

RESEARCH ARTICLE

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MOOD DISORDER IN STUDENTS WITH LEARNING DISABILITIES

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Abstract

The current research aims to identify the level of mood disorder among students with learning difficulties in special education classes and the level of mood disorder among students with learning difficulties according to the variable of the school stage (third grade, fourth grade). The research sample was selected randomly, consisting of (101) students of the third and fourth grades (special education) in government primary schools affiliated with the General Directorate of Education in Babylon governorate. To achieve the two objectives of the study, the researcher prepared a mood disorder scale and applied it to the students of the research sample. After confirming the indications of honesty and consistency, the data were collected and analyzed using (SPSS) The results of the current research indicated that there are significant differences between the arithmetic mean and the hypothetical average and in favor of the arithmetic mean of the recent research sample; which shows a clear correlation between mood disorders and learning difficulties among special education students in the third and fourth grades of primary (special education).

Keywords Research sample, the study, the researcher prepared, collected and analyzed.

INTRODUCTION

The Problem of the Study

There is no doubt that what the country has faced in the past few years in various walks of life may push members of society to depression, aggression, vandalism, and violence, and then destroy their emotional structure in general, which makes it imperative for educational researchers, educators, parents, and teachers the need to consider dynamic education and the development of positive ways of thinking to their impact on his

physical, mental and emotional development, as the deprivation of the most important emotional bond In the life of the child creates an atmosphere of fear and melancholy; which makes the individual unable to establish healthy emotional ties and create an unbalanced personality (Mohammed, 2013: 600).

School also plays a role in creating some of these problems; as a result of the wrong methods of upbringing and education, some problems are associated with psychological and emotional aspects of development, such as jealousy, pathological fears, shyness, anger, and mood

disorder (Ansari, Mahmoud, 2007: 227).

One or more of the manifestations of these difficulties coincide with the appearance of anxiety attacks, fear, mood swings, avoidance of classroom activities, inability to achieve school compatibility, and low academic achievement (Al-Qamish et al., 2012: 21).

Mood disorder is one of the most common mental illnesses in the world; it is also an important focus for many mental disorders because it is characterized by severe emotions that hinder children from moving forward toward achievement and self-realization, and despite the global attention to mood disorder in children in terms of diagnosis and treatment; however, Arab studies have not paid enough attention from the Study (El Helou, 2011:415).

Students with learning disabilities do not interact positively and acceptably with others, and their activities, interactions, and behaviors tend to be psychologically disturbed; this leads to poor consensual behavior during their social interactions, and the patterns of this non-consensual behavior include: (interrupting the speaker, anxiety or undue stress, inattention or indifference, poor self-control, mood swings) (Al-Zayat, 2002: 51).

The literature in the field of social and emotional behavior difficulties indicates that people with learning disabilities are dominated by: (lack of social skills in dealing with peers, lack of sensitivity to others and appropriate perception of the situation, social intolerance from others, personal and social maladaptation) (Al-Zayat, 2007: 28).

The current research problem is highlighted by the researcher's work as a special education teacher in one of the primary schools in the province of Babylon, who faced some cases of students who showed signs of mood swings and inappropriate emotions with some of the situations they were

going through.

Based on the preceding, the problem of the current research can be summarized by answering the following question: (Do students with learning disabilities suffer from a mood disorder?)

The importance of the Study

Psychological theories and studies that have dealt with childhood have unanimously agreed on the crucial importance of early childhood. The psychoanalytic School of the scientist (Freud) focused intensely on this stage. Freud believes that an individual's personality is formed during the first five years – of which early childhood constitutes three years-and considers it one of the stages of development in which childhood experiences shape an individual's personality. Anna Freud noted this stage but said childhood experiences present problems (Friedman and Shestek 2013: 31-33).

The scientist Karen Horney has pointed out that the only thing that hinders a child's development and affects his personality in the future is the frustration with the basic needs for security in childhood (Schultz, 1983:110). In contrast, the scientist (Fromm) emphasized the importance of the development of the individual in childhood, which he considers parallel to the pattern of development of humanity, and pointed out three primary mechanisms in the development of the child: isolation, demolition, Love (Al-Ghamdi, 2000:13).

The scientist (Adler) sees the importance of childhood; he believes that the child is aware of the great power and power of his parents; he thereby realizes despair through his inability to resist or challenge that power; therefore, the child develops feelings of inferiority compared to the older children in his environment (Pym Allen, 2010: 153-154).

