



Examining the Relation between Social Support Level, Family Indomitableness Level and Life Satisfaction Levels Perceived by Parents with Disabled Children

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Abstract

In the present study, the purpose was to examine the relation between the social support levels, family indomitableness levels and the life satisfaction levels perceived by parents of children with disabilities. The Descriptive-Correlational Research Model was used as the model in the study. The parents of 231 children with disabilities participated in the study. The Pearson Correlation Analysis and Multiple Linear Regression Analysis were made for the analyses of the data. According to the study results, a positive correlation was detected between the perceived social support levels, family indomitableness, and life satisfaction. It was determined that the perceived social support levels and family indomitableness explained 40% (R^2) of life satisfaction.

Keywords: perceived social support level, family indomitableness, life satisfaction, disability.

1. Introduction

Life satisfaction, which was described firstly by Neugarten in 1961, is defined as the positive perception of an individual about his/her entire life in line with the criteria set by him/her (Veenhoven, 1996). Life satisfaction is a subjective evaluation, and refers to a subjective well-being, which is the result of evaluation of an individual about his/her life both in cognitive and emotional terms (Diener, 1984). In other words, it is related with how much an individual loves life (Özdevecioğlu & Aktaş, 2007). According to Myers and Diener (1995), when the life satisfaction of individuals is higher, they approach emotional problems more positively, and resolve their problems faster and easily. However, when life satisfaction is low, when they face problems in life, they are not able to approach the problem in a positive manner, cannot resolve them, and show reactions like anxiety, depression and anger.

It is an expected and desirable situation that the life satisfaction levels of the parents of children who have disabilities are high. However, in a study conducted by Bilge et al. (2014) it was reported that 15% of the parents of individuals who had disabilities had psychological problems, and 60% had burnout. Because individuals who have disabilities have lifelong care requirements, and wear out their families with constant behavioral problems (Bilge et al., 2014;

Roach, Ormond & Barratt, 1999). In addition, the additional requirements of individuals who have disabilities like medical care needs, communication problems, special physical arrangements at home and special equipment based on the disability type of these individuals bring extra financial burdens to the family (Turnbull & Turnbull, 1995). In addition, they are more limited in social environments because the parents care more about their children (Roach, Ormond & Barratt, 1999). Based on all these, studies conducted in this respect show that the parents of children who have disabilities have anxiety, depression, emotional distress, low self-esteem, stress, and health problems compared to families with normal children (Hastings & Brown, 2002). The emotional state of an individual, which changes with anxiety, depression and stress, decreases the life satisfaction of the individual (Aysan & Özben, 2007). When we consider the life satisfaction levels of the families of individuals who have disabilities, it is seen that these levels are lower (Bilge et al., 2014). There are several variables affecting life satisfaction. In the context of the present study, the relations between family indomitableness and perceived social support levels will be examined.

- The life satisfaction of individuals is higher, they approach emotional problems more positively, and resolve their problems faster and easily.
- It was determined that there was a moderate correlation between perceived social support and life satisfaction.
- A correlation was detected between family indomitableness levels and life satisfaction levels.
- It was concluded that perceived social support level and family indomitableness were the predictors of life satisfaction.

Family indomitableness is defined as the ability of the family in enduring and coping with stress as a functional system (Walsh, 2003). In other words, when a family encounters a crisis, it is possible to argue that it is an adaptation to the problem by using internal and external resources, surviving, and solving the problem by returning the family back to its original state (Greeff, Vansteenwengen & Ide, 2006). Parents of children who have disabilities face many problems because of the inadequacy of their children (Ahmetoğlu & Aral, 2005). Children who have disabilities may need the help and support of their parents in any medium when compared to normally developing peers. This situation may cause that these parents experience more stress in their work and social lives compared to the parents that have children who develop normally because of the additional needs of the parents themselves and their children (Kaner, Bayraklı & Güzeller, 2011). Families that have higher indomitableness levels find appropriate ways to adapt to stress and trouble, both initially and in time (Hawley & DeHaan, 1996). Families that have high indomitableness levels use their individual powers, and the resources of their families to deal with these problems. In addition, families find not only the power of family members but also find the support from the family environment and social institutions easily (Simon et al., 2005).

