

PHANTOM LIMB PAIN OF THE PHYSICALLY DISABLED

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CHAPTER ONE : DEFINITION OF RESEARCH

First: Problem of Research

The appearance of the body is one of the main things that occupy the thinking of many individuals and the body of any of us in its components and members give a picture of our bodies and through which the individual has a concept about himself and if one of the limbs of the body does not exist or does not work leads to the emergence of many of the problems experienced by the individual As a result of disability, especially individuals who have suffered from disability after years of enjoying a healthy body is not distorted, and that this physical imbalance affects the mental image of the individual himself through mutual relations with others (Shuayl, 2012: 252). We find that the society's negative view of the disabled mobility has made him a rebellious person for what he is refusing to put him and looking for actions and ideas graduating from what it is and that the physically disabled person often uses the mechanisms to escape the painful reality, which raises his concern and tension using defense mechanisms such as denial or rejection Or depression, which results in the pain of the imaginary parties. Both Fish and Fishman suggested that the illusion results from the denial of individuals to the loss of the member and has been interpreted as a function that does not serve the individual in feeling the existence of the missing member, and that the imaginary pain is due to the predominance of emotions and self-restraint (Weiss et al., 1993: 19). Therefore, the researcher raises the following question: Does the pain of the phantom limbs differ among the physically disabled according to gender, marital status, duration of time, Amputation.

Second: Significance of Research

In the most developed and developing countries, including Iraq, the disabled have recently been given considerable attention due to the increasing number of disabled persons and their impact on the development process within society (Ali, 2005: 352)

And in the context of the global interest in the rights of special groups and the importance of interest in the countries of the world, has been interested in some countries that seek to progress and development efforts of all individuals so the care of the disabled are factors by which we can judge the progress of communities and for this try to provide services Health, psychological and social needs and to provide their needs so that every disabled individual can live a dignified life without feeling helpless or inadequate (Abdel Wahab, 2008: 31) In addition to the image of the body of importance in the formation of the self, it has become the subject of many psychological and educational studies, it is a sign of a phenomenon that reflects the personality and relate to the feelings and perceptions and thoughts of the individual about his body or parts thereof, This phantom phenomenon has raised the interest of researchers and led to research and studies in an attempt to identify the phenomenon of phantom pain and find out why it occurs (Hill, 1999: 125). The Kolb study, which hypothesized that the placebo was actually a healthy response to the disability, indicated that the other individuals had an experience of refusing to accept the loss of a member. Kolb suggested that whenever a member of the body is important to the individual (Emotional level) the higher the probability of rejection of loss. (Simmel, 1958: 495), and rejection may be a feature that occurs immediately after the amputation process, which may be similar to the process of grief felt by individuals and that are associated with the loss or loss of someone dear to him). (Davison,

1980: 50) According to Holahan and Moos, psychological counseling does social support to reduce the psychological effects of psychological pain because there is a strong correlation between underdevelopment and increased psychological pain. Individuals who receive increased support in their surroundings (such as counseling) during stressful life are able to cope better. With these pressures psychological counseling helps to use alternative methods to deal with psychological and other crises (Holahan and Moos, 1986: 187).

Therefore, guidance seeks to achieve psychological balance and emotional, emotional, behavioral and social rights of the human through the real understanding of the self and realistic consideration of life and away from the negative ideas irrational affect the mental health of the individual, which hinders the individual's compatibility with himself and with the community (Jafar, 2009: 9).

Third: the objective of the current research Objective of Research

The current research aims at identifying:

- 1- Building the scale of the limb limbs for the physically disabled
- 2- gender, marital status and duration of amputation.

Fourth: Limitations of Research

The current research is determined by the physically handicapped people with motor disabilities acquired from adults and officially registered in the Ministry of Health / Baghdad Rusafa Health Department in central (Baghdad Center for prostheses, center of canal canal prostheses) For the year 2017-2018

Fifth: Definition of Terms

Phantom Limb pain

Known by:

Mel Melzack, 1999.

Is a multidimensional complex of many sensory, affective, cognitive and evaluative components (Melzack, 1999: 17) E Ephraim 2005.

