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The Structural Model among Learned Helplessness, Quality of Academic Life, Anxiety, and Depression in Students with Disabilities

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Abstract: This research aimed to investigate the direct impact of learnt helplessness on the quality of academic life in students with disabilities, as well as the indirect influence of learnt helplessness on anxiety and depression mediated by the quality of academic life. The study examined the disparities between students with disabilities and their non-disabled counterparts regarding learnt helplessness, academic quality of life, and levels of anxiety and depression. The sample comprised 175 university students (103 with impairments and 72 without disabilities), with a mean age of 20.71 years (SD=1.6878). Participants administered the Learnt Helplessness Scale, the Academic Quality of Life Scale, and the anxiety and depression symptom subscale from the Symptom Checklist. The findings indicated that learnt helplessness significantly adversely impacted academic quality of life. A notable indirect effect of learnt helplessness on both anxiety and depression was observed through academic quality of life in students with impairments. Marked disparities were observed between students with disabilities and those without: students with disabilities exhibited elevated levels of learnt helplessness and its dimensions (negativity, escape, inflexibility, and satisfaction with low outcomes), whereas students without disabilities demonstrated superior perceived academic quality of life (encompassing both cognitive and emotional aspects). Moreover, the prevalence of sadness and anxiety symptoms was elevated among students with impairments.

Keywords: Learned Helplessness, Academic Quality of Life, Anxiety, Depression.

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1. Introduction

Students with disabilities encounter distinct problems that require specialised comprehension, focused attention, and a holistic approach customised to their specific requirements, while promoting the development of their abilities and skills. This is particularly crucial as impairment affects multiple facets of an individual's life, and the extent of this impact may vary depending on the contextual factors. The setting might, in certain instances, foster learnt helplessness, adversely impacting a student's mental health. Disability is comprehensively described as a physical or mental condition that restricts an individual's mobility, sensory capabilities, or activities. Disabilities can differ significantly in severity, encompassing mild, moderate, severe, or profound categories. These disorders frequently result in diverse impairments and limitations in normal functioning, which might be further intensified by environmental obstacles. These hurdles impede the complete participation and integration of individuals with impairments, leading to psychological issues such as learnt helplessness, sadness, and anxiety (Chand & Uprety, 2022; Fernández-Cerero, Montenegro-Rueda, & Fernández-Batanero, 2023).

Studies reveal that almost 15% of the worldwide population experiences some type of handicap. The Convention on the Rights of Persons with Disabilities, ratified by 185 nations, emphasises the international dedication to guaranteeing a dignified and high-quality existence for individuals with disabilities. It requires that they be granted equal opportunity to engage in society on par with their non-disabled counterparts, devoid of discrimination and deprivation. The sustainable development goals seek to eradicate discrimination against individuals with disabilities and to establish an inclusive environment that guarantees equitable and high-quality education for all by 2030 (Madhesh, 2023). Despite the Convention on the Rights of Persons with Disabilities establishing essential rights for individuals with disabilities, it is crucial to acknowledge that the Egyptian state has made considerable advancements in safeguarding these rights at the national level. Act No. (10), enacted in 2018, specifically prohibits discrimination based on disability and mandates the establishment of conditions that assure the protection of their rights. The Act underscores the necessity of empowering individuals with disabilities to make their own decisions, lead independent lives, and access equal opportunities alongside others (Disability Law No. 10 of 2018, Article 4).

The World Health Organisation (WHO) characterises quality of life as an individual's assessment of their status in life, including the context of their culture, value system, and personal objectives, priorities, and expectations. The quality of life is paramount for students with impairments. A study involving 145 university students with impairments, completed one year post-graduation, demonstrated a positive association among self-actualization, psychological empowerment, independence, and quality of life. The quality of academic life is profoundly affected by the provision of suitable support and accommodations for students with impairments. When sufficient help is offered, the quality of their academic life enhances. This finding is supported by Study No. 8, which demonstrates that the assistance and resources offered to individuals with disabilities forecast satisfaction with their health and general quality of life. Conversely, insufficient support results in diminished quality of life outcomes. For students with impairments, diminished quality of life may arise from the loss of specific abilities and the associated psychological issues, including anxiety, dread, and apprehensions regarding the future. Learnt helplessness can profoundly affect academic performance, resulting in a deterioration in academic quality due to frustration, lost self-confidence, and a reduced sense of control. The learnt helplessness theory, introduced

by Seligman and Maier (1967), asserts that organisms acquire a sense of helplessness in response to circumstances deemed unmanageable. When individuals consistently encounter insurmountable challenges, they tend to generalise this feeling of powerlessness to analogous future circumstances, leading to inaction. Adverse, non-emergency occurrences are especially prone to induce feelings of helplessness, which correlate with diminished self-esteem and an elevated risk of depression. The depressed effect is exacerbated when individuals want for an outcome that is uncontrollable or cannot evade an unavoidable consequence. 10Research on the revised disability model underscores the importance of an individual's attribution style in elucidating their responses to stressful circumstances. Four ways have been suggested to assist individuals in comprehending the motivations for their actions in neutral life circumstances and assessing the efficacy of those actions. The attributions individuals make about their activities influence their responses, which then affect their comprehension of future events (Mahmoud, 2004).

Thus, learnt helplessness might be seen as a hypothesis elicited by exposure to uncontrollable stimuli (Dahash & Al-Dulaimi, 2024; Vollmayr & Gass, 2013). Initially, individuals may fail to recognise that a task exceeds their control, as admitting this restriction would suggest cognitive disengagement from the task. Persistent inability to establish control through problem-solving results in cognitive weariness. This condition is marked by a diminished capacity to utilise cognitive resources efficiently. Continual failure to achieve success undermines the urge to conceive innovative ideas and solutions, hence complicating the execution of succeeding activities, especially those that are intricate. Individuals suffering from cognitive fatigue frequently perceive challenging mental tasks as aversive and are predisposed to negative feelings (Peterson, Maier, & Seligman, 1993).

2. Research Objectives

This research seeks to delineate the structural model of links among learnt helplessness, academic quality of life, anxiety, and depression in students with disabilities, while also examining the disparities between these students and their non-disabled peers. To attain these objectives, the subsequent theories were established:

1. A model can be developed to explain the relationship between learned helplessness, quality of academic life, anxiety, and depression among students with disabilities.
2. There is a direct effect of learned helplessness on quality of academic life, with among students with disabilities.
3. There is an indirect effect of learned helplessness on both anxiety and depression through the quality of academic life among students with disabilities.
4. There are statistically significant differences between students with disabilities and students without disabilities in learned helplessness, quality of academic life, anxiety, and depression.

3. Methodology Procedures

3.1. Sample

The sample comprised 175 university students: 103 with disabilities and 72 without impairments. The participants' ages varied from 18 to 24 years, with a mean age of 20.71 years (SD = 1.69). The subsequent table displays the demographic information of the sample.

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Table 1: Sample Demographics.

Simple	Male		Fame		Total	
	N	%	N	%	N	%
Student with physical disabilities	20	11.4	9	5.1	29	16.6
Students with Visual Impairments	25	14.3	6	3.4	31	17.7
Students with hearing Impairments	14	8.0	29	16.6	43	24.6
Students without Disabilities	42	24.0	30	17.1	72	41.1
Total	101	57.7	74	42.3	175	100

3.2. Research Tools

The study consisted of two primary portions, wherein participants were requested to answer all questions based on their emotions and experiences.

