with gender, according to one study, only through the variable of “diet awareness”, in such a way that men who are lonelier are more aware to diet than non-lonely men, but among women this association was not found (Richard et al., 2017). According to others, during the adolescence age men tend to replace familial time with alone time while women replace it with time spent with peers, which may explain the higher prevalence of loneliness among men that some studies found (Hutten et al., 2022). With regard to age, although the correlation between it and loneliness remains inconclusive (Rokach, 2019), it generally is acknowledged that loneliness is not restricted to old age, but rather varies significantly throughout individuals’ lifespans (Shovestul et al., 2020), and that the different developmental stages and challenges in the different age groups makes the difference specifically in the triggers for loneliness (Hutten et al., 2022). However, it is also acknowledged that culture considerably affects the developmental challenges and the experiences that each age group have and in the societal attitudes, expectations and meanings attributed to individuals’ behaviors (Barreto et al., 2021), which makes any broad or universal conclusions from studies about loneliness very problematic.

There are many different causes of loneliness, and many of them have to do with life changes or events that have an impact on social ties. These are known as the "triggers" of loneliness. Triggers – such as moving away from home, getting through a divorce or bereavement, having an illness, becoming a parent, starting a new job and others – all involve changes in social identity and require an adjustment period, they can occur on their own or co-occur, they also might occur suddenly or gradually. Nonetheless, although they increase the probability of loneliness, they are not considered causal or direct, rather, their effect is mediated by the way the person deals with them (Lim et al., 2020; Macdonald et al., 2018; Rokach, 2019; Shrum et al., 2023).

Loneliness can range from passing emotions to severe and persistent conditions. Being lonely is linked to risk factors such as experiencing domestic abuse, not having a job, not being married or in a relationship, being a young or older adult (relative to people in their middle years), and having poor self-reported health (Richard et al., 2017). For some people, the first sensations of loneliness turn into a chronic condition of loneliness that lasts for a long time. This state of loneliness can be fatally destructive physiologically in addition to being uncomfortable mentally (Cacioppo & Cacioppo, 2018b). When one is unfulfilled with the state of one's relationships and perceives him/herself as lonely, they tend to feel rejected by others, which leads to feelings of unworthiness (Rokach, 2019).

Through a lens of Attachment theory, the classification between loneliness and social isolation can also be seen as a differentiation between Emotional loneliness; referring to the absence of attachment figures, and Social loneliness which is the lack of a social network (Fatima et al., 2021; Johns et al., 2016; Yanguas et al., 2018). In this view, loneliness can happen when the child has insecure attachment leading him or her toward behavior that invokes rejection by the peers, which in turn impedes social skills development, a cycle which creates the experience of loneliness (Fatima et al., 2021; Rokach, 2019). Parallel to this, some findings in the literature point at the role that perceived social support from parents is tied with self-confidence and emotional stability (Heppe et al., 2020).

1.4.2 Health outcomes of perceived loneliness

Loneliness was found to have serious consequences on peoples' mental and physical health, a realization that is crucial to develop helpful interventions to reduce loneliness and help people deal with it (Shrum et al., 2023), especially given the cumulative effect it is considered to have when it persists throughout the time in an individual's life whereas the longer a person feels lonely, the higher his or her risk of death (Donovan et al., 2017; Heppe et al., 2020; Saskia, 2021). In fact, an extremely high number of studies found that loneliness was found to be associated with an increase in likelihood of premature mortality (Cacioppo & Cacioppo, 2018b; Shrum et al., 2023). Experienced loneliness in adolescence was found to predict health risks later in life (Heppe et al., 2020).

Adults around the world experience a large amount of loneliness, which has been linked in numerous studies to a number of chronic diseases, including heart disease, lung disease, cardiovascular disease, hypertension, atherosclerosis, stroke, and metabolic disorders like obesity and metabolic disease. It is also a significant indicator of psychological issues like depression, stress, and anxiety. In adult populations, loneliness is associated with overall morbidity and mortality (Cacioppo & Cacioppo, 2018a; Cacioppo & Cacioppo, 2018b; Hawkey & Cacioppo, 2010; Heinze et al., 2021; Hutten et al., 2022; Richard et al., 2017; Veerman et al., 2019; Yanguas et al., 2018). According to the evidence, loneliness is linked to depressive disorders, anxiety, non-communicable diseases, unhealthy behaviors, stress, sleep problems, cognitive impairment, and early death (with the evidence especially strong for depression (Brunes et al., 2019a; Donovan et al., 2017), as well as hormonal disturbances (Veerman et al., 2019).

Associations were found between loneliness and social isolation, poor social skills and depression (Cacioppo & Cacioppo, 2018a; Cacioppo & Cacioppo, 2018b; Fatima et al., 2021). Social isolation and loneliness were also found to be associated with heart disease, strokes, reduced cognitive functioning and depression symptoms (Ellis et al., 2021). For example, a study performed in 2019 over a three years period on 1691 individual aged 50 and above showed that over a three-year follow-up period, loneliness and social isolation are both linked to a decline in cognitive performance (Lara et al., 2019).

In general, study after study showed how loneliness is correlated with faster functional decline among older individuals (Donovan et al., 2017), with a number of physical diseases as well as changes in brain activity, with cognitive health, and with mental health symptoms including depression, anxiety (Lim et al., 2020), paranoia (Shovestul et al., 2020) and psychosis (Richard et al., 2017; Veerman et al., 2019). It was related to faster cognitive decline and increased risk of dementia (Lara et al., 2019) and heightened risk of Alzheimer's disease (Beutel et al., 2017; Donovan et al., 2017; Kim, 2022; Shrum et al., 2023). It also affects attention, memory, and the very processes governing decision-making (Hawkey & Cacioppo, 2010). In a study conducted in Spain, loneliness was found to significantly correlate with lower scores in the composite

cognitive score, immediate and delayed recall, verbal fluency and backward digit span, even after excluding individuals with depression (Lara et al., 2019).

Loneliness is considered to affect health through multiple channels. Three main ones are; (1) behaviors that risk health, such as smoking, (2) negative impact of loneliness on immune system function and the increase of blood pressure, and (3) psychological effects of loneliness such as low self-esteem and lack in coping mechanisms (Beutel et al., 2017; Cacioppo & Cacioppo, 2018b). Some of the major feelings that are typically associated with loneliness are separation, fear and shame (Swan, 2018), sadness and melancholy, frustration and desperation (Yanguas et al., 2018). Another classification of the health effects of loneliness divides them into intrinsic determinants (biological and psychological) and extrinsic ones (physical, relational and social environments), which are seen as constantly interacting (Yanguas et al., 2018).

Furthermore, a research done in 2021 (Barreto et al., 2021) found that loneliness was more common in males than in women, reduced with ageing, and rose with individuality. It also discovered that culture, gender, and age all had a role in predicting loneliness. Lonely people exhibit less trust of others as well as believe they are less trusted by others, and tend to be more anxious, pessimistic and fearful, which turns into self-defeating behavior and self-fulfilling prophesy, by causing others to distance themselves from the lonely individual, which reflects the workings of a self-defensive mechanism (Johns et al., 2016).

Loneliness might trigger increased risk of clinical depression (Rokach, 2019), suicidal thoughts, self-harm or risky behaviors (Beutel et al., 2017; Reji & Babu, 2020; Richard et al., 2017; Shovestul et al., 2020; Yanguas et al., 2018). Loneliness is a significant predictor for QOL and lower levels of life satisfaction (Beutel et al., 2017; Brunet et al., 2019a; Johns et al., 2016; Macdonald et al., 2018; Reji & Babu, 2020), with strong links to decreased well-being, and increased use of health services (Barreto et al., 2021; Richard et al., 2017; Shukla et al., 2020). It was found that emotional loneliness is a stronger negative predictor than social loneliness (Johns et al., 2016). In addition, one study also found that employees with high levels of loneliness tend to have low job performances and commitment, lower creativity levels, and worse employee wellbeing and work satisfaction (Lim et al., 2020).

In this area of study, causality is very difficult to establish. For example, it could be that loneliness lowers life satisfaction, or that people with low life satisfaction tend to withdraw socially (Brunes et al., 2019a). Another example can be found in findings suggesting the existence of reciprocal positive relationship between loneliness and quality of sleep, since both these aspects affect each other (Heinze et al., 2021).

1.4.3 Perceived loneliness and VI

As noted in the first sections, since vision is central to social interactions and communication, people with VI might experience some difficulties in these areas (Brunes et al., 2019a). A visually impaired person's limitations impact both their ability to experience new things and their ability to maintain healthy social relationships. Their movement, exposure, and stimulus for learning new things are all limited by their blindness. Their ability to spontaneously choose to engage in or continue with diverse pursuits of knowledge and enjoyment is constrained (Pandey, 2018). Many findings in the literature point to the relation between VI and loneliness (Kim, 2022) which puts individuals with VI in a higher risk of loneliness (Brunes et al., 2019a; Brunes et al., 2021; Veerman et al., 2019).

The chances of young individuals with (VI) to maintain meaningful relationships with key and close peers may be reduced by social interaction challenges, developmental delays, and low social competence. Young individuals with VI are more prone to having smaller social networks, to date less, to stay more at home, and to have a lack in social support (Heppe et al., 2020; Veerman et al., 2019). In addition, people with VI are susceptible to negative interpersonal interactions (Brunes et al., 2019b); this factor and loneliness are significantly correlated (Beutel et al., 2017; Shehada et al., 2023; Tseng et al., 2018). Young adults with (VI) may gain from learning how to keep a network of peer support intact even when inevitable peer relationship breakdowns occur (Heppe et al., 2020). The theory of social isolation asserts that loneliness stems from an individual's tangible deficiency in social interactions and integration. It implies that individuals grappling with loneliness might be doing so because they possess restricted social ties, or have been subject to social isolation due to various factors, including physical disabilities, geographical remoteness, or cultural impediments (Hawkley & Cacioppo, 2010).