-It is a sense of pain in a party that does not exist.

Pain or discomfort felt by limb limb limbs that are missing (Ephraim 2005: 9).

Medical Partner Dictionary Farlex, 2012

Is the painful sensations that occur in the limb (phantom) and usually include his character and painful feelings exacerbated by the attempt of the movement of the

phantom parties and emotional influences (Farlex, 2012: 37)

Theoretical definition of phantom limb pain

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Procedural definition of phantom limb pain

The total score obtained by the respondent by answering the paragraphs of the phantom limb scale that the researcher has identified.

2- .physically disabled:

Definition of the International Charter of the Disabled Conference of 1980

As a condition that limits the ability of the individual to perform one or more of the functions that are essential elements of our daily lives including care or practice social relations and economic activities within the limits that are natural (Ali, 2004: 301).

CHAPTER TWO THEORETICAL FRAMEWORK AND PREVIOUS STUDIES

Phantom Limb Pain :brief history

It is the sensation of individuals who have amputated or lost limbs that their limb or missing limbs still stick to the body and move properly with other parts of the body. The first was discovered by the American neurologist (Silas and Michelle, 1871) in the American Civil War. Mitchell described the parties as " Many soldiers who lost limbs now and then tormented them (Mitchell, 1871: 564)

In 1951, the French military surgeon, Embroise Barry, recorded his first documents in the phantom limb pain

when he said that "patients long after the amputation say they still feel pain in the amputated part

These pains can be described by individual perceptions and experiences of a limb or part of the body that has been amputated. This pain results from the loss of that part (the limb of the body) and the opening of the pain gate. No less surprising is the pain itself (Ribbers, at el., 1989: 180)

Causal Explanations for Phantom Limb Pain

First: Explanations (Physiological Mechanisms):

Several physiological mechanisms have been presented to explain the evolution or growth of this illusion. The early theories of the phantom member's pain were based on the theories of pain-specificity, and the pain of the phantom limb was interpreted entirely from the perspective of peripheral factors.

For example, based on the only observation that stump manipulation affects the pain of the placebo, several researchers hypothesized that stimulation of nerve endings in the amputated stump sends information to the brain that is translated as phantom limb pain (Flor, at al. , 1995: 483).

After the amputation, the fibers grow from the nerve end to the neuromas, which in turn generate abnormal impulses (non-nature). These pulses activate the cells of the central nervous system They are thought to send an abnormal signal to the brain and believe that these signals are being interpreted in a functionally incorrect manner and may produce a sensory perception of imaginary pain (Sherman, 1997: 92).

Second: psychological explanations

Some researchers hypothesized that the perplexing aspects of the phantom limb pain can be explained by looking at the psychological makeup of the disabled, that psychological theories have attributed chronic pain to personality disorder, hidden depression, guilt, deprivation of childhood, defense against pent-up loss or hostility, Which have been cited as an important feature in the growth of phantom limb pain (Violon, 1982: 30)

(Theories of Privacy Pain is an independent sensation with special sensory receptors that respond to bodily harm and transmit signals through pathways in the nervous system to the brain.

Stump The remaining part of the lump member.

Neuromas doctrine of any miniature knot.)

Sherman's (1997) study of psychological explanations of phantom limb pain has little to do with personality, but is more related to the pre-handicap experience in which many people with disabilities suffer from phantom pain (Sherman, 1997: 285)

The other category of psychological interpretation assumes that the pain of the imaginary party results from the use of defense mechanisms such as "denial, rejection or suppression". Wiess and Fishman have suggested that the illusion results from individual denial of loss, It is functional (ie functional) because it serves to re-strengthen the presence (or sense of existence)

User (Wiess & Fishman, 1993: 490)

That the imaginary pain occurs because of the predominance of emotions and psychological limitations in individuals, and from this we conclude that this phenomenon, as stated by Fenichel as a method used by the individual to suppress the feelings inflated

(overcharged Feeling), which are severe and painful to accept in the sense of (Consciousness) and promised one of the early signs common in schizophrenia and that these distortions take forms such as monitoring sensors, low or high sensitivity, unusual sensations in the size and shape of the body

