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**Self-Love and its Relation with Stress among a Sample of
Autoimmune Patients at Al-Makassed Islamic Charitable
Society Hospital/ Jerusalem**

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Autoimmune Patients at Al-Makassed Islamic Charitable
Society Hospital/ Jerusalem**

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Thesis Approval

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Dedication

To my beloved ones ... Everyone who encouraged me ... & believed in me ...
My supporting Family and Friends ... Mom, Dad, Brothers, My aunts Atiat and
Fayzeh,

My friend Maysoon Hassan who always believed in me even when I forget to
believe in myself,

My friend Eman Abu-zayyad who was always excited about my research idea,

I thank Allah, for every challenge he put me through, and choosing me for
carrying this letter ...

Declaration

I certify that this thesis submitted for the degree of Master, is the result of my own research, except where otherwise acknowledged, and that this study (or any part of this study) has not been submitted for a higher degree to any other university or institution.

Name: Tasneem Ali Khaled Radwan

Signature : 

Date: 21/6/2023

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Abstract

The current descriptive analytical study aims to measure unconditional self-love and perceived stress in autoimmune patients who attended Al-Makkased Islamic Charitable Hospital/Jerusalem from 2019-2022 in order to see the relationship between unconditional self-love and perceived stress. This research involves 80 patients diagnosed with rare autoimmune diseases suggested by specialized doctors in autoimmune diseases at Al-Makkaed Islamic Charitable Society Hospital/ Jerusalem, these diseases include: (multiple sclerosis, Systemic Lupus erythematosus, Sjogren's syndrome, type 1 diabetes and Rheumatoid arthritis), it also examines unconditional self-love and perceived stress among other variables (sex, age, social status and economic situation).

For this purpose; two scales were used: perceived stress scale 10-items, and unconditional self-love scale. Results show a significant negative correlation with a statistical significance level of ($\alpha \geq 0.05$), by which the higher the unconditional self-love, the lower perceived stress was observed. The only other significant result was in the economical situation variable in perceived stress level, it is also a negative relationship with a statistical significance ($\alpha \geq 0.05$), by which the lower the economic situation, the higher the stress.

Based on the findings of the study, it is clear that there is a significant relationship between unconditional self-love and stress. It is shown that the lower the unconditional self-love the higher the perceived stress. So, further studies are needed to investigate the effect of unconditional self-love in reducing stress level. And since there is no ultimate cure for autoimmune diseases, it is suggested to involve stress management and unconditional self-love practice in the treatment of these chronic diseases beside medication that only suppress the immune system.

حب الذات و علاقته بالضغط النفسي المدرك لدى عينة من المرضى المشخصين بأحدى أمراض
المناعة الذاتية لدى مستشفى جمعية المقاصد الخيرية الإسلامية - القدس

اعداد الطالبة: تسنيم علي رضوان.

بإشراف الدكتور: إياد الحلاق

الملخص:

هدفت الدراسة الحالية باستخدام المنهج الوصفي الارتباطي الى دراسة العلاقة بين حب الذات الغير
مشروط و الضغط النفسي المدرك لدى مجموعة من المرضى المشخصين بأحد انواع امراض المناعة
الذاتية التي تم اقتراحها من قبل اطباء متخصصين في مستشفى جمعية المقاصد الخيرية الاسلامية -
القدس. هذه الامراض شملت: الذئبة الحمراء, متلازمة شوجرن, الداء البطني, التصلب المتعدد و
مرض السكري نوع 1. شملت الدراسة كل المرضى المشخصين بأحدى الامراض المذكورة بالأعلى و
الذين قدموا الى مستشفى جمعية المقاصد الخيرية الاسلامية بالقدس بالفترة بين 2019- 2022.
لتحقيق هدف الدراسة, تم استخدام مقياسين: الأول: مقياس الضغط النفسي المدرك لقياس درجة التوتر,
اضافة الى مقياس الحب غير المشروط. بين التحليل الاحصائي للنتائج ان هنالك ارتباطا سلبيا عند
مستوى الدلالة ($\alpha \geq 0.05$) بين درجة الضغط النفسي المدرك و حب الذات الغير مشروط , حيث انه
كلما قلت درجة حب الذات الغير مشروط كان الضغط النفسي المدرك أعلى. النتيجة المهمة الأخرى
الوحيدة كانت في متغير الوضع الاقتصادي عند قياس درجة الضغط النفسي المدرك , وهي أيضًا
علاقة سلبية ذات دلالة إحصائية ($\alpha \geq 0.05$) , والتي من خلالها اتضح انه كلما انخفض الوضع
الاقتصادي , زاد الضغط النفسي المدرك.

بناءً على نتائج الدراسة الحالية، اتضح ان هنالك علاقة مهمة بين الضغط النفسي المدرك و حب الذات الغير مشروط , حيث انه مستويات اقل من حب الذات لغير مشروط ارتبطت بدرجات اعلى من الضغط النفسي المدرك, و بناءا عليه نحتاج الى المزيد من الدراسات لفحص فاعلية حب الذات الغير مشروط كأداة لتقليل التوتر, اضافة الى ذلك هنالك دعوة الى اهمية تضمين العلاج النفسي من ادرارة الضغط النفسي و ممارسة حب الذات الغير مشروط لدى المرضى المصابين باحد امراض المناعة الذاتية, الى جانب العلاج الدوائي القائم فقط على تثبيط جهاز المناعة.

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Chapter One:

Introduction:

1.1 Introduction

This chapter will present an overview of the present study including: Background, problem statement, questions, goals, importance, delimitation (scope) and Terminology of the study.

1.2 Background

One of the vital needs for the developing person to grow and blossom is being positive toward oneself by self-acceptance and love. And according to Roger; this cannot be manifested without the unconditional acceptance of self (Underwood, 2020).

Although the absence of unconditional self-love can be the fundamental issue of psychological pain and suffering. Displayed by many clients among wide range of mental health and substance use disorders, there is minimal scientific research regarding this subject. In other words, it can be said that the main goal of counselling processes is to improve the self-relationship and reduce emotional pain (Underwood, 2020).

Increasing unconditional self-love may aid in reducing stress, promote well-being and could help individuals suffering from a variety of mental disorders (Surti, 2021).

Unconditional self-love consists of two elements that help maintaining wellbeing, first: self-compassion that promotes understanding the imperfection nature of life and knowing that making mistakes is a part of the life experience, therefore people stay caring and feel warmth toward themselves in the face of

hardship or perceived inadequacy. Second component is self-efficacy which helps individuals to focus on the present and future solution rather than being trapped in the past (Surti, 2021).

Many scientific studies evince that giving and receiving love improve health and reduces stress by increasing oxytocin, dopamine and adrenaline. Studies also reveal that love reduces blood pressure, anxiety, pain, stress and improve immunity as well as cardiovascular health (Tarr, 2021)

Many people around the world are suffering because their immune system is unable to recognize its own healthy cells from foreign cells, leading to a disease known as autoimmune diseases by which the immune system attacks its own tissues and organs (McKie, 2022).

Psychological stress is believed to be one of the most important causes of onset and development of autoimmune diseases. (Lopez et al.2017) According to the American psychology association, stress can deplete the number of immune cells that fight against viruses. Stress can cause the immune system to produce inflammatory response that is essential to fight germs. However prolonged and recurrence condition of stress and inflammatory response may lead to chronic diseases (Jump, 2023).

1.3 Problem statement

According to Maslow's hierarchy of needs, love and belongings are considered one of the basic needs of human growth. (Montag, C. et al. 2020) Love is known to be a teachble emotion, one learn to love himself from the way his parents and environment treat him in different situations. In other way it's a response to a learned group of stimuli and behaviors. Unfortunately, parents or the external environment imposes many rules and through it a one can receive love, and

that's makes it difficult for someone to love himself unconditionally. (Seaward, 2020). Unconditional self-acceptance is connected with psychological anxiety and stress. (Paloş & Viş cu. 2014). Many studies have proven that stress can disrupt the work of human immune system (Jump, G. 2023).

Based on the foregoing, study problem was summerized as follows:

Is there a relationship between self-love and perceived stress in patients diagnosed with autoimmune diseases who attended Al-Makkassed Hospital from 2019-2022?

1.4 Study questions

What is the degree of perceived stress in the sample of autoimmune patients?

What is the degree of unconditional self-love in the sample of autoimmune patients?

Is there a relationship between unconditional self-love and perceived stress in a sample of patients diagnosed with autoimmune diseases?

What is the degree of unconditional self-love in the sample of autoimmune patients?

Does the degree of perceived and unconditional self-love vary according to variables like: age, sex, social status and economic situation?

1.5 Study hypothesis

There is no statistically significant correlation between the degree of unconditional self-love and perceived stress in the sample of autoimmune patients.

There are no statistically significant differences at the level of significance ($0.05 \geq \alpha$) in the degree of perceived stress in the sample of autoimmune patients due to the sex, age, social, economic situation variables.

There are no statistically significant differences at the level of significance ($0.05 \geq \alpha$) in the degree of un-conditional self-love in the sample of autoimmune patients due to the sex, age, social, economic situation variables.

1.6 Study Goals

The current study aims to:

- 1- Measuring the degree of perceived stress & unconditional self-love in patients diagnosed with autoimmune diseases.
- 2- Studying the relationship between perceived stress and unconditional self-love among sample of autoimmune patients.
- 3- Testing perceived stress and unconditional self-love in autoimmune patients against many variables: gender, age, economic situation, and social situations.

1.7 Importance of the study

Theoretical significance

- 1- Shedding light on the minimum research regarding unconditional self-love in psychology, although unconditional self-love is the center of psychological therapeutic process.
- 2- Addressing the serious and dangerous problem of prolonged stress on mental and physical health.
- 3- Raising the issue of psychological stress in onset and the development of autoimmune diseases.

- 4- Highlighting the importance of unconditional self-love in reducing pain, stress, improving mental and physical health.

Applied significance

- 1- Disseminate awareness among people regarding the importance of practicing unconditional self-love and its positive effect on mental, physical health.
- 2- Unconditional self-love programs that aim to improve the relationship with self and others.
- 3- Since there is no cure for autoimmune diseases, stress management programs can be very helpful in reducing the progression of the disease.

1.8 Delimitation (Scope) of the Study

- Population: patients attending Al Makassed Islamic Society Hospital / Jerusalem that were diagnosed with one of the rare and famous autoimmune diseases: Systemic lupus erythematosus, celiac diseases, Sjogren syndrome, type 1 diabetes, Multiple sclerosis, and Rheumatoid arthritis.
- Place: Al Makassed Islamic Charitable Society Hospital/ Jerusalem.
- Time: retrospective study taking patients diagnosed with autoimmune diseases from 2019-2022.
- Objective: the relationship between unconditional self-love and perceived stress in patients diagnosed with autoimmune diseases attending Al Makassed Islamic Society Hospital /Jerusalem.

1.9 Study Terminology

Unconditional self-love:

Irvan's definition of unconditional self-love includes: "care, respect, acceptance, willful commitment, and mindful-awareness and understanding". Samiei's five psychologist panel investigating unconditional self-love agreed that unconditional self-love is composed of different themes of self-acceptance, self-forgiveness, caring behaviors, unconditional acceptance, and self-compassion (Underwood, JR. J.,2020).

According to the operational definition, unconditional self-love was chosen in this study as it fulfills the purpose, and its defined as: the ability to keep warmth feelings, care and affection toward self even when one doesn't succeed. (Splendlove, 1999).

Stress:

The term stress represents anything that critically disrupts the human homeostasis (Schneiderman, N. et al. 2005). It is also portrays circumstances and life experiences that exceeds the individual's perceived psychological and physiological ability to deal with. (Crosswell, A., Lookwood, K., 2020).

Operational definition includes what the perceived stress scale measures: feeling stressed, anxious and nervous, inability to cope with difficult situations or control irritation in life.

Autoimmune diseases:

A group of chronic disorders where the immune system fails to identify normal body tissues and recognize them as foreign. The result of this misidentification the body attacks itself causing organ damage. The most popular examples of

autoimmune diseases include rheumatoid arthritis, systemic lupus erythematosus and type I diabetes mellitus (Katz, J. 2018).

Operationally it includes patients that met the approved clinical and laboratory standards by internists at Al Makassed Islamic Charitable Society Hospital/ Jerusalem.

Chapter Two:

Literature review and previous studies:

2.1 Introduction

The current chapter will discuss preview about love emotion, unconditional self-love background, theories, unconditional self-love importance, unconditional self-love components, as well as a preview about the aspects of stress, and their effect on health, stress and immunity. A number of previous studies regarding the relationship between stress and unconditional self-love components.

2.2 Love emotion and psychology

For a very long time, love has perceived to be a very complex emotion to be defined or studied; therefore, it stayed in the words of poets, philosophers, actors to be explored, explained and elaborated; while psychology kept up a hand off approach (Seaward, 2020). Fortunately, love nowadays has been noticed to be a very important motivational and healing tool, and so it is finally moved from only being read in poets and watching in cinema into classrooms, corporate boardrooms, and operating rooms. Love nowadays is recognized as a powerful inner resource that cannot be ignored, it's the epitome of eustress, its absence distress (Seaward, 2020).

Dr Leo Buscaglia is considered to be the man who transferred the theoretical concept of love into the academic field. After his investigations in 1960 at the University of South California, he brought concepts of love emotion with many implications for both eustress and distress (Seaward, 2020).