In addition, disability makes one more prone to bullying (Ongtangco et al., 2018) and could also lead to self-stigma, factors which in turn lead back to more social isolation (Kong et al., 2021). A study that used a mixed method approach that combined the collecting of quantitative data with a biographical research methodology concluded that, compared to the general population without disabilities, disabled people are more likely to experience emotional loneliness and social isolation (Macdonald et al., 2018). Numerous cross-sectional studies conducted on a range of populations discovered a link between hearing loss and an increase in social isolation and loneliness (Shukla et al., 2020).

Exposure to bullying or abuse was found to be strongly associated with loneliness among individuals with VI (Brunes et al., 2019a). Individuals with VI are a minority, their differences in communication and socializing methods could thus lead to people not being able to connect to them on an equal level, which leads to more self-isolation. A study conducted in 2018 found that people who are blind or visually impaired have fewer friends and social skill impairments, which may have a detrimental impact on the person's well-being (Ongtangco et al., 2018). According to Maslow's (1943) motivational theory and hierarchy of needs, the third level of the human needs is the need for love and belonging, which include a sense of connection, family and friendship. In the case of people with (VI), there is a lack of sense of belonging which leads to feelings of rejection and psychological isolation.

A 2019 cross-sectional study adds to our understanding of loneliness in people with VI. A random sample of 736 adults (18 and older) with VI who were members of the Norwegian Association of the Blind and Partially Sighted were recruited in the sectional interview research. The study collected data on social demographics, VI traits, adverse life experiences, loneliness (Three Item Loneliness Scale), and life satisfaction (Cantril's Ladder of Life Satisfaction). Young age, severe degree of impairment, unemployment, and prior exposure to bullying or abuse were all found to be substantially related to loneliness (Brunes et al., 2019a). Moreover, a cross-sectional study done in 2021 (Saskia, 2021) highlights that visually impaired people of all age groups, but particularly the older ones, are more likely to experience loneliness than those without (VI). Strong correlations exist between loneliness and young age, older age, severity of the impairment, and unemployment. The results of this study highlight the importance

of initiatives to support and broaden the social networks of people with visual disabilities, not only as they age but also as they enter adulthood.

Similarly, to investigate current life circumstances, health-related behaviors, sleep, and social well-being, including state of anxiety and loneliness (UCLA Loneliness scale), an online survey was done in April 2020 and repeated in March 2021. The first survey was completed by a sample of 602 people. To participate in the follow-up survey, participants had to consent to be contacted again. Individuals with impairments especially those with VI had considerably higher levels of loneliness at both timepoints than individuals without disabilities. At both timepoints, loneliness was linked to having mental health issues and higher levels of anxiety (Heinze et al., 2021).

Additionally, a study interviewed 18 senior citizens with vision impairments. . The UCLA Loneliness Scale and the (TMMS) were completed by the participants to assess their levels of loneliness and their capacities for emotional intelligence (i.e., emotional attentiveness, clarity, and healing). This study indicated individual differences in emotional intelligence skills by degree of loneliness and provided evidence that older persons with (VI) experienced loneliness ranging from mild to severe (Kim, 2022). Moreover, a study conducted in 2020 in Al-Malik Abd-Aziz University on 50 visually impaired female students aged between 19-33 aimed at exploring the feeling of loneliness among this sample. A loneliness scale and Meaning of life scale were used. The study found a negative correlation between the feeling of loneliness and meaning of life among the visually impaired students, unrelated to age, specialization and education level (Al-Suhimi, 2020).

Another study conducted in 2020 analyzed loneliness among college students in China who are blind or visually impaired, identifying its contributing elements, and examining the role of self-acceptance as a buffer between loneliness and self-stigma. A number of self-report questionnaires were completed by 78 college students with (VI), including the (SSDS), the (SAQ), and the (UCLA) Loneliness Scale. According to the study's findings, students with VI experience a significant level of loneliness, and self-acceptance is crucial in bridging the gap between their self-stigma and loneliness (Kong et al., 2021). In addition, it is suggested to explore the structural limitations that cause the overrepresentation of disabled people among the lonely population, rather than

understanding loneliness as a necessary result of disability (Macdonald et al., 2018). Societal bias and stigma, separate accommodations and other structural conditions might affect the prevalence of loneliness among disabled people (Kong et al., 2021).

1.5 Emotional Maturity

In this fourth section of the literature review, the concept of “Emotional Maturity” is reviewed. Beginning in 2.4.1 with its main definition, aspects, correlates and effects, it moves on to present in 2.4.2 findings about correlations between emotional maturity, perceived loneliness, and VI.

1.5.1 Aspects of Emotional Maturity

As was previously stated, visual encounters enable control over both the environment and one's relationship to it. Due to this, being blind produces a certain amount of alienation from both the physical and social surroundings. Unlike seeing people, visually impaired individuals are unable to assess their position in a particular setting at a glance. Moreover, cognitive development is also impacted by (VI). The process of acquiring, storing, retrieving, and organizing information is typically constrained by the loss of eyesight (Pandey, 2018).

Emotions are the fundamental, primal elements of nature that enable the body to endure the most trying circumstances to survive. Emotions are a means of acting and of integrating into the environment; they may be both beneficial and harmful. Emotions, needs, wants, and interests are closely related (Kanaparthi & Rani, 2018). Emotions, considered to be a fundamental factor to relationships and to have intense effects on behavior (Johns et al., 2016), play an essential role in shaping individuals psychological and social life; emotional maturity plays a significant role in behavior, and a lack of it can have negative effects on a person's self-concept, way of seeing the world, and outlook on life (Reji & Babu, 2020).

Emotional maturity is defined by the American Psychological Association as "a high and appropriate level of emotional control and expression." (APA, 2018a). Emotional maturity and healthy emotional growth go hand in hand. The connection between the family environment, the school environment, society, culture, and the media one watches contributes significantly to emotional development. A more developed mental

state allows for greater self- and interpersonal adjustment. The process of impulse control by the self or ego is known as emotional maturity (Kanaparthi & Rani, 2018). An individual's emotional maturity is a personal trait that differs depending on age and gender (Sunny et al., 2018). Emotional maturity enhances one's relationship with others and his or her self-worth, and is considered a central component in mental health (Joy & Mathew, 2018).

Individuals possessing emotional maturity tend to exhibit a heightened sense of self-awareness, empathy, and an aptitude for effective stress management. They are also better equipped to navigate interpersonal conflicts and typically maintain a more optimistic outlook on life, in accordance with Goleman's insights from 1995 (Goleman, 1995). Furthermore, the ability of a person to manage when presented with challenges depends on how emotionally mature that person is. Someone who has grown intellectually, emotionally, and spiritually is considered to be mature (Sunny et al., 2018). An emotionally mature person is also capable of efficiently managing challenging life situations (Sunny et al., 2018), and handling them without perceiving too much stress about the future. They also can take long-term career decisions. Likewise, emotionally mature young adults are good at maintaining healthy and meaningful relationships with others (Reji & Babu, 2020).

Emotional maturity develops through a variety of life experiences (Wang, 2020), and it refers to the ability to delay satisfactions and tolerate frustration, the ability to make long term planning and revise expectations according to the changing present day (Johns et al., 2016). It is closely related to the concept of emotional intelligence (Wang, 2020) and includes the ability to check and manage one's emotions as well as to assess the emotions of others, and to control one's judgement and behavior (Fatima et al., 2021).

Emotional maturity involves making the correct choice at the right moment in the appropriate way. In today's state of affairs, everyone needs emotional maturity to live peacefully and harmoniously. A solid emotional maturity can lead to a prosperous, better existence. An emotionally mature person can adapt to any circumstance, handle any difficulties calmly, and make the necessary decisions (Majumdar & Das, 2019). Aspects such as making the correct choice or judgment, mean that emotional maturity is

highly culturally specific. For example, in Asian cultures such as Pakistan, being emotionally mature requires control over emotions rather than their expression (Fatima et al., 2021). A study in Asansol, India, comparing emotional maturity among boys and girls in private and public schools found that students in government schools were more emotionally mature than those in private schools, and that girls are more emotionally mature than boys (Majumdar & Das, 2019).

Emotional maturity is considered to have different levels; (1) one takes basic emotional responsibility over oneself and realizes that his or her emotions are not the exclusive result of outside forces, (2) the development of emotional honesty which refers to one's willingness to know and understand oneself, followed by (3) emotional openness referring to the willingness to share one's feelings in appropriate ways, (4) emotional assertiveness where an individual begins to positively self-express himself or herself aiming to receive the support one needs, (5) emotional understanding where a person begins to realize the causal links involved with his or her emotional states and lastly (6) emotional detachment wherein a person is able to live free from the self-concept and image (Johns et al., 2016). As per Maslow's postulation (Maslow, 1943), individuals navigate a stratified hierarchy of needs, starting with the foundational physiological needs, such as sustenance, hydration, and shelter. Once these primal needs are met, individuals ascend the hierarchical ladder to satiate their safety concerns, encompassing personal security and a stable, nurturing environment. Subsequent tiers within the hierarchy encompass the yearning for love and belonging, followed by the desire for esteem, which encompasses self-worth and the aspiration for recognition and respect from fellow human beings.

In accordance with Maslow's hierarchy of needs, emotional maturity stands as a prerequisite for individuals to attain the pinnacle of self-actualization, signifying the pursuit of personal growth and fulfillment, as posited by Maslow (1943). Furthermore, attachment theory posits that an individual's emotional maturity and capacity to form secure relationships are profoundly influenced by their early experiences with caregivers, as articulated by Bowlby (1976) and Ainsworth (1989). On the same note, it should be stated that emotional maturity is a non-static state of self-improvement rather than a static one. Even those who have reached the peak of self-actualization are still growing and changing emotionally. This unending development is evidence of the

dynamic nature of emotional maturity and the ability to work on enhancing it at by various therapeutic intervention (Maslow, 1943).

A random sample of 1792 adults who were members of the Norwegian Association of the Blind and Partially Sighted underwent a telephone-based cross-sectional survey. The General Self-Efficacy Scale, Cantril's Ladder of Life Satisfaction, sociodemographic variables, characteristics of visual loss, and general self-efficacy were all inquired of the participants. According to the study's findings, those who are visually impaired are more self-efficient than people in the general population, probably as a result of their considerable mastery of adjusting to their disability. Moreover, Self-efficacy appears to be crucial for living the greatest life possible among the visually impaired. However, lower levels of self-efficacy were found among those who deal with additional disabilities or have past traumatic experiences, specifically of assault (Brunes et al., 2021).