(Fisher & Cleveland, 1958: 18-19)

Psychological theories that explain the phantom pain of the parties

Theories of Psychoanalysis

According to the psychoanalytic point of view, persistent pain, which is difficult to define as a social explanation, is a preventive measure against unconscious psychological conflicts. Emotional pain is a shift toward the body as it seems more acceptable and probable. Studies in this area have attempted to prove that patients suffering from pain People are aware of them and pain is manifested as a means of expressing these unconscious conflicts, as it also shows aggressive tendencies, pent-up hostility, a hardened ego, guilt, dissatisfaction as a defense against deprivation or The threat of deprivation, distressing childhood experiences and various personality disorders (Swansan, 1984: 202)

Both Százz (1957) and Engel (1959), both of whom are psychoanalytic, have formulated a comprehensive formulation to explain how mental disorders can be transformed into sensory pain. Sázáz has argued that the ego perceives the body as a subject and the individual

treats the body as something or As something outside the self and therefore the feelings on the body is considered to be in another person and the pain is seen as a hostile attack on the body on the individual who suffers and the sense of physical pain is an alternative to grief over the loss or loss of a lover; pain allows the person in this case to find Or reduces the amount of anxiety felt or associated with guilt, as can be That pain is also understood as a means of expression at various levels, including the expression of aggression and atonement through suffering. This formulation is largely a conceptual view of the interpretation of pain, as no empirical studies support these perceptions, and Sázaz himself did not provide empirical evidence Sufficient for these perceptions (Gamsa, 1994: 73). Gate Control Theory, 1999:

This theory is the first systematic attempt to develop an integrative model based on the interaction of biological and psychological factors for the interpretation of pain. This theory was proposed by Melzack & Will (1999). According to this theory, pain is not perceived as a sensory experience that depends only on the degree of damage to the living tissue , But is seen as a multidimensional experience consisting of aspects (sensory, emotional, and evaluative), where the presence of complex neurological neurological complexes in both the spinal cord (Spinal Cord) and the brain is working to modify the signs of pain received before the arrival of these signals to the brain With a neurological portal present in the dorsal century (Dor sal hom) for the spinal cord. This gate can be opened and closed according to relative activity in small and large conveyor fibers. The activity of the large fibers obstructs the transmission of pain messages (by closing the gate) while the small fiber activity facilitates the transmission of pain signals Sensory inputs can be modified by balancing the activity of small and large fibers. In addition to the effect of the gate's component on the activity of small and large fibers, it is also affected by descending instructions from the brain. This theory suggests that the higher brain centers, which are responsible for knowledge and conscience, The Pain from the area of injury to the brain as these centers activate certain systems that modify the work of the neural gate (Melzack, 1999: 124)

In a simplified way, it is possible to say that the pain portal as proposed by Melizak and Wall is influenced by a number of factors that can be opened or closed. These factors are divided into sensory factors, cognitive factors and emotional factors (Turk, 2002: 331).

Sensory factors include things related to real physical harm.

Cognitive factors include aspects of our thoughts, memories and interpretations of the present situation and future prediction.

Emotional factors include things related to conscience, feelings, happiness, sadness, grief and guilt.

Accordingly, the factors that open the portal and thus lead to more suffering include sensory aspects such as injury, inactivity or inactivity, weak physical mechanisms, lack of progress in activities and long-term use of drugs.

Cognitive factors include an excessive focus on pain and discomfort, bad things related to pain, and the thought that the future will be disastrous or tragic.

The sensory factors that close the gate include: increased activity and short-term use of drugs and relaxation exercises

Cognitive factors include external interests, beliefs in the ability to overcome pain, and distraction away from pain.

Emotional factors include positive attitudes towards pain, decreased depression, a sense of ability to control pain, life, stress management

. (Melzack, 1999: 127)

Studies dealt with the concept of phantom pain Parties Study (Dolar, 1999):

(Image of the body and its relationship to the pain of the phantom parties in cases of amputation).