In general, social support can be considered as a stressful and negative condition by providing services, which might improve adaptive competence via individuals and/or institutions (Kaner & Bayraklı, 2009). Social support is available in various types. For example, according to Edwards (2004), social support types might be material, informational or emotional. Barrera and Ainsley (1983), on the other hand, categorized social support types as financial support, behavioral support, intimate/close interaction support with individuals, guidance support, feedback and positive social interaction support. These social support types constitute the help given to us from our families, friends, and other people around (Edwards, 2004). Previous studies showed that the lack of social support for families that have individuals with disabilities causes stress for them and make them face unique challenges (Noojin & Wallander, 1996). Among the factors that affect the parenting roles of families, the lack of social support is the most prominent one (Tymchuk & Andron, 1990). However, previous studies also showed that parents who had children with

disabilities exhibited more positive parenting behaviors when they were provided with adequate social support (Ceballo & McLoyd, 2002). Because social support has a protective and supportive effect in the face of difficulties when s/he meets problems in life, and makes him/her feel that s/he is loved, valued, trusted, protected and belong to the society (Cobb, 1976). Especially for parents who have individuals with disabilities, social support will help parents feel more comfortable and make it easier for them to accept their children that have disabilities. Besides, it will also enable them to consider life in a more positive manner (Dönmez, Bayhan & Artan, 2001).

When review the literature, no studies were detected that examined the relations between social support, family indomitableness, and life satisfaction of parents who had children with disabilities. However, Migerode, Maes, Buysse and Brondeel (2012) conducted a study on the parents who had individuals with disabilities to determine whether social support and family indomitableness was the predictor of the quality of life. According to the results of this study, they concluded that social support and family indomitableness was the predictor of quality of life. There are also several studies that examined the relations between social support, indomitableness, and life satisfaction in different groups. In their study, Achour and Nor (2014) examined whether indomitableness levels and social support predicted life satisfaction in secondary school students. Yang, Xia, Han and Liang (2018) examined the relations between and social support, indomitableness, life satisfaction and stress in individuals that had substance use disorder. Kalka and Lockiewicz (2018) examined the relations between indomitableness, social support and life satisfaction in dyslexic students. In their study, they aimed to explain the relations between parental perceived social support levels, family indomitableness levels, and life satisfaction levels of the individuals who had disabilities, and to determine the predictive variables of these relations. For this purpose, the answers for the following questions were sought in the present study:

1. Is there a significant correlation between the social support levels, life satisfaction levels, and family indomitableness levels perceived by the parents of the individuals with disabilities?
2. Does the social support levels perceived by the parents of individuals with disabilities and their family indomitableness levels predict their life satisfaction levels?

2. Method

2.1 *Study model*

Since the relations between perceived social support levels, family indomitableness levels and life satisfaction of parents of individuals with disability were investigated in the present study, it had a descriptive-correlational design. Descriptive-correlational studies aim to determine the relations between two or more variables, and to determine the degree of the relations between these variables. The data in these studies do not provide us with a complete cause and effect relation. However, they give clues about the variables that are examined. In this way, it gives the researcher the opportunity to make predictions (Karasar, 2013).

2.2 *Data collection tool*

2.2.1 *Demographical data form*

The Demographical Data Form consists of two parts. In the first part, there is information on the parents; and in the second part, there is information on the individuals who have disabilities. In the first part, there is information on gender, age, income level, and education

level (Table 1). In the second part, information on age, gender and type of diagnosis of the child who has disability is given.