2.3 Unconditional self-love Background

Unconditional self-love is a topic written about but there is minimal research on it (Spendlove, A. (1999). Aristotle's states in his book "Nine of the Nicomachean Ethics", that the base and source of love one has for another person is derived from the love a person has for himself. This statement states that love starts with unconditional self-love then loving others comes as contribution of own individual well-being (Gallagher, 1999).

Unconditional self-love includes high compassion toward oneself, self-acceptance and self-forgiveness attitudes with caring about others and not being self-centered. Unconditional self-love also embraces awareness about oneself and accepting parts of self that it is painful to look at (Underwood, 2020).

Unconditional self-love helps us see our true self free from the effect of ego, judgment and criticism. The path of unconditional self-love pushes toward self-development and becoming our best version. Behaving as we are our best friend is a powerful gift. Every single human being of us deserves to be loved, supported and valued (Bosworth, 2019).

2.4 Unconditional self-love is a teachable emotion

Buscaglia postulated that love is a teachable emotion, and it's a response to a learned group of stimuli and behaviors. For example, an infant learns to love basically by contact with parents at home environment. Love and particularly unconditional self-love is taught and not innate. Parents play a role in preventing their children from fully expressing their feeling and controlling their emotions (e.g., don't cry, stop laughing, wipe that smile off your face), as a result of that, children's emotions stayed not fully expressed and denied, including the emotion of love. This inability to express emotions causes emotional pain of rejection or

denying love, and after growing into the adulthood stage where the ego defense mechanism is strengthened, love often declines to the point of dormancy. (Seaward, 2020)

It is hard to define love because people connect love to many concepts such as: sex, romance, attraction, needs, security and attention. Also, this feeling has so many forms in our minds, like: joy, happiness, jealousy, dissatisfaction and pain! But there is only one kind of love that is vital to the positive growth process of self-discovery. The love that one needs to work a lot on, and have a responsibility toward it to grow and blossom, therefore you must have the knowledge, feel and experience love before it can be shared (Seaward, 2020).

Aristotle's states in his book "Nine of the Nicomachean Ethics", that the base and source of love one has for another person is derived from the love a person has for himself. This statement decelerates that love start with unconditional self-love then loving others comes as contribution of own individual well-being (Gallagher, 1999).

2.5 Unconditional self-love vs narcissism

Constructing a solid base for unconditional self-love gave individuals the power to authentically be themselves and love others. While narcissistic people lack the ability to love others and love themselves. They lack empathy, have unclear sense of self and a weak self-esteem. Unconditional self-lover, is a person who truly loves himself and has better relationships with himself and others (Samiei, 2015).

Narcissistic people always look for validation from the outside, they look confident, but they are fragile, having low self-esteem. Unconditional self-love internalizes individual's power with higher self-esteem. Unconditional self-love

humbles the personality and takes mistakes as a chance to grow. Narcissistic people don't make mistakes from their perception, they see themselves perfect, even they believe the opposite inside (Shaparia, 2021)

2.6 Component of unconditional self-love

- Research held in 2013 by (Maharaj &April, 2013) about the power of unconditional self-love in the evolution of leadership and employee engagement mentioned that unconditional self-love is constructing from five components: 1- self-knowledge and they mean by it the true knowledge of self from its basic source: human spirit, far away from selfishness and self-obsession which results from searching for one's identity externally as exhibited by the mythical Greek story of Narcissus who gained his sense of self from a reflection. 2- self-renewal: actions that show taking care about physical, mental and spiritual status, confirming the meaning of: you can't take care about others unless you charge and take care about yourself. 3- Self-transcendence: avoid being self-centered and see things as they really are, going beyond the ego and build better relationship with others. 4- self-being: an important component of unconditional self-love, and they mean by it how to be your authentic self, stop waiting validation from the external environment, how to be free from people expectations. 5- Self-acceptance: acceptance of good and bad themes within personality, and according to Maslow actualization of love, higher levels of self-acceptance enable people to less worry about external judgments (Maharaj &April, 2013).
- According to Maslow and Rogers explanation of unconditional self-love, its composed of: self-liking, self-acceptance, self-appreciation, self-awareness, and self-actualization (Samiei, 2015).

- Buddhism unconditional self-love view consist of: self-awareness, self-acceptance, and self-forgiveness (Samiei, 2015).
- A Chinese study into the exploration of unconditional self-love led to five components of unconditional self-love: 1- self-cherishing: considering taking care about self, protecting self and self-respect. 2- Self-acceptance: by accepting the real self, they can improve their selves. 3- Self-restraint: meeting society expectations considering themes like moral and law, because they think loving others boundaries means self-love too. 4- Self-responsibility: achieved by playing individual role in life, be responsible about actions and decisions, taking care about others. Self-persistence: restrict to what you believe in and don't compromise to people opinions and respect their opinions too (Xue et al. 2021).

Based on the literature review the researcher in this study see that unconditional self-love must contain: the ability to love and accept oneself unconditionally, self-compassion, self-awareness, self-care and self-forgiveness so human can learn from the past instead of being trapped with negative emotions like guilt and continuous criticism. Being authentic and don't compare oneself with others.

2.7 Types of self-love

The feeling of self-love comes in two forms: conditional or unconditional. According to the USL Unconditional self-love scale, conditioning is based on success element, which is self-perceptions of high levels of performance and positive traits or characteristics. Conditional likers: they only like or love themselves when they succeed or meet certain expectations. Unconditional likers: they keep loving themselves even when they fail. There are also unconditional haters, unconditional lovers. The first: they hate themselves even

they succeed, the second: they hate themselves when they fail only (Spendlove, 1999).

Conditional love depend on how much a person will fully matches certain needs, desires or personal vision. It counts on a set of standards a person or community sets, such as: person's look, style, personal presence, gaining emotional support or not. It is not bad form, but it not whole real love, in that case when a person fails to meet his own or community expectation, he tends to love himself less or lose interest or trust in himself (Welwood, 1985). And in a place where a human being is not perfect, conditional self-love is not the best form, as so many ups and downs is going to be faced during life.

Unconditional self-love doesn't mean we have to like things we don't like, instead open our heart for understanding, acknowledgment, far away from ego obligations and defense mechanisms, that form of love help us grow, understand and love ourselves and others more efficiently (Welwood, 1985).

Psychologically, unconditional love is the form responsible for our well-being, even children intuitively know that, but as they grow up, parents play a role in placing rules when their kids deserve to gain love, the society plays role too. These conditions may force individual to cut off certain parts of themselves leading to certain diseases (Welwood, 1985).

It is important to mention that people gain their feelings toward themselves from their own beliefs and perceptions. Perception is gained through three components: how they imagine people see them, evaluate them, the beliefs and feelings that are felt when the two components are considered together. Regardless that, some people have the ability to love themselves unconditionally far away from people expectations (Spendlove, 1999).

2.8 Importance of unconditional selflove

Although positive emotions like gratitude, love, contentment, joy and interest takes less attention in the research field, it contributes to vital subsequent life outcome like: higher incomes, relationship satisfaction and most importantly; better physical health (Fredrickson et al. 2008). Being able to positively treat yourself has a great effect on psychological functioning, positively influencing self-esteem, motivation and determination, while lack the ability to positively treat selves is associated with mood and anxiety disorders (Fields & Kuperberg, 2015).

Unconditional self-love considers the base of loving others and building healthy relationships. People who don't love themselves can't believe that they deserve love, so they select bad relationships and avoid healthy ones (Campbell & Foster, 2002).

Love promotes health as much of the scientific research evince that giving and receiving love improve health and reduce stress by increasing oxytocin, dopamine and adrenaline. Studies also reveals that love reduce blood pressure, anxiety, pain, stress and improve immunity as well as cardiovascular health (Tarr, 2021).

Joining cheerful activities such as love may help activate areas in the brain responsible for emotion, attention, motivation and memory (e.g., limbic structure), It also plays a role in controlling the autonomic nervous system, e.g., stress reduction. Moreover, it helps reduce anxiety by promoting of an inhibitory tone in specific areas of the brain. Thus, it's obvious how love has the ability to promote health, wellbeing and reproductivity (Esch & Stefano, 2005).

Love is characterized by the ability to heal or facilitate beneficial motivational behavior, and that's because of the neurobiological phenomenon that rely on trust, belief and reward activities within the brain. These activities are necessary for survival and appetitive motivation (Esch & Stefano, 2005).

Connecting to people we love and socializing with them is considered a very helpful way to fight stress as well as silencing the negative talk with self during hard times when things don't go as planned (Jump, 2023).

2.9 Theories of unconditional self-love

- Unconditional positive self-regard (UPSR):

Carl Rogers postulated that infants need love and attention, and there is a possibility to die without it. He also assumed that humans value positive self-regard which involves: self-esteem, self-worth and a positive self-image. Humans experience positive self-regard from positive self-regard parents and environment have given to them during time of growing up, and without positive self-regard, humans feel helpless and cannot become the best version of themselves (Boeree, 1998). Society plays a good role in creating many conditions for positive self-regard, that are not suitable or not needed by every human being for real self-actualization. That may lead one to act in way to full fil society desires and not his own desires (Boeree, 1998).

Destructive emotions like shame and self-criticism affect individuals when they can't cope with society demands. Feelings of shame and self-criticism are associated with many psychological problems from anxiety to distress and depression. Carl roger the founder of unconditional positive self-regard, stated that each individual has inherent tendency to maintain and enhance self, as well

as self-actualization. The issue starts when the individual derives and internalize his worth from the way others want him to be (Griffiths, 2013).

Unconditional positive self-regard is important for healing and growth, by which instead of fighting emotions that would lead to self-destructive, accepting them in warm environment with no judgments, is the best way a man can learn from events and become his best version (Hendricks, 2001).

- Lack of unconditional self-love lead to stress (Buscaglia Theory)

Buscaglia sadly noted that most of us; and because of the learning moods in childhood, we never really learn to love at all. And in order to love others we must learn to love ourselves first (Seaward. B. 2020).

Unfortunately, unconditional self-love was misunderstood as selfishness ,and discouraged in community. While humbleness was favorable, but often at the risk of scarifying unconditional self-love. The greatest obstacle to express unconditional self-love is the conditions people put upon themselves for self-acceptance, physical appearances and capabilities -everything that prevents perfection. People have disability to love themselves unconditionally, and that prevents them from expressing unconditional self-love because their low self-esteem. Therefore, the recurring conditional pattern creates a negative feedback system that led to unhappiness. This phenomenon cited as chronic stress and reported as low self-esteem (Seaward, 2020).

2.10 Stress Background

Stress is a topic that has got the attention of many fields, from medical professionals to anthropologists, social scientist, psychologists and even zoologists. Hans Selye who is considered to be the father of stress research, defined stress as: non-specific response of the body to a demand (Selye, 1956). It

is also defined as a biological and psychological response one experience while fighting a threat and human thinks the resources are not enough to deal with (McLeod, 2023). Physiological reaction of stress in our body respond to any change, threat, pressure. Our body then tries to reset body equilibrium to protect us from getting harmed (Selye, 1956).

The purpose of stress is to keep us alive and healthy, for example: thousands of years, where human was living more simple and not complicated life, individuals needed the response of stress to stay alive and combat various kinds of physical threats (animals, other humans, flood, fire, etc.) (Selye, 1956).

Nowadays much of the stress people experience is manufactured in their mind and here where the stress became a problem. Our body cannot distinguish between real threat and fictional one, so when people keep on perceiving (loss of job, anger from partner, not meeting a deadline) they become worried and stressed (Selye, 1956).

2.11 Stress response/ Fight or Flight response

When the body recognized it's in danger, a pattern of physiological response brought out by the sympathetic nervous system in response to stressful or threatening situations leads to mobilization of energy for physical activity. The response of sympathetic nervous system includes increased heart rate, respiratory rate, and sweat gland activity; elevated blood pressure; decreased digestive activity; pupil dilation; and a routing of blood flow to skeletal muscles. In some theories, such changes are the basis of all human emotions. Also called emergency reaction; emergency syndrome (VandenBos, 2007).

The fight or flight response consumes most of the body energy. In normal conditions blood stream contains a small amount of cortisol hormone that help in

recovering from stressful experiences by freeing up stores, but in case the stress stays for a long time the body maintain higher amount of cortisol in the blood stream (Payne, W., Hahn, D., Lucas, E. 2011).

2.12 Bad and good stress

Stress can be negative or positive, based on our reaction to it. Selye had divided stress into two parts: distress and eustress. Distress is resulting from unpleasant events or conditions, while eustress results from pleasant events or conditions. It is important to aware that both positive and negative stress elicit the same physiological reaction in the body, and unhealthy or problematic stress depends on individual response to it (Payne et al. 2011).

Stressful situations place extra demands on the body while it's reacting to unexpected changes or highly emotional experience. Stress is beneficial, when the duration of it short and the body is capable to renew itself and return to equilibrium, but long duration stress can take a toll on the body (Payne et al. 2011).