Parallel to the associations with self-efficacy, a significant and negative association was also found between emotional maturity and perceived stress among adolescents (Reji & Babu, 2020). A study done in 2018 explored into the connection between adolescents' general wellbeing and emotional maturity. 300 higher secondary students between the ages of 15 and 18 participated. Self-report questionnaires, the PGI General Well-Being Measure, and the Emotional Maturity Scale were administered. The findings of this study revealed a substantial link between teenagers' general wellbeing and emotional maturity (Joy & Mathew, 2018). Furthermore, emotional intelligence was found to be related to mental health among university students in China (Wang, 2020).

In addition, home of origin and family composition also has an effect on the development of emotional maturity, with children from single parent homes being more prone to feel insecure, alone and to exhibit immaturity and challenges in to emotional regulation (Fatima et al., 2021). Moreover, a quantitative study conducted in 2021 which aimed to ascertain the relationship between chronological age and attachment (parent and peer) on the emotional maturity of college students involved more than 300 students from the State University of Malang. Emotional maturity was found to be negatively correlated with age and has a negative coefficient value. This implies that the tendency for emotional maturity will decrease as students' ages rise and vice versa.

Additionally, there is a positive link for the impact of attachment on emotional maturity. This can be taken to mean that, the stronger the student's bonds, the stronger their emotional maturity (Herwandha & Prastuti, 2020).

Emotional maturity among adolescents includes five related concepts; emotional stability, emotional progression, independence, social adjustment, and personality integration (Joy & Mathew, 2018; Singh & Bhargava, 1990). The American Psychological Association defines instability as “a tendency toward lack of self-control, erratic behavior, shifting attitudes and beliefs, and rapidly changing or excessive emotions.” (APA, 2018b). Regression on the other hand, according to Sigmund Freud (1963), is an unconscious protective mechanism that causes the ego to temporarily or permanently regress to an earlier stage of development. Emotional regression includes feelings of inferiority, restlessness, hostility, and self-centeredness (Joy & Mathew, 2018). Lack of independence manifests as a parasitic dependence on others and the lack of objective interests (Johns et al., 2016). Regarding Social maladjustment it can be defined as the inability to develop relationships that satisfy affiliative needs (APA, 2018d). Lastly, personality disintegration is a fragmentation of the personality to the point where the person no longer exhibits a consistent, recognizable set of attitudes, behaviors, and beliefs (APA, 2018c).

1.5.2 Emotional Maturity, VI, and Perceived Loneliness

Facial features are considered to be one of the central components of emotional expression, which means that unique challenges are created for individuals with VI with regard to their ability to assess and participate in emotional communication (Shehada et al., 2023). Among female students in Egypt, emotional intelligence was found to positively correlate with psychological adjustment and wellbeing among adolescents and with the quality and quantity of interpersonal networks and social support (Mansy et al., 2017).

Although there is a strong link between VI and loneliness, as was previously shown, and a strong negative correlation between emotional intelligence and level of loneliness, there is a lack in knowledge regarding how people with VI deal with loneliness in terms of emotional appraisal, expression and regulation (Kim, 2022). In a comparative study focusing on the differences between adolescents with VI and sighted adolescents with

regard of their body satisfaction and emotional maturity it was found that adolescents with VI exhibited higher levels of distress about their bodies and had lower body satisfaction compared to their sighted peers. Body satisfaction was positively correlated with all of the dimensions of emotional maturity among adolescents with VI, which sheds light on the findings that showed that they had more emotional immaturity compared with their sighted peers (Malik & Manhas, 2022).

Emotional maturity was described as a byproduct of perceived loneliness among college students (Sunny et al., 2018). A study conducted among 200 South East Asian Indian young adults aged between 18-25 years old sought to determine how emotional maturity, perceived stress, and loneliness are interrelated. Each respondent's emotional maturity and level of loneliness were evaluated using Singh and Bhargava's Emotional Maturity Scale and the emotional/social loneliness scale developed by Vincenzi and Grabosky in 1987. According to the findings, emotional maturity and loneliness have a strong positive relationship. This suggested that young adults with high levels of emotional stability had lower rates of loneliness. The study also showed that perceived stress served as a partial mediator between loneliness and emotional maturity (Reji & Babu, 2020).

However, another study that used the UCLA Loneliness Scale V-III and the Emotional Maturity Scale as measurements to assess 250 teenagers, ranging in age from 13 to 18, found only a weak correlation between emotional maturity and loneliness. According to the findings, the association between perceived loneliness and emotional maturity was shown to be significantly negative although weak or moderate (Fatima et al., 2021). A 2019 study found that social competency completely accounts for the connection between emotional stability and loneliness (Veerman et al., 2019). Gender was found to affect emotional maturity with girls exhibiting more emotional maturity (Sunny et al., 2018). Specifically, boys were found to rank higher in the variables of immaturity, maladjustment and personality disintegration (Johns et al., 2016).

Some studies provided evidence for the fact that as an individual with VI gets older, he or she exhibit higher levels of emotional intelligence. Others provided evidence showing that students with VI in senior secondary schools had lower levels of emotional intelligence compared with sighted peers (Kim, 2022). Additionally, some evidence was

provided pointing to a significant links between emotional intelligence, levels of adjustment, and VI (Pandey, 2018). Lastly, a significant positive relationship was found between emotional immaturity and loneliness, and a significant negative one between emotional immaturity and satisfaction with life (Johns et al., 2016).

A point that is worthwhile to make is that in the literature, the relationships between the concepts of loneliness, emotional maturity, and VI, and the links between and among them and the factors associated with them, were consistently found to be complex, multi-faceted and sometimes even contradictory.

Specifically, as was shown throughout the literature review, all of these concepts are related to common and intervening factors, which makes our ability to draw any causal conclusions very limited. (QOL), satisfaction from life, and depression can be considered part of these mutual factors. For example, a positive relationship was found between emotional instability and loneliness (Veerman et al., 2019), meaning that whether one's social difficulties stemming from having VI are what leads to higher prevalence of perceived loneliness among people with VI, or if the loneliness is actually mediated by one's emotional stability, is unclear. It was also found that emotional immaturity and specifically the difficulty in regulating one's emotions, might lead adolescents to experience more loneliness, and that together these two experiences – loneliness and emotional immaturity – shape one's life satisfaction (Fatima et al., 2021). Sensory impairments can trigger many negative emotions which can lead to depression, and they can also create barriers to social activities, which degrades the QOL (Tseng et al., 2018). Although it is consistently found that people with VI have significantly higher levels of depression and loneliness and lower life satisfaction, it was also found that depression by itself is generally correlated with lower life satisfaction (Brunes & Heir, 2020), and that life satisfaction by itself is negatively correlated with loneliness level (Johns et al., 2016). In addition, regardless to disability, depression might by itself negatively affect an individual's social interactions and relationships by causing him or her to withdraw and disengage from intimacy and attachment (Hutten et al., 2022), causing him or her to experience higher levels of loneliness. Hence, although they are distinct constructs, loneliness and depressive symptoms have a reciprocal relationship (Beutel et al., 2017).

Same intervening effect can be seen in the role that depression and anxiety play in the positive relationship between sensory impairment and especially having multiple sensory impairments and suicide attempts (Brunes & Heir, 2020 ; Khurana et al., 2021). This also adds to the difficulty in understanding the links between VI and psychological and social maladjustment of impaired individuals, in that a significant positive relationship was also found between maladjustment and depression (Bhuvaneshwari et al., 2016). Additional complexity is added when we take into account that there are other known and probably unknown intervening variables, such as the concept of ego-strength which was found to have positive relationship with adjustment and negative relationship with having VI (Pandey, 2018) and the concept of social frailty which was found to highly correlate with the prevalence of disability as well as with higher mortality rates (Yanguas et al., 2018). Which means that whether VI by itself and the handicaps that accompany it leads to maladjustment, or that it leads to maladjustment through its effect on the depression levels and/or on the ego strength (and by association emotional maturity), remains unclear. It is not completely understood how loneliness is related to depression and how both of them affect cognition among the elderly since most older individuals, who consistently report the highest loneliness levels, do not live alone and are not clinically depressed, two variables that are highly correlated with loneliness (Donovan et al., 2017).

There is also a lot of disagreements in the literature about the relationship between the risk of developing depression and being in a specific subgroup of the VI population (Brunes & Heir, 2020). The different sociodemographic factors that are associated with loneliness, namely age, gender and culture, also produce mixed and inconsistent correlations across different studies. And the ways the interactions between them work to produce and predict loneliness is rarely explored. This consequently means that the way that emotional maturity correlates with factors such age, gender, socioeconomic status and others and whether it mediates, amplifies or causes the effect observed between them and loneliness is not studied (Barreto et al., 2021; Shovestul et al., 2020). For example, Loneliness levels were found to decline in the elderly age groups for both men and women (Beutel et al., 2017), parallel to the findings that show that old age is related to emotional regulation and stability (Kim, 2022) and to higher life satisfaction (Johns et al., 2016). Additionally, it is still debated whether loneliness predicts mortality

risk by itself or through other variables such as health status and behavior, depression and social isolation (Beutel et al., 2017), factors that are affected by one's emotional maturity.

1.6 Statement of the research problem

Arabs with (VI) in Israel and the West Bank may face unique challenges regarding emotional maturity and perceived loneliness. While previous studies such as the one done in 2023 by Badran et al (2023) have explored the relationship between emotional maturity and loneliness, there is a lack of research explicitly examining this relationship among individuals with (VI) in the Arab population.

Additionally, little is known about the differences in levels of emotional maturity and perceived loneliness between individuals with (VI) and sighted individuals within this context. Understanding these differences can shed light on the specific challenges faced by individuals with (VI) and inform the development of targeted interventions and support systems.