Table 1. Demographical data on the parents participating in the study

Age	N	%	Income	N	%
Below the age of 25	26	11.3	2501-3500	92	38.3
26-35 years of age	39	16.9	3500-4500	37	15.4
36-45 years of age	77	33.3	4501-5500	42	17.5
46-55 years of age	69	29.9	5501-6500	23	9.6
Above 55 years of age	20	8.7	At and above 6501	37	15.4

School	N	%	Gender	N	%
Primary school	63	26.3	Male	75	31.3
Secondary school	56	23.3	Female	156	65.0
High school	69	28.8			
University	43	17.9			

When Table 1 is examined, it is seen that 26 (11.3%) of the parents who participated in the study as the parents of the individuals who had disability were under 25 years old, 39 (16.9%) were between 26-35 years old, 77 (33.3%) were 36-45 years old, 69 (29.9%) were between the ages of 46-55, and 20 (8.7) were over 55 years of age. When the monthly income levels of the parents are considered, it is seen that 92 (38.3%) are between 2501-3500 Turkish Liras, 37 (15.4%) between 3500-4500 Turkish Liras, 42 (17.5) 4501-5500 Turkish Liras, 23 (9.6%) had income between 5501-6500 Turkish lira and 37 (15.4%) have income above 6501 Turkish Liras. A total of 63 (26.3%) of the parents were primary school graduates, 56 (23.3%) were secondary school graduates, 69 (28.8%) were high school graduates, and 43 (17.9%) were university graduates. A total of 75 (31.3%) of the parents were male, and 156 (65.0%) were female.

Table 2. Demographical data of the students with disabilities

Age	N	%	Gender	N	%
At and below 10 years of age	95	39.6	Male	139	57.9
11- 20 years of age	61	25.4	Female	92	38.3
21-30 years of age	45	18.8			
At and above 30 years of age	30	12.5			

Disability	N	%
Autism	88	36.7
Mental	74	30.8
Other	69	28.8

As it is seen in Table 2, 95 (39.6%) of the students who had disabilities were at and under the age of 10, 61 (25.4%) were between 11-20 years of age, 45 (18.8%) between 21-30 years of age, and 30 (12.5%) were 30 years or older. A total of 139 (57.9%) of the students were male, and 92 (38.3%) were female; and 88 (36.7%) of them were diagnosed with autism spectrum disorder, 74 (30.8%) were mentally disabled, and 69 (28.8%) were in the other disabilities group.

2.2.2 Renewed parents social support scale

The scale was developed by Kaner (2010) to determine the Perceived Social Support Levels (PSSL) and their Satisfaction Levels of the Social Support they received (SLSS). The scale consists of 28 items in 4-point Likert type. RPSSS items are scored in two different ways. Firstly,

the scores are in the form of: (1) “None”, (2) “Rarely Exists”, (3) “Sometimes Exists”, (4) “Always Exists” to determine what kind of support parents receive. The level of their satisfaction with the received social support are scored as: (1) “I am not satisfied at all”, (2) “I am a little satisfied”, (3) “I am satisfied”, (4) “I am very satisfied”. The lowest score that can be received from the scale is 28, and the highest score is 112. As the score received from the scale increases, the perceived social support and satisfaction levels of the parents also increase (Kaner, 2010).

The Exploratory Factor Analysis was carried out to determine the structural validity of the scale. As a result of the Exploratory Factor Analysis, the scale was given its final form consisting of four sub-factors. The sub-factors were social cooperation support, information support, emotional support, and care support. The Confirmatory Factor Analysis was applied to determine that this structure was valid for satisfaction levels, and it was determined that the same structure was kept. The Cronbach’s Alpha and Spearman Brown Two Half Reliability Analyzes were also made to determine the internal consistency of the scale. The alpha coefficients were between 0.83-0.95 for RPSSS-PSSL; and between 0.85-0.95 for RPSSS-SLSS. The Spearman Brown Two Half Reliability Coefficients ranged between 0.86-0.92 for RPSSS-PSSL, and 0.84-0.96 for RPSSS-SLSS (Kaner 2010).