2.13 Symptoms of stress (Derrow, 2022)

a. Emotional and cognitive symptoms of stress

According to the American psychology association, 35% of people report anger or irritability during stress, 36% report that stress makes them feel more nervous and anxious while 45% have difficulty in sleeping. Other emotional and cognitive symptoms include: difficulty in concentrating, depression, low mood, crying, fatigue, feeling overwhelmed, loss of appetite or eating too much.

b. Physical symptoms of stress

The most common physical symptoms of stress include: muscular tension, headache, increase in blood pressure, sweating, dry mouth, gastrointestinal symptoms, such as acid reflux, stomachache, constipation, or diarrhea. Heart palpitation or arrhythmia and lower immunity.

2.14 Sources of stressors

Stress can be originated from the internal perception of the individual or the external environment. Internal stress- can lead to negative emotions and feelings, it also produces pain, anxiety and the cause of significant disorders such as post-traumatic stress disorder (PTSD) (Lynda, 2019).

2.15 Effect of chronic stress on health

When stress becomes regular and severe, it causes harm to mental, physical, social and career life. Physical effect of long stress includes many systems in the body; (the cardiovascular system, brain, nervous system, immune system, etc.)

for example: on the level of cardiovascular system, stress cause the heart to beat faster and the body increase more adrenaline, noradrenaline and cortisol leading to high levels of blood pressure. If our body regularly exposed to these responses, it may cause heart attack, stroke or high blood pressure (Saripalli & Vogel, 2022).

Taking the brain area, studies confirmed that chronic stress cause major changes in certain brain areas that lead to cognitive, emotional and behavioral dysfunction that are commonly associated with chronic stress (Mariotti, 2015).

Most of studies have focused on the effect of stress on the immune system; since receptors for stress neuropeptides and hormones are broadly expressed in

immune cells. So, in psychological stress the immune system produces acute phase response that is linked with infections and tissue damage, and increase the levels of circulating cytokines and of various biomarkers of inflammation, which in the long run may lead to chronic diseases such as autoimmune diseases.

2.16 Immune system and stress

According to the American psychology association, stress can deplete the number of immune cells that fight against viruses. Stress can cause the immune system to produce inflammatory response that is essential to fight germs, but permanent condition of stress and inflammatory response may lead to chronic diseases including the buildup of plaque on your arterial walls (Jump, G. 2023)

2.17 Stress and autoimmune diseases

Many studies concentrate on the effect of stress on the immune system particularly because receptors for stress neuropeptides and hormones are broadly expressed in immune cells, and accordingly to that when the brain exposed to psychological stress, it perceived it as "danger", sets in motion a neuroimmune circuit that stimulates the immune system, activating the sympathetic nervous system, releasing hormones and cytokines associated with infections, tissue damage, this response is helpful to protect the body from certain harm but when stress is chronic or prolonged, stress response will causes major damage to our body leading to chronic diseases such as autoimmune diseases (Mariotti, 2015).

Therefore, failure to manage stress and take an action will prevent the body from coming back into the para sympathetic state of relaxation (Payne, 2011).

Psychological stress is believed to be one of the most important causes of onset and development of autoimmune diseases. Cortisol is the main hormone that rise during psychological stress and it's known to have many physical and

psychological consequences (Montero et al. 2017). Moreover, a lot of retrospective studies acknowledged that up of 80% of autoimmune patients has reported emotional stress before disease onset (Stojanovich & Marisavljevich, 2008).

Since there is no cure for this type of diseases (Katz, 2018). and since the disease itself cause more stress on patients, also plays a role in pathogenesis of autoimmune diseases, it's important to highlight the significance of stress management in the treatment plan of autoimmune diseases, also suggesting obligatory questionnaires about trigger factors including psychological stress in addition to infection, trauma, and other common factors (Stojanovich & Marisavljevich, 2008).

2.19 Previous studies

Alrabadi (2022) performed a single arm exploratory pilot study on patients diagnosed with autoimmune hepatitis tried to find out the impact mindfulness – based stress reduction on quality of life, disease activity and cytokine mediators, mindfulness course included methods in how to cope with stress, mindfulness including, living in the presence moment, no judgment, yoga and meditation, activating the support system. By using perceived stress scale, brief self-control scale, serum alanine aminotransferase (ALT) and cytokine levels were measured, and immunosuppressant doses recorded. After 8 weeks from completion of the intended course, the patients show reduction in ALT, cytokines and doses, and improvement in perceived stress scale and brief self- control scale (Alrabadi et al. 2022).

Patterson (2022) tried to figure out whether increase in perceived stress can worsen SLE disease, a study performed on 2022 on patients drawn from the California Lupus Epidemiology Study, using perceived stress scale PSS, whom are showed >0.5 SD IN PSS were included as they have increase in stress. During 3 years follow up, 4 measurements were taken for the study purpose: pain (patient self-reported scale), fatigue scale, physician evaluation of disease activity, and patients self-reported activity. Significant results with $P = 0.019$ for pain, $P < 0.001$ for fatigue, $P < 0.001$ self-reported disease activity and 0.015 for physician assessment of activity by which increase in stress come with increase in the four variables (Patterson et al. 2022).

Jennifer, et al. (2021) in their study aimed to find the relationship between self-compassion and stress among adults who are going through early adult crisis, which put too much stress on them that may threatening well-being. It includes 211 early adults, their age (18-15) years old. For measurement, stress questionnaire (Emerging Adult Stress Inventory) & self-compassion scale was used. Results for this correlational study showed significant findings: 1- self-compassion have the ability to reduce stress ($r = -.694$, $p < 0.01$), 2- self-compassion components from self-kindness to common humanity and mindfulness plays a role in reducing stress. 3- Negative side of self-compassion can lead to increase stress which composed of self-judgment, isolation, and over identification (Jennifer et al. 2021).

A study done by **Toussaint (2021)**, including 1423 United state adults, examined forgiveness of others, self-forgiveness, sleep quantity, sleep quality, psychological distress, life satisfaction, and self-rated physical health. A significant result showed that self-forgiveness and forgiveness of others can

reduce emotions like: anger, regret and better relationship between own self and others and that's reflect on quality of sleep and well-being (Toussaint, 2021).

Helminen (2021) tried to figure out the influence of self-compassion on perceived stress reactivity. Self-Compassion Scale, Shortened State—Trait Anxiety Inventory which a sensitive scale to measure changes in stress, Perceived Stress Reactivity Scale was used in this research. Results shows that self-compassion was responsible in variance of total stress reactivity while trying to control stress (Helminen, 2021).

Kahana et al. (2021) performed a study concerned about loving others and the effect of Compassionate Love on Later-Life Psychological Well-being. A sample of 334 participate from a from a 3-wave longitudinal survey of community-dwelling older residents. By using generalized estimating equation models, they examined the effect of changes in compassionate love (expressing love to others, and receiving love from others) on depressive symptoms. As well as this study figured out the relationship between compassionate love and positive and negative effect. Significant results ($p < .007$) showed that feeling of being loved and share love with others decrease depressive symptoms (Kahana et al. 2021).

Taub et al. (2021) conducted a study to test the effect of mindfulness-based stress reduction (MBSR) on psychological distress in a group of systemic lupus erythematosus (SLE) patients. 26 SLE patients were joined the MBSR group therapy, 11 kept on the waiting list (WL) and 12 went through qualitative interview to check subjective experience of the MBSR. Three measurements were performed: (pre intervention, post intervention and 6 month follow up). Results indicated progress in quality of life, psychological inflexibility in pain and SLE related shame in the MBSR group compared to the WL group. It also

showed improvement in SLE symptoms and disease perception. The 6 months follow up come with significant decreasing depression, psychological inflexibility pain while SLE shame stayed stable. Scales used in the study includes: The systemic Lupus Activity Questionnaire (SLAQ), The World Health Organization Quality of Life Questionnaire-Brief Version (WHOQOL-BREF), The Patient Health Questionnaire-9 (PHQ-9), Psychological Inflexibility in Pain Scale (PIPS), (questions about shame): what degree they felt shame about their disease and to what degree SLE affect personal identity (Taub et al. 2021).

Bettini et al. (2020) performed a study to search the relationship between secondary stressors, social identity, and social support, perceived stress and resilience. Data was analyzed from COVIDiSTRESS Global Survey Round II, it included 14,600 participants from 43 in the dataset. Measurements include primary and secondary stressors; a scale including 4 items for each, expected support scale; measures how much people can rely on other for support, a social identification scale, the Brief Resilience Scale, and perceived stress scale. Results come with positive correlation between secondary stressors and perceived stress and negative correlation with resilience. Women who have lower economic situation were exposed to more secondary stressors, higher perceived stress and lower resilience. According to social identification, it was positively associated with expected support and with increased resilience and lower perceived stress (Bettini et al. 2020).

Barchetta et al. (2020) investigate the effect of work status changes and perceived stress on glycaemic control in individuals with type 1 diabetes during COVID-19 lockdown in Italy. 50 patients were engaged in the study. Glucose was monitored 3 times: before, during and after lockdown. Finding reveals

worsening blood glucose during the lockdown, 14% people experienced severe and 61% moderate perceived stress (Barchetta et al. 2020).

Angum et al. (2020) displayed a review study exhibited that 80% of all patients diagnosed with autoimmune diseases are women. Hormonal changes and stress during pregnancy plays a significant role in onset. Moreover, genetic structure plays a role, by which females have XX while Male have Xy and most of genes related to diseases expressed on the X genes (Angum et al. 2020).

Polinski et al. (2020) aimed to determine the relationship of perceived stress with incident inflammatory arthritis, Perceived Stress Scale-14 (PSS-14) was used, as well as 2 sub scores indicative of perceived distress and self-efficacy, were averaged across all study visits until development of IA or the last follow-up. Results showed medium level of perceived stress and found that a 1-point increase in the perceived distress score was significantly associated with a 10-percent increase in the risk of IA (Polinski et al. 2020).

Sabik et al. (2019) performed a study to find out the effect of perceived appearance judgments on psychological and biological stress processes across adulthood. This study including two parts: study 1 looked for the relationship between self-reported appearance judgments and cortisol stress responses in response to a laboratory stressor (TSST) among 71 individuals aged 18–65. Study 2 investigated self-reported appearance judgments and depressive signs among 498 adults ages 18–65 via an online survey data collection. Results convinced that appearance judgment is associated with stronger cortisol response, higher self-reported stress, and greater depressive symptoms (Sabik et al. 2019).

Self-care application model was applied on 36 patients diagnosed with systemic lupus erythematosus in a study performed by **Kusnanto (2018)** to investigate the effect of the self-care application program on self-care agency (SCA), self-care operation, and quality of life. Patients attended self-care management training, self-care agency scale was used to measure self-care agency scale, and its recorded twice before and after the training course, the rest of the variables were measured through self-rated abilities on the health practices scale and Lupus quality inventory. Data were analyzed using paired t-tests with a $p < 0.05$. Results shows that there is a progress in SCA by 19.93%, self-care operation by 17.53%, and Quality of life by 12.19% after application of the program, it succeeded in effectively improving with a ($p < 0.001$) (Kusnanto, 2018).

To predict the role of un-conditional self-acceptance, perfectionistic cognitions, income levels on well-being, a study done by **Bingöl & Batık (2018)** including 378 prospective teachers, using the following scales: The Psychological Well-Being Scale, The Unconditional Self-Acceptance Scale, The Perfectionism Cognition Inventory, and The Personal Information Form. By applying path analysis, it reveals that unconditional self-acceptance, perfectionistic and income levels accounted for 16% of psychological well-being (Bingöl & Batık , 2018).

TA (2017) compared perceived stress between single and married individuals to see the relationship between marital status and psychological mechanisms of stress and to explore to which extent stress is linked to other health problems. survey data from a large national U.S. was used gathering 6955 individuals, for analysis of data, multiple regression and mediation analysis was used to search the role of marital status on perceived stress associated with social commitments, family commitments, loneliness, and economy/money; and we examined how these domain-specific stressors influenced daily self-reported anxiety. Results

articulate that marital status may lead to different exposure to stressors and risk in mental health. Married individuals are less exposed to stress, single ones are more stressed (TA, 2017).

Plantinga et al. (2017) looked for relationship between perceived stress and self-reported cognitive symptoms; forgetfulness & difficulty concentrating. Concentrating problems and forgetfulness were reported by 29.5% and 41.7% respectively. Women with less education and worsen disease activity shows higher perceived stress scores and cognitive symptoms. After adjustment of age, race, sex, education, and disease activity, minimal important difference ($MID=0.5*SD$) was linked with higher prevalence of forgetfulness & difficulty concentrating (Plantinga et al. 2017) .

Lopez et al. (2017) performed a study to study hypothalamic-pituitary-adrenal axis (HPA). Sample were composed of 65 individuals, 30 of them healthy controls & 35 diagnosed with autoimmune diseases. salivary cortisol was analyzed during a course day and hair cortisol from three preceding months. Scales for perceived stress and psychopathological symptoms were used. Results came with elevated perceived stress and psychopathological symptoms as well as higher levels of cortisol were found in saliva and hair samples of autoimmune women patients in analysis study aimed to monitor hypothalamic–pituitary–adrenal axis HPA axis activity in autoimmune women compared to healthy women (Lopez et al. 2017).

Mucci et al. (2016) worked on a review article by selecting total of 19 articles PubMed source in order to search the effect of economic crisis on the health of workers. All studies manifested that economic crisis has a bad effect on worker's well-being. Furthermore, inability to employ more workers with increasing work

load and wages reduction were associated with increased rate of mood disorders, anxiety, depression, dysthymia, and suicide (Mucci, et al. 2016).