Furthermore, there is a need to identify specific areas of emotional maturity that may be particularly affected in individuals with (VI), such as social maladjustment and regression. By identifying these areas, interventions can be tailored to address these specific challenges and promote social adjustment and well-being among individuals with (VI).

Therefore, this study aims to investigate the relationship between emotional maturity and perceived loneliness among Arabs with (VI) in Israel and the West Bank compared to sighted individuals. The study also seeks to compare the levels of emotional maturity and perceived loneliness between individuals with (VI) and sighted individuals. Additionally, the study aims to identify specific areas of emotional maturity that may be particularly affected in individuals with (VI), such as social maladjustment and regression.

By addressing these knowledge gaps, this research can contribute to the development of effective interventions and support systems for individuals with (VI) in this population.

1.7 Research Objectives

The research objectives of this study were as follows:

1. To examine the relationship between emotional maturity and perceived loneliness among Arabs with (VI) in Israel and the West Bank.
2. To compare the levels of emotional maturity and perceived loneliness between individuals with (VI) and sighted individuals.
3. To identify specific areas of emotional maturity that may be particularly affected in individuals with (VI), such as social maladjustment and regression.

1.8 Research Hypotheses

Based on the literature reviewed, the following hypotheses were developed:

1. Perceived loneliness will be negatively linked to Emotional Maturity.
2. Individuals with (VI) will exhibit lower levels of emotional maturity and higher levels of perceived loneliness compared to sighted individuals.
3. There will be no significant differences between the different affected areas of emotional maturity

Chapter Two

Methodology

The current chapter will present the methodology of the research that was conducted – the study subjects, the instruments and the questionnaires used to collect the data and the analysis used to test the research hypotheses.

2.1 Study Subjects

231 participants, 193 sighted and 38 visually impaired participated in the study, 167 female and 26 male. Average age was 38.17 and SD 12.7 Years. 179 were Muslim, 11 Christian and 1 Druz. 47 were single, 136 married, 6 engaged and 3 divorced. 62 With a Bachelor degree and 99 with a master's degree or a doctorate, 31 graduated high school.

2.2 Instruments of the Study

Two instruments were used in the study:

UCLA Loneliness Scale (Russell, 1996). A 20-item scale intended to assess one's subjective emotions of social Loneliness and perceived loneliness. It was first made available as a 20-item scale in 1978. Since then, it has undergone multiple revisions, and for circumstances—like phone surveys—where 20 questions are too many, shorter versions have been included.

Depending on whatever version is being used, the items' exact language and the manner in which a respondent is asked to assess them may change. The UCLA scale was still the most widely used unidimensional loneliness scale in use worldwide as of 2018

Participants select one of the following responses for each item: O (I often feel this way), S (I sometimes feel this way), R (I rarely feel this way), or N (I never feel this way). Reliability was Cronbach's α 0.93.

Two English-speaking translators were hired to translate the questionnaire into Arabic, translate them back into English, and then translate them again into Arabic until the clear and comprehensive understanding of the items' content was ensured. Five Arab

clinical psychologists were also enlisted to help; they looked over the questionnaire, changed a few things, and culturally adjusted it to fit the Arabic audience.

Emotional Maturity Scale (Singh & Bhargava, 1990). This questionnaire is composed of five dimensions, Emotional Instability, Emotional Regression, Social Maladjustment, Personality Disintegration and Lack of Independence. Originally It consists of 48 items. However, the subscale 'lack of independence' was excluded from the study due to the lack of internal consistency and repetition of the questions. This was shown by the answers of the participants in the pilot test that was passed on to 16 participants. The final questionnaire reliability was Cronbach's α 0.71 – 0.92.

The two tools included in sum 41 items, as they measured the level of emotional maturity, and the feelings of loneliness of the individuals.

2.3 Procedure

The Manara Association (Al-Manarah), which is dedicated to supporting Arabs with disabilities by creating social and educational events for them, was contacted to recruit volunteers with (VI). Also, the Migdal Ohr association (Migdal Ohr) was approached and the questionnaires were distributed by a social worker there.

Help was also sought from the Hand in Hand Association for the blind Arab (Hand in Hand), which was established to provide support for people with visual challenges of all age groups by providing workshops and support groups. Moreover, Social Welfare Institutions were contacted and the questionnaire was distributed to the visually impaired contacts provided by this institution.

In addition to using social media, especially WhatsApp and Facebook, where the questionnaire was distributed through a group for visually impaired Palestinians to publish the questionnaire in the Association of the Blind group, which also includes Palestinians from outside the country. In addition, blind people who have an extensive network were contacted for help in recruiting participants.

The majority of those I went to were unable to fill out the questionnaire on the pretext of lack of time and availability without trying to open the link, or perhaps through a simple attempt.

As Elderly participants couldn't fill out the questionnaire independently, so a volunteer was recruited to read the questionnaire for them and they answered it orally. This required more time and effort and there was some difficulty to get their agreement to this option.

2.4 Statistical Analysis Methods

Data analysis included Pearson correlation to examine the relationships between variables and Welch's T-test to identify differences between groups. Welch test was the choice because of the difference in groups size. To examine the reliability of the scales and tools we used Kronbach's α as internal reliability measurement.

Chapter Three

Results

3.1 Introduction

In this section, we present the results of the study, which aimed to investigate the differences between visually impaired and sighted individuals in terms of emotional maturity and perceived loneliness. Additionally, we explored the correlation between emotional maturity and perceived loneliness in both groups.

3.2 Results Related to the Questions of the Study

Results of the Study Questions and Hypotheses:

The study employed a t-test for independent samples to analyze each of the subscales measuring various aspects of emotional maturity, including emotional instability, regression, maladjustment, and disintegration. Given the significant difference in group sizes, a Welch test, a version of the t-test that does not assume equality of variances, was utilized.

Research Questions

1. What is the association between emotional maturity and perceived loneliness among Arabs with (VI) in Israel and the West Bank?

The study found a strong association between emotional maturity and perceived loneliness. Specifically, individuals with lower emotional maturity, especially in terms of regression, maladjustment, and loneliness, were more likely to experience higher levels of perceived loneliness.

2. How do the levels of emotional maturity and perceived loneliness differ between individuals with (VI) and sighted individuals?

The study revealed that individuals with (VI) exhibited lower emotional maturity, particularly in the aspects of regression, maladjustment, and loneliness, compared to sighted individuals. However, no significant differences were observed in terms of emotional instability and personality disintegration.

Hypotheses:

1. Visually Impaired individuals will be different in Perceived Loneliness and Emotional Maturity than Sighted People:

This hypothesis is supported by the study's findings. Visually impaired individuals did exhibit differences in emotional maturity and perceived loneliness compared to sighted individuals. They demonstrated lower emotional maturity, especially in terms of regression, maladjustment, and loneliness.

2. Perceived loneliness will be negatively linked to Emotional Maturity:

This hypothesis is supported by the study's results. The study found a strong negative correlation between emotional maturity and perceived loneliness, indicating that as emotional maturity increases, perceived loneliness decreases.

3. There is a negative association between emotional maturity and perceived loneliness among Arabs with (VI) in Israel and the West Bank. It is hypothesized that as emotional maturity increases, perceived loneliness will decrease:

This hypothesis is supported by the study's findings. The negative association between emotional maturity and perceived loneliness was observed in both visually impaired and sighted individuals.

4. There are significant differences in the levels of emotional maturity and perceived loneliness between individuals with (VI) and sighted individuals. It is hypothesized that individuals with (VI) will exhibit lower levels of emotional maturity and higher levels of perceived loneliness compared to sighted individuals:

This hypothesis is supported by the study's results. Individuals with (VI) indeed exhibited lower levels of emotional maturity, particularly in the aspects of regression, maladjustment, and loneliness, and higher levels of perceived loneliness compared to sighted individuals.

Overall, the study's findings provide insights into the emotional and social challenges visually impaired individuals face, emphasizing the importance of addressing these issues to improve their well-being and quality of life.

The current research examined the hypothesized differences between visually impaired and sighted people in emotional maturity and loneliness measures. For this purpose, a t-test for independent samples was performed on each of the subscales that measured aspects of emotional maturity: emotional instability, regression, lack of adjustment, and disintegration.

Due to the significant difference in the size of the groups, a Welch test was performed, a version of the T-test without the assumption of equality of variances.

For the Regression Index, the visually impaired sample group ($M=2.11$, $SD=0.67$), compared to the sighted group ($M=1.86$, $SD=0.57$), received a higher score on average, which indicates a lower emotional maturity ($t(229)=2.11$, $p=0.04$).

For the Maladjustment Index, the visually impaired group ($M=2.21$, $SD=0.56$), compared to the sighted group ($M=2.00$, $SD=0.53$), received a higher score on average, which indicates a lower emotional maturity ($t(229)=2.11$, $p=0.04$).

For the Loneliness Index, the visually impaired group ($M=2.11$, $SD=0.68$), compared to the sighted group ($M=1.80$, $SD=0.60$), received a higher score on average, which indicates a lower emotional maturity ($t(229)=2.56$, $p=0.014$).

No significant difference was found between the groups for the Instability index ($t(229)=1.46$, $p=0.15$) and Disintegration index ($t(229)=0.92$, $p=0.36$). See **Table 1** for means and (SD).

Table 1

Means and SD for both groups.

| Index | Visually impaired $M(SD)$ | Sighted $M(SD)$ | t (p value) |
|----------------|---|-----------------------------------|---------------------|
| Regression | 2.11(0.67) | 1.86(0.57) | 2.11 (0.04) |
| Maladjustment | 2.21(0.56) | 2.00 (0.53) | 2.11 (0.04) |
| Loneliness | 2.11(0.68) | 1.80(0.60) | 2.56 (0.014) |
| Instability | 2.65(0.72) | 2.46(0.67) | 1.46 (0.15) |
| Disintegration | 1.74(0.56) | 1.64(0.55) | 0.92 (0.36) |

In addition, the relationship between measures of emotional maturity and loneliness in both groups was examined. In general, we found moderate to strong correlations between all emotional maturity indexes and loneliness in both groups. See Pearson correlations in Table 2 and Table 3.