The literature points to the multiplicity of causes

leading to mood disorder; some of them are due to frustration or imitation of others, and some of them are due to reasons related to the personality of the individual, such as low self-confidence and suffering from mental and emotional disorders and the events he experienced and experienced, as well as the reasons that come back to family life, such as family disintegration, child neglect, the economic situation of the family and the environment fraught with pressure and punishment (Salem et al., 2004: 4-5).

The researcher believes that there is an urgent need to familiarize parents, teachers, and those in charge of the educational process and raise their awareness of mood disorder in terms of its most essential manifestations and signs, its causes, how to diagnose it, and the most critical therapeutic methods that can be used through effective therapeutic intervention and the concerted efforts of the family, home, and psychotherapist to treat a child suffering from mood disorder.

Mood disorder is one of the essential topics of psychology that has received some attention because of its continuous series of mental and mood swings between sadness, anxiety, depression, mania, happiness, and elation, and because it is hazardous for an individual's life, as it may lead him to many antisocial behaviors, in addition to suicidal thinking or behavior (Hassan, Jafar, 2022: 43).

Objectives of the study

The current research aims to identify :

- 1- The level of mood disorder in students with learning difficulties.
- 2-significant differences in mood disorder according to the variable of the school stage in students with learning difficulties.

Limits of the Study

- Cognitive boundaries: mood disorder in pupils

with learning disabilities.

- Spatial boundaries: government primary schools affiliated with the General Directorate of Education in Babylon governorate (Hilla Center).
- Time limits: academic year (2022 - 2023).
- Human boundaries: primary school pupils of special education classes (III and IV).

Chapter Two

Theoretical framework and previous studies

I. Mood disorder:

1 - The concept of mood disorder

This disorder is defined in the dictionary of the American Psychological Association as an emotional disorder characterized by hypomanic symptoms and mild depressive symptoms that appear at intervals over two years; however, these symptoms are not measured by the criteria of depression or mania either in duration, severity, intensity and frequency, and this mood disorder is considered chronic characterized by frequent fluctuations for different short periods of depression and hypomania, as these periods may be for two continuous days, or may be interspersed with regular periods, periods of depressed mood include depressive symptoms; such as anhedonia, sleep disturbance and appetite, while hypomanic periods with symptoms of euphoria, high energy, impulsivity, irritability; except These periods are short between (٢-٣) days and less in intensity, severity and symptoms. This disorder is also known as a mood disorder in which symptoms of depression and hypomania appear alternately for at least one year in children and adolescents or two years in adults, without any symptom-free periods lasting more than two months. Mood disorder is an emotional disorder characterized by emotional and emotional dysregulation, with symptoms of depression and mania (HBD, 2013: 29).

2-diagnostic touchstones:

The American Psychological Association, in its fifth edition of the diagnostic manual, identified the touchstones of diagnosing mood disorder in (DSM-5) with the following points:

1. An individual for a period of (at least two years, or one year for children and adolescents) has manic symptoms and depressive symptoms.
2. That the symptoms of mania and depression appear at least half of the previous period, and the individual does not pass more than two months without symptoms.
3. Manic symptoms do not meet the criteria for hypomania in intensity, duration, frequency, and prevalence.
4. Depressive symptoms do not meet the criteria for depression in terms of severity, duration, frequency, and prevalence.
5. There are no symptom-free intervals longer than two months.
6. These symptoms are not due to schizophrenic or psychotic disorders or bipolar disorder criteria.
7. These symptoms are not due to physiological causes such as the thyroid gland, drugs, or medications.
8. These symptoms disrupt social and professional life or any other functioning. (American Psychiatric Association, 2013, p139)

The researcher has benefited from these tests when formulating the paragraphs of the mood disorder scale in the current research, where his phrase was prepared according to the trials (DSM-5).

3-causes of mood disorder :

Some factors can be the cause of a mood disorder, including:-

1-biological factors:

It includes :

- Endocrinology: the presence of imbalances in the neuroendocrine system reflects the possibility of developing affective disorders, such as disorders of the pituitary, adrenal, and thyroid glands.

- Neurochemical factors are summarized in a decrease or increase in the concentration of vital amines in the brain and disruption of the regulation of the adrenaline system, and they are explained based on a correlation between the increased sensitivity of neurotransmitter receptors to synapses.

2-genetic factors :

Studies confirm the importance of the role of family background in the occurrence of this disorder, as some have pointed out that the prevalence of disorders among twins or first-degree relatives of individuals suffering from mood disorders is significant, and it may also be present in the broader environment of the family such as aunts, aunts or uncles who suffer from the same disorder; which means that the individual may have a genetic predisposition to the appearance of this disorder; when the occurrence of psychological trauma is combined with genetic predisposition and lack of defensive tricks or dealing with it; this will lead to the appearance of the disease or disorder.