2.2.3 Family Indomitableness Scale (FIS)

The scale was developed by Kaner and Bayraklı (2010), and consists of 37 items in 5-Point Likert-type. The scale was applied to the parents with 105 children in private educational institutions and 419 children with normal development during the development phase. The scale was scored as: (1) It does not define me at all, (2) It defines me a little, (3) It defines me at a moderate level, (4) It defines me well, (5) It defines me very well. The scale consists of four sub-factors. These factors are total and struggle, commitment to life, self-efficacy, and control. Validity studies like explanatory factor analysis, confirmatory factor analysis, item-total correlation, and correlations between subscales were applied to the scale. In addition, the correlations of the scale with Beck Depression Inventory, Learned Strength Scale and Parenting Competence Scale. The reliability of the scale was examined by using Cronbach’s Alpha, Spearman-Brown Two Half Reliability and Test-Retest Reliability Coefficients. The Cronbach’s Alpha coefficients of the FIS were 0.54-0.91; and the test-retest reliability values were between 0.33-0.80, and all were significant.

2.2.4 Life Satisfaction Scale

The Life Satisfaction Scale was developed by Diener, Emmons, Larsen and Griffin (1985), and was adapted into Turkish by Dağlı and Baysal (2016). The scale was originally in the form of 5-point Likert scale, and had only one dimension. As a result of the validity-reliability study, it consisted of five items, had one dimension, and was in the form of 5-point Likert type. The Cronbach Alpha coefficient of the scale was 0.88, and the test-retest reliability was 0.97.

2.3 Collection of the data

The data were collected from the parents of the individuals who had disabilities, who attended special education and rehabilitation centers in Edirne and Istanbul. Private special education and rehabilitation centers were visited individually. Some of the parents were interviewed face-to-face, and the scales were sent through the teachers or students. The aim of the present study was explained to the parents who were interviewed face-to-face. The parents who could not be interviewed face-to-face and who needed explanations were informed via telephone. A total of 400 scales were distributed to these parents. A total of 283 scales were returned. Only

231 of these scales were found to be proper for use, and the data were analyzed from the remaining 231 scales.

2.4 Analysis of the data

The data were analyzed by using the IBM SPSS 24.0 Software. Firstly, the normality test was applied to the data. It was determined that the data showed normal distribution. The Pearson Product Moment Correlation Coefficient was used. The Multiple Linear Regression Analysis was used to examine the predictor relation of the variables.

3. Findings

The Pearson Moments Product Correlation Coefficient and Multiple Linear Regression findings will be given in this part.

Table 3. Pearson moments multiplication correlation coefficient analysis

Variables	Life satisfaction	Social support	Family Indomitableness
Life satisfaction	1	.486**	.585**
Social support	.486**	1	.458
Family Indomitableness	.585	.458	1

N=231, **P < 0.05

As it is seen in Table 3, the Pearson Product Moment Correlation Coefficient Analysis was made to determine whether there were significant relations between life satisfaction, social support, and life satisfaction levels. According to Correlation Warner (2008), between 0 and 0.29 is considered as low, 0.30 and 0.69 is considered as moderate, and 70 and 1.0 is considered strong. According to the results of the analysis, there was a positive relation between life satisfaction and social support ($r=.486, p>050$), and life satisfaction and family indomitableness ($r=.585, p>050$).

Table 4. Multiple linear regression analysis

Variable	B	Standard error	β	t	P	Part r	Partial r
Constant	-.362	.286		-1.265	.207	.246	.303
Perceived Social support	.392	.082	.277	4.805	.000	.408	.467
Family Indomitableness	.609	.076	.459	7.968	.000	.246	.303

R=.635; R²=.403; Adjusted; R²=.398; F₍₂₋₂₂₈₎ =76,914; P=.000

As it is seen in Table 4, it was determined that there was a moderate and significant relation between life satisfaction, perceived social support, and family indomitableness ($r=.635; r^2=.403, p<.001$). When Table 4 is examined, it is also seen that there were bilateral and partial correlations between perceived social support, family indomitableness and life satisfaction (predictor variable). It was also determined that there was a moderate correlation between perceived social support and life satisfaction ($r=.41$). when the perceived social support level was examined, it was determined that the correlation between the two variables was $r=.47$. There was a low-level relation between family indomitableness and life satisfaction ($r=.25$). When the family indomitableness levels were examined, it was determined that the correlation between the two variables was $r=.30$. As a result, it was determined that perceived social support levels and family indomitableness levels explained 40% (R²) of life satisfaction of parents.