Table 2*Pearson correlations for visually impaired participants*

| | Instability | Regression | Maladjustment | Disintegration | Loneliness |
|----------------------|--------------------|-------------------|----------------------|-----------------------|-------------------|
| Instability | | | | | |
| Regression | 0.713** | | | | |
| maladjustment | 0.578** | 0.703** | | | |
| Disintegration | 0.724** | 0.784** | 0.668** | | |
| Loneliness | 0.537** | 0.545** | 0.589** | 0.718** | |
| Emotional immaturity | 0.885** | 0.918** | 0.811** | 0.891** | 0.664** |

**p<0.01

Table 3*Pearson correlations for sighted participants*

| | Instability | Regression | Maladjustment | Disintegration | Loneliness |
|----------------------|--------------------|-------------------|----------------------|-----------------------|-------------------|
| Instability | | | | | |
| Regression | 0.797** | | | | |
| Maladjustment | 0.443** | 0.579** | | | |
| Disintegration | 0.615** | 0.738** | 0.624** | | |
| Loneliness | 0.428** | 0.533** | 0.552** | 0.640** | |
| Emotional immaturity | 0.877** | 0.928** | .736** | 0.853** | 0.614** |

**p<0.01

The current study examined the differences between visually impaired and sighted individuals in terms of emotional maturity and perceived loneliness. In addition, it examined the correlation between emotional maturity and perceived loneliness. The results indicate that visually impaired participants were more likely to have a delay in emotional maturity and face more loneliness. Additionally, there is a negative correlation between emotional maturity and perceived loneliness. There is also a significant difference between the two studied groups at the levels of regression, maladjustment, and loneliness. However, no significant difference was measured between the two groups on the instability and disintegration level.

Chapter Four

Discussions and conclusions

The goals of the current study have been to investigate the relationship between Emotional Maturity and perceived loneliness among Arabs in Israel and the West Bank with (VI) compared with sighted people. The current chapter will present research findings, offer explanations for them based on the literature, present theoretical and practical conclusions, discuss methodological limitations and provide suggestions for future research.

4.1 Discussion

The current study examined the differences between visually impaired and sighted individuals in terms of emotional maturity and perceived loneliness. In addition, it examined the correlation between emotional maturity and perceived loneliness. The results indicate that visually impaired participants were more likely to have a delay in emotional maturity and more likely to face more loneliness. Additionally, there is a negative correlation between emotional maturity and perceived loneliness, meaning that a correlation was found between high levels of maturity and low levels of loneliness, and vice versa. This also aligns with prior studies that were conducted and found similar, albeit weaker, negative correlation between emotional maturity and perceived loneliness (Fatima et al., 2021), and a significant positive correlation between loneliness and emotional immaturity (Reji & Babu, 2020).

With regards to the aspects comprising emotional maturity. There was also a significant difference between the two studied groups at the levels of regression, maladjustment and loneliness. However, no significant difference was measured between the two groups on the instability and disintegration level. Our results suggest that the group of people with (VI) have difficulty in social adjustment compared to people without (VI). Also, people with (VI) have more regression symptoms than the group of participants with normal vision.

The social adjustment difficulty experienced by visually impaired people can be explained by the fact that a person who is entirely blind becomes more reliant on his other senses, which makes socializing more difficult and time-consuming. For example,

a lack of eye-contact, which is an essential part of human connection and which helps with relating to people and consequently form an adequate reaction to a particular social setting is a thing that individuals with (VI) lack in their life. The restrictions on a visually impaired individual also affect both their capacity to engage in new experiences and their capacity to preserve wholesome relationships with others, which may affect their ability to adjust socially. These results are in line with recent studies which suggest that many visually impaired people have varied degrees of anxiety, rage, and maladjustment (Pandey, 2018). Another factor that is a part of the difficulties faced by (PWD) is the lack of inclusion in the workplace which can lead to less opportunities and more isolation (Gould et al., 2020).

As stated earlier, emotional regression is a subconscious protection mechanism that causes the ego to either undergo a brief or long-term regress to an earlier phase of development. Our results suggest that people with (VI) are prone to emotional regression. This can be understood by looking closely at the caregivers. In many cases, parents of people with (VI) find it very difficult to give their children the independence they need and to provide them with correct assistance, which makes them dependent people and unable to adapt to life as adults (Europe, 2012). Prior studies have shown how parents to children with VI tend to exhibit negligence or over-protection (Bhuvaneswari et al., 2016; Shpigelman & Vorobioff, 2021), especially in collectivist societies such as the Palestinian one (Fatima et al., 2021). This unnatural view of the parents of their children even when they become adults, stop the natural process of maturing in people with (VI), due to the lack of independence and the sense of inability, which is an essential part of emotional maturity.

Furthermore, many disable individuals (PWDs) find it difficult to handle all their affairs on their own. To aid them with domestic duties, personal care, job, social connections, and community involvement, they rely on family, friends, or caretakers. Although PWDs value independence highly, caretakers may restrict it (Europe, 2012). Thus, it is difficult for the visually impaired to be separated from their parents at an early age compared to people without (VI). Further complexity is introduced to this dynamic when we take into account the findings that point at the defeating cultural attitudes towards (PWD) within the Arab society in general and the Palestinian in particular, whether from their parents or from public servants such as bus drivers or shop workers

(Snounu et al., 2019). The pity that Palestinian (PWD) experience from their own social and familial environment, the way they, their needs, and their unique points of view are ignored (Badran et al., 2023), the shame, shaming and stigma that they and their families experience makes their social environment doubt their ability to lead an independent and normative social and romantic life (Shpigelman & Vorobioff, 2021).

Excessive attachment to parents and dependence on them would lead children with VI to regression and thus they might behave in a way that may resemble children or age stages that are not suitable for them by using this defensive method unconsciously. This particularly occurs when the support system is time-constrained and assumes control of activities rather than assisting and motivating PWDs to finish them. This denies PWDs the chance to pick up new skills that would help them become more autonomous (Europe, 2012). In Palestine, (PWD) suffers from a lack of access to public transportation, and also face great difficulty with equal availability of job opportunities, which further makes them dependent on others (Amin et al., 2017; Badran et al., 2023; Presler-Marshall et al., 2020).

According to the results, it should be noted that there are two aspects of the emotional maturity variable in which we found no significant difference between the two groups: emotional instability and personality disintegration. As noted earlier, emotional instability is the predisposition for impulsivity, unpredictable behavior, changeable attitudes and views, and quickly altering or overwhelming emotions. An unstable individual is prone to wide-ranging, frequent, and unanticipated mood swings that may oscillate between two extremes. Personality disintegration is the personality's division to the extent that the individual no longer demonstrates a constant, recognized set of attitudes, behaviors, and beliefs.

In general, emotional maturity is a wide ranged variable with many levels and aspects. Perhaps the visually impaired individual is sensitive to some parts of emotional maturity, but not to all of them. Of course, there are some social and psychological difficulties that a blind person may face more than others, although there is some correlation between them. Hence, it is safe to assume that blind people face social problems and difficulties significantly more than others, as well as more emotional problems because of their dependence on others and excessive attachment to them,

which is reflected in the study results, as visually impaired individuals found to be more regressed and socially maladjusted.

Study results suggest that there is a close relationship between all the variables that constructed the Emotional maturity scale and the level of perceived loneliness. The strong relationship between the variables has nothing to do with whether the person suffers from (VI) or not, as the correlation found in both groups equally. Individuals who struggle with emotional difficulties are prone to feel lonelier. Therefore, visually impaired individuals may feel lonely as a result of other emotional difficulties such as regression and maladjustment.

As stated earlier, current results contradict another recent study (Fatima et al., 2021) that looked at 250 adolescents' emotional maturity and loneliness and discovered a weak correlation between these two variables. In that study, it was found that adolescents living with guardians had higher levels of loneliness than those living with their parents, while adolescents living with their parents had lower emotional maturity. That specification could point toward a potential interfering variable which is the parental status, which should be factored in when taking the findings into account. It is plausible that when parents are absent from the adolescents' lives, they are required to face their difficulties by themselves and take responsibility over their lives and choices, which in turn forces them to develop a higher emotional maturity level, even though they experience higher perceived loneliness. This idea is supported by the findings that point to a higher prevalence of high self-efficacy beliefs among people with VI in comparison to the general population, which may be produced by the individuals' successful management of and mastery over their life challenges (Brunes et al., 2021).

4.2 Implications of the research

Current research is the first to link emotional maturity and loneliness among visually impaired compared to sighted people. People with (VI) have a higher probability of experiencing loneliness, and their level of emotional maturity, especially social adjustment, may be lower than people without (VI). There may be a great need for therapeutic intervention from an early age to provide improve their social skills, help them develop emotionally and psychologically properly, and lessen the symptoms of loneliness.

4.3 Limitations of research

The generalizability of the results is limited by the fact that it only targeted the Arabs in Palestine. Moreover, the difficulty to recruit participants with (VI) compared to the non-visually impaired group played a role in the research's limitations. It is important to note that there are several challenges to participating in the research that people with (VI) may have faced, including that not all participants are familiar with technology, which prevents them from filling out questionnaires independently, especially participants of older age. There is a section of participants who suffer from a disability who may ask someone to read the questionnaire and answer the questions orally. The presence of the reader may affect the extent of the credibility of the answers. In addition, lack of focus while filling the questionnaire, and non-accurate self-evaluation could've affected result. Regarding the limitations of the questionnaires, it could include memory bias, social desirability bias, difficulty conveying feelings and emotions and questions interpretation difficulty.

4.4 Conclusion

Current research examined the difference between a group of people with (VI) and people without (VI) in the level of emotional maturity and loneliness. It has been concluded, based on the results, that there is a difference in the level of emotional maturity between the two groups, but this manifested only through the level of emotional regression and social maladjustment. There was no difference between the level of personality disintegration and emotional instability. In addition, Results indicated an inverse relationship between the level of emotional maturity and perceived loneliness, so the higher the level of emotional maturity, the less the feeling of loneliness and vice versa. Consequences and study limitation are discussed.