3-environmental factors :

That is, psychological and social causes, such as accumulations of life stresses, stressful life events, the work environment, environmental influences, and other events, are considered the cause of the formation of the disorder; the prevalence of disorders has been observed among those who lack social support in their family environment.

4. Organic factors:

These disorders may spread during periods of the menstrual cycle and childbirth, as well as among patients with cholecystitis, brain tumors, and pneumonia (HBD, 2013: 73).

4-symptoms of mood disorder:

Symptoms of a mood disorder include an alternation of emotional ups and downs, examples of which are:

- * Feeling sad, hopeless, or empty.
- * Crying.
- * Easy excitability.
- * Loss of desire for activities.
- * Weight changes.
- * Feeling after the value.
- * Problems with sleep.
- * Fidgeting (<https://www.mayoclinic.org>).

5 - explanatory theories of mood disorder.

Psychoanalytic theory: psychoanalysis explains Affective Disorders-of which depression is one of the main manifestations-as a result of the individual going through stressful or traumatic experiences that happen to him in his early years, which makes him vulnerable to depression, and it may also be the result of suppressing instincts; and the resulting directing negative emotions-such as aggression-to the individual-i.e., towards the self-on the other hand, obsession is a reaction and a means of Defense Against Depression.

B-behavioral theory: this theory believes that disorders are behaviors acquired from the environment due to a series of associations between different stimuli, as the types of typical or disturbed behavior or emotion are acquired through learning as a result of external environmental influences; depression may appear as a result of stressful life events, or as a result of a decrease in positive support in life, or the inability of the individual to go through painful experiences.

C-cognitive theory: this theory believes that both (a negative view of oneself and the surrounding world as well as the future, then the negative interpretation of experiences, the constant

expectation of failure, as well as the adoption of irrational ideas that the individual repeats to himself) all lead to mood disorders (Hassan, Jafar, 2022: 285).

Second: learning difficulties:

1-the concept of learning difficulties

The Joint National Committee on Learning Difficulties points out that it is a comprehensive field due to various disorders represented by apparent difficulties in acquiring or using the ability to listen, speak, read, write, or perform arithmetic operations. These disorders are considered essential in the individual and are assumed to be caused by dysfunction of the central nervous system if it occurs. Suppose learning difficulties appear in conjunction with other disabilities such as (sensory impairment or mental retardation, social-emotional disorder, or syndrome with environmental influences such as cultural differences -inappropriate teaching methods, or psychological factors). In that case, learning difficulties are not caused directly by the effect of these Disabilities (epic, 2002, 47).

2-the percentage of people with learning difficulties:

Estimates of the number and prevalence of learning difficulties have differed due to the need for more clarity of definition on the one hand and the lack of agreed tests on the other hand. The prevalence of people with learning difficulties in schools, even in the most developed countries such as the United States of America, reached (5-7%) among schoolchildren; that is, the number of children with learning difficulties in the United States alone comes nearly two million children, and a large percentage of them do not receive specialized services. The Diagnostic and Statistical Manual of Mental Diseases has shown that the prevalence of this disorder ranges from (3%) of school students, from (4) males to (1) females. Symptoms of this

disorder usually appear at the age of two to three years, but it is not officially recognized until after the child enters school. This disorder also occurs in those who suffer from it regardless of their economic, social, and cultural backgrounds and may affect individuals of all intelligence levels (Al-Rusan et al., 2002:78).

1-factors causing learning difficulties:

A group of acquired injuries: these are external injuries that lead to damage to the central nervous system and result in learning difficulties, and these injuries may occur before, during, or after birth.

B-prenatal injuries: many studies have ended up linking the complications that occur during pregnancy with types of educational difficulties; the effect of these complications has been observed in the form of blood poisoning, bleeding, and Prematurity in children with academic challenges more than in normal children, including low birth weight, incompatibility between the mother's blood group and the child's blood group, disruption of the endocrine glands in the mother (hypothyroidism, diabetes, etc., exposure to X-rays, mother's age at birth, readiness for childbirth, drugs, and rubella, lack of oxygenation, smoking of the expectant mother (al-Waqfi, 2003, 97).

C-injuries during the birth process: such as premature births (Prematurity), lack of oxygen, short duration of discharge, or injuries that occur as a result of using obstetric instruments such as tweezers or as a result of premature rupture of membranes or placenta previa (al-Waqfi, 2003, 98).

D-postpartum injuries: accidents and diseases that a child is exposed to after birth can inappropriately affect his growth and development, as head injuries, strokes, fever, meningitis, and encephalitis may hurt the brain and, therefore on the learning process, but the effects of brain

injuries vary depending on the severity of the injury, its location, the age of the injured and early intervention in treatment (al-waqafi 2003, 98).