The study aimed at revealing the dimensions of the body image and its relation to the mother of phantom limbs in amputations. The sample consisted of (43) amputees. The results of the study reached the following results: a relationship between coping strategies and the pain of the phantom parties with amputations, individuals who have adapted well The study noted a difference in self-expression, and that individuals with an imaginary side showed their bodies as if they were present, complete, and did not suffer damage or loss, and individuals who suffered from limb amputation and felt the phantom pain they have Negative image of their bodies (Dolar, 1999: 2).

Study (Hill, 2003):

(Relationship strategies dealing with pain and the level of pain and mental and psychological distress)

The study aimed to identify a relationship between the use of strategies to deal with pain and the level of pain and psychological distress in a group of patients suffering from the pain of the phantom parties. The study was applied to a

sample of 60 patients from the centers of the limbs industry suffering from the pain of the phantom parties, The results of the study showed that patients who are able to use coping strategies suffer less than placebo and are able to cope with life difficulties and suffer less than the damage. S Psychological (Hill, 2003: 12)

CHAPTER III: RESEARCH METHODOLOGY AND PROCEDURES

Research Methodology:

The descriptive approach is based on precise monitoring and follow-up of a phenomenon or event. The descriptive approach is often used to study the social and human sciences that are given in a quantitative and qualitative manner over a period of time or several periods in order to identify the phenomenon or event in terms of content.

43).research community:

Is all individuals, objects or persons subject to the problem of research, which is all elements related to the problem of the study which the researcher seeks to generalize the results of the study, so the researcher seeks to involve all members of society (Abbas et al., 2006: 217)) Which is studied by research. (Melhem, 2002: 133)

The current research community consists of physically disabled people officially registered at the Baghdad Center for the prostheses and the center of the prosthetic canal in Baghdad

The Sample of the Research:

The researcher chose the sample to be representative of all the handicapped. The sample survey is part of the statistical society. The sample should be a precise representative of the characteristics of the society. The researcher chose a sample of (210) handicapped persons who constitute approximately 3% of the total population distributed in two centers according to the variable of type. The variable of social status and the duration of amputation It was determined by breaking up a statement They

Articles of The Research:

In order to achieve the current research objectives, there must be standards that are compatible with the literature and theoretical frameworks adopted in the current research in proportion to the nature of a society

The researcher has constructed the phantom limb pain scale

-Explanations building the scale of the pain of the imaginary limbs.

-1In the absence of a scale commensurate with the objectives of the current research and the basic sample to the knowledge of the researcher so the researcher has built the scale and the preparation of paragraphs in a manner fit the basic research sample.

2 - Different types of samples applied to the previous standards according to the nature of the community and culture, which proves the difference from the current research community, which may affect the results reached when the application of the scale is inaccurate, and designed for different age groups and different circumstances.

Phantom limb pain scale:

To achieve the objectives of the current research if requires a tool to measure (the pain of the parties delusional) since the scale was built because the researcher did not find any foreign scale or scale Arab fit the nature of our society and measure this phenomenon from the psychological side if you get measurements measure the phenomenon from the medical side only.

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Procedures for building the phantom limb pain scale:

Through the researcher's knowledge of research and studies of the pain of phantom parties and the components included in this concept, the following procedures have been followed:

- 1-The researcher adopted the theory (Melzack, 1999) in the definition (concept of pain of the parties delusional.
- 2- Based on the method of self-report in constructing the scale and relying on the method of the reporting phrases in the drafting of the scales.

Steps to build the phantom limb pain scale:

Defining the concept of phantom limb pain:

The researcher identified the concept of phantom limb pain from the theory adopted in the current research, namely Melzack (1999) as a theoretical framework in constructing the scale. The pain of the phantom limb was defined as a painful illusion caused by the inability to deal with physical changes and self-reliance, Psychological distress and poor compatibility and emotional disorders of the disabled) and took into account the extent of relevance of the content of the measure with the nature of the members of the current research sample.

Determining the components of the phantom limb pain scale:

For the purpose of determining the components of the scale, which covers the paragraphs to measure the pain of the phantom parties in the current research sample, as shown in the literature and theoretical framework, and the theoretical definition of the concept of pain of delusional parties, the researcher identified three components of the scale, based on the theory (Melzack, 1999)

First: sensory: This component is all sensory factors and things that relate to physical damage happening.