4.5 Future Recommendation

Future research should delve deeper into the factors contributing to emotional regression and social maladjustment among visually impaired individuals. Identifying specific challenges and potential interventions can help improve their emotional and social well-being. The fact that the correlation between emotional maturity and loneliness is not straight forward, and these concepts' links with VI are complex and multifaceted, lead to the insight that these concepts and correlation require further

examination and study in order to provide more suitable and helpful knowledge base and intervention guidelines both in the clinical and the social policy levels.

As was shown in the literature review, it can be very beneficial to distance ourselves as researchers and clinicians from the medical model of disability and to adopt more socially conscious models such as Intersectionality theory, Biopolitics theory, as well as approaches and insights from (CDS) (Amin et al., 2024; Macdonald et al., 2018; Snounu et al., 2019). More research exploring the links between emotional maturity, loneliness and VI are needed, as well as studies that clarify the intervening variables such as depression and QOL. It is further needed to clarify the constructs and the measures that are used in the domain of loneliness, since for example there is no clear standard definition of chronic versus transient loneliness and no clear measurement of the quality of social relationships (Shrum et al., 2023).

Additionally, not all studies found a significant correlation between loneliness and mortality, some found that social isolation is the stronger predictor for mortality risk. This could result from the difference in measurements of loneliness, which is usually measured dichotomously (lonely or not lonely), and the measurement of social isolation which is based on quantifying a combination of indicators (Lim et al., 2020), which indicated a need to clarify the primary distinction between social isolation and perceived loneliness. Lim et al., (2020) suggests the use of a continuous measure of loneliness to allow for more variation and higher chance of finding statistical significance. Lastly, it may be worthy to explore the perceived loneliness among visually impaired people while keeping emotional maturity constant, to isolate the cause of loneliness among those people. In addition, in the research process itself should accommodate for the participants' disabilities. For example, participants must have devices available in a lab so that each person fills out their questionnaire without the use of a reader and/or have the questionnaires available in Braille.

Exploring the effectiveness of therapeutic interventions and support programs aimed at enhancing the emotional and social skills of visually impaired individuals is essential. Such interventions can help reduce loneliness and promote emotional growth. Additionally, In order to have successful interventions and integration, it is important to work on the societal awareness and misperceptions regarding the constructs under

study. For example, loneliness remains largely misunderstood when it is perceived to be caused by lack of social connections, rather than their quality, when it is misrepresented as the property of mostly older people, rather than as being prevalent across the life span, and when it is seen as only affecting “social misfits”, rather than seeing how loneliness itself causes the social misfit (Shrum et al., 2023). In this sense, we start from the assumption that all individuals have varying degrees of loneliness risk factors and when there is a trigger, it interacts with the risk factors and might produce loneliness. Therefore, in clinical settings we should assess the severity of one’s loneliness, its pervasiveness and whether it is chronic or temporary (Lim et al., 2020), and adapt the intervention type accordingly; interventions that focus more on the social support aspect or interventions that provide social cognitive training (Shrum et al., 2023).

We should also develop guidelines to help individuals with VI and parents of children with VI to learn how to use the digital communication systems available to their disposal in a way that counters loneliness, rather than heighten it (Lim et al., 2020). Further, since perceived parental support is a significant protective factor for adolescents’ mental health (Fatima et al., 2021) and parental support continues to be essential throughout adulthoods and in light of the findings that show how self-esteem plays a big role in the relationship between parental support and psychological wellbeing (Heppe et al., 2020), guidelines should also be developed for parents. For example, for parents trying to teach vocabulary to children with VI, to provide them with tools to help their children develop their language skills without basing their education on visual experience, which is what most parents, based on their own experience, know and take for granted (Pandey, 2018). Additionally, findings suggest that it is important for parents to be partners in the education of their adolescent children; to actively support the educational process (Mansy et al., 2017).

Another aspect of the interventions that can benefit individuals with VI is work on their and their families’ ability to absorb and deal with the shock that is produced when the VI is discovered, which is a condition to healthy adjustment to the VI (Pandey, 2018), since the shock might cause withdrawal, apathy and suicidal ideation (Bhuvanewari et al., 2016). It is also essential to work on their self-acceptance, which can counter the self-stigma and improve their mental health, QOL as well as their connections with others (Kong et al., 2021). This work’s importance gets further support from the fact

that peer relationships and support improve psychological wellbeing and support resilience against stress (Heppe et al., 2020), as well as the fact that positive emotions that often accompany positive social relationships mitigate the negative effects that perceived loneliness has on physical activity and mortality (Yanguas et al., 2018).

Reference

- Ainsworth, M. S. (1989). Attachments beyond infancy. *American psychologist*, 44(4), 709-719.
- Al-Manarah – The association for the advancement of persons with disabilities in Arab society. <https://almanarah.org/>
- Al-Masri, N., Aladini, A., & Alghoula, N. (2023). Accessible and Inclusive Higher Education for Palestinian Students with Disability: Policies and Practices Review. *Cambridge Educational Research e-Journal*, 10, 102-116.
- Al-Rimawi, A. (2021). Necessary Adaptations for Students with Disabilities in Palestinian Universities. *Journal of Positive School Psychology*, 5(2), 148-165.
- Al-Suhimi, T.M. (2020). *Loneliness and It's Relation to The Meaning of Life Among a Sample of Blind Students At king Abdul Aziz University* [Unpublished master's thesis]. King Abdulaziz University.
- Amin, H., Badran, L., Gur, A., & Stein, M. A. (2024). The experiences of Palestinian Arabs with disabilities in Israel. *Equality, Diversity and Inclusion: An International Journal*, 43(1), 41-54.
- APA Dictionary of Psychology. (2018a). *Definition of emotional-maturity*. <https://dictionary.apa.org/emotional-maturity>
- APA Dictionary of Psychology. (2018b). *Definition of instability* <https://dictionary.apa.org/instability>
- APA Dictionary of Psychology. (2018c). *Definition of personality-disintegration* <https://dictionary.apa.org/personality-disintegration>
- APA Dictionary of Psychology. (2018d). *Definition of social-maladjustment* <https://dictionary.apa.org/social-maladjustment>

- Badran, L., Amin, H., Gur, A., & Stein, M. (2023). 'I am an Arab Palestinian living in Israel with a disability': marginalisation and the limits of human rights. *Disability & Society*, 1-22.
- Barreto, M., Victor, C., Hammond, C., Eccles, A., Richins, M. T., & Qualter, P. (2021). Loneliness around the world: Age, gender, and cultural differences in loneliness. *Personality and individual differences*, 169, 110066.
- Beutel, M.E., Klein, E.M., Brähler, E., Reiner, I., Jünger, C., Michal, M., Wiltink, J., Wild, P.S., Münzel, T., Lackner, K.J. & Tibubos, A.N. (2017). Loneliness in the general population: prevalence, determinants and relations to mental health. *BMC psychiatry*, 17, 1-7.
- Bhuvaneswari, M., Selvaraj, C. I., Selvaraj, B., & Srinivasan, T. (2016). Assessment of psychological and psycho-physiological problems among visually impaired adolescents. *Iranian journal of psychiatry and behavioral sciences*, 10(1), . e3895.
- Bowlby, J. (1976) *Attachment and Loss, Volume II, Separation Anxiety and Anger*.
- Brunes, A., B. Hansen, M., & Heir, T. (2019a). Loneliness among adults with visual impairment: prevalence, associated factors, and relationship to life satisfaction. *Health and quality of life outcomes*, 17, 1-7.
- Brunes, A., Hansen, M. B., & Heir, T. (2019b). Post-traumatic stress reactions among individuals with visual impairments: a systematic review. *Disability and rehabilitation*, 41(18), 2111-2118.
- Brunes, A., Hansen, M. B., & Heir, T. (2021). General self-efficacy in individuals with visual impairment compared with the general population. *PLoS One*, 16(7), e0254043.
- Brunes, A., & Heir, T. (2020). Visual impairment and depression: Age-specific prevalence, associations with vision loss, and relation to life satisfaction. *World journal of psychiatry*, 10(6), 139.

- Buecker, S., Maes, M., Denissen, J. J., & Luhmann, M. (2020). Loneliness and the Big Five personality traits: A meta-analysis. *European Journal of Personality*, 34(1), 8-28.
- Cacioppo, J. T., & Cacioppo, S. (2018a). The growing problem of loneliness. *The Lancet*, 391(10119), 426.
- Cacioppo, J. T., & Cacioppo, S. (2018b). Loneliness in the modern age: An evolutionary theory of loneliness (ETL). In: *Advances in experimental social psychology* (Vol. 58, pp. 127-197).
- Central Bureau of Statistics (Israel). *Israel Statistical Abstract 2022*. <https://www.cbs.gov.il/en/publications/Pages/2022/Statistical-Abstract-of-Israel-2022-No-73.aspx>
- Chaplin, L. N., Shrum, L. J., & Lowrey, T. M. (2019). Children's materialism and identity development. In *Handbook of research on identity theory in marketing* (pp. 434-447).
- Chiang, F., Kuper, H., Lindfield, R., Keenan, T., Seyam, N.E., Magauran, D., Khalilia, N., Batta, H., Abdeen, Z. & Sargent, N. (2010). Rapid assessment of avoidable blindness in the Occupied Palestinian Territories. *PloS one*, 5(7), e11854.
- Choi, H. G., Lee, M. J., & Lee, S. M. (2018). Visual impairment and risk of depression: A longitudinal follow-up study using a national sample cohort. *Scientific reports*, 8(1), 2083.
- CSF (Civil Society Forum for the Promotion and Implementation of the CRPD in Israel). 2020. *Alternative Report Submitted to the UN Committee on the Rights of Persons with Disabilities*. Israel: Israeli Human Rights Centre for People with Disabilities.
- Donovan, N. J., Wu, Q., Rentz, D. M., Sperling, R. A., Marshall, G. A., & Glymour, M. M. (2017). Loneliness, depression and cognitive function in older US adults. *International journal of geriatric psychiatry*, 32(5), 564-573.