E-group of genetic factors: research conducted starting from the mid-eighties indicates that heredity plays a significant role in causing learning difficulties more than previously thought; several researchers who examined the relationship between genetic factors and learning difficulties ended up saying that there is a set of evidence that learning difficulties-especially dyslexia-are hereditary or of genetic origin (penning, 1995:56

F-chemical factors: some individuals suffer from learning difficulties without suffering from neurological damage or genetic factors, and it has been assumed in such cases that there may be a cellular chemical anomaly based on the imbalance in the production of neurotransmitters that transmit nerve impulses from one brain cell to another; any inequality or change in this delicate balance leads to a malfunction in the functioning of the brain; resulting in educational and behavioral problems (al-Waqfi, 2003: 104).

Environmental factors: environmental factors are summarized in the forms of early environmental deprivation of sensory and psychological stimuli that the child does not receive naturally, and severe malnutrition in the early age stages leads to a lack of physical and motor development, which in turn may lead to learning difficulties, many children of poor social classes suffer from deficiencies in basic language skills when they enter school, and this deficiency affects reading and writing skills across different stages of study, and this has been confirmed by the results of numerous research conducted on the existence of a relationship between the economic and social situation of the family and learning difficulties (Abul Fakhr, 2007: 80).

4-characteristics of people with learning disabilities:

Behavioral characteristics, including:

- * Low attention and poor concentration with absent-mindedness and distraction.
- * Difficulty in auditory, visual, and motor perception.
- * Excessive activity and movement.
- * Imbalance in movement and walking.

A difficult child cannot move from one task to another, so you find him persistent and continuing to repeat certain behaviors, such as reading or writing a word without getting bored.

These characteristics may be present in ordinary people, but what distinguishes them in people with learning difficulties is their severity, frequency, and duration of appearance in the pupil (Al-Rosan et al., 2002: 45).

B-linguistic manifestations: it is one of the most important characteristics that distinguish people with learning difficulties; and it is a difficulty in reading, writing, or arithmetic, so we find the student with difficulty doing:

- * Delete some words or parts of the read words.
- * Invert the letters, reading the words or syllables in reverse.
- * Add some new and non-quality words in the original text.
- * Substitute letters, words, or numbers because he has difficulty distinguishing the direction or associating the number or letter with its shape (Katami, 1999: 25).

C-academic achievement manifestations, the student with learning difficulties shows:

- * A clear divergence between his abilities or potential and actual performance or between his expected level and solid performance.
- * an apparent decrease in motivation for achievement.

* Twice the level of productive activity.

* Repeated experiences of academic failure, therefore, the characteristic of low academic achievement, is considered a key advantage for people with learning disabilities, as stated in the latter's definition (Al-Waqfi, 2005: 34).

D. social-emotional characteristics: many students with learning disabilities show social-emotional problems resulting from repeated experiences of academic failure; they are indifferent to the feelings of others, which makes them suffer difficulties in their various personal relationships, and they are also characterized by withdrawn behavior; they do not want to talk, Play or even approach characterized by aggressive behaviors, such as quarreling with other students because of pushing or collision (Al-Waqfi, 2003: 33).

5. problems experienced by individuals with learning disabilities:

School problem: they are not accepted by teachers or peers in class and school, and prejudice against them limits the possibility of achieving the maximum growth their energies allow.

The feeling of frustration and failure: due to their repeated failure to achieve success related to school requirements and the reflection of failure within the family and society; as a result, they become less resistant to frustration and tend to overreact in stressful situations.

C-feeling of despair and surrender: as a result of repeated psychological pressures, in addition to suffering from anxiety and depression, they suffer from educational and psychological problems due to poor response to their unique needs by the school due to the lack of specialists who could have the most significant role to provide rehabilitative psychological services to this category (Abdul Aziz, 2008: 308).

6-the role of the teacher of learning difficulties:

Participate with the school's specialized team at the beginning of each academic year in developing a plan to do the initial survey of those who are expected to have learning difficulties and preferably take advantage of the teachers' return before the beginning of the academic year to conduct the first pool as much as possible.

Participate in the Diagnostic and evaluation processes to determine the learning difficulty of each student.

We provide educational services for students with learning difficulties according to the nature of the beneficiaries of the resource room.

How to discover learners and the quality of service that can be provided within the school work team.

D-participation in studies and research.

E-participate in the preparation of individual educational programs that suit the characteristics and needs of each student in coordination with the learning difficulties committee at the school.

F-adopt the issues of students with learning difficulties and represent them in school councils.