3.3. Section One

Demographic Data Form: A preliminary form was utilised to gather demographic information like age, college affiliation, and nature of impairment.

3.4. Section Two

Learned Helplessness Scale: The instrument, created by Al-Dawa, Khalil and Al-Najashi (2017), has 47 items categorised into four dimensions: negativity (NEG), escapism (ESCA), inflexibility (INFL), and contentment with unsatisfactory outcomes (SLO). Participants evaluated their levels of learnt helplessness by responding to each item on a five-point Likert scale (1=Never, 2=Rarely, 3=Sometimes, 4=Often, 5=Always). A greater overall score signifies elevated levels of learnt helplessness, whereas a lesser total score denotes diminished levels.The psychometric characteristics of the scale were assessed on the research sample as follows:

3.5. Confirmatory Factor Analysis (sample, N=175)

The four-factor solution was validated using confirmatory factor analysis (CFA). The final SEM is presented in Figure 1. The CFA validated the four-factor structure, as all regression weights demonstrated positive, very significant values (exceeding 0.30) and exceptionally excellent fit indices (Table 2).

Figure 1: Confirmatory Factor Analysis Model for from the Sample Data Including Standard Loadings and Standardized Errors.

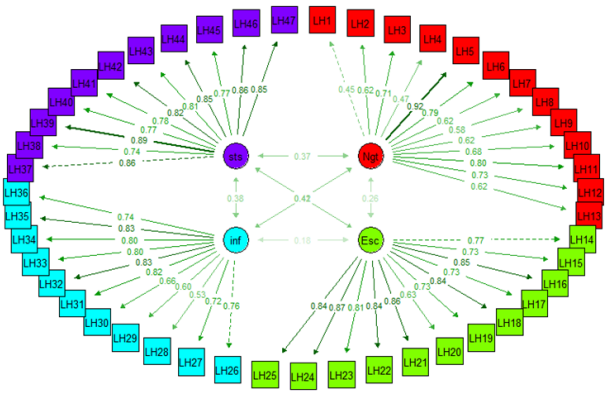

Table 2: Fit Indices of the Confirmatory Factor Analysis (CFA) Model.

Measure	Estimate	Threshold	Interpretation
CMIN	714.106	--	--
DF	1028	--	--
CMIN/DF	1	Between 1 and 3	Excellent
Gfi	0.961	>0.95	Excellent
Nfi	0.947	<0.95	Acceptable
Cfi	1	>0.95	Excellent
Rmsea	0	<0.06	Excellent
Srmr	0.074	<0.08	Excellent
Tli	1.026	>0.95	Excellent

The fit indices for the confirmatory factor analysis (CFA) model of the acquired disability scale indicate a robust model fit. The CMIN value is 714.106, with 1028 degrees of freedom (DF), yielding a CMIN/DF ratio of 1, which is classified as excellent, falling within the range of 1 to 3. The Goodness of Fit Index (GFI) is 0.961, beyond the acceptable threshold of 0.95, signifying a favourable model fit. The Normed match Index (NFI) is 0.947, marginally below the 0.95 criterion, indicating an acceptable match with potential for enhancement.

The Comparative Fit Index (CFI) achieves a perfect value of 1, signifying an optimal fit for the model. The Root Mean Square Error of Approximation (RMSEA) is recorded at 0, significantly beneath the 0.06 criterion, indicating exceptional performance. The Standardised Root Mean Square Residual (SRMR) is 0.074, which is below the permissible threshold of 0.08, hence reinforcing the model's adequacy. The Tucker-Lewis Index (TLI) is recorded at 1.026, indicating an excellent fit. These indices indicate that the CFA model for the acquired disability scale has a robust fit, affirming the scale's validity and reliability as a measurement instrument. The NFI's value indicates possible areas for improvement.

Table 3 delineates the standardised estimates from the confirmatory factor analysis (CFA) model for the acquired disability scale, elucidating the associations between latent variables (Negative, Escape, Inflexibility, and Satisfaction) and their corresponding indicators (LH1 to LH47). Each indicator has a robust correlation with its respective latent variable, as indicated by the standardised estimates (est.std).

For instance, LH5 possesses the highest estimate at 0.923, signifying a robust correlation with the "Negative" construct, whilst indicators such as LH26 (0.761) and LH37 (0.864) exhibit notable associations with "Inflexibility" and "Satisfaction," respectively. All p-values are below 0.01, so affirming the statistical significance of these associations. The z-values, reflecting the strength of the estimates, are all significant, with multiple indicators surpassing a z-value of 20, indicating strong associations between the latent variables and their indicators.

The confidence intervals (ci.lower and ci.upper) for each estimate corroborate these correlations, as they exclude zero, hence confirming the notion that the observed relationships are both statistically and practically significant. These results underscore the robust relationships between the latent components of acquired disability and their respective markers, affirming the validity of the employed measuring instrument.

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Table 3: Standardized of the Confirmatory Factor Analysis (CFA) Model.