Second: Emotional: It is things that relate to conscience or feelings and happiness and sadness and sorrow and guilt.

Third: Estimate: refers to the ideas and interpretations experienced by the individual and predict the future

Formulation of the paragraphs of the scale:

Since the researcher adopted theoretical concepts (Melzack, 1999) in the definition of the concept of delusional pain of the parties has been prepared (42) paragraph to measure the pain of phantom parties distributed on the components identified by (Melzack) in his theory and the (14) paragraph for each component, For each paragraph in the Likert style of the three alternatives (apply to me, apply to some extent, do not apply)

Correction of scale:

The phantom limb pain scale, which has a number of paragraphs (42), has been corrected and is applied to a trio (always applies, to some extent, does not apply) is given when corrected in the positive direction (with the variable) (3, 2, 1) The score was obtained (1, 2, 3) and the researcher obtained the approval of the arbitrators to include the alternatives of the answer and its suitability for the members of the research sample. The total score was calculated, with the highest score (126) and the lowest score (42) (84).

Statistical Analysis of Scale Clauses:

The researcher followed the extraction of the psychometric properties of the phantom limb scales

Identification of statistical analysis sample:

The researcher applied the phantom limb pain scale on the same sample randomly selected from the center of the prostheses in Baghdad (210) disabled to implement the previous measures.

A) Calculating the discriminatory power of the scale paragraphs:

In order to extract the power of excellence, the researcher relied on the statistical analysis sample and the same steps used in extracting the exceptional power of the two measures.

After the statistical analysis, all 42 cases were found to be able to distinguish between the two extremes if they obtained a calculated t value higher than the T-table value of 1.98 at the level of significance (0.05) and the degree of freedom (112)

C - Relation to the degree of the paragraph in the overall degree of the measure (sincerity of the paragraphs):

To calculate the correlation of the score of the paragraph to the total degree of the scale, the researcher used the Pearson correlation coefficient between the score of each paragraph and the total score of the scale. After that, the significance of the correlation coefficient was calculated for each paragraph. All the paragraphs were statistically significant when compared to the correlation value of (0.138)) And with a degree of freedom (208)

D) The degree of the paragraph relates to the total degree of the field to which it belongs:

To calculate the correlation of the degree of the paragraph to the total extent of the field to which it belongs, the researcher used Pearson correlation coefficient and calculated the significance of the correlation coefficients for the paragraphs. The results showed that all correlation coefficient values between them were statistically significant because they are greater than the scale value of (0.138) (0.05) and a degree of freedom (208), which means that all domains of the phantom gamma scale are consistent in measuring the same variable

E) Relationship of the degree of field to the total degree of the scale (internal link matrix)

In order to achieve the validity of the components of the scale, the researcher adopted the total score for each component and the total score of the scale, prepared by an internal arbitrator through which the coefficients of the validity of the component can be extracted. The researcher used the Pearson correlation coefficient between the degree of each field and other fields and the total score of the respondent on the scale. (0.05) and the degree of freedom (208), it was found that all the correlations

between the domains of each other, or the relation of the field to the total degree of the scale (the pain of the phantom limbs) was positive and this indicates that صدق Sincerity construction.

4. The cytometric properties of the scale:

A - The truthfulness of the face Face Validity:

The researcher made sure through this type of honesty that the paragraphs are suitable for the purpose for which the standard was established in measuring the pain of the phantom parties. The researcher achieved the truth by presenting the scale to a group of arbitrators in the educational and psychological sciences to judge its validity, (6) Each arbitrator was asked to give his opinion on the paragraphs of each of the paragraphs of the phantom limb pain scale and the appropriateness of each paragraph for the field to which he or she also had the alternatives to answer the paragraphs of the scale and the appropriate amendments to the paragraphs.

B - Construction Validation:

This type of honesty was achieved by extracting some of the indicators and indicators. The researcher extracted the discriminant force of the paragraphs. Most of the paragraphs were distinguished. They have the ability to measure individual differences in phantom limb pain. The component or area in the total degree of the scale was statistically significant, ie, it is true, as shown in Table (17).