G-cooperation and coordination with the school team in preparing study schedules for each student.

H-coordinate with the educational advisor on cooperation with parents of students with learning difficulties to reduce the problems experienced by their children.

I spread awareness among classroom teachers and the school administration about the characteristics of people with difficulties, courses, and conferences in their field of specialization.

To carry out any actions assigned to him in the field of holding a meeting involving all the students enrolled in the resource room, to get to know each other, to be friendly and loving among them, and to break the barrier of fear represented by the belief of each student that he is the only weak one in his

class and school, which leads to his view that everyone looks at him critically because of his learning in the source room.

K - The teacher of difficulties introduces his students to the broad outlines within which they will work, such as diligence, perseverance, and work to improve their situation.

L-strengthen the students continuously and give them the appropriate reinforcement, such as distributing sweets or simple symbolic gifts.

The teacher of the resource room agrees with his students enrolled in his class on the classes in which they come to the room, the dates of their attendance throughout the week, introducing them because of that attendance and its purpose is to improve their conditions, the need to maintain the performance of their homework and keep their notebooks clean and tidy, and the need to bring their tools constantly, mainly their textbooks (Arabic language and mathematics) because the activities that will be given in the resource room will be based on their book.

N-exchange advice with the regular classroom teacher on matters related to students with learning difficulties, such as:

- * The teaching methods that will be used.
- * Methods of dealing with the pupil.
- * How to take exams.
- * Follow-up of the student's program progress (faas, 1981, 98).

Chapter Three

Procedures of the Study

First: the study community

The current research community consists of students of the third and fourth grades of special education classes located within the government primary schools for Boys affiliated with the General Directorate of Education, Babylon governorate

(Center), for the academic year (2012-2023), where the original community consisted of (289) students of learning disabilities in special education classes distributed in different areas of the city of Hilla.

Second: sample of the study

The researcher selected the research sample in a simple random way, where (101) pupils were selected by (52) pupils from the third grade of primary (special education) and (49) pupils from the fourth grade of primary (special education), as shown in Table (1):

Table (1) the names of primary schools with special education classes (III and IV), their geographical location, and the number of students in them

Those with learning difficulties, according to their teachers' diagnosis	Number of students in a class Special education there	Her Special Education Class	School website	School name	N.
6	9	The Third	Residential complex	Euphrates buds	1
8	11	The Third	Skull Village	Imran bin Ali	2
7	12	The Third	Textile district	Ibn Al-Bitar	3
8	10	The Third	Cupboard village	Haider Al-Hilli	4
9	11	The Third	Al-Thawra neighborhood	Knowledge	5
9	12	The Third	Mohandessi n district	Taha Al-Amin	6

5	6	The Third	Military district	merciful	7
5	9	The Fourth	Rare third	Yathrib	8
6	11	The Fourth	Shubar neighborhood	Republic	9
8	10	The Fourth	Military district	The triumphant crowd	10
7	12	The Fourth	McCrory / Officers District	Hilla	11
7	8	The Fourth	Al-Akramin neighborhood	The most generous	12
5	9	The Fourth	Imam Ali (peace be upon him) neighborhood	Al-Zahawi	13
4	6	The Fourth	Mohandessi n district	Forgiveness	14
7	12	The Fourth	Al-Zahra neighborhood (peace be upon him)	Al-Madaria	15
Totals					

All Totals	People With Learning Difficulties In The Fourth Grade	People with learning difficulties In the third grade
101	49	52

Third: Tool of the Study

To identify the mood disorder in the current research sample, the researcher prepared a scale to measure the degree of this disorder (Appendix 1); the scale consists of (20) paragraphs, and the researcher took (10) sections from the scale (Al-Zayat, 1998), and (8) paragraphs from the scale (Al-Kapitan, 2011), as well as two paragraphs (2) added by the researcher. Each paragraph of the scale corresponds to three alternatives, namely (rarely, sometimes, often) (1, 2, 3) respectively, so the lowest score obtained by the student is (20). The highest score is (60), with a hypothetical average of (40), then the researcher checked his psychometric characteristics on the current research sample, and as follows:

1-logical analysis of the paragraphs of the scale:

In this procedure, the researcher aimed to verify the suitability of the paragraphs of the scale for the Iraqi environment by presenting the paragraphs of the scale to a group of experts in the field of educational and psychological sciences (Appendix 2). the validity of the paragraph has been approved when it is approved by (80%) of the number of experts or more, and the researcher has found (after conducting a logical analysis of the paragraphs of the scale) that all paragraphs of the

scale are logically valid to measure a total of (21) students were randomly selected from the research community, and after the researcher distributed his scale to the teachers of these The students asked the teachers to read the instructions of the scale and its paragraphs after he explained to them the purpose of them, and then checked that there was no ambiguity or difficulty in reading or understanding the paragraphs of the scale and its instructions, and the teachers of these students explained to him that all paragraphs and instructions are clear and capable of being understood by them.