Lhs	rhs	est.std	Se	Z	pvalue	ci.lower	ci.upper
Negative	LH1	0.449	0.102	4.395	0.01	0.249	0.65
Negative	LH2	0.621	0.084	7.365	0.01	0.456	0.787
Negative	LH3	0.712	0.076	9.383	0.01	0.563	0.861
Negative	LH4	0.474	0.099	4.765	0.01	0.279	0.669
Negative	LH5	0.923	0.038	24.53	0.01	0.849	0.997
Negative	LH6	0.793	0.059	13.392	0.01	0.677	0.909
Negative	LH7	0.619	0.073	8.518	0.01	0.477	0.761
Negative	LH8	0.585	0.09	6.514	0.01	0.409	0.76
Negative	LH9	0.616	0.063	9.71	0.01	0.491	0.74
Negative	LH10	0.684	0.06	11.384	0.01	0.566	0.801
Negative	LH11	0.801	0.047	17.09	0.01	0.709	0.893
Negative	LH12	0.728	0.06	12.035	0.01	0.609	0.846
Negative	LH13	0.623	0.069	9.035	0.01	0.488	0.758
Escape	LH14	0.768	0.052	14.861	0.01	0.667	0.869
Escape	LH15	0.73	0.065	11.292	0.01	0.604	0.857
Escape	LH16	0.854	0.028	30.382	0.01	0.799	0.909
Escape	LH17	0.729	0.055	13.191	0.01	0.621	0.838
Escape	LH18	0.839	0.033	25.788	0.01	0.775	0.903
Escape	LH19	0.726	0.058	12.568	0.01	0.613	0.839
Escape	LH20	0.631	0.086	7.364	0.01	0.463	0.798
Escape	LH21	0.86	0.034	25.65	0.01	0.794	0.925
Escape	LH22	0.836	0.037	22.434	0.01	0.763	0.909
Escape	LH23	0.811	0.04	20.409	0.01	0.733	0.889
Escape	LH24	0.867	0.025	34.246	0.01	0.817	0.917
Escape	LH25	0.842	0.031	27.368	0.01	0.782	0.902
Inflexibility	LH26	0.761	0.049	15.439	0.01	0.664	0.857
Inflexibility	LH27	0.716	0.054	13.163	0.01	0.609	0.822
Lhs	**rhs**	**est.std**	**Se**	**Z**	**pvalue**	**ci.lower**	**ci.upper**
Inflexibility	LH28	0.529	0.093	5.689	0.01	0.347	0.711
Inflexibility	LH29	0.601	0.08	7.545	0.01	0.445	0.757
Inflexibility	LH30	0.66	0.087	7.556	0.01	0.489	0.831
Inflexibility	LH31	0.818	0.057	14.29	0.01	0.706	0.93
Inflexibility	LH32	0.834	0.064	12.979	0.01	0.708	0.959
Inflexibility	LH33	0.797	0.046	17.312	0.01	0.706	0.887
Inflexibility	LH34	0.795	0.041	19.315	0.01	0.714	0.876
Inflexibility	LH35	0.827	0.04	20.52	0.01	0.748	0.906
Inflexibility	LH36	0.744	0.098	7.627	0.01	0.553	0.936
Satisfactions	LH37	0.864	0.026	33.298	0.01	0.813	0.915
Satisfactions	LH38	0.742	0.05	14.844	0.01	0.644	0.84
Satisfactions	LH39	0.892	0.026	34.446	0.01	0.841	0.943
Satisfactions	LH40	0.77	0.03	26.01	0.01	0.712	0.828
Satisfactions	LH41	0.781	0.04	19.668	0.01	0.703	0.859
Satisfactions	LH42	0.82	0.036	22.589	0.01	0.749	0.891
Satisfactions	LH43	0.807	0.041	19.74	0.01	0.726	0.887
Satisfactions	LH44	0.852	0.026	32.513	0.01	0.8	0.903
Satisfactions	LH45	0.769	0.062	12.316	0.01	0.647	0.891
Satisfactions	LH46	0.857	0.03	28.8	0.01	0.798	0.915
Satisfactions	LH47	0.851	0.023	36.751	0.01	0.806	0.897

Composite Reliability (CR): The results from the composite reliability (compRelSEM) and average variance extracted (AVE) analysis for the acquired disability scale indicate

strong psychometric properties for the constructs measured.

The composite reliability values are as follows:

Negative Deficit: 0.904, indicating excellent internal consistency.

Escape Disability: 0.948, which suggests a very high level of reliability.

Inflexibility: 0.926, also reflecting strong internal consistency.

Satisfaction with Low Outcomes: 0.961, indicating exceptional reliability.

These high composite reliability values suggest that the items for each construct are consistently measuring the same underlying concept.

In terms of average variance extracted (AVE):

Negative Deficit: 0.454, which is below the commonly accepted threshold of 0.5, indicating that this construct may require further refinement.

Escape Disability: 0.627, above the 0.5 threshold, suggesting a good level of convergent validity.

Inflexibility: 0.531, also above 0.5, indicating acceptable convergent validity.

Satisfaction with Low Outcomes: 0.661, which is strong and indicates good convergent validity.

Overall, while the constructs of Escape Disability, Inflexibility, and Satisfaction with Low Outcomes demonstrate strong reliability and convergent validity, the Negative Deficit construct may benefit from further examination to improve its AVE and enhance its measurement quality.

Reliability: The reliability analysis results using Omega for the various constructs in the acquired disability scale indicate high levels of internal consistency:

Negativity: Omega = 0.913, indicating excellent reliability.

Escapism: Omega = 0.953, which suggests exceptional reliability.

Inflexibility: Omega = 0.923, reflecting strong internal consistency.

Satisfaction with Low Outcomes: Omega = 0.954, indicating excellent reliability.

Learned Helplessness: Omega = 0.940, also showing high reliability.

These Omega values, all exceeding 0.9, reinforce the notion that the items within each construct consistently measure the intended underlying concepts. Overall, the results support the validity and reliability of the acquired disability scale as a robust measurement tool

3.6. Quality of Academic Life Scale

The scale was initially created by Pedro, Leitão and Alves (2020) and subsequently modified into Arabic by Taha and Abbas (2022). The scale comprises 39 items that assess two dimensions: perceived overall quality of life (21 items) and perceived quality of academic life (18 items). Participants provide responses utilising a 5-point Likert scale, with options ranging from strongly disagree (1) to strongly agree (5). Elevated overall scores signify an enhanced perception of academic life quality. The scale's psychometric qualities were validated on the research sample.

3.7. Confirmatory Factor Analysis (sample, N=175)

The two-factor answer was confirmed by Confirmatory Factor Analysis (CFA). The concluding SEM is depicted in Fig... The CFA validated the two-factor structure, as all regression weights demonstrated positive, very significant values (exceeding 0.30) and exceptionally excellent fit indices (Table).

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Figure 2: Confirmatory Factor Analysis Model for from the Sample Data Including Standard Loadings and Standardized Errors.

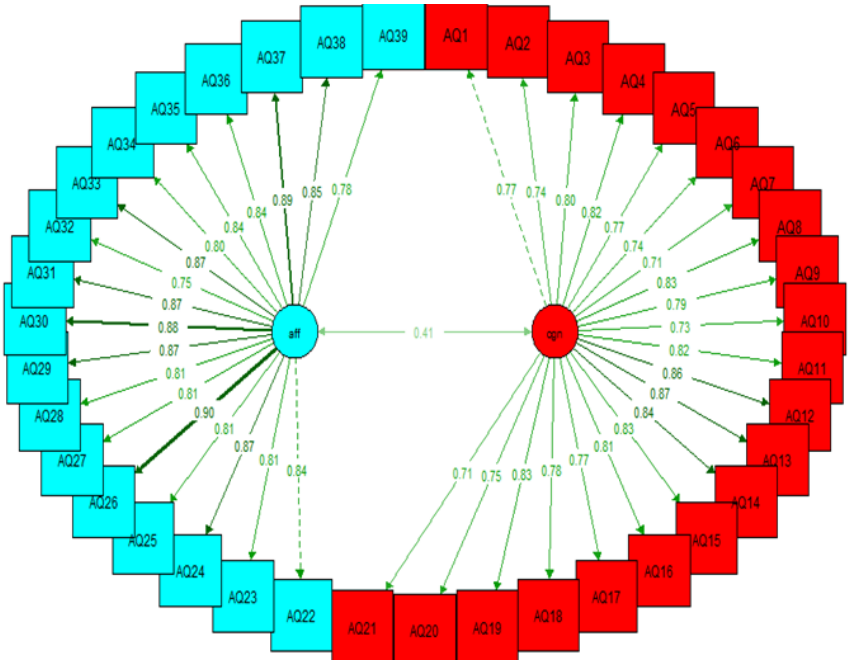

Table 4: Fit Indices of the Confirmatory Factor Analysis (CFA) Model.