- Ellis, S., Sheik Ali, S., & Ahmed, W. (2021). A review of the impact of hearing interventions on social isolation and loneliness in older people with hearing loss. *European Archives of Oto-Rhino-Laryngology*, 278(12), 4653-4661.
- Europe, V. (2012). The right of people with disabilities to live independently and be included in the community. *Strasbourg: Council of Europe Publishing*.
- Fatima, S., Bashir, M., Khan, K., Farooq, S., Shoaib, S., & Farhan, S. (2021). Effect of presence and absence of parents on the emotional maturity and perceived loneliness in adolescents. *Journal of Mind and Medical Sciences*, 8(2), 259-266.
- Freud, S. (1963). Freud: Introductory Lectures on Psychoanalysis. *The standard edition of the complete psychological works of Sigmund Freud*.
- Fteiha, A., & Khalili, O. (2021). Disabled Students at the Palestinian Universities: Birzeit University as a Model. *Education in the Knowledge Society (EKS)*, 22, e23935-e23935.
- Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*.
- Gould, R., Harris, S. P., Mullin, C., & Jones, R. (2020). Disability, diversity, and corporate social responsibility: Learning from recognized leaders in inclusion. *Journal of Vocational Rehabilitation*, 52(1), 29-42.
- Hand in Hand. <https://www.handinhandk12.org/>
- Hawkey, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of behavioral medicine*, 40(2), 218-227.
- Heinze, N., Hussain, S. F., Castle, C. L., Godier-McBard, L. R., Kempapidis, T., & Gomes, R. S. (2021). The long-term impact of the COVID-19 pandemic on loneliness in people living with disability and visual impairment. *Frontiers in public health*, 9, 738304.
- Heppe, E. C., Kef, S., de Moor, M. H., & Schuengel, C. (2020). Loneliness in young adults with a visual impairment: Links with perceived social support in a

twenty-year longitudinal study. *Research in Developmental Disabilities*, 101, 103634.

Herwandha, K. G., & Prastuti, E. (2020). Attachment and age as predictors of the emotional maturity of university students. *KnE Social Sciences*, 1-20.

Human Rights Watch. (2023a). Gaza: Israeli Attacks, Blockade Devastating for People with Disabilities. <https://www.hrw.org/news/2023/11/01/gaza-israeli-attacks-blockade-devastating-people-disabilities>

Human Rights Watch. (2023b). Gaza: Israeli Restrictions Harm People with Disabilities. <https://www.hrw.org/news/2020/12/03/gaza-israeli-restrictions-harm-people-disabilities>

Human Rights Watch. (2023c). Palestine: Submission to the UN Committee on the Rights of Persons with Disabilities. <https://www.hrw.org/news/2023/03/13/palestine-submission-un-committee-rights-persons-disabilities>

Hutten, E., Jongen, E. M., Hajema, K., Ruiters, R. A., Hamers, F., & Bos, A. E. (2022). Risk factors of loneliness across the life span. *Journal of Social and Personal Relationships*, 39(5), 1482-1507.

Johns, N., Mathew, J. P., & Mathai, S. M. (2016). Emotional maturity and loneliness as correlates of life satisfaction among adolescents. *Social Sciences*, 3(03), 2016.

Joy, M., & Mathew, A. (2018). Emotional maturity and general well-being of adolescents. *IOSR Journal of Pharmacy*, 8(5), 01-06.

Kanaparthi, B., & Rani, N. (2018). Emotional maturity among adolescents' students. International. *Journal of Emerging Technologies and Innovative Research*, 5(10),165-170.

Khurana, M., Shoham, N., Cooper, C., & Pitman, A. L. (2021). Association between sensory impairment and suicidal ideation and attempt: a cross-sectional analysis of nationally representative English household data. *BMJ open*, 11(2), e043179.

- Kim, H. N. (2022). Loneliness in the aging population with visual disabilities. *Journal of Technology & Persons with Disabilities, 10*, 16-32.
- Kisa, A., Bourne, R.R., Steinmetz, J.D., Briant, P.S., Flaxman, S.R., Kisa, S., Afshin, A., Vision Impairment Collaborator, G.B.D., Vos, T., Mulaw, G.F. & Resnikoff, S. (2020). Causes of blindness and vision impairment in 2020 and trends over 30 years, and prevalence of avoidable blindness in relation to VISION 2020: the Right to Sight: an analysis for the Global Burden of Disease Study. *Lancet Global Health 2021, 9*, 144-160.
- Kong, L., Gao, Z., Xu, N., Shao, S., Ma, H., He, Q., Zhang, D., Xu, H. & Qu, H. (2021). The relation between self-stigma and loneliness in visually impaired college students: Self-acceptance as mediator. *Disability and Health Journal, 14*(2), 101054.
- Lara, E., Caballero, F. F., Rico-Urbe, L. A., Olaya, B., Haro, J. M., Ayuso-Mateos, J. L., & Miret, M. (2019). Are loneliness and social isolation associated with cognitive decline?. *International journal of geriatric psychiatry, 34*(11), 1613-1622.
- Lim, M. H., Eres, R., & Vasani, S. (2020). Understanding loneliness in the twenty-first century: an update on correlates, risk factors, and potential solutions. *Social psychiatry and psychiatric epidemiology, 55*, 793-810.
- Macdonald, S.J., Deacon, L., Nixon, J., Akintola, A., Gillingham, A., Kent, J., Ellis, G., Mathews, D., Ismail, A., Sullivan, S. & Dore, S. (2018). 'The invisible enemy': disability, loneliness and isolation. *Disability & Society, 33*(7), 1138-1159.
- Majumdar, S., & Das, T. (2019). Emotional maturity – A study of secondary school students. *SSRN Electronic Journal, 6*(2),806-820. ResearchGate. https://www.researchgate.net/publication/350846028_Emotional_Maturity-A_Study_of_Secondary_School_Students
- Malik, V., & Manhas, S. (2022). Comparative analysis of body satisfaction and emotional maturity between visually impaired and sighter adolescents. *ION*

Exchange and Adsorption, 22(01), 424-440. Researchgate.
<https://2u.pw/ZtVL86JQ>

Mansy, A. M., Abd El Halim, Z., & Abd Al Wahab, E. (2017). Emotional intelligence among visually impaired and sighted female adolescents. *Egyptian Nursing Journal*, 14(2), 70-77.

Maslow, A.H. (1943) A Theory of Human Motivation. *Psychological Review*, 50, 370-396.

Migdal Ohr. <https://migdalohr.org/>

Ongtangco, K. S., Aguila, E. C., & Morales, G. M. V. (2018). Quality of Life of Visually Impaired Adolescents. *Journal of Social Health*, 1(1), 89.

Pandey, R. K. (2018). Comparative Study of Adjustment of Visually Impaired Students. *Universal Journal of Educational Research*, 6(11), 2562-2571.

Parrey, M. U. R., & Alswelmi, F. K. (2017). Prevalence and causes of visual impairment among Saudi adults. *Pakistan journal of medical sciences*, 33(1), 167.

Presler-Marshall, E., Jones, N., & Odeh, K. B. (2020). 'Even though I am blind, I am still human!': The neglect of adolescents with disabilities' human rights in conflict-affected contexts. *Child Indicators Research*, 13(2), 513-531.

Reji, J. A., & Babu, N. K. (2020). Loneliness, perceived stress on emotional maturity among young adults: A mediation analysis. *Journal of Psychosocial Research*, 15(2), 23-33.

Richard, A., Rohrmann, S., Vandeleur, C. L., Schmid, M., Barth, J., & Eichholzer, M. (2017). Loneliness is adversely associated with physical and mental health and lifestyle factors: Results from a Swiss national survey. *PloS one*, 12(7), e0181442. <https://doi.org/10.1371/journal.pone.0181442>

Rokach, A. (2019). *The psychological journey to and from loneliness: Development, causes, and effects of social and emotional isolation*.

- Rucker, D. D., & Cannon, C. (2019). Identity and compensatory consumption. *Handbook of research on identity theory in marketing* (pp. 186-198).
- Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of personality assessment*, 66(1), 20-40.
- Saskia, T. I. (2021). Loneliness Among Adult with Visual Impairment. *Sriwijaya Journal of Ophthalmology*, 4(1), 75-78.
- Shehada, D., Turkey, A., Khan, W., Khan, B., & Hussain, A. (2023). A lightweight facial emotion recognition system using partial transfer learning for visually impaired people. *IEEE Access*, 11, 36961-36969.
- Shovestul, B., Han, J., Germine, L., & Dodell-Feder, D. (2020). Risk factors for loneliness: The high relative importance of age versus other factors. *PLoS one*, 15(2), e0229087.
- Shpigelman, C. N., & Vorobioff, M. (2021). Romantic relationship and psychological wellbeing: the experiences of young individuals with visual impairment. *Disability and rehabilitation*, 43(9), 1228-1236.
- Shrum, L. J., Fumagalli, E., & Lowrey, T. M. (2023). Coping with loneliness through consumption. *Journal of Consumer Psychology*, 33(2), 441-465.
- Shukla, A., Harper, M., Pedersen, E., Goman, A., Suen, J.J., Price, C., Applebaum, J., Hoyer, M., Lin, F.R. & Reed, N.S. (2020). Hearing loss, loneliness, and social isolation: a systematic review. *Otolaryngology–Head and Neck Surgery*, 162(5), 622-633.
- Singh, Y. & Bhargava, M. (1990). Emotional Maturity Scale & Manual of Emotional Maturity Scale. *National Psychological Corporation*, Agra, India.
- Snounu, Y., Smith, P., & Bishop, J. (2019). Disability, the politics of maiming, and higher education in Palestine. *Disability Studies Quarterly*, 39(2).