2-statistical analysis of the paragraphs of the scale:

The discriminatory power:

To verify the discriminatory power of the scale, the researcher applied it to the statistical analysis sample consisting of (101) students. The researcher extracted the score of each student to whom the scale was applied then arranged the grades in descending order from the highest to the lowest; and 27% of the forms with the highest scores were distinguished, and 27% of the forms with the lowest, so there may be two groups of forms he extracted the discriminant power depending on the scores of these two groups of forms, as in Table (2):

Table (2) values of the T-test of discriminative power by the method of the two extreme groups of the mood disorder scale

Significance Level At (0.05)	T Value (T-Test)		Bottom Group 27%		Senior Group 27%		N.
	Tabulation	Calculated	Standard Deviation	Arithmetic Mean	Standard Deviation	Arithmetic Mean	
Function	1.960	8.778	0.451	1.852	0.589	2.500	1
Function	1.960	10.524	0.466	1.889	0.636	2.714	2
Function	1.960	6.626	0.491	1.963	0.581	2.464	3
Function	1.960	10.039	0.468	1.926	0.636	2.714	4
Function	1.960	15.114	0.385	1.519	0.613	2.607	5
Function	1.960	11.991	0.432	1.741	0.621	2.643	6
Function	1.960	8.305	0.460	1.852	0.581	2.464	7
Function	1.960	7.388	0.488	2,000	0.605	2.571	8
Function	1.960	5.020	0.509	2.111	0.589	2.500	9
Function	1.960	10.018	0.458	1.815	0.605	2.571	10
Function	1.960	9.494	0.478	1.963	0.636	2.714	11
Function	1.960	5.901	0.511	2.074	0.597	2.536	12
Function	1.960	7.029	0.480	2,000	0.597	2.536	13
Function	1.960	6.673	0.482	1.963	0.581	2.464	14
Function	1.960	11.230	0.432	1.741	0.605	2.571	15
Function	1.960	10.840	0.432	1.741	0.597	2.536	16
Function	1.960	9.180	0.481	1.926	0.621	2.643	17
Function	1.960	11.064	0.433	1.667	0.581	2.464	18
Function	1.960	11.442	0.438	1.778	0.621	2.643	19
Function	1.960	7.005	0.484	2,000	0.597	2.536	20

The relationship of the degree of the paragraph with the total degree of the scale:

The same discriminant strength sample (above) verified this type of truthfulness. The Pearson correlation coefficient was used to extract the correlation relationship between the score of each paragraph of the scale and its total score. It turned out that the correlation coefficients were all statistically a function, and Table (3) shows that:

Table (3) shows the relationship between the paragraph score and the overall score of the mood disorder scale

Pearson coefficient	Paragraph	Pearson coefficient	Paragraph	Pearson coefficient	Paragraph	Pearson coefficient	Paragraph	Pearson coefficient	Paragraph
0.36	17	0.32	13	0.30	9	0.56	5	0.45	1
0.43	18	0.22	14	0.37	10	0.48	6	0.47	2
0.48	19	0.43	15	0.42	11	0.34	7	0.31	3

0.34	20	0.44	16	0.26	12	0.32	8	0.47	4
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C-statistical indicators of the scale:

The researcher calculated the statistical indicators of the mood disorder scale in order to identify how close the scores of the discrimination sample are to the moderate type, and Table (4) shows this:

Table (4) statistical indicators of the mood disorder scale

Class	Statistical Indicators	N.	Class	Statistical Indicators	N.
-0.44	Skewness	7	101	The Sample	1
0.2437	Standard Error Of Skewness	8	45.1089	Arithmetic Mean	2
-0.874	Flatness	9	0.56321	Standard Error	3
0.4875	Standard Error Of Kurtosis	10	46	Mediator	4
32	Lowest Degree	11	5.66021	Standard Deviation	5
54	Highest Degree	12	32.038	Variance	6