Measure	Estimate	Threshold	Interpretation
CMIN	283.335	--	--
DF	701	--	--
CMIN/DF	0.404	Between 1 and 3	Excellent
gfi	0.989	>0.95	Excellent
nfi	0.987	>0.95	Excellent
cfi	1	>0.95	Excellent
rmsea	0	<0.06	Excellent
srmr	0.054	<0.08	Excellent
tli	1	>0.95	Excellent

The confirmatory factor analysis (CFA) results for the quality of academic life scale indicate outstanding model fit across all indices. The CMIN/DF ratio of 0.404 significantly falls below the threshold of 1-3, signifying exceptional parsimony. The Goodness of Fit Index (GFI) of 0.989, Normed Fit Index (NFI) of 0.987, Comparative Fit Index (CFI) of 1, and Tucker-Lewis Index (TLI) of 1 all surpass the 0.95 threshold, indicating an excellent fit. The Root Mean Square Error of Approximation (RMSEA) of 0 and the Standardised Root Mean Square Residual (SRMR) of 0.054 both fall within the parameters for an excellent fit.

The fit indices collectively demonstrate strong evidence that the proposed factor structure of the quality of academic life scale is highly congruent with the observed data, thereby affirming its construct validity and reliability for assessing the quality of academic life in students with disabilities.

Table 5: Standardized of the Confirmatory Factor Analysis (CFA) Model.

Lhs	rhs	est.std	Se	z	pvalue	ci.lower	ci.upper
Cognitive quality	AQ1	0.768	0.037	20.529	0	0.695	0.842
Cognitive quality	AQ2	0.739	0.044	16.76	0	0.653	0.825
Cognitive quality	AQ3	0.804	0.04	19.899	0	0.725	0.883
Cognitive quality	AQ4	0.821	0.034	24.468	0	0.755	0.886
Cognitive quality	AQ5	0.766	0.042	18.214	0	0.684	0.849
Cognitive quality	AQ6	0.738	0.058	12.717	0	0.624	0.852
Cognitive quality	AQ7	0.713	0.047	15.245	0	0.621	0.805
Cognitive quality	AQ8	0.832	0.031	26.605	0	0.77	0.893
Cognitive quality	AQ9	0.788	0.038	20.766	0	0.714	0.862
Cognitive quality	AQ10	0.734	0.057	12.83	0	0.622	0.846
Cognitive quality	AQ11	0.818	0.03	27.409	0	0.76	0.877
Cognitive quality	AQ12	0.861	0.027	32.09	0	0.809	0.914
Cognitive quality	AQ13	0.867	0.025	34.194	0	0.818	0.917
Cognitive quality	AQ14	0.844	0.032	25.976	0	0.78	0.908
Cognitive quality	AQ15	0.832	0.031	26.847	0	0.771	0.893
Cognitive quality	AQ16	0.813	0.04	20.365	0	0.735	0.891
Cognitive quality	AQ17	0.773	0.034	22.63	0	0.706	0.84
Cognitive quality	AQ18	0.781	0.035	22.484	0	0.713	0.849
Cognitive quality	AQ19	0.826	0.031	26.758	0	0.765	0.886
Cognitive quality	AQ20	0.749	0.051	14.735	0	0.649	0.849
Cognitive quality	AQ21	0.714	0.046	15.437	0	0.623	0.804
Emotional quality	AQ22	0.841	0.033	25.368	0	0.776	0.906
Emotional quality	AQ23	0.815	0.033	24.646	0	0.75	0.88
Emotional quality	AQ24	0.874	0.022	39.196	0	0.83	0.918
Emotional quality	AQ25	0.815	0.036	22.708	0	0.744	0.885
Emotional quality	AQ26	0.9	0.023	38.586	0	0.854	0.946
Emotional quality	AQ27	0.812	0.045	17.94	0	0.723	0.9
Emotional quality	AQ28	0.812	0.038	21.245	0	0.737	0.887
Emotional quality	AQ29	0.872	0.029	30.489	0	0.816	0.928
Emotional quality	AQ30	0.879	0.039	22.552	0	0.803	0.956
Emotional quality	AQ31	0.875	0.025	34.84	0	0.825	0.924
Emotional quality	AQ32	0.752	0.057	13.277	0	0.641	0.863
Emotional quality	AQ33	0.874	0.024	37.085	0	0.828	0.92
Lhs	rhs	est.std	Se	z	pvalue	ci.lower	ci.upper
Emotional quality	AQ34	0.795	0.062	12.754	0	0.673	0.917
Emotional quality	AQ35	0.842	0.032	25.977	0	0.779	0.906
Emotional quality	AQ36	0.84	0.031	27.123	0	0.779	0.9
Emotional quality	AQ37	0.89	0.02	45.118	0	0.851	0.929
Emotional quality	AQ38	0.848	0.026	32.929	0	0.797	0.898
Emotional quality	AQ39	0.781	0.035	22.065	0	0.712	0.85

The Confirmatory Factor Analysis (CFA) findings for the Quality of Academic Life scale exhibit robust psychometric characteristics in both cognitive and affective aspects. All factor loadings are statistically significant ($p < 0.001$) and notably high, ranging from 0.713 to 0.900. The Cognitive Quality of Academic Life subscale exhibits loadings ranging from 0.713 (AQ7) to 0.867 (AQ13), whereas the Emotional Quality of Academic Life subscale has loadings from 0.752 (AQ32) to 0.900 (AQ26). The strong standardised estimates, along with tight confidence intervals, demonstrate exceptional convergent validity and reliability for both subscales. The consistently elevated loadings for all items indicate that each question significantly contributes to

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assessing its respective concept, hence offering robust support for the scale's construct validity. This two-factor framework accurately encapsulates the multifaceted quality of academic life, providing a dependable and valid tool for evaluating both cognitive and emotional dimensions of academic experiences in students with disabilities.

Composite Reliability (CR): These results provide strong evidence for the reliability and validity of the Quality of Academic Life scale:

The Composite Reliability (CR) scores for the Cognitive Quality (0.972) and Emotional Quality (0.978) subscales are remarkably elevated, much beyond the standard threshold of 0.70. This demonstrates exceptional internal consistency and reliability for both dimensions of the scale.

The Average Variance Extracted (AVE) scores for Cognitive Quality (0.627) and Emotional Quality (0.705) exceed the advised threshold of 0.50. This illustrates robust convergent validity, signifying that the items within each subscale effectively encapsulate a substantial percentage of the variance in their respective domains.

The elevated AVE for the Emotional Quality subscale (0.705) in contrast to the Cognitive Quality subscale (0.627) indicates that the emotional items may exhibit greater cohesion in assessing their intended construct.

These indicators collectively substantiate the scale's construct validity, reliability, and internal consistency. The elevated CR values suggest a strong interrelation among the items within each subscale, whilst the AVE values affirm that a significant portion of variance is attributed to the constructs rather than measurement error. The findings indicate that the Quality of Academic Life scale is a psychometrically valid tool for evaluating both cognitive and emotional dimensions of academic life quality in students with special needs.

Reliability: The reliability findings offer compelling support for the internal consistency and dependability of the Quality of Academic Life scale and its subscales:

The Cognitive Quality subscale exhibits a very high omega coefficient of 0.972. This signifies outstanding internal consistency among the measures assessing cognitive dimensions of academic quality of life.

The Emotional Quality subscale exhibits an exceptional omega coefficient of 0.977, indicating robust dependability in evaluating the emotional aspects of academic life quality.