Harle et al. (2006) studied the activity of sympathetic nervous system (SNS) and the hypothalamic-pituitary adrenal (HPA) axis patients diagnosed with systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA). Participants composed of 62 healthy individuals, 62 patients with RA and 32 SLE. For this purpose, plasma ACTH and serum cortisol were determined. Serum neuropeptide Y (NPY) was used to evaluate the sympathetic outflow. Results showed greater activity of the sympathetic nervous system and lesser of HPA axis has found in SLE and rheumatoid arthritis patients compared to healthy control in a study performed in 2006 to measure plasma ACTH (Harle, et al. 2006).

A study published in 2011 improved that loving kindness meditation practice produces positive emotions that affect the participants life by increasing life satisfaction and decreasing depression symptoms (Fredrickson et al. 2008).

A study done by **Cappelletti (2015)** including 372 participants to investigate the relationship among basic needs (food, housing, personal and neighborhood safety, money for necessities), perceived stress, number of health referrals received in a tailored intervention, recalling the intervention and contacting a health referral. The result showed that there is a positive correlation between stress and unmet basic needs by which perceived stress increased in a situation where basic needs are unmet (Cappelletti, 2015).

Flett et al. (2003) investigated the relationship among dimensions of perfectionism, unconditional self-acceptance and depression. Multidimensional Perfectionism Scale, the Unconditional Self-Acceptance Questionnaire, and a self-report depression measure was applied on 94 students. Study outcomes

manifested that unconditional self-acceptance was negatively associated with perfectionism characteristics. In addition, depression was related to low unconditional self-acceptance. Also, unconditional acceptance moderates the association between perfectionism and depression, while perfectionism only affects depression in case of low self-acceptance (Flett et al. 2003).

Based on previous studies, women in the western world showing more distress, depression and anxiety than men. social expectations play a role in this gender differences as well as the roles they play at work and family (Viertiö, 2021).

Chapter Three:

Methods and Procedure:

3.1. Method and Procedures

This chapter deals with a detailed description that the researcher followed in carrying out the study, including defining the study method, describing the study community, identifying the study sample, preparing the study tool (the questionnaire), verifying its sincerity and consistency, and explaining the study procedures and the statistical methods used in handling the results, below is a description of these procedures.

3.2 Study Approach

In order to achieve the aims of the study, the researcher used the descriptive method. It is defined as the curriculum that studies a phenomenon, event or current issue that can be obtained from which information can be answered on research questions without interference from the researcher. Through which the researcher tries to describe the phenomenon under study, and to analyze its data, and to clarify the relationship between the components and opinions that are presented around it, the processes that it includes and the effects that arise, and it is one of the forms of analysis and scientific interpretation organized to describe a phenomenon or problem, and its classification, analysis and subject to careful studies by examination and analysis.

3.3 Study Population

The study population consisted of all patients diagnosed with rare autoimmune diseases attended Al-Makassed Hospital – Jerusalem from 2019-2022.

The chosen autoimmune diseases suggested by specialized doctors at Al-Makassed Hospital were (SLE, Sjogren Syndrome, Multiple Sclerosis, celiac disease, Rheumatoid arthritis).

3.4 The study Sample

A questionnaire was distributed over (80) individuals forms, i.e. approximately %66 of the study population. And tables (5.1), it shows the distribution of the study sample individuals.

3.5 Data collection

The researcher is an employee of the hospital where the study was conducted. After submitting the study proposal to the hospital administration and approving it, the researcher was provided, at his request, with contact information for all patients diagnosed with autoimmune diseases between the period 2019-2022.

Parts of the patients were interviewed face to face in the hospital, the other part were called by phone. The researcher clarified the questions in the two parts, and he was the one who filled in the answers according to the patients' answers.

3.6 Ethical consideration

Before the study, the proposal was sent to the hospital administration, explaining that the patients will be directed to the competent authorities when needed and based on the results of the study.

Verbal consent was obtained from all participants, and they were provided with study aims, objectives and procedure, and that they have the right not to participate in the study. Moreover, they informed by the researcher that data will only be used for research aims, and they can ask for the results if they want.

3.7 Describe the variables of the sample members

Table (3.1) shows the distribution of respondents according to the sex variable that the rate of 28.7% for males and 71.3% for females. The Age variable shows that 50% for less than 30, and 20% form 31-40, and 12.5% from 41-50, and 17.5% for more than 50. The social status variable shows that 56.3% for married, 38.8% for single, and 2.5% for divorced, and 2.5% for widower. The variable of Economic situation shows that 26.3% for very good, and 47.5% for medium, and 26.3% for low.

Table (3.1): Distribution of study sample according to the study variables

Variables	Levels	N	%
Sex	Male	23	28.7
	Female	57	71.3
Age	Less than 30	40	50.0
	31-40	16	20.0

Variables	Levels	N	%
	41-50	10	12.5
	More than 50	14	17.5
Social status	Married	45	56.3
	Single	35	43.7
Economic situation	Very good	21	26.3
	Medium	38	47.5
	low	21	26.3

3.8 Tools of study

First: perceived stress scale was used to measure degree of stress after being translated into Arabic and approved by specialized arbitrators (Cohen et al, 1983).

Its widely used psychological instrument that help understanding how different situations affects people's feelings and perceived stress.

The scale contributed from ten questions, The scores for the answers were distributed on the items of the five-point Likert scale (0=never, 1= almost never, 2= sometimes, 3- fairly often, 4- very often) and in order to figure the score these instructions has been followed:

a-Reversing the scores of the questions 4,5,7 & 8 like this:

0=4, 1=3, 2=2, 3=1, 4=0.

b-adding the rest scores of the other questions.

Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress.

► Scores ranging from 0-13 would be considered low stress.

► Scores ranging from 14-26 would be considered moderate stress.

Second: unconditional self-love scale

To achieve the goal of measuring selflove, Un conditional self-liking (USL scale) was used that defined selflove in relation to self-liking, apart from the concept of self-esteem (Splendlove, 1999).

USL: a self-report questionnaire applied to detect four primary regions of self-liking: (a-) conditional self-likers who like themselves only when they succeed. (b_) unconditional self-dislikers who dislike themselves even when they succeed. (c_) conditional self-dislikers who dislike themselves when they fail. (d_) unconditional self-likers who like themselves even they failed. (11)

18 paragraphs were used in this study, rearranged into a simpler form, translated to Arabic and validated by specialized arbitrators. In order to measure unconditional self-liking of self, nine areas of self-identity were included: 1- expectations of others, 2- being human, 3-developing abilities, 4-self-critical judgment, 5-attractiveness, 6-innate abilities, 7-uniqueness, 8-own moral expectations and 9-goal achieving.

To measure the score of unconditional self-love, Likert triangular scale strongly agree 2 agree =1 don't agree = 0, for the paragraphs4, 7,13, 14

Reversing the scores for the rest of the paragraphs.

3.9 Validity

The researcher designed the questionnaire in its initial form, and then the validity of the study tool was verified by presenting it to the supervisor and a group of arbitrators with expertise and expertise.

The researcher distributed the questionnaire to a number of arbitrators. Where they were asked to express their opinion on the questionnaire paragraphs in terms of: the clarity of the language of the paragraphs and their linguistic integrity, the extent to which the paragraphs cover the studied aspect, and adding any information, modifications, or paragraphs they deem appropriate, and according to these notes the questionnaire was finalized. On the other hand, the validity of the tool was also verified by calculating the Pearson correlation coefficient of the questionnaire paragraphs with the overall degree of the tool, and there was a statistical significance in all the paragraphs of the questionnaire and indicates that there is an internal consistency between the paragraphs. The following tables shows this:

Table (3.2): Pearson Correlation results for the degree of perceived stress in the sample of autoimmune patients.

N	Value (R)	Sig	N	Value (R)	Sig	N	Value (R)	Sig
1	0.538**	0.000	5	0.546**	0.000	9	0.592**	0.000
2	0.618**	0.000	6	0.649**	0.000	10	0.685**	0.000
3	0.607**	0.000	7	0.519**	0.000			
4	0.440**	0.000	8	0.620**	0.000			

** . Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed)

Table (3.3): Pearson Correlation results for the degree of unconditional selflove in the sample of autoimmune patients.

N	Value (R)	Sig	N	Value (R)	Sig	N	Value (R)	Sig
1	0.541 ^{**}	0.000	7	0.456 ^{**}	0.000	13	0.374 ^{**}	0.001
2	0.299 ^{**}	0.007	8	0.524 ^{**}	0.000	14	0.532 ^{**}	0.000
3	0.401 ^{**}	0.000	9	0.594 ^{**}	0.000	15	0.368 ^{**}	0.001
4	0.498 ^{**}	0.000	10	0.570 ^{**}	0.000	16	0.488 ^{**}	0.000
5	0.445 ^{**}	0.000	11	0.552 ^{**}	0.000	17	0.491 ^{**}	0.000
6	0.482 ^{**}	0.000	12	0.478 ^{**}	0.000	18	0.362 ^{**}	0.001

^{**}. Correlation is significant at the 0.01 level (2-tailed).

^{*}. Correlation is significant at the 0.05 level (2-tailed)

3.10 Reliability

The researcher verified the stability of the tool, by calculating the stability of the total score of the stability factor, for the fields of study according to the stability equation of Cronbach Alpha, and the overall score for the degree of perceived stress in the sample of autoimmune patients. (0.782), and (0.715) for the degree of unconditional selflove in the sample of autoimmune patients, and this result indicates that this tool has the stability that meets the purposes of studying.

3.10 Validity and Reliability from A survey sample of 20 patients

Sample survey was done on 20 patients to assess the validity and reliability of the tool, and the result was as follows:

The validity of the tool was also verified by calculating the Pearson correlation coefficient of the questionnaire paragraphs with the overall degree of the tool, and there was a statistical significance in all the paragraphs of the questionnaire and indicates that there is an internal consistency between the paragraphs. The following tables shows this:

Table (3.4): Pearson Correlation results for the degree of perceived stress in the sample of autoimmune patients.

N	Value (R)	Sig	N	Value (R)	Sig	N	Value (R)	Sig
1	0.541 [*]	0.014	5	0.654 ^{**}	0.002	9	0.567 ^{**}	0.009
2	0.829 ^{**}	0.000	6	0.607 ^{**}	0.005	10	0.632 ^{**}	0.003
3	0.589 ^{**}	0.006	7	0.832 ^{**}	0.000			
4	0.834 ^{**}	0.000	8	0.633 ^{**}	0.003			

^{**}. Correlation is significant at the 0.01 level (2-tailed).

^{*}. Correlation is significant at the 0.05 level (2-tailed)

Table (3.5): Pearson Correlation results for the degree of unconditional selflove in the sample of autoimmune patients.

N	Value (R)	Sig	N	Value (R)	Sig	N	Value (R)	Sig
1	0.589 ^{**}	0.006	7	0.843 ^{**}	0.000	13	0.852 ^{**}	0.000
2	0.483 [*]	0.031	8	0.529 [*]	0.017	14	0.855 ^{**}	0.000
3	0.614 ^{**}	0.004	9	0.656 ^{**}	0.002	15	0.878 ^{**}	0.000
4	0.830 ^{**}	0.000	10	0.687 ^{**}	0.001	16	0.888 ^{**}	0.000
5	0.594 ^{**}	0.006	11	0.506 [*]	0.023	17	0.565 ^{**}	0.009
6	0.573 ^{**}	0.008	12	0.845 ^{**}	0.000	18	0.833 ^{**}	0.000

^{**}. Correlation is significant at the 0.01 level (2-tailed).

^{*}. Correlation is significant at the 0.05 level (2-tailed)

Reliability: The researcher verified the stability of the tool, by calculating the stability of the total score of the stability factor, for the fields of study according to the stability equation of Cronbach Alpha, and the overall score for the degree of perceived stress in the sample of autoimmune patients. (0.788), and (0.748) for the degree of unconditional selflove in the sample of autoimmune patients, and this result indicates that this tool has the stability that meets the purposes of studying.

3.11 Study Procedures

The researcher applied the tool to the members of the study sample, where the researcher distributed questionnaire, and after completing the process of collecting questionnaires from the sample members after answering them in a correct way, it became clear to the researcher that the number of valid retrieved questionnaires that were subject to statistical analysis: (80) questionnaire.

3.12 Statistical treatment

After collecting the questionnaires and verifying their validity for the analysis, they were encoded (giving them two specific numbers), in preparation for entering their data into the computer for performing the appropriate statistical treatments, and analyzing the data according to the study's questions. The study data. Statistical processing of the data was done by extracting the arithmetic averages and the standard deviations for each of the paragraphs. Resolution, t-test, Pearson correlation coefficient, and Cronbach Alpha, using SPSS (Statistical Package for Social Sciences).

Chapter Four:

Results:

4.1 Introduction

This chapter included a presentation of the results of the study, which was reached by the researcher on the subject of the study, which is " **The relationship between unconditional selflove and perceived stress in the sample of patients diagnosed with autoimmune diseases** " and the effect of each of the variables through the response of the sample members to the study tool, and the analysis of the statistical data obtained. In order to determine the degree of average response of the study sample, the following degrees were adopted:

Degrees	Means range perceived stress	Means range Unconditional selflove
Low	From 0-1.33	From 1-1.66
Medium	Form 1.34-2.67	Form 1.67-2.33
High	From 2.68 – 4.00	From 2.34 – 3.00

4.2 Results of study questions

4.2.1 Results related to the first question

What is the degree of perceived stress in the sample of autoimmune patients.?