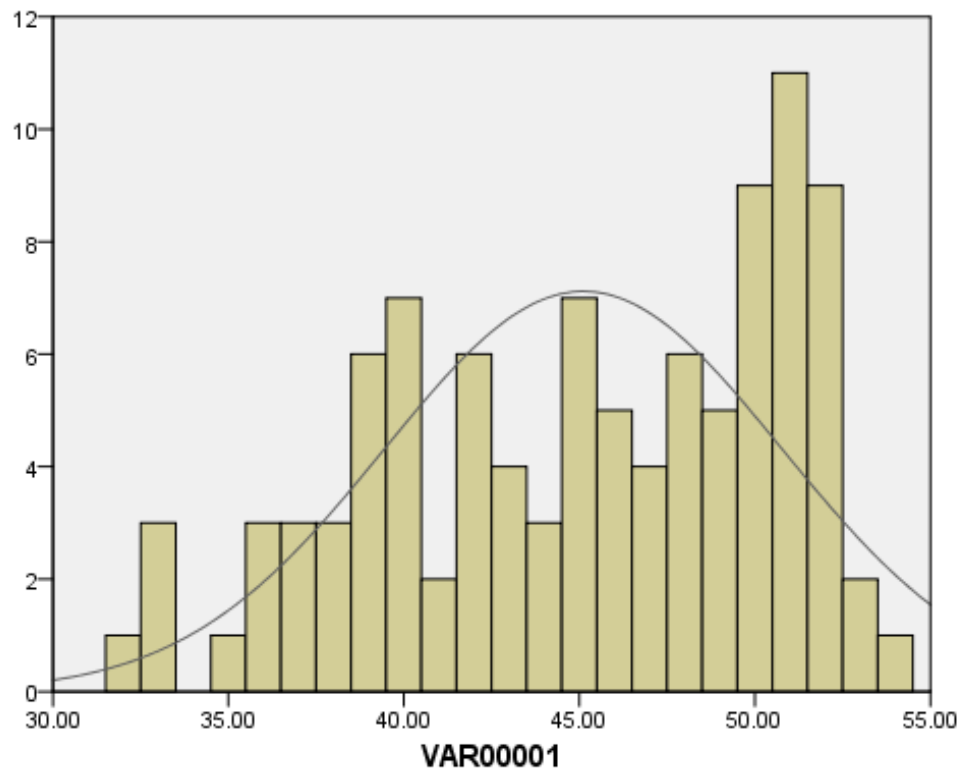


Figure (1) statistical indicators of the mood disorder scale

3-psychometric characteristics of the scale:

1-believe the scale:

A. apparent honesty: The researcher verified the apparent honesty of the scale by presenting it to a group of specialists in educational and psychological sciences.

The honesty of the construction: The honesty of the construction was verified using the two indicators of discriminatory force and the relationship of the paragraph grade to the overall grade of the scale.

2. Stability of the scale:

The researcher chose the alpha-Krombach method to calculate the scale's stability, and both (the internal consistency coefficient) and (the homogeneity coefficient) are called the stability coefficient by the alpha-Krombach method. Abel and Frisbie (Ebil & Frisbie, 2009) pointed out that the alpha coefficient can provide reliable stability in measuring the consistency of the paragraphs inside the test (Ebil & Frisbie, 2009, p. 84), and therefore, the alpha-cronbach equation was applied to the statistical analysis sample of (101) students, and the stability value in this way was (0.84), a value that represents a good and acceptable indicator.

Fourth: statistical means:

Most of the statistical methods used in the current research have been calculated by the statistical portfolio of Social Sciences (SPSS), and these methods are:

1-Pearson coefficient: to calculate the veracity of paragraphs by calculating the coefficient of correlation of the degree of his paragraphs with the scale's total score.

2-Krombach's Alpha equation: to find the stability of the scale.

3-The T-test of two independent samples: to extract the discriminatory force by the method of the two extreme groups, in addition to the research results.

4-The T-test for one sample: to identify the significance of the differences between the arithmetic mean and the hypothetical average of the mood disorder scale.

Chapter Four

Results of the Study, Recommendations, Conclusions, and Proposals

First: Results of the Study

1-the first goal (identify the level of mood disorder in students with learning disabilities):

To achieve this goal, the researcher applied the research tool (mood disorder scale), extracted the arithmetic mean and standard deviations, and then applied the T-test for one sample to identify the significance of the differences between the arithmetic mean of the sample and the hypothetical (theoretical) average, which reached (40) degrees, and after applying the T-test, it turned out that the calculated t-values (9.071) are more significant than the tabular t-value of (1.692) at the significance level (0.05) and the degree of freedom (100), which is a statistical function; confirms the significance of the differences between the arithmetic mean and the hypothetical mean and in favor of the arithmetic mean of the current research sample, as shown in Table (5):

Table (5) the calculated and tabular t-value of the difference between the hypothetical mean and the arithmetic mean of the scores of the mood disorder scale for the research sample:

The significance level is at 0.05	T value		Hypothe tical mean	Degree of freedo m	standard deviatio n	SMA	Sample volume
	Tabulat ion	Calculat ed					
Function	1.692	9.071	40	100	5.660	45.108	101