The total Quality of Academic Life scale demonstrates a remarkable omega coefficient of 0.961, signifying exceptional dependability for the entire instrument.

Omega coefficients are regarded as preferable as conventional Cronbach's alpha because they yield a more precise assessment of dependability, particularly for multidimensional scales. Values exceeding 0.90 are often considered exceptional.

The continuously elevated omega values across both subscales and the overall scale signify that the items within each dimension and throughout the entire instrument are highly connected and accurately assess their intended constructs with accuracy and consistency.

The results demonstrate strong evidence that the Quality of Academic Life scale is a very reliable tool for evaluating both cognitive and emotional dimensions of academic experiences in students with special needs. The scale exhibits superior internal consistency, indicating it will yield stable and reliable measurements across several administrations and situations.

Symptom Checklist 90 (SCL-90) (Derogatis, 1983): The Symptom Checklist 90 (SCL-90) is a 90-item self-report questionnaire designed to assess a broad range of psychological symptoms. Each item is rated on a 5-point Likert scale ranging from "not

at all" to "extremely." While the SCL-90 includes nine subscales, this study focused on only two subscales: depression and anxiety. The psychometric properties of the scale were verified on the research sample as follows:

3.8. Depression Scale

3.8.1. Confirmatory Factor Analysis (sample, N=175)

The one-factors solution was validated with the CFA. The final SEM is shown in Fig (3) The CFA confirmed the one-factors structure because all regression weights exhibited positive, highly significant (above 0.30), and highly satisfactory fit indices (Table 5).

Figure 3: Confirmatory Factor Analysis model for from the Sample Data Including Standard Loadings and Standardized Errors.

Table 5: Fit Indices of the Confirmatory Factor Analysis (CFA) Model.

Measure	Estimate	Threshold	Interpretation
CMIN	104.827	--	--
DF	62	--	--
CMIN/DF	1.691	Between 1 and 3	Excellent
CFI	0.935	>0.95	Acceptable
Measure	Estimate	Threshold	Interpretation
SRMR	0.060	<0.08	Excellent
RMSEA	0.063	<0.06	Acceptable
P Close	0.149	>0.05	Excellent

The results in the table indicate the fit indices of the confirmatory factor analysis (CFA) model for the depression scale in English. First, the CMIN (104.827) and DF (62) values yield a CMIN/DF ratio of 1.691, which falls between 1 and 3, suggesting excellent model fit. However, the CFI (0.935) is below the optimal threshold of 0.95, indicating an acceptable fit but suggesting potential areas for improvement. On the other hand, the SRMR (0.060) and RMSEA (0.063) values indicate good fit, as SRMR is below 0.08 and

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RMSEA is slightly above 0.06, which is still considered acceptable. Finally, the P Close (0.149) suggests excellent model fit, being greater than 0.05. Overall, these indices reflect an acceptable quality of the model, with some aspects that may require enhancement.

Table 6: Standardized and Unstandardized of the Confirmatory Factor Analysis (CFA) Model.

			Estimate	S.E.	C.R.	P	Factor Loading
Dep1	<---	Depression	1				0.302
Dep2	<---	Depression	2.082	0.624	3.338	0.01	0.506
Dep3	<---	Depression	1.541	0.491	3.139	0.01	0.423
Dep4	<---	Depression	1.583	0.509	3.11	0.01	0.412
Dep5	<---	Depression	1.944	0.598	3.253	0.01	0.467
Dep6	<---	Depression	3.161	0.903	3.501	0.01	0.606
Dep7	<---	Depression	2.558	0.725	3.53	0.01	0.629
Dep8	<---	Depression	2.072	0.616	3.363	0.01	0.519
Dep9	<---	Depression	1.95	0.599	3.252	0.01	0.466
Dep10	<---	Depression	2.932	0.826	3.549	0.01	0.646
Dep11	<---	Depression	2.316	0.665	3.482	0.01	0.595
Dep12	<---	Depression	2.69	0.75	3.585	0.01	0.68
Dep13	<---	Depression	2.163	0.635	3.408	0.01	0.548

The table presents the standardised and unstandardised estimates obtained from the confirmatory factor analysis (CFA) model, emphasising the association between the latent variable “Depression” and its indicators (Dep1 to Dep13). In this model, “Depression” functions as the baseline with an estimate of 1. The following estimations indicate the strength of the correlation between the latent variable “Depression” and its corresponding indicators. Dep2 demonstrates an unstandardised estimate of 2.082, a standard error (S.E.) of 0.624, and a critical ratio (C.R.) of 3.338, signifying a statistically significant connection ($p < 0.01$). All indices of depression exhibited substantial correlations with the “Depression” construct, with critical ratios surpassing 3, indicating robust linkages. Dep6 demonstrated the highest estimate at 3.161, signifying a very robust connection. Additional variables, including Dep10 (estimate = 2.932) and Dep7 (estimate = 2.558), exhibited significant correlations.

All items had p-values < 0.01, so affirming the statistical importance of these correlations. These results highlight the strong correlations between the “Depression” construct and its numerous indicators, underscoring the significance of these measurements in comprehending the complex nature of depression. **Composite Reliability (CR):** The results from the composite reliability (CR) analysis indicated a CR value of 0.832 for the “Depression” factor. This value suggests that the internal consistency of the items measuring this factor is good, as a CR value exceeding 0.7 is generally considered acceptable.

Reliability: The dependability analysis conducted with Omega produced a result of 0.844. This outcome signifies a substantial degree of internal consistency among the items within the evaluated scale. An Omega coefficient of 0.8 is typically seen as a sign of exceptional reliability, indicating that the items accurately assess the same underlying concept. This degree of dependability endorses the scale’s application in both research and practical contexts, suggesting that results are expected to remain stable and consistent across many situations. The Omega value of 0.844 substantiates the measurement tool’s validity, demonstrating its reliability in evaluating the desired construct.

3.9. Anxiety Scale

3.9.1. Confirmatory Factor Analysis (sample, N=175)

A one-factor solution was validated through CFA. The final structural equation model (SEM) is presented in Figure [Insert Figure Number]. The CFA confirmed the one-factor structure, as evidenced by positive, highly significant regression weights (all above 0.30) and highly satisfactory fit indices (Table 6).

Figure 4: Confirmatory Factor Analysis Model for from the Sample Data Including Standard Loadings and Standardized Errors.

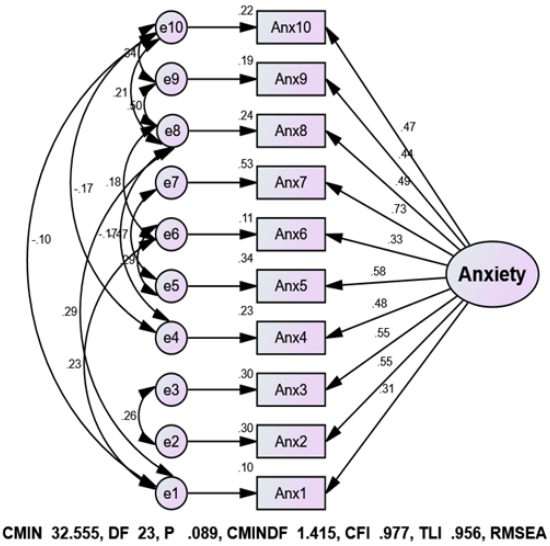

Table 6: Fit Indices of the Confirmatory Factor Analysis (CFA) Model.