To answer this question, the researcher calculated the arithmetic averages and the standard deviations of the responses of the study sample individuals on the questionnaire fields that express the degree of perceived stress in the sample of autoimmune patients.

table (4.1): Means and standard deviations for the degree of perceived stress in the sample of autoimmune patients.

N	Sentence	Mean	SD	Degree	%
3	How often have you felt nervous and stressed?	3.25	1.085	high	81.3
9	How often have you been angered because of things that happened that were outside of your control?	3.14	1.111	high	78.5
1	How often have you been upset because of something that happened unexpectedly?	2.70	1.306	high	67.5
10	How often have you felt difficulties were piling up so high that you could not overcome them?	2.69	1.298	high	67.3
2	How often have you felt that you were	2.40	1.463	Medium	60.0

	unable to control the important things in your life?			m	
5	How often have you felt that things were going your way?	2.30	1.184	Medium	57.5
6	How often have you found that you could not cope with all the things that you had to do?	2.21	1.270	Medium	55.3
8	How often have you felt that you were on top of things?	2.21	1.144	Medium	55.3
7	How often have you been able to control irritations in your life?	2.04	1.096	Medium	51.0
4	How often have you felt confident about your ability to handle your personal problems?	1.54	1.102	Medium	38.5
Average		2.44	0.704	Medium	61.2

It is noted from the previous table that expresses the arithmetic averages and the standard deviations of the responses of the study sample individuals on the degree of perceived stress in the sample of autoimmune patients that the arithmetic mean for the total score (2.44) and a standard deviation (0.704) and this indicates that the level of the degree of perceived stress in the sample of autoimmune patients came medium degree, and 61.2%.

The results also indicate in Table No. (4.1) that (4) sentences came with a high degree, and (6) sentences came with a medium degree. The paragraph “How often have you felt nervous and stressed” at the highest arithmetic average

(3.25), followed by the paragraph “How often have you been angered because of things that happened that were outside of your control” with an average of (3.14). The paragraph “How often have you felt confident about your ability to handle your personal problems” at the lowest mathematical average (1.54), followed by the paragraph “ How often have you been able to control irritations in your life” with an average of (2.04).

4.2.2 Results related to the second question

What is the degree of unconditional selflove in the sample of autoimmune patients.?

To answer this question, the researcher calculated the arithmetic averages and the standard deviations of the responses of the study sample individuals on the questionnaire fields that express the degree of unconditional selflove in the sample of autoimmune patients.

table (4.2): Means and standard deviations for the degree of unconditional selflove in the sample of autoimmune patients.

N	Sentence	Mean	SD	Degree	%
17	I don't love myself even I feel a special love and reverence for all human life.	2.40	0.756	High	80.0
13	I love myself because it's very special to only be a human being.	2.39	0.646	high	79.7
3	I do whatever I decide to do but still I don't love myself.	2.30	0.833	Medium	76.7
1	I don't love myself because I am generally not able to meet the expectations of others.	2.28	0.871	Medium	76.0
6	I tend to hate myself because I didn't develop my skills and abilities that I was	2.24	0.815	Medium	74.7

	born with.				
12	I love myself because I consider myself to be more attractive than most people.	2.16	0.834	Medium	72.0
10	I don't love myself because people expect from me more than I can give.	2.15	0.887	Medium	71.7
9	I don't love myself because generally I don't achieve the goals I set.	2.07	0.776	Medium	69.0
15	I love myself because I am the only person in the world who is exactly like me.	2.05	0.855	Medium	68.3
18	I find it easier to love myself because I believe I am different from other people.	2.05	0.870	Medium	68.3
14	I love myself despite my genetic makeup provided me with a very limited potential.	2.01	0.803	Medium	67.0
7	I don't worry about my mistakes and failure so I find it easy to love myself.	1.99	0.834	Medium	66.3
8	I believe that I was born with special talents and gifts so I find it easier to love myself.	1.91	0.814	Medium	63.7
11	I find it hard to love myself because I judge myself critically.	1.89	0.795	Medium	63.0
4	I don't do what I believe is right but I still love myself.	1.87	0.848	Medium	62.3
2	I love myself because I am attractive.	1.64	0.799	Low	54.7
16	I love myself because I live by my own standard of right and wrong.	1.59	0.610	Low	53.0
5	Developing my abilities and skills to a high degree makes me feel a great love to myself.	1.33	0.632	Low	44.3
Average		2.017	0.3297	Medium	67.2

It is noted from the previous table that expresses the arithmetic averages and the standard deviations of the responses of the study sample individuals on the degree of unconditional selflove in the sample of autoimmune patients that the arithmetic mean for the total score (2.017) and a standard deviation (0.329) and this indicates that the level of the degree of unconditional selflove in the sample of autoimmune patients came medium degree, and 67.2%.

The results also indicate in Table No. (4.2) that (2) sentences came with a high degree, and (13) sentences came with a medium degree, and (3) sentences came with a low degree. The paragraph “I don’t love myself even I feel a special love and reverence for all human life” at the highest arithmetic average (2.40), followed by the paragraph “I love myself because it's very special to only be a human being” with an average of (2.39). The paragraph “Developing my abilities and skills to a high degree makes me feel a great love to myself” at the lowest mathematical average (1.33), followed by the paragraph “I love myself because I live by my own standard of right and wrong” with an average of (1.59).

4.2.3 Results related to the third question

Is there a relationship between unconditional selflove and perceived stress in a sample of patients diagnosed with autoimmune diseases?

The hypothesis was tested by calculating the Pearson correlation coefficient and the statistical significance between the degree of unconditional selflove and perceived stress in a sample of patients diagnosed with autoimmune disease, as shown in Table (4.9).

Table (4.3): Pearson correlation coefficient and the statistical significance of the relationship between unconditional selflove and perceived stress in a sample of patients diagnosed with autoimmune disease

Variables		Pearson Correlation	Sig
unconditional selflove	perceived stress	-0.256*	0.022

*. Correlation is significant at the 0.05 level (2-tailed)

Table (4.3) shows that the value of the Pearson correlation coefficient for the total score is (-0.256) and the level of significance (0.022), meaning that there is an negative relationship with statistical significance at the level of significance ($\alpha \geq 0.05$) between the unconditional selflove and perceived stress in a sample of patients diagnosed with autoimmune disease, that is, the higher the degree of unconditional selflove, the lower the degree of perceived stress in a sample of patients diagnosed with autoimmune disease, and the null hypothesis was rejected.

4.2.4 Results related to the fourth question

Are there any differences in the degree of perceived stress in the sample of autoimmune patients according to the variables (sex, Age, social status, economic situation)?

To answer this question, it was converted to the following hypotheses:

Results of the first hypothesis: "There are no statistically significant differences at the level of significance ($0.05 \geq \alpha$) in the degree of perceived stress in the sample of autoimmune patients due to the sex variable"

The first hypothesis was examined by calculating the results of the "T" test and the mean for the response of the study sample members in the degree of perceived stress in the sample of autoimmune patients according to the sex variable.

Table (4.4): Results of the "T" test for independent samples for the degree of perceived stress in the sample of autoimmune patients according to the sex variable

Sex	N	Mean	Std. Deviation	Value of "t"	Sig
Male	23	2.3739	0.72439	0.591	0.556
Female	57	2.4772	0.70077		

It is clear from the previous table that the value of "T" for the total degree (0.591), and the level of significance (0.556), that is, there are no differences in the degree of perceived stress in the sample of autoimmune patients due to the sex variable. and thus, the first hypothesis was Accepted.

Results of the second hypothesis: "There are no statistically significant differences at the level of significance ($0.05 \geq \alpha$) in the degree of perceived stress in the sample of autoimmune patients due to the age variable"

The Second hypothesis was examined, the arithmetic averages were calculated for the response of the study sample individuals on the degree of perceived stress in the sample of autoimmune patients due to the age variable.

Table (4.5): means and standard deviation for the degree of perceived stress in the sample of autoimmune patients due to the age variable

age	N	Mean	SD
Less than 30	40	2.4200	0.66917
31-40	16	2.3625	0.53774
41-50	10	2.7800	0.84169
More than 50	14	2.3857	0.86545

It is noted from Table No. (4.5) that there are apparent differences in the degree of perceived stress in the sample of autoimmune patients due to the age variable, and to know the significance of the differences, one way ANOVA was used as shown in Table No. (4.6):

Table (4.6): one way ANOVA test for the degree of perceived stress in the sample of autoimmune patients due to the age variable

	Mean Square	df	Sum of Squares	Value of "F"	Sig
Between Groups	1.305	3	0.435	0.872	0.460
Within Groups	37.915	76	0.499		
Total	39.220	79			

It is noted that the value of P for the total score (0.872) and the level of significance (0.460) is greater than the level of significance ($\alpha \geq 0.05$), meaning that there are no statistically significant differences in the degree of perceived stress in the sample of autoimmune patients due to the age variable. Thus, the second hypothesis was accepted.

Results of the third hypothesis: "There are no statistically significant differences at the level of significance ($0.05 \geq \alpha$) in the degree of perceived stress in the sample of autoimmune patients due to the social status variable"

The third hypothesis was examined by calculating the results of the "T" test and the mean for the response of the study sample members in the degree of perceived stress in the sample of autoimmune patients according to the social status variable.

table (4.7): Results of the "T" test for independent samples for the degree of perceived stress in the sample of autoimmune patients according to the social status variable

social status	N	Mean	Std. Deviation	Value of "t"	Sig
Married	45	2.4267	0.67803	0.224	0.824
Single	31	2.3903	0.72081		

It is clear from the previous table that the value of "T" for the total degree (0.224), and the level of significance (0.824), that is, there are no differences in the degree of perceived stress in the sample of autoimmune patients due to the social status variable, and thus the third hypothesis was accepted.

Results of the fourth hypothesis: "There are no statistically significant differences at the level of significance ($0.05 \geq \alpha$) in the degree of perceived stress in the sample of autoimmune patients due to the economic situation variable"

The fourth hypothesis was examined, the arithmetic averages were calculated for the response of the study sample individuals on the degree of perceived stress in the sample of autoimmune patients due to the economic situation variable.

table (4.8): means and standard deviation for the degree of perceived stress in the sample of autoimmune patients due to the economic situation variable

economic situation	N	Mean	SD
Very good	21	2.0857	0.71013
Medium	38	2.4816	0.56752
Low	21	2.7476	0.79159

It is noted from Table No. (4.8) that there are apparent differences in the degree of perceived stress in the sample of autoimmune patients due to the economic situation variable, and to know the significance of the differences, one way ANOVA was used as shown in Table No. (4.9):

Table (4.9): one way ANOVA test for the degree of perceived stress in the sample of autoimmune patients due to the economic situation variable

	Mean Square	df	Sum of Squares	Value of "F"	Sig
Between Groups	4.684	2	2.342	5.222	0.007
Within Groups	34.535	77	0.449		
Total	39.220	79			

It is noted that the value of P for the total score (5.222) and the level of significance (0.007) is less than the level of significance ($\alpha \geq 0.05$), meaning that there are statistically significant differences in the degree of perceived stress in the sample of autoimmune patients due to the economic situation variable. Thus, the fourth hypothesis was rejected. The results of the LSD test were examined to indicate the direction of the differences, and they are as follows:

Table (4.10): Results of the (LSD) test between the arithmetic means of the responses of the study sample according to the variable of economic situation

level		Mean Difference	Sig.
Very good	Medium	-0.39586 [*]	0.033
	Acceptable	-0.66190 [*]	0.002
Medium	Very good	0.39586 [*]	0.033
	Low	-0.26604	0.148
Low	Very good	0.66190 [*]	0.002
	Medium	0.26604	0.148

It is noted that the differences were between (Medium) and (Very good) in favor of (Medium), and between (low) and (Very good) in favor of (low).

4.2.5 Results related to the fifth question

Are there any differences in the degree of unconditional selflove in the sample of autoimmune patients according to the variables (sex, Age, social status, economic situation)?

To answer this question, it was converted to the following hypotheses:

Results of the first hypothesis: "There are no statistically significant differences at the level of significance ($0.05 \geq \alpha$) in the degree of unconditional selflove in the sample of autoimmune patients due to the sex variable"

The first hypothesis was examined by calculating the results of the "T" test and the mean for the response of the study sample members in the degree of unconditional selflove in the sample of autoimmune patients according to the sex variable.

Table (4.11): Results of the "T" test for independent samples for the degree of unconditional selflove in the sample of autoimmune patients according to the sex variable

Sex	N	Mean	Std. Deviation	Value of "t"	Sig
Male	23	2.0145	0.34985	0.049	0.961
Female	57	2.0185	0.32451		

It is clear from the previous table that the value of "T" for the total degree (0.049), and the level of significance (0.961), that is, there are no differences in

the degree of unconditional selflove in the sample of autoimmune patients due to the sex variable, and thus the first hypothesis was Accepted.