2-The second goal (statistically significant differences in mood disorder according to the variable of the school stage in students with learning difficulties):

To achieve this goal, the researcher extracted the arithmetic mean and standard deviation of the grades of third- and fourth-grade primary (special education) students- the research sample- on the mood disorder scale. The arithmetic mean of the grades of third-grade primary students was

(44.788) with a standard deviation of (5.431), while the arithmetic mean of the grades of fourth-grade primary students was (45.449) with a standard deviation of (5.930), after applying the T-test to two independent samples; the calculated t-value of (0.584) turned out to be smaller than the tabular t-value of (1.99) at an indicative level of (0.05) and a degree of freedom of (99), which indicates that there are no differences Statistically significant among the pupils of these two school stages in mood disorder, Table (6) shows that:

Table (6) shows the calculated and tabular t-value of the indication of the difference between the arithmetic averages of pupils of the third and fourth grade (special education) in the scores of the mood disorder scale

The significance level is at 0.05	T value		Degree of freedom	Standard Deviation	SMA	Sample volume	
	Tabulat ion	Calculat ed				N.	Class
Non-functional	1.99	0.584	99	5.431	44.788	52	Third s
				5.930	45.449	49	Fourt h

CONCLUSIONS

After completing the steps of his current research, the researcher concluded that many students of special education classes with learning disabilities also suffer from mood disorder symptoms because

the presence of learning disabilities is clearly and tangibly linked to the presence of mood disorders. This link does not relate to just one school stage, which increases the burdens suffered by people with learning disabilities, their teachers, and their parents.

RECOMMENDATIONS

In light of the findings of the current research, the researcher recommends the following:

1-directing the attention of school administrations, teachers of students with learning difficulties, and their parents to take advantage of the scale prepared by the researcher to measure mood disorders in these students to diagnose those who suffer from them.

2-directing the attention of school administrations, teachers of students with learning difficulties, and their parents to consider special education students who suffer from the disorder, understand the associated behaviors, and identify and practice methods of dealing with it.

3- The application of specialized training programs aimed at reducing the appearance of symptoms of this disorder in these students.

Proposals

The researcher proposes several proposals based on his conclusions and recommendations, namely:

1- Conduct experimental studies on the construction of tailored and specialized training programs to address this disorder in students with learning difficulties.

2- Conducting descriptive studies on the relationship between mood disorders and students with learning disabilities in other classes.

2- Conduct descriptive studies on the relationship between mood disorders and special education students from categories other than learning difficulties.

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Appendices

Appendix (1) Mood Disorder Scale in its final form

The Ministry of Education

General Directorate of Education in Babylon Governorate

Preparation and Training Department

Division of Educational Research and Studies

Disorder Questionnaire

My brother, the teacher... my sister, the teacher

Good Greeting

The researcher aims to complete his research entitled (Mood Disorder among Students with Learning Difficulties), which has been defined as a disorder characterized by fluctuations in the mood and emotional state of the individual, including continuous periods of mild depression that manifests itself in feelings of distress, pessimism, withdrawal, lack of self-confidence, distraction, and concentration, and hypomania. This appears in lack of sleep, increased vitality, activity, and a feeling of cheerfulness (vandenBos, 2015, p279).

Therefore, we ask you to kindly read the paragraphs of this scale carefully and answer each section carefully by what applies to the student's behavior. In doing so, you will have served our dear children and graciously provided facilitation for completing this scientific research.

With great gratitude

Researcher

Asst. Lect. Abbas Mahdi Muhammad

Always	Someti mes	Scarcel y	Paragraphs	N.
			Feeling upset and pessimistic.	1
			Distracted attention and focus.	2
			Lack of interest in favorite activities.	3
			He does not sleep well and has nightmares.	4
			Appetite disturbance and weight loss.	5
			Difficulty in forming personal and social relationships.	6
			A nervous mood directed towards others.	7
			High sensitivity and anxiety.	8

		Low self-esteem related to fear.	9
		Feeling hopeless and tired.	10
		Excessive responses to internal and external stimuli.	11
		Difficulty in emotional and psychological stability.	12
		Feeling lonely and bored.	13
		Lack of confidence in his abilities and information.	14
		He gives up easily when faced with any difficulty or problem.	15
		He does not care about trying to improve his academic situation.	16
		He hesitates when asked to answer a question.	17
		Inappropriate emotion in terms of its intensity and type.	18
		Weakness in auditory and visual memory.	19
		Difficulties in auditory and visual perception.	20

Appendix (2): Names of the experts and arbitrators, their places of work, and their specializations