Measure	Estimate	Threshold	Interpretation
CMIN	32.555	--	--
DF	23	--	--
CMIN/DF	1.415	Between 1 and 3	Excellent
CFI	0.977	>0.95	Excellent
SRMR	0.055	<0.08	Excellent
RMSEA	0.049	<0.06	Excellent
P Close	0.484	>0.05	Excellent

The fit indices for the confirmatory factor analysis (CFA) model of the anxiety scale provide compelling evidence of a well-fitting model. The CMIN value is 32.555, with 23 degrees of freedom, yielding a CMIN/DF ratio of 1.415. This ratio ranges from 1 to 3, signifying an exceptional model match. The Comparative Fit Index (CFI) is 0.977, surpassing the 0.95 criterion, indicating an exceptional fit. The Standardised Root Mean Square Residual (SRMR) is 0.055, significantly lower than the acceptable threshold of 0.08, hence reinforcing the model's adequacy. The Root Mean Square Error of Approximation (RMSEA) is 0.049, which is below the 0.06 criterion, signifying a favourable match. The P Close value of 0.484, over 0.05, indicates that the model

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is likely to fit well within the population. These indicators indicate that the CFA model for the anxiety scale demonstrates exceptional fit, hence affirming the scale's validity in assessing anxiety.

Table 7: Standardized and Unstandardized Estimates from the Confirmatory Factor Analysis (CFA) Model for the Anxiety Scale.

			Estimate	S.E.	C.R.	P	Factor loading
Anx1	<---	Anxiety	1				0.313
Anx2	<---	Anxiety	1.861	0.537	3.469	0.01	0.545
Anx3	<---	Anxiety	1.886	0.543	3.473	0.01	0.548
Anx4	<---	Anxiety	1.518	0.456	3.33	0.01	0.479
Anx5	<---	Anxiety	1.711	0.508	3.368	0.01	0.58
Anx6	<---	Anxiety	1.107	0.356	3.107	0.01	0.33
Anx7	<---	Anxiety	2.707	0.758	3.571	0.01	0.729
Anx8	<---	Anxiety	1.815	0.466	3.896	0.01	0.492
Anx9	<---	Anxiety	1.731	0.538	3.216	0.01	0.435
Anx10	<---	Anxiety	1.685	0.532	3.168	0.01	0.467

The table displays the standardised and unstandardised estimates obtained from the confirmatory factor analysis (CFA) model for the anxiety scale, demonstrating the correlations between the anxiety construct and its corresponding indicators (Anx1 to Anx10).In this model, "Anxiety" functions as the baseline with an estimate of 1. The following estimations demonstrate the strength of the associations between the "Anxiety" construct and each indicator. Anx2 demonstrates an unstandardised estimate of 1.861, a standard error (S.E.) of 0.537, and a critical ratio (C.R.) of 3.469, indicating statistical significance ($p < 0.01$). This pattern of significance is uniform across all indicators, indicating strong correlations between the latent variable and its observed indicators. Anx7 exhibited the highest estimate at 2.707, indicating a robust correlation with the anxiety concept. Additional indicators, including Anx2 (1.861) and Anx3 (1.886), demonstrated significant correlations, as indicated by their critical ratios beyond 3. All items had p-values < 0.01, so affirming the statistical significance of these connections. These results underscore significant correlations between the anxiety construct and its indicators, affirming the importance of these measurements in comprehending anxiety symptoms.

Composite Reliability (CR): The composite reliability (CR) analysis for the anxiety scale yielded a value of 0.765. This result indicates that the internal consistency of the items measuring anxiety is acceptable, although it is slightly below the commonly accepted threshold of 0.8 for excellent reliability.

A CR value of 0.765 indicates that the items exhibit a satisfactory level of consistency in measuring the anxiety construct, hence together offering a reliable evaluation. Nonetheless, there exists potential for enhancement regarding item quality or the scale's framework to further augment its reliability. This CR score endorses the utilisation of the anxiety scale while also indicating the possibility of enhancing the measurement instrument to attain greater internal consistency.

Reliability: The reliability analysis utilising Omega yielded a value of 0.789 for the anxiety scale. This outcome signifies a commendable degree of internal consistency among the items assessing anxiety, as an Omega coefficient exceeding 0.7 is typically seen as satisfactory. A result of 0.789 indicates that the items exhibit considerable consistency in their measurement, signifying a stable and cohesive construct. Although

this score falls short of the benchmark for exceptional dependability (often exceeding 0.8), it nonetheless endorses the application of the scale in both research and practice. The Omega value of 0.789 substantiates the reliability of the anxiety scale, signifying its appropriateness for anxiety assessment, while also revealing avenues for prospective enhancement in item quality or scale structure.

3.10. (3.4). Ethical Approval and Informed Consent

Prior to initiating data collection, authorisation were secured from the Ethical Committee to perform the study. Informed consent was obtained from all participants via a standardised form that outlined the project. Participation was optional, and individuals were apprised of their freedom to withdraw at any moment.

4. Data Analysis

Data analysis were conducted utilising SPSS 26, R, and Amos 26. The internal consistency of the scales was assessed by computing McDonald's omega and composite reliability; values equal to or greater than 0.70 were deemed indicative of adequate reliability. Scale validity was evaluated by Confirmatory Factor Analysis (CFA) and convergent validity assessment.

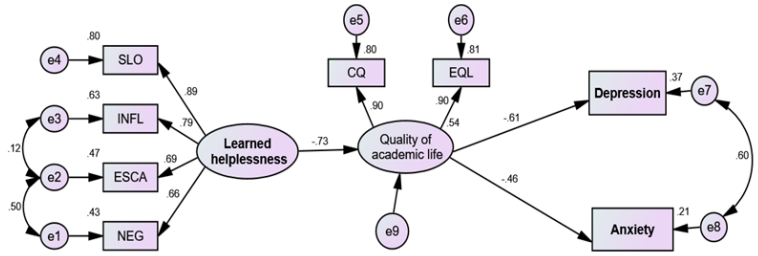
Structural equation modelling (SEM) was performed in the confirmatory factor analysis (CFA) group utilising IBM SPSS AMOS 26.0. The goodness of fit was assessed utilising the comparative fit index (CFI), goodness of fit index (GFI), incremental fit index (IFI), normed fit index (NFI), and relative fit index (RFI); all indices exhibited values of 0.90 or higher, signifying a satisfactory fit. The root-mean-square error of approximation (RMSEA) is another fit measure; an RMSEA value ranging from 0.05 to 0.08 signifies an acceptable fit, whilst a value below 0.05 denotes a good fit. Additionally, a CMIN/DF value less than 5 signifies an adequate fit (Marsh) & The standardised coefficients should have a magnitude of 0.30 (Howard, 2016).

5. Results

The first hypothesis: A model can be developed to explain the relationship between learned helplessness, quality of academic life, anxiety, and depression among students with disabilities.

This hypothesis was tested using structural equation modeling, and the model illustrated in the figure (5) achieved the best fit to the data.