- Sunny, A. M., Jacob, J. G., Jimmy, N., Shaji, D. T., & Dominic, C. (2018). Emotional maturity variation among college students with perceived loneliness. *International Journal of Scientific and Research Publications*, 8(5), 233-51.
- Swan, T. (2018). *The Anatomy of Loneliness: How to Find Your Way Back to Connection*.
- Tseng, Y. C., Liu, S. H. Y., Lou, M. F., & Huang, G. S. (2018). Quality of life in older adults with sensory impairments: a systematic review. *Quality of Life Research*, 27, 1957-1971.
- Veerman, L., Hepe, E., Gold, D., & Kef, S. (2019). Intra-and interpersonal factors in adolescence predicting loneliness among young adults with visual impairments. *Journal of visual impairment & blindness*, 113(1), 7-18.
- Vincent, D. (2020). *A history of solitude*.
- Wang, Y. (2020). Relationship between emotional intelligence and mental health of college students. *Revista Argentina de Clínica Psicológica*, 29(2), 1045.
- World Health Organization. (2016). *International classification of diseases 10th Revision*. Retrieved from <http://apps.who.int/classifications/icd10/browse/2016/en/>
- World Health Organization. (2019). *World report on vision*.
- Yanguas, J., Pinazo-Henandis, S., & Tarazona-Santabalbina, F. J. (2018). The complexity of loneliness. *Acta Bio Medica: Atenei Parmensis*, 89(2), 302.

List of Abbreviations

| Abbreviations | Meaning |
|----------------------|---|
| APA | American Psychological Association |
| CBS | Central Bureau of Statistics (Israel) |
| CDS | Critical Disability Studies |
| CNN | Convolutional Neural Network |
| M | Mean |
| NGO | Non-Governmental Organization |
| P | Probability |
| PGI | Patient Global Impression |
| PHEI | Palestinian Higher Education Institutions |
| PWD | People with Disabilities |
| QOL | Quality of Life |
| SAQ | Self-Acceptance Questionnaire |
| SD | Standard Deviation |
| SSDS | Self-Stigma of Disabled Scale |
| TMMS | Trait Meta-Mood Scale |
| UCLA | University of California, Los Angeles |
| VI | Visual Impairment\ |
| WHO | World Health Organization |

Appendices

Appendix A

Emotional Maturity Scale

| 1. | <u>Emotional Instability</u> | VM | M | UD | P | N |
|------|---|----|---|----|---|---|
| 1.1 | Are you involved in any sort of mental tension? | | | | | |
| 1.2 | Do you get frightened about the future? | | | | | |
| 1.3 | Do you stop in the middle of any work before reaching the goal? | | | | | |
| 1.4 | Do you take the help of others to complete your personal work? | | | | | |
| 1.5 | Is there any difference between your desires and your objectives? | | | | | |
| 1.6 | Do you feel that you are short-tempered? | | | | | |
| 1.7 | Do you feel that you are very stubborn? | | | | | |
| 1.8 | Do you feel jealous of other people? | | | | | |
| 1.9 | Do you get wild due to anger? | | | | | |
| 1.10 | Do you get lost in imagination and daydreaming? | | | | | |

| | | | | | | | |
|----|------|---|--|--|--|--|--|
| 2. | | <u>Emotional Regression</u> | | | | | |
| | 2.1 | If you fail to achieve your goal, do you feel inferior? | | | | | |
| | 2.2 | Do you experience a sense of discomfort and lack of peace of mind? | | | | | |
| | 2.3 | Do you indulge in teasing others? | | | | | |
| | 2.4 | Do you try to put the blame on others for your mistakes? | | | | | |
| | 2.5 | When your views differ from others, do you quarrel with them? | | | | | |
| | 2.6 | Do you feel that you are exhausted? | | | | | |
| | 2.7 | Is your behaviour more aggressive than your friends' and others' behaviour? | | | | | |
| | 2.8 | Do you get lost in the world of imaginations? | | | | | |
| | 2.9 | Do you feel that you are self-centred? | | | | | |
| | 2.10 | Do you feel that you are dissatisfied with yourself? | | | | | |
| | | | | | | | |
| 3. | | <u>Social Maladjustment</u> | | | | | |
| | 3.1 | Do you have a strained relationship with your classmates and peers? | | | | | |
| | 3.2 | Do you hate others? , | | | | | |
| | 3.4 | 3.3 Do you praise yourself? | | | | | |
| | 3.5 | Do you avoid joining in social gatherings? | | | | | |
| | 3.6 | Do you spend a lot of your time for yourself? | | | | | |
| | 3.7 | Do you lie? | | | | | |
| | 3.8 | Do you bluff? | | | | | |
| | 3.9 | Do you like to be alone a lot? | | | | | |
| | 3.10 | Are you proud by nature? | | | | | |
| | | | | | | | |

| | | | | | | | |
|----|------|--|--|--|--|--|--|
| 4. | | <u>Personality Disintegration</u> | | | | | |
| | 4.1 | Though you know some work, do you pretend as if you do not know it? | | | | | |
| | 4.2 | Even if you do not know some work, do you pose as if you know it? | | | | | |
| | 4.3 | Knowing you are at fault, instead of accepting it, do you try to establish that you are right? | | | | | |
| | 4.4 | Do You suffer from any kind of far? | | | | | |
| | 4.5 | Do you lose your mental balance (poise)? | | | | | |
| | 4.6 | Are you in the habit of stealing anything? | | | | | |
| | 4.7 | Do you indulge freely without bothering about moral codes of conduct? | | | | | |
| | 4.8 | Are you pessimistic about life? | | | | | |
| | 4.9 | Do you have a weak will (self-will / determination)? | | | | | |
| | 4.10 | Are you tolerant about the views of others | | | | | |
| | | | | | | | |
| 5. | | <u>Lack of Independence</u> | | | | | |
| | 5.1 | Do people consider you as independent? . | | | | | |
| | 5.2 | Do people disagree with your views? | | | | | |
| | 5.3 | Would you like to be a follower? | | | | | |
| | 5.4 | Do you disagree with the opinions of your group? | | | | | |
| | 5.5 | Do people think of you as an irresponsible person? | | | | | |
| | 5.6 | Do you show interest in others' work? | | | | | |
| | 5.7 | Do people hesitate to take your help in any work? | | | | | |
| | 5.8 | Do you give more importance to your work than others' work? | | | | | |

Appendix B

The Loneliness Scale

Scale:

INSTRUCTIONS: Indicate how often each of the statements below is descriptive of you.

C indicates "I often feel this way"
S indicates "I sometimes feel this way"
R indicates "I rarely feel this way"
N indicates "I never feel this way"

- | | | | | |
|---|---|---|---|---|
| 1. I am unhappy doing so many things alone | O | S | R | N |
| 2. I have nobody to talk to | O | S | R | N |
| 3. I cannot tolerate being so alone | O | S | R | N |
| 4. I lack companionship | O | S | R | N |
| 5. I feel as if nobody really understands me | O | S | R | N |
| 6. I find myself waiting for people to call or write | O | S | R | N |
| 7. There is no one I can turn to | O | S | R | N |
| 8. I am no longer close to anyone | O | S | R | N |
| 9. My interests and ideas are not shared by those around me | O | S | R | N |
| 10. I feel left out | O | S | R | N |
| 11. I feel completely alone | O | S | R | N |
| 12. I am unable to reach out and communicate with those around me | O | S | R | N |
| 13. My social relationships are superficial | O | S | R | N |
| 14. I feel starved for company | O | S | R | N |
| 15. No one really knows me well | O | S | R | N |
| 16. I feel isolated from others | O | S | R | N |
| 17. I am unhappy being so withdrawn | O | S | R | N |
| 18. It is difficult for me to make friends | O | S | R | N |
| 19. I feel shut out and excluded by others | O | S | R | N |
| 20. People are around me but not with me | O | S | R | N |

Scoring:

Make all O's =3, all S's =2, all R's =1, and all N's =0. Keep scoring continuous.



جامعة النجاح الوطنية
كلية الدراسات العليا

النضج العاطفي والوحدة عند البالغين ذوو الإعاقة البصرية

إعداد
آيات علي سليمان

إشراف
د. دينيس بيرت

قدمت هذه الرسالة استكمالاً لمتطلبات الحصول على درجة الماجستير في علم النفس الإكلينيكي، من كلية الدراسات العليا، في جامعة النجاح الوطنية، نابلس - فلسطين.

2024

النضج العاطفي والوحدة عند البالغين ذوو الإعاقة البصرية

إعداد

آيات علي سليمان

إشراف

د. دينيس بيرت

الملخص

تقوم هذه الدراسة بالتحقيق في العلاقة بين نضوج العواطف والوحدة المدركة بين الأفراد العرب الذين تجاوزوا سن الثامنة عشرة ويعانون من إعاقة بصرية في إسرائيل والضفة الغربية، مقارنة بالأفراد البصريين. تم تضمين مجموعة من 231 مشاركًا، تتألف من 193 فردًا بصريًا و38 فردًا مع إعاقة بصرية في الدراسة. تم تقدير نضوج العواطف والوحدة المدركة باستخدام مقياس وحدة الوحدة في جامعة كاليفورنيا ومقياس نضوج العواطف. تم جمع البيانات من خلال وسائل التواصل الاجتماعي والمؤسسات المحلية للرعاية الاجتماعية والشبكات الاجتماعية الشخصية، وتم تحليلها باستخدام اختبار ويلش T.

تشير النتائج إلى وجود علاقة عكسية ومعنوية بين نضوج العواطف والوحدة المدركة. علاوة على ذلك، كانت هناك اختلافات ملحوظة في مستويات نضوج العواطف والوحدة المدركة بين المشاركين ذوي الإعاقة البصرية والأفراد البصريين، ولاحظنا ذلك بشكل خاص فيما يتعلق بقلّة التكيف الاجتماعي والتراجع. ومع ذلك، لم تظهر اختلافات معنوية فيما يتعلق بعدم الاستقرار العاطفي وتفكك الشخصية.

تسلط هذه الدراسة الضوء على التحديات العاطفية والاجتماعية التي يواجهها الأشخاص ذوو الإعاقة البصرية، مما يؤكد على ضرورة وجود تدخلات وأنظمة دعم مصممة خصيصًا لتعزيز النمو العاطفي والتقليل من الوحدة وتعزيز العمل بشكل عام.

الكلمات الرئيسية: نضوج العواطف؛ الوحدة المدركة؛ الإعاقة البصرية.