2- Reliability:

The stability of the phantom limb pain was calculated in the following ways:

External consistency using the test method - retesting
In order to calculate the coefficient of stability according to the method of re-testing, the researcher applied the scale to a sample of (20) disabled after two weeks of the first application, Pearson correlation coefficient was calculated

between the first and second applications, And the correlation coefficient (0.81).

B) Internal consistency using the Alpha-Kronbach equation

The researcher used the α -kronbach equation to estimate stability and the scale was applied to the same sample. The coefficient of stability (0.83) was shown indicating that the coefficient of stability of the phantom limb pain scale was good.

Description of the scale as final

After verifying the cykometric properties of the phantom limb scale of honesty and persistence, and following the scientific steps in its construction, the final form of the measure has become (42) a valid measure of the application. The total score of the respondent is calculated by collecting the grades obtained for each paragraph The highest score for the respondent is (126), the lowest grade (42), and the mean (84).

THE FOURTH CHAPTER: VIEW, INTERPRET, AND DISCUSS RESULTS

1-Building the scale of the limbs of the imaginary.

This objective has been achieved as in chapter III

2- recognize the pain of the phantom limbs of the physically disabled according to (gender, marital status and duration of amputation):

To achieve this objective, the researcher applied the phantom limb pain criterion in its final form to the 210 study subjects. After analyzing and processing the data, the T-test was used for one sample of the difference between the mean and the standard deviations of the research sample. In Table (25)

(Table 25)

Arithmetical averages, standard deviations and the calculated and tabular T value of the phantom limb scale

sig	T value*		The mean medium	standard deviation	Arithmetic mean	the number	variablePainParties phantom
	Table	Calculated					
cursor	1.96	17.808	84	11.24725	99.4524	168	Male
cursor	2.021	8.224		12.44017	99.7857	42	Females
cursor	1.96	15.894		11.65531	99.2789	147	Married
cursor	2	11.518		11.08079	100.0794	63	Unmarried
cursor	2.021	8.572		11.59352	98.6522	46	less than one year
cursor	2	11.094		11.68373	100.0769	65	From 1to 5years
cursor	1.98	13.631		11.35442	99.5556	99	More than 5years
cursor	1.96	19.615		11.46545	99.5190	210	The sample as a whole

It is clear from the table above that all calculated T values for phantom limb pain are statistically significant because they are larger than the T-value at (0.05) and 209 degrees. When comparing the mean to the mean with the mean of the sample, The mean is higher than the mean and the result indicates that the sample has the phantom limb pain

INTERPRETING THE RESULT:

It is clear from the result of this goal that the members of the research sample have the pain of the phantom parties and it can be said that the imaginary pain is due to the predominance of emotions and psychological limitations in individuals and is associated with the loss of a member of the body Kolb assumed that the pain of the imaginary party is in fact a health response to disability linked to the mechanism Of course, because individuals who are trying to refuse to accept the loss of a member, and suggested (Kolb) that the more the member of the body is emotionally important to the individual the greater the likelihood of rejection of loss.

That is, the rejection occurs immediately after the amputation process, which may be similar to the grief associated with any loss or loss, and that the loss of the organ for any person was a major incident that has profound consequences for the mental health of the person concerned.

Wiess and Fishman suggested that the illusion results from the individual's denial of a member's loss. The imaginary pain is interpreted as functional, functional, because it

serves to reassert the member or sense the presence of the member. Simmel, The sense of illusion is not only caused by denial but by a center or concentration.

In his theory of control, Melzak points out that it is precisely the emotional feeling of pain that indicates the state of aversion and motivates the individual to terminate, reduce, or even escape from confronting the source of the harmful (harmful) source that causes the harm.

(Melzak & Casey, 1968: 45)

Based on this theory, the psychologists interpreted the agreement with Melzac's view of pain as "organic pain - psycho-organic pain"

The result of this objective is consistent with the results of the study (Dolar, 1999And Hill (2003)

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