Figure 5: Diagram of Relationships between Learned Helplessness, Quality of Academic Life, Anxiety, and Depression in disabilities Students.



CMIN 25.762, DF 16, P .057, CMINDF 1.610, CFI .980, TLI .965, RMSEA .077

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The picture depicts a structural equation model that delineates the interrelations among learnt helplessness, academic life quality, depression, and anxiety in students with disabilities.

This model exhibits favourable fit indices, as evidenced by the statistics provided (CMIN = 25.762, DF = 16, P = .057, CMINDF = 1.610, CFI = .980, TLI = .965, RMSEA = .077).

The model indicates that learnt helplessness is a latent variable affected by four observable variables: SLO, INFL, ESCA, and NEG, with standardised factor loadings between .66 and .89. Learnt helplessness exerts a significant adverse impact (-.73) on the quality of academic life, which is assessed by two indicators: CQ and EQL. The quality of academic life serves as a mediator, considerably influencing both sadness (-.61) and anxiety (-.46). This indicates that an enhancement in the quality of academic life correlates with a reduction in levels of despair and anxiety. The model additionally demonstrates a moderate positive connection (.60) between depression and anxiety.

The model incorporates many error factors (e1 to e9) linked to the observed variables, addressing unexplained variance. This structural model offers significant insights into the intricate relationship among learnt helplessness, academic quality of life, and mental health outcomes for students with disabilities, emphasising possible intervention and support areas. Table (9) presents the fit quality indicators for the preceding model.

Table 9: Model Fit Measures in the Learned Helplessness and Quality of Academic life Model.

Measure	Estimate	Threshold	Interpretation	Terrible	Acceptable	Excellent
CMIN	25.762	--	--			
DF	16	--	--			
CMIN/DF	1.610	Between 1 and 3	Excellent	> 5	> 3	> 1
CFI	0.980	>0.95	Excellent	<0.90	<0.95	>0.95
SRMR	0.052	<0.08	Excellent	>0.10	>0.08	<0.08
RMSEA	0.077	<0.06	Acceptable	>0.08	>0.06	<0.06
P Close	0.194	>0.05	Excellent	<0.01	<0.05	>0.05

The model fit metrics for the Learnt Helplessness and Quality of Academic Life Model exhibit an exceptional fit, signifying that the suggested structural linkages correspond effectively with the empirical data. The Chi-square (CMIN) value of 25.762 with 16 degrees of freedom results in a CMIN/DF ratio of 1.610, which is categorised as excellent (ranging from 1 to 3).

The Comparative Fit Index (CFI) of 0.980 above the excellent fit criteria (>0.95), indicating a robust comparative fit to the independence model. The Standardised Root Mean Square Residual (SRMR) of 0.052 is much below the 0.08 threshold, signifying an exceptional match regarding the total disparity between observed and anticipated correlations. The Root Mean Square Error of Approximation (RMSEA) of 0.077, although just beyond the excellent criterion of 0.06, remains within the acceptable range. The P Close value of 0.194 substantially exceeds the 0.05 criterion, offering compelling evidence that the model's fit closely aligns with the population. The fit indices collectively indicate that the proposed model of learnt helplessness, quality of academic life, and their associations with depression and anxiety effectively represents the underlying construct interactions among students with disabilities.

The second hypothesis: There is a direct effect of learned helplessness on the quality of academic life, anxiety and depression.

It is clear from Figure (5) that there is a direct effect of learned helplessness on the quality of academic life, the significance of which is clear from Table (10).

Table 10: Standardized and Unstandardized Direct Effects between Variables in the Learned Helplessness and Quality of Academic Life Model.

			Estimate	S.E.	C.R.	P	Beta
Quality of academic life	<---	Learned helplessness	-2.224	0.381	-5.833	0.01	-0.734
NEG	<---	Learned helplessness	1				0.659
ESCA	<---	Learned helplessness	1.276	0.152	8.412	0.01	0.687
INFL	<---	Learned helplessness	0.905	0.135	6.711	0.01	0.794
CQ	<---	Quality of academic life	1				0.896
EQL	<---	Quality of academic life	0.795	0.071	11.237	0.01	0.899
SLO	<---	Learned helplessness	1.236	0.175	7.077	0.01	0.894
DEPR	<---	Quality of academic life	-0.358	0.053	-6.752	0.01	-0.611
ANXI	<---	Quality of academic life	-0.192	0.04	-4.771	0.01	-0.461

The results presented in the table provide detailed information about the standardized and unstandardized direct effects between latent variables in the Learned Helplessness and Quality of Academic Life Model.

These data demonstrate substantial correlations among the constructs: Learnt helplessness exhibits a significant adverse effect on academic quality of life, with a standardised coefficient of -0.734 ($p < 0.01$). This suggests that increased levels of learnt helplessness correlate with significantly diminished quality of academic life.

The model illustrates that learnt helplessness is effectively represented by its signs. SLO has the highest standardised loading (0.894), followed closely by INFL (0.794), ESCA (0.687), and NEG (0.659), all significant at $p < 0.01$. The quality of academic life is significantly indicated by two metrics, CQ and EQL, which exhibit exceptionally high standardised loadings of 0.896 and 0.899, respectively ($p < 0.01$), indicating that they are outstanding measures of the construct. The quality of academic life adversely impacts both depression (-0.611) and anxiety (-0.461), with $p < 0.01$ for each. This indicates that an enhancement in the quality of academic life significantly reduces levels of despair and anxiety. All linkages within the model are statistically significant ($p < 0.01$), exhibiting high critical ratios (C.R.) that above the threshold of 1.96, hence reinforcing the model's structural integrity. The results offer robust empirical evidence for the theoretical links posited in the model, underscoring the significant impact of learnt helplessness on the quality of academic life and subsequent mental health consequences for students with impairments.

The third hypothesis: There is an indirect effect of learned helplessness on both anxiety and depression through the quality of academic life.

It is clear from Figure (5) that there are indirect effects of learned helplessness on both anxiety and quality of life, the significance of which is clear from Table (11).

Table 11: Standardized and Unstandardized indirect Effects between Variables in the Learned Helplessness and Quality of Academic Life Model.

			Estimate	S.E.	P	Beta
ANXI	<---	Learned helplessness()	0.427	0.151	0.01	0.3358
DEPR	<---	Learned helplessness()	0.796	0.215	0.01	0>4453

The data in this table elucidate the significant mediation function of academic life quality in the correlation between learnt helplessness and mental health outcomes

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(anxiety and depression) among students with impairments.

The indirect impact of learnt helplessness on anxiety, mediated by the quality of academic life, is statistically significant ($p < 0.01$) with a standardised coefficient of 0.339. This suggests that elevated levels of learnt helplessness correlate with heightened anxiety, a link mediated by diminished quality of academic life.

The indirect effect of learnt helplessness on depression, mediated by the quality of academic life, is statistically significant ($p < 0.01$) with a standardised coefficient of 0.448. This indicates a more robust indirect correlation between learnt helplessness and depression than with anxiety.

The indirect effects are both positive, suggesting that an increase in learnt helplessness correlates with a rise in anxiety and sadness, mediated by a decline in the quality of academic life. The unstandardised figures (0.427 for anxiety and 0.796 for depression) indicate the size of these indirect effects on their original scales.