Results of the second hypothesis: "There are no statistically significant differences at the level of significance ($0.05 \geq \alpha$) in the degree of unconditional selflove in the sample of autoimmune patients due to the age variable"

The Second hypothesis was examined, the arithmetic averages were calculated for the response of the study sample individuals on the degree of unconditional selflove in the sample of autoimmune patients due to the age variable.

table (4.12): means and standard deviation for the degree of unconditional selflove in the sample of autoimmune patients due to the age variable

age	N	Mean	SD
Less than 30	40	1.9958	0.37393
31-40	16	1.9861	0.21990
41-50	10	1.9722	0.15768
More than 50	14	2.1468	0.38218

It is noted from Table No. (4.12) that there are apparent differences in the degree of unconditional selflove in the sample of autoimmune patients due to the age variable, and to know the significance of the differences, one way ANOVA was used as shown in Table No. (4.13):

Table (4.13): one way ANOVA test for the degree of unconditional selflove in the sample of autoimmune patients due to the age variable

	Mean Square	Df	Sum of Squares	Value of "F"	Sig
Between Groups	0.289	3	0.096	0.883	0.454
Within Groups	8.301	76	0.109		
Total	8.590	79			

It is noted that the value of P for the total score (0.883) and the level of significance (0.454) is greater than the level of significance ($\alpha \geq 0.05$), meaning that there are no statistically significant differences in the degree of unconditional selflove in the sample of autoimmune patients due to the age variable. Thus, the second hypothesis was accepted.

Results of the third hypothesis: "There are no statistically significant differences at the level of significance ($0.05 \geq \alpha$) in the degree of unconditional selflove in the sample of autoimmune patients due to the social status variable"

The third hypothesis was examined by calculating the results of the "T" test and the mean for the response of the study sample members in the degree of unconditional selflove in the sample of autoimmune patients according to the social status variable.

table (4.14): Results of the "T" test for independent samples for the degree of unconditional selflove in the sample of autoimmune patients according to the social status variable

social status	N	Mean	Std. Deviation	Value of "t"	Sig
Married	45	2.0605	0.27874	1.108	0.271
Single	31	1.9749	0.39515		

It is clear from the previous table that the value of "T" for the total degree (1.108), and the level of significance (0.271), that is, there are no differences in the degree of unconditional selflove in the sample of autoimmune patients due to the social status variable, and thus the third hypothesis was accepted.

Results of the fourth hypothesis: "There are no statistically significant differences at the level of significance ($0.05 \geq \alpha$) in the degree of unconditional selflove in the sample of autoimmune patients due to the economic situation variable"

The fourth hypothesis was examined, the arithmetic averages were calculated for the response of the study sample individuals on the degree of unconditional selflove in the sample of autoimmune patients due to the economic situation variable.

Table (4.15): means and standard deviation for the degree of unconditional selflove in the sample of autoimmune patients due to the economic situation variable.

economic situation	N	Mean	SD
Very good	21	2.1058	0.23564
Medium	38	1.9342	0.37119
Low	21	2.0794	0.30610

It is noted from Table No. (4.15) that there are apparent differences in the degree of unconditional selflove in the sample of autoimmune patients due to the economic situation variable, and to know the significance of the differences, one way ANOVA was used as shown in Table No. (4.16):

Table (4.16): one way ANOVA test for the degree of unconditional selflove in the sample of autoimmune patients due to the economic situation variable

	Mean Square	df	Sum of Squares	Value of "F"	Sig
Between Groups	0.508	2	0.254	2.419	0.096
Within Groups	8.082	77	0.105		
Total	8.590	79			

It is noted that the value of P for the total score (2.419) and the level of significance (0.096) is greater than the level of significance ($\alpha \geq 0.05$), meaning that there are no statistically significant differences in the degree of unconditional selflove in the sample of autoimmune patients due to the economic situation variable. Thu, the fourth hypothesis was accepted.

Chapter Five:

Discussion And Conclusions:

5.1 Discussion

The current study seeks to answer a major question: is there a relationship between unconditional self-love and perceived stress in patients diagnosed with autoimmune diseases whom attended Al-Makassed Hospital? There's minimal research on unconditional self-love, and the recent studies attempted to provide a scientific definition of unconditional self-love in order to be used efficiently in research. Since there is minimal research on unconditional self-love concept and its relation to stress, the current study focused on finding previous studies containing components of unconditional self-love such as (self-compassion, self-forgiveness, self-care and un-conditional self -acceptance) and its relationship to stress.

This study also answered two sub-questions emerged from the main question: 1- what is the degree of perceived stress in the sample? 2- What is the degree of unconditional self-love? .In the current study, measurement level of perceived stress 10-scale got a score of (2.44) and a standard deviation (0.704) and this indicates that the degree of perceived stress in the sample of autoimmune patients came medium degree, 61.2%. And this value is considered a significant level of stress. This high level of perceived stress agrees with Lopez et al. (2017) study, that shows high degrees in perceived stress and salivary cortisol in autoimmune patients (Lopez, 2017). Also Harle et al. (2006) study showed higher activity of the sympathetic nervous system which reflect non-relax mood in patients diagnosed with systemic lupus erythematosus (SLE) and rheumatoid arthritis (RA) (Harle, 2006).

It is widely known from many previous studies that psychological stress plays a role in the onset and the development of autoimmune diseases (Stojanovich, 2008). And this indicates that autoimmune patients already suffered high degrees of stress. To proof this suggestion, a prospective investigation in the studies of the etiology of Rheumatoid Arthritis (RA) cohort, tried to find out the link of perceived stress with incident inflammatory arthritis (IA). The target for this longitudinal study was first degree relatives of RA, or any individual that screened positive for the presence anti-cyclic citrullinated peptide autoantibody (ACPA). The results showed medium stress score, associated with 1 point increase in perceived stress which was significantly associated with 10-percent increase in the risk of IA. Another longitudinal study published in 2018 by Song , proved the relation between stress associated disorder and autoimmune disease. Based on 10 years follow up, people that were exposed to stress related disorders were at higher risk of developing autoimmune diseases than the unexposed group (Song, 2018).

The psychological stress is not the only cause of immune dysfunction, the disease itself can also cause more stress in patients and deterioration in the disease (Stojanovich, 2008). Autoimmune diseases, SLE for example, has adverse effect on psycho-social function and the quality of life. The choice of accepting the disease or denying, the need to join a long-term medical care, medications with adverse effect profile, unfavorable outcomes on personal relationships and vocational growth, adding to that financial pressure and internal resources, all of these factors play a role in increasing stress in autoimmune patients. (Jolly &Katz, 2022)

In the current study, high level of perceived stress was observed in patients with low economic status as it may be associated with the inability to meet the basic

requirement of life, which is a major source of stress. And the expenses of the long-term treatment, which added more stress on patients. A study held in 2022 by Jolly & Katz manifested that low quality of life in SLE patients is linked to higher score of perceived stress (Jolly & Katz, 2022).

An increase in the stress level among autoimmune patients may also increase perceived stress. A study performed by Patterson, et al. (2022) on SLE autoimmune patients, presented that patients had an increased level of perceived stress, which showed a significant increase in stress, within autoimmune patients, which worsened the symptoms of the disease (Patterson, et al. 2022).

Stress is part of our lives and there's no escape from it. In order to improve the quality of life, and slow the progression of the disease, as well as reduce the frequency and severity of flare ups. It's vital to learn how manage stress.

The results of the current study manifested that there is a negative relationship with a statistical significance at the level of significance ($\alpha \geq 0.05$) between the unconditional self-love and perceived stress in the sample of patients diagnosed with autoimmune disease. So, the higher the degree of unconditional self-love, the lower the degree of perceived stress. This finding suggests that self-love can be an important tool for stress reduction. As mentioned before, there is no previous studies that addresses the concept of self-love as a whole, and measured its association with stress, but a study done by Alrabadi, et al. (2022), manifested that practicing mindfulness, such as, living in the moment with no judgment, yoga and meditation (form of practicing self-love) improved perceived stress scale and lowered cytokine measurement. Another life practice that may reduce stress is self-forgiveness, and this was confirmed by Toussaint (2021) study, which showed that self-forgiveness and forgiveness of others can reduce emotions like: anger, regret and better relationship between own self and others, all that will

eventually reflect on quality of sleep and well-being (Toussaint, 2021). Also Helminen (2021) study illustrated the effect of self-compassion on perceived stress reactivity, the results showed that self-compassion was responsible in the variance of total stress reactivity while trying to control stress. Furthermore, unconditional self-acceptance, which is a part of unconditional self-love component that is accounted for 16% of psychological well-being in research investigated by (Bingöl & Batık, 2018).

Along with the mentioned studies, the Kahana et al. (2021) study, which is considered the most important as it confirmed a significant correlation of $p < 0.07$ that the feeling of being loved and expressing love for others, decline depressive symptoms and improve well-being (Kahana et al. 2021).

The participants in the ongoing study, obtained medium score in self-love in most of the unconditional self-love scale sentences. The obstacles that stood against self-love rose from the conditions that the individuals were placed in. The study showed that participants are unable to love themselves due to various reasons such as: they are incapable of meeting people expectations, they didn't achieve their goals, self-judgment and criticism in the time of failure. These findings meet Buscaglia's vision regarding obstacles in the ability to unconditional self-love, the greatest barrier to express self-love is the conditions people put upon themselves for self-acceptance, physical appearances and capabilities, everything that prevents perfection (Seaward. 2020).

Individuals with autoimmune diseases usually develop a negative body image, low self-esteem, and tend to feel ashamed from their bodies. Shame, guilt and continuous self-criticism play a role in psychological self-destruction. Self-criticism leads one to think he has a defect and try to put unreal expectations from self, and not ability to meet such expectations guide them for withdrawal

from social network (Rasouliisini et al. 2019). This was noticed in the current study through a dialogue with patients which revealed the following: 1.that some of the patients had difficulties to accept their appearance, due to the bullying they suffered from society. 2. The disease itself, imposed on a group of patients food restrictions, which made the feel sorrow and outcast, less than other. This group was also exposed to bullying, as people made them feel they are better than them.

3. Social withdrawal, fatigue and denying the diseases was observed in other groups. While it was noticed that people with a high religious sense, and an idea of self-love and self-acceptance, had a better acceptance of the disease and desire live.

The importance of internalizing self-power and self-love became apparent. Based on the above findings, and along with what the previous studies confirmed, regarding practicing self-love as it can improve the wellbeing, reduce fatigue and perceived stress, in humans in general and autoimmune patients in particular.

Another important and crucial point that must be mentioned, people with self-destructive practices are more likely to develop autoimmune diseases, furthermore it is assumed that integrative self-knowledge (ISK) and mindfulness are impaired in autoimmune patients. This is based on teleological coherence hypothesis and General theories of psychology that promoted that there is no boundary between the biological and psychological dimensions of man. All body systems are working harmoniously and with the help of each other to achieve one goal, "they all one". So, and according to teleological coherence" hypothesis, if degradation occur within the immune system and losing the ability to

distinguish between self and non-self, it reflects destruction in the psychological system too (Rasouliisini et al. 2019).

According to the answers given by the participants on perceived stress scale, the following questions received the higher scores respectively: 1) number of times feeling stressed and nervous, 2) feeling angry because events that are out of control 3) being upset because unexpected events 4) unable overcome all the difficulties piling up so high. This gives a sign that the major source of stress in autoimmune patients are events out of control. Many of the patients in the ongoing study mentioned traumatic and uncontrolled events that occurred before the onset of disease, for example: death of relatives, accidents, unhappy marriage, etc. This affirms the importance of offering help by specialist to the affected people. These findings from the current studies agreed with retrospective studies mentioned in a review study about "Stress as a trigger of autoimmune disease" by (Stojanovich & Marisavljevich (2008) that 80% of patients reported uncommon emotional stress before disease onset (Stojanovich & Marisavljevich, 2008).

According to the other questions in this research that concerned if perceived stress and unconditional self-love vary among the studied variables: sex, age, social status and economic situation. The results showed no statistically significant differences in degree of perceived stress and un-conditional self-love due to age, sex, social and economic situation expect for only one result, regarding economic situation in the degree of perceived stress that showed negative correlation by which lower the economic situation the less the degree in perceived stress they got. And as mentioned before, low economic status may associate with not meeting basic needs, and this itself is a reason for increasing stress. Based on the conversations with patients in the current study, a big part of patients worries come from their inability to keep up with treatment expenses. A

study performed during covid-19 lockdown by Barchetta et al. (2020), on patients diagnosed with the autoimmune disease "Type 1 diabetes" confirmed that changes in economic situation worsen blood glucose. 14% people experienced severe perceived stress and 61% moderate (Barchetta et al. 2020).

It's important to mention that in this study, 71% of the participants were females, this is not surprising, since it's known that women are more susceptible to autoimmune disease than men. According to Angum et al. (2020) review study, it displayed that 80% of all autoimmune patients are from women. And this could be due to natural hormonal changes in women and the genetic formulation (Angum et al. 2020).

Finally, life is designed in a way that makes it full of challenges, and there is no way to change that fact. Therefore, the present study highlights the importance of psychological resilience and self-love as a tool to mitigate the impact of these challenges, and create a space where peace enters our lives.

5.2 Conclusions

Unconditional self-love is an important topic that is widely talked about nowadays but there is minimal research on it. It is known that giving and receiving love has a positive effect on the well-being. This study aimed to investigate the relationship between unconditional self-love and stress among sample of autoimmune patients. Significant results showed a negative relationship between self-love and stress, the lower the unconditional self-love the higher the degree of perceived stress.