These findings highlight the significance of academic life quality as a mediating variable in the association between learnt helplessness and mental health outcomes. Interventions designed to enhance the quality of academic life may alleviate the detrimental effects of learnt helplessness on students' mental health, namely in reducing anxiety and depression.

These results offer compelling evidence for the intricate relationship among learnt helplessness, academic quality of life, and mental health in students with disabilities, underscoring possible avenues for intervention and assistance.

The fourth hypothesis: There are statistically significant differences between students with disabilities and students without disabilities in terms of learned helplessness, quality of academic life, depression, and anxiety.

Table 12: Displays the Differences between Students with Disabilities and Students without Disabilities Regarding Learned Helplessness, Quality of Academic Life, Depression, and Anxiety.

	Variables	Students With Disabilities (N.103)	Students without disabilities (N.72)	T	p. value
		Mean ± SD	Mean ± SD		
Learned helplessness	**Negative**	42.7184 ± 3.89926	31.0278 ± 6.83193	14.351	.000
	Escape	37.5631 ± 3.12382	25.7917 ± 8.42855	12.970	.000
	Inflexibility	31.9223 ± 2.86866	29.2222 ± 7.13299	3.465	.001
	Satisfactions	33.2427 ± 3.88932	26.5000 ± 6.91396	8.217	.000
	Total degree of learned helplessness	163.2233±26.34869	112.5417± 23.49584	13.083	.000
Academic quality of life	**Cognitive quality**	50.0197 ± 6.19722	66.6528 ±17.05349	9.087	.000
	Emotional quality	17.05349 ± 6.82536	54.9583 ± 14.20319	6.493	.000
	Total degree of **academic quality of life**	94.5051 ± 11.29159	121.6111 ±29.76791	8.423	.000
Depression	**Total degree of depression**	33.7476 ± 3.97965	25.0694 ± 8.58483	8.979	.000
Anxiety	**Total degree of anxiety**	21.1068 ± 4.15606	18.5000 ±7.11277	3.050	.001

It is clear from Table (12) that significant differences exist between students with and without disabilities regarding learned helplessness and its dimensions (negativity, escape, inflexibility, and low satisfaction), as well as perceived academic quality of life (both cognitive and emotional) and both symptoms of depression and anxiety.

6. Discussion

The findings of the current study demonstrate that learnt helplessness exerts a statistically significant adverse effect on academic quality of life. Increased degrees of learnt helplessness correlate with markedly diminished academic quality of life. Moreover, academic quality of life exerts a statistically significant negative impact on both depression and anxiety, indicating that enhancements in academic quality of life are associated with substantial reductions in both conditions.

These findings align with a prior study (Dahash & Al-Dulaimi, 2024) involving 100 university students, which identified an inverse correlation between quality of life and helplessness. Additionally, Al-Anazi (2021) demonstrated a statistically significant negative relationship between learnt helplessness and academic self-concept. Ghasemi et al. (2024) also verified that learnt helplessness negatively impacts academic quality of life.

Prior findings indicate that students with disabilities who exhibit learnt helplessness perceive themselves as incapable of influencing outcomes, extend this belief to their academic experiences, and consequently experience heightened levels of sadness and anxiety.

This might be ascribed to the various physical and psychological obstacles they encounter, constraining their capacity to engage effectively with their surroundings. Challenges in acclimating to the university milieu and forging social connections with peers may lead to social isolation, decreased self-esteem, and diminished academic performance. Individuals may perceive a decline in their capabilities relative to others, which can adversely affect their motivation to learn and heighten psychological stress. This adversely affects the quality of academic life for students with impairments. Prior research has demonstrated that students who view themselves as academically inadequate when faced with challenging tasks exhibit diminished perseverance, reduced self-determination, and a lack of motivation. Furthermore, students with disabilities, who require specialised support, often develop life perspectives shaped by their disabilities. The educational environment fosters the development of learnt helplessness, as evidenced by the study (Sorrenti et al., 2018). Learnt helplessness exhibits a negative correlation with academic views, encompassing self-efficacy and the quality of academic life.

These conclusions are consistent with the current study and the theory proposed by Lazarus and Folkman (1984), which asserts that learnt helplessness exerts psychological pressure on individuals, and the coping strategies employed to manage these pressures directly influence psychological health. Depression and anxiety can impact individuals across all age demographics. Depression and anxiety are significant issues because of their early development in youth and continuation throughout adulthood, impacting quality of life and productivity (Gautam et al., 2020; Kasturi et al., 2023; Kiely, Brady, & Byles, 2019; Zimmer-Gembeck & Skinner, 2024).

Cognitive theory posits that depression arises from an individual's poor self-assessment, as Beck identified three factors that contribute to this condition: Negative self-schemas, cognitive distortions, and the negative cognitive triad (Smallheer, Vollman, & Dietrich, 2018). Learnt helplessness is associated with depression, as it represents a reluctance to do activities and a propensity to succumb to negative feelings, resulting in a perceived loss of control over circumstances. When behaviour fails to produce a change in outcomes, individuals extrapolate their experiences of failure to future scenarios, so perpetuating a sense of helplessness (Lieder, Goodman, & Huys, 2013).

Learnt helplessness is the internalisation of enduring reasons following failure. Elevated

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levels of depressive symptoms correlate with heightened academic stress, adversely impacting the quality of academic life (Li et al., 2020). Helplessness is associated with the attributional approach. Individuals who ascribe unpleasant occurrences to stable internal variables cultivate learnt helplessness, hindering their ability to attain goals in contrast to those who attribute such events to less stable and more universal external reasons (Khodair, 2023).

The cognitive organisation model delineates three interrelated levels for processing events influenced by irrational thoughts: 1) causal attribution, 2) automatic processing, and 3) strategic processing. A complicated dynamic interaction across these levels exacerbates maladaptive thinking, leading to diminished resilience and worse coping strategies (Clark & Beck, 2011; Cracsner & Mogoşan, 2015).

Consequently, learnt helplessness adversely impacts three fundamental domains: the Cognitive domain, characterised by generalised deficit responses in the future; the Emotional domain, where deficits manifest as anxiety, depression, and frustration; and the Motivational domain, evidenced by a deficiency in future motivation (Al-Masri, 2019).

Learnt helplessness is exhibited through behaviours including perplexity, rage, apathy, anxiety, a propensity to surrender, incomplete tasks, avoidance, and diminished motivation. Students cultivate a sense of powerlessness, unable to recognise the correlation between their efforts and results. Over time, people experience despair and an inability to attain academic success, resulting in a diminished likelihood of realising their full potential (Braunwell, 2016).

7. Conclusion

Learnt helplessness significantly influences the lives of students with disabilities, detrimentally impacting their academic quality and general psychological well-being. Consequently, it is imperative for students with disabilities to develop constructive cognitive patterns that foster their motivation to convert negative views into more realistic and adaptable ones. This can be accomplished by implementing structured training programs aimed at fostering positive thinking, realistic cognition, and effective coping skills. Moreover, customised educational programs are designed, considering the unique physical and psychological attributes of pupils with impairments.

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