Many people fail to love themselves because of the conditions they faced and were incapable of accepting them. Real self-love includes: unconditional acceptance of self, self-forgiveness, self-care and the ability to be authentic without giving attention to the opinion of others. Giving and receiving love has a role in mental and physical health.

More research is needed to study the effective unconditional self-love tool in reducing stress, and more suggestion to include unconditional self-love practice and stress management in the treatment plane of autoimmune patients.

5.3 Recommendations

- Practicing and joining un-conditional self-love programmers that promote inner peace, un-conditional self-acceptance and emotional awareness, may help in reducing stress and accept the disease in patients diagnosed with autoimmune patients.
- Provide psychological care for people with autoimmune patients.
- Providing autoimmune patients with stress management programmers.
- Financial aid supply to those in need of autoimmune patients and ensuring they receive appropriate medical care.
- Further studies are needed to investigate the effectiveness of self-love tool on wellbeing.

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Appendix

	مستشفى جمعية المقاصد الخيرية الإسلامية - القدس MAKASSED ISLAMIC CHARITABLE HOSPITAL - JERUSALEM		
Ref. No.:	_____	رقم الشارة:	54/1/3
Date:	_____	التاريخ:	9 أيار 2022
<p>حضرة الدكتورة فدوى حلبية المحاضرة معلقة برنامج الإرشاد النفسي والتربوي جامعة القدس - أبو ديس</p> <p>تحية طيبة وبعد ،</p> <p>الموضوع: تسهيل مهمة بحثية</p> <p>بالإشارة إلى كتابكم المؤرخ 2022/3/12 والذي تطلبون فيه تسهيل مهمة الطالبة تسليم رضوان بإجراء دراسة بعنوان "Un-Conditional Sale=f Love and Stress in Autoimmune Patients" ، فإنه لا مانع لدينا من حيث تسهيل مهمتها .</p> <p>كما أنه يجب تزويد مكتب الإدارة بنتائج البحث، بالإضافة لعدم نشر البحث إلا بموافقة من إدارة المستشفى.</p> <p>وتفضلوا بقبول فائق الاحترام...</p>			
<p>الدكتور عدنان فرهود المدير العام</p>			
<hr/>			
Jerusalem: P.O. Box: 19481, Code 91190		القدس: ص.ب. 19481، برمز البريدي: 91190	
Al-Tout/ Mount of Olives, Jerusalem: P.O. Box: 22110, Code 91220		الطور/ جبل الزيتون، القدس: ص.ب. 22110 برمز البريدي: 91220	
Tel: 02-6270222		هاتف: 02-6270222	
Fax: 02-6288392		فاكس: 02-6288392	
www.almakassed.org		e-mail: info@almakassed.org	

Original Perceived stress scale before translating to Arabic:

Perceived Stress Scale

A more precise measure of personal stress can be determined by using a variety of instruments that have been designed to help measure individual stress levels. The first of these is called the **Perceived Stress Scale**.

The Perceived Stress Scale (PSS) is a classic stress assessment instrument. The tool, while originally developed in 1983, remains a popular choice for helping us understand how different situations affect our feelings and our perceived stress. The questions in this scale ask about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer fairly quickly. That is, don't try to count up the number of times you felt a particular way; rather indicate the alternative that seems like a reasonable estimate.

For each question choose from the following alternatives:

0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

- _____ 1. In the last month, how often have you been upset because of something that happened unexpectedly?
- _____ 2. In the last month, how often have you felt that you were unable to control the important things in your life?
- _____ 3. In the last month, how often have you felt nervous and stressed?
- _____ 4. In the last month, how often have you felt confident about your ability to handle your personal problems?
- _____ 5. In the last month, how often have you felt that things were going your way?
- _____ 6. In the last month, how often have you found that you could not cope with all the things that you had to do?
- _____ 7. In the last month, how often have you been able to control irritations in your life?
- _____ 8. In the last month, how often have you felt that you were on top of things?
- _____ 9. In the last month, how often have you been angered because of things that happened that were outside of your control?
- _____ 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Figuring Your PSS Score

You can determine your PSS score by following these directions:

- First, reverse your scores for questions 4, 5, 7, and 8. On these 4 questions, change the scores like this:
 $0 = 4, 1 = 3, 2 = 2, 3 = 1, 4 = 0.$
- Now add up your scores for each item to get a total. **My total score is _____.**
- Individual scores on the PSS can range from 0 to 40 with higher scores indicating higher perceived stress.
 - ▶ Scores ranging from 0-13 would be considered low stress.
 - ▶ Scores ranging from 14-26 would be considered moderate stress.
 - ▶ Scores ranging from 27-40 would be considered high perceived stress.

The Perceived Stress Scale is interesting and important because your perception of what is happening in your life is most important. Consider the idea that two individuals could have the exact same events and experiences in their lives for the past month. Depending on their perception, total score could put one of those individuals in the low stress category and the total score could put the second person in the high stress category.

Disclaimer: The scores on the following self-assessment do not reflect any particular diagnosis or course of treatment. They are meant as a tool to help assess your level of stress. If you have any further concerns about your current well being, you may contact EAP and talk confidentially to one of our specialists.

Un-conditional self-love scale before Editing and Translating to Arabic:

The following statements describe how you may feel about yourself.

1. CHOOSE BETWEEN "A" and "B" and circle the response with which you most agree.
VSA (Very Strongly Agree) SA (Strongly Agree) Agree (Agree)
2. CHOOSE BETWEEN "(1)" and "(2)" immediately following your choice of "A" or "B" and circle the letter to the right of the statement which best describes how much you agree.

SAMPLE QUESTION		
A. My parents are generally approving of me	VSA	SA A
(1) . . . and it helps me like myself better.	VSA	SA A
(2) . . . but I still tend to dislike myself.	VSA	SA A
B. My parents <i>do not</i> generally approve of me	VSA	SA A
(1) . . . but I still like myself.	VSA	SA A
(2) . . . so I don't like myself very much.	VSA	SA A
1. A. I am generally able to meet the expectations of others. . .	VSA	SA A
(1) . . . and it helps me like myself better.	VSA	SA A
(2) . . . but I still tend to dislike myself.	VSA	SA A
B. I am generally <i>not</i> able to meet the expectations of others. . .	VSA	SA A
(1) . . . but I still like myself.	VSA	SA A
(2) . . . so I don't like myself very much.	VSA	SA A
2. A. I feel a <i>special love</i> and reverence for all human life. . .	VSA	SA A
(1) . . . which tends to make me like myself.	VSA	SA A
(2) . . . but I still dislike myself.	VSA	SA A
B. I feel that there is little to love or respect in merely being human . . .	VSA	SA A
(1) . . . but I find that I can still like myself.	VSA	SA A
(2) . . . so I tend to like myself less.	VSA	SA A
3. A. I have <i>not</i> developed the abilities that I was born with. . .	VSA	SA A
(1) . . . so I feel a certain disliking for myself.	VSA	SA A
(2) . . . but I still like myself.	VSA	SA A
B. I <i>have</i> developed the abilities I was born with. . .	VSA	SA A
(1) . . . but I still dislike myself.	VSA	SA A
(2) . . . so I like myself.	VSA	SA A
4. A. I do <i>not judge</i> or evaluate myself critically. . .	VSA	SA A
(1) . . . so I find it easy to like myself	VSA	SA A
(2) . . . but I still find it difficult to like myself.	VSA	SA A
B. I <i>do judge</i> and evaluate myself critically. . .	VSA	SA A
(1) . . . but I tend to like myself anyway.	VSA	SA A
(2) . . . so I find it difficult to like myself.	VSA	SA A

5.	A. I consider myself to be <i>more attractive</i> than most people. . .	VSA	SA	A
	(1) . . . and therefore find it easier to like myself.	VSA	SA	A
	(2) . . . and still find it difficult to like myself.	VSA	SA	A
	B. I consider myself to be <i>less attractive</i> than most people. . .	VSA	SA	A
	(1) . . . but I still find it easy to like myself.	VSA	SA	A
	(2) . . . so I tend to dislike myself.	VSA	SA	A
6.	A. My genetic makeup provided me with very <i>limited potential</i> . . .	VSA	SA	A
	(1) . . . so I don't like myself.	VSA	SA	A
	(2) . . . but nevertheless I like myself.	VSA	SA	A
	B. My genetic makeup provided me with <i>great potential</i> . . .	VSA	SA	A
	(1) . . . but still dislike myself.	VSA	SA	A
	(2) . . . and therefore like myself.	VSA	SA	A
7.	A. I am the <i>only person</i> in the world who is exactly like me. . .	VSA	SA	A
	(1) . . . so I find it easier to like myself.	VSA	SA	A
	(2) . . . I find that I still tend to dislike myself.	VSA	SA	A
	B. None of us is really that much different than anyone else	VSA	SA	A
	(1) . . . but I still feel that I can like myself.	VSA	SA	A
	(2) . . . so I tend to dislike myself.	VSA	SA	A
8.	A. I believe that I was born with special talents and abilities . . .	VSA	SA	A
	(1) . . . and therefore I find it easier to like myself.	VSA	SA	A
	(2) . . . but still find that I dislike myself.	VSA	SA	A
	B. I believe that I was <i>not</i> born with many talents and abilities. . .	VSA	SA	A
	(1) . . . but still find I can like myself.	VSA	SA	A
	(2) . . . so I find it difficult to like myself.	VSA	SA	A
9.	A. I <i>worry</i> about my mistakes and failures. . .	VSA	SA	A
	(1) . . . and I find it difficult to like myself.	VSA	SA	A
	(2) . . . but I tend to like myself anyway.	VSA	SA	A
	B. I <i>don't worry</i> about my mistakes and failures. . .	VSA	SA	A
	(1) . . . but I still find it difficult to like myself.	VSA	SA	A
	(2) . . . so I find it easy to like myself.	VSA	SA	A
10.	A. I am <i>not</i> an attractive person. . .	VSA	SA	A
	(1) . . . so I tend to dislike myself.	VSA	SA	A
	(2) . . . but I still like myself.	VSA	SA	A
	B. I <i>am</i> an attractive person	VSA	SA	A
	(1) . . . but I still don't care much about myself.	VSA	SA	A
	(2) . . . so it's easy to care about myself.	VSA	SA	A
11.	A. I <i>have developed</i> my skills and abilities to a high degree. . .	VSA	SA	A
	(1) . . . so I feel a greater liking for myself.	VSA	SA	A
	(2) . . . but I still feel a dislike for myself.	VSA	SA	A
	B. I believe that I <i>haven't developed</i> many skills and abilities. . .	VSA	SA	A
	(1) . . . but I still feel a great liking for myself.	VSA	SA	A
	(2) . . . so I feel that I like myself less.	VSA	SA	A
12.	A. Humans are <i>no more special</i> than animals. . .	VSA	SA	A
	(1) . . . so I am no more special than animals.	VSA	SA	A
	(2) . . . but I still find that I can like myself.	VSA	SA	A
	B. There is something very <i>special</i> about being human. . .	VSA	SA	A
	(1) . . . but that doesn't make me like myself.	VSA	SA	A
	(2) . . . so it is only natural that I would like myself.	VSA	SA	A

13.	A. I <i>don't do</i> the things I decide to do. . .	VSA	SA	A
	(1) . . . so I find that it difficult to like myself.	VSA	SA	A
	(2) . . . but I still like myself.	VSA	SA	A
	B. I <i>do</i> whatever I decide to do. . .	VSA	SA	A
	(1) . . . but I still dislike myself.	VSA	SA	A
	(2) . . . so I like myself.	VSA	SA	A
14.	A. I <i>do</i> what I believe to be right. . .	VSA	SA	A
	(1) . . . and find it makes it easier to like myself.	VSA	SA	A
	(2) . . . but find that I still tend to dislike myself.	VSA	SA	A
	B. I <i>don't do</i> what I believe to be right. . .	VSA	SA	A
	(1) . . . but I still like myself.	VSA	SA	A
	(2) . . . and find it difficult to like myself.	VSA	SA	A
15.	A. There are <i>lots of people</i> who are like me. . .	VSA	SA	A
	(1) . . . so I tend to dislike myself.	VSA	SA	A
	(2) . . . but I still like myself.	VSA	SA	A
	B. I am <i>unique</i> and one-of-a-kind. . .	VSA	SA	A
	(1) . . . but that doesn't help me like myself.	VSA	SA	A
	(2) . . . so I tend to like myself.	VSA	SA	A
16.	A. People generally have reasonable expectations for me. . .	VSA	SA	A
	(1) . . . and it helps me like myself better.	VSA	SA	A
	(2) . . . but I still tend to dislike myself.	VSA	SA	A
	B. People generally require more of me than I can give. . .	VSA	SA	A
	(1) . . . but I still like myself.	VSA	SA	A
	(2) . . . and that is why I dislike myself.	VSA	SA	A
17.	A. I generally <i>achieve</i> the goals I set. . .	VSA	SA	A
	(1) . . . which helps me like myself better.	VSA	SA	A
	(2) . . . I still dislike myself.	VSA	SA	A
	B. I <i>don't</i> generally achieve the goals I set. . .	VSA	SA	A
	(1) . . . but I still find that I can like myself.	VSA	SA	A
	(2) . . . so I find it makes me dislike myself.	VSA	SA	A
18.	A. I <i>don't live</i> by my own standards of right and wrong. . .	VSA	SA	A
	(1) . . . and find it difficult to like myself.	VSA	SA	A
	(2) . . . but still find that I like myself.	VSA	SA	A
	B. I <i>live</i> by my own standards of right and wrong. . .	VSA	SA	A
	(1) . . . and find that I still tend to dislike myself.	VSA	SA	A
	(2) . . . and find it makes it easier to like myself.	VSA	SA	A

Current Study Questionnaire after Translation and Editing & before arbitration:



جامعة القدس

كلية الدراسات العليا

أنا الطالبة تسنيم رضوان, أقوم بعمل دراسة للبحث في العلاقة بين درجة الاجهاد النفسي المدرك و الحب غير المشروط للذات, لدى المرضى الذين تم تشخيصهم باي نوع من امراض المناعة الذاتية. استكمالا لمتطلبات الحصول على درجة الماجستير في الارشاد النفسي و التربوي.

و لما كنتم من أهل العلم و الدراية و الاهتمام في هذا المجال, فانني أتوجه اليكم لابداء ارائكم و ملاحظاتكم لملائمة المقاييس التي سيتم استخدامها في الدراسة لتحقيق الغرض فيما وضعت لقياسه, و وضوح الفقرات و سلامة صياغتها اللغوية, و اضافة اي تعديل ترونه مناسباً, من اجل اخراج الأداتين بالصورة المناسبة من اجل تحقيق اهداف الدراسة.

و تفضلوا بفائق الاحترام و التقدير

1. القسم الأول: المعلومات الشخصية

رقم ملف المريض:-----

الاسم الشخصي:-----

☐ أنثى

☐ ذكر

الجنس:

☐ 50-40

☐ 40-30

☐ أقل من 30

العمر:

☐ أكثر من 60

☐ 60-50

الحالة الاجتماعية:

☐ مطلق

☐ أعزب

☐ متزوج

الحالة الاقتصادية:

جيدة جدا ☐ متوسطة ☐ مقبولة ☐

القسم الثاني: Perceived Stress Scale مقياس الاجهاد الملحوظ

تعليمات المقياس

- ✓ يتسائل هذا المقياس عن مشاعرك و افكارك خلال الشهر الماضي.
- ✓ في كل حالة, سيطلب منك الاشارة الى عدد المرات التي فكرت او شعرت بها بشيء معين.
- ✓ على الرغم من ان بعض الاسئلة متشابهة الا ان هنالك اختلافات بينها و يجب عليك ان تتعامل مع كل سؤال كأنه منفصل.
- ✓ افضل نهج للإجابة بسرعة الى حد ما.
- ✓ احسب عدد المرات التي شعرت فيها بطريقة معينة و اختر الاجابة التي تجدها معقولة اكثر.

✓ ستجيب عن 10 اسئلة, لكل سؤال اختر احدى البدائل التالية كاجابة على السؤال:

✓ 0 أبدا - 1 غالبا لا "نادرا" - 2 أحيانا - 3 في كثير من الأحيان - غالبا

✓

أبدا	نادرا	أحيانا	في كثير من الأحيان	غالبا	
					1
					خلال الشهر الماضي, كم مرة شعرت بالحزن بسبب شيء غير متوقع حصل لك.
					2
					خلال الشهر الماضي, كم مرة شعرت بانك غير قادر على السيطرة على امور مهمة في حياتك.
					3
					خلال الشهر الماضي, كم مرة شعرت بانك متوتر و مضغوط.
					4
					خلال الشهر الماضي, كم مرة شعرت ان لديك الثقة بشأن قدرتك على ان تتحمل مشاكلك الشخصية.
					5
					خلال الشهر الماضي, كم مرة شعرت بان الامور

				تجري في صالحك.	
7				خلال الشهر الماضي, كم مرة شعرت بالتهيج و نفاذ صبرك ولكنك استطعت السيطرة على ذلك.	
9				خلال الشهر الماضي, كم مرة شعرت بالغضب بسبب اشياء حدثت كانت خارجة عن سيطرتك.	
10				في الشهر الماضي ، كم مرة شعرت أن الصعوبات كانت تتراكم بشكل كبير للغاية بحيث يمكنك التغلب عليها	

القسم الثالث: مقياس الحب غير المشروط للذات

قد تشرح العبارات التالية كيف تشعر حيال نفسك, الرجاء الاجابة على كل منها ب:

وافق بدرجة كبيرة – اوافق بدرجة متوسطة – لا اوافق

الرقم	العبرة	وافق بدرجة كبيرة	وافق بدرجة متوسطة	لا اوافق
1	أنا لا أحب نفسي لأنني بشكل عام غير قادر على تحقيق توقعات الآخرين مني			
2	أنا احب نفسي لانني انسان جذاب			
3	أنا أقوم بفعل كل ما اقرر ان افعله و مع ذلك اجد صعوبة في حب ذاتي			
4	أنا لا افعل ما اعتقد انه صحيح و مع ذلك ما زلت احب نفسي			
5	تطوير قدراتي و مهاراتي لاعلى درجة ممكنة يجعلني احب نفسي كثيرا			

6	أشعر ببعض الكراهية تجاه ذاتي لأنني لم أطور قدراتي منذ ولادتي		
7	أجد سهولة في حب نفسي بالرغم من أخطائي و فشلي		
8	سيكون من السهل علي أن أحب نفسي اذا ولدت مع هبات و قدرات خاصة		
9	انا لا احب نفسي لانني لا اصل بالعادة الى اهدافي التي أضعها		
10	انا لا احب نفسي لان الناس تتوقع مني اشياء فوق استطاعتي		
11	أنا أحكم على نفسي بشكل صارم و لذلك أجد صعوبة بالشعور بالمحبة تجاه نفسي		
12	أجد نفسي اكثر جاذبية من باقي الناس و بسبب ذلك أجد من السهل علي أن أحب نفسي		
13	من السهل علي ان احب نفسي لكوني انسانا فقط		
14	بالرغم من ان صفاتي و طبيعة جيناتي التي ورثتها عن اهلي جعلت امكانياتي محدودة الا انني ما زلت احب نفسي		
15	أنا أحب نفسي لأنني أعتقد أنني الشخص الوحيد الذي يشبهني في هذا العالم		
16	أنا احب نفسي لانني استطيع ان اعيش بناءا على معايير الخاصة ما اعتقد بانه صحيح و خاطئ		
17	انا لا احب نفسي حتى و ان كنت اشعر بمحبة خاصة و توقير و احترام لكل ارواح البشر		
18	أنا مختلف عن باقي الناس و لذلك اجد من السهولة ان احب نفسي		

Questionnaire after Editing and arbitration



جامعة القدس

كلية الدراسات العليا

استكمالا لمتطلبات الحصول على درجة الماجستير في الارشاد النفسي و التربوي, أنا الطالبة تسنيم رضوان, أقوم بعمل دراسة للبحث في العلاقة بين درجة الاجهاد النفسي المدرك و الحب غير المشروط للذات, لدى المرضى الذين تم تشخيصهم باي نوع من امراض المناعة الذاتية.

سأكون شاكرة و ممتنة لمشاركتكم في هذا البحث. ستعامل معلوماتكم بسرية تامة. سيتم تزويدكم بالنتائج "الخاصة" بكم في حال رأى الباحث انكم بحاجة للتوجه الى جهات مختصة.

و يمكن تزويدكم بالنتائج العامة للدراسة لو رغبتم في ذلك.

و تفضلوا بفائق الاحترام و التقدير:

1) القسم الأول: المعلومات الشخصية

رقم ملف المريض:-----

الاسم الشخصي:-----

☐ أنثى

☐ ذكر

الجنس:

☐

50-41

☐

40-31

☐

أقل من 30

العمر:

☐ أكثر من 61

☐ 60-51

الحالة الإجتماعية:

☐ أرم

☐ مطلق

☐ أعز

☐ متزوج

الحالة الاقتصادية:

☐

مقبولة

☐

متوسطة

☐

جيدة جداً

مقياس الاجهاد الملحوظ Perceived Stress Scale القسم الثاني:

تعليمات المقياس

- ✓ يتسائل هذا المقياس عن مشاعرك و افكارك خلال الشهر الماضي.
- ✓ في كل حالة, سيطلب منك الإشارة الى عدد المرات التي فكرت او شعرت بها بشيء معين.
- ✓ على الرغم من ان بعض الاسئلة متشابهة الا ان هنالك اختلافات بينها و يجب عليك ان تتعامل مع كل سؤال كأنه منفصل.
- ✓ افضل نهج للإجابة بسرعة الى حد ما.
- ✓ احسب عدد المرات التي شعرت فيها بطريقة معينة و اختر الاجابة التي تجدها معقولة اكثر.

✓ ستجيب عن 10 اسئلة, لكل سؤال اختر احدى البدائل التالية كاجابة على السؤال:

✓ 0 أبدا - 1 غالبا لا "نادرا" - 2 أحيانا - 3 في كثير من الأحيان - غالبا

✓

خلال الشهر الماضي	أبدا	نادرا	أحيانا	في كثير من الأحيان	غالبا
1 إلى أي مدى شعرت بالانزعاج بسبب حدوث أمر غير متوقع؟؟					
2 إلى أي مدى أحسست بعدم القدرة على التحكم في الأمور الهامة بحياتك؟					
3 إلى أي مدى أحسست بالتوتر و الضغط النفسي؟					
4 كم مرة شعرت بالثقة في قدرتك على التعامل مع مشاكلك الخاصة؟					
5 كم مرة شعرت بان الامور تسير كما تريد؟					
6 إلى أي مدى وجدت نفسك غير قادر على التأقلم مع كل الأمور الواجب عليك القيام بها؟					
7 إلى أي مدى تمكنت من التحكم في الأمور التي تزعجك؟					
8 إلى أي مدى أحسست أنك مسيطر على كافة أمورك؟					
9 كم مرة شعرت بالغضب بسبب اشياء حدثت كانت خارجة عن سيطرتك؟					
10 كم مرة شعرت أن الصعاب كانت تتراكم عليك لدرجة أنك لم تعد تستطيع التغلب عليها؟					

القسم الثالث: مقياس الحب غير المشروط للذات

قد تشرح العبارات التالية كيف تشعر حيال نفسك, الرجاء الاجابة على كل منها ب:

اوافق بدرجة كبيرة – اوافق بدرجة متوسطة – لا اوافق

الرقم	العبارة	اوافق بدرجة كبيرة	اوافق بدرجة متوسطة	لا اوافق
1	أنا لا أحب نفسي لأنني بشكل عام غير قادر على تحقيق توقعات الآخرين مني			
2	أنا أحب نفسي لأنني شخص جذاب			
3	أنا أقوم بفعل كل ما أقرر ان افعله و مع ذلك أجد صعوبة في حب ذاتي			
4	أنا لا أفعل ما اعتقد انه صحيح و مع ذلك ما زلت احب نفسي			
5	تطوير قدراتي و مهاراتي لأعلى درجة ممكنة يجعلني احب نفسي كثيرا			
6	أشعر ببعض الكراهية تجاه ذاتي لأنني لم أطور قدراتي منذ الصغر			
7	بالرغم من أخطائي و فشلي, أنا أحب نفسي.			
8	يكون من السهل علي أن أحب نفسي اذا ولدت مع هبات و قدرات خاصة			
9	أنا لا أحب نفسي لأنني لا أصل بالعادة الى اهدافي التي أضعها			
10	أنا لا أحب نفسي لأن الناس تتوقع مني أشياء فوق طاقتي			
11	أنا صارمة مع نفسي لذلك أجد صعوبة في حب نفسي			

12	أجد نفسي أكثر جاذبية من باقي الناس و بسبب ذلك أجد من السهل علي أن أحب نفسي		
13	من السهل علي أن احب نفسي لكوني انسانا فقط		
14	بالرغم من أن صفاتي و طبيعة جيناتي التي ورثتها عن أهلي جعلت امكانياتي محدودة الا أنني ما زلت أحب نفسي		
15	أنا أحب نفسي لأنني أعتقد أنني الشخص الوحيد الذي يشبهني في هذا العالم		
16	أنا احب نفسي لأنني أستطيع ان اعيش بناءا على معايير الخاصة ما أعتقد بانه صحيح و خاطئ		
17	أشعر باحترام و توقير اتجاه كل روح بشرية و مع ذلك أنا لا أحب نفسي		
18	أنا مختلف عن باقي الناس و لذلك اجد من السهولة ان احب نفسي		

The name of the arbitrator

The name of the arbitrator	Title	University
Ph.Dr. Omar Rimawi	Ph.D. in cognitive psychology	Al-Quds University
Dr. Suheir Sabbah	PhD in Education and Psychology	Al-Quds University
Ph.Dr. Mohammad Brigheith	PhD degrees in clinical psychology-psychotherapy.	Al-Quds Open University
Dr. Anwar Abu Hannoud	Dr. in Clinical Psychology	Al-ISTIQLAL University
Ph. Dr. Mohsen Adas	PhD in Curriculum and Instruction	Al-Quds University
Dr. Nabil Aljundi	Professor in psychology and education	Hebron University
Dr. Enas Abu Laban	Dr. of Educational managment	ISTQLAL UNIVERSITY