4. Discussion and interpretation

According to the results of the present study, it was determined that there was a moderate correlation between perceived social support and life satisfaction. When we reviewed the literature, we found results that were similar to these findings. In their study, Çattık and Aksoy (2018) reported a positive correlation between social support and life satisfaction of parents who had individuals with developmental disabilities. Migerode et al. (2012) conducted a study with parents of adults with disabilities, and reported a positive relation between social support and quality of life. In their study conducted with parents of children with intellectual disabilities, Kaner (2004) reported a positive correlation between social support. In their study conducted with mothers who had children with autism spectrum disorders, Smith, Greenberg, and Seltzer (2012) observed a positive correlation between social support and the welfare of the mothers. In the study conducted by Pakenham and Bursnall (2006) with children who had parents with Multiple Sclerosis and with children who had healthy parents, it was reported that social support affected life satisfaction, individual development, strengthening relationships, positive perspective, and health status in a positive way. As it may be estimated based on the findings of this study, as the amount of social support given to individuals increases, the level of individual happiness also increases. In other words, life satisfaction varies in direct proportion to the amount of social support given to the individual. Giving more types and amounts of social support will contribute more to the life satisfaction of the individual.

According to the results of the present study, a correlation was detected between family indomitableness levels and life satisfaction levels. When the literature was reviewed, it was determined that similar results were reported. In a study conducted by Palancı (2018) with parents of individuals with disability reported a positive correlation between family indomitableness and life satisfaction. In the study conducted by Openshaw (2011) with parents of individuals with disabilities, it was reported that there was a strong correlation between family indomitableness and life satisfaction. Akbar et al. (2014) reported a strong correlation between indomitableness level and life satisfaction scores of nomadic people. According to Rutter (2006), indomitableness definitions generally focus on two points. The first one is about being exposed to a significant threat or difficulty, and the second is about adapting to and surviving this threat or difficulty. It is possible that the parents who cope with the difficulties better are likely to deal with future challenges they might face. Parents who can resolve the problems they face easily will become happier parents because they will experience less stress.

According to the results of the present study, it was concluded that perceived social support level and family indomitableness were the predictors of life satisfaction. When the literature is reviewed, it is seen that the results reported are similar to the findings of the present study. Migerode et al. (2012) conducted a study with the parents of individuals who had disabilities, and concluded that social support and family indomitableness were the predictors of quality of life. Achour and Nor (2014) conducted a study with secondary school students and concluded that indomitableness level and social support had a strong relation with life satisfaction and predicted it. Yang et al. (2018) conducted a study conducted with individuals with substance use disorder, and reported that there was a positive relation between social support and indomitableness and life satisfaction. They also concluded that social support and indomitableness were the predictors of life satisfaction, and perceived social support and indomitableness had an important role in reducing stress. Gerson (2018) conducted a study with university students and concluded that perceived social support was the predictor of indomitableness and life satisfaction. In their study conducted with adults, Tatar, Nesayan and Asadi (2018) reported a positive relation between perceived social support, indomitableness and life satisfaction. They also observed that indomitableness was the predictor of life satisfaction. However, there are also some contradictory findings in the literature. Kalka and Lockiewicz (2018)

conducted a study with students with dyslexia and reported that neither life satisfaction nor indomitableness predicted life satisfaction.

According to the results of this study, it is possible to argue that perceived social support level and family indomitableness are variables that predict life satisfaction. According to the study results, perceived social support level predicts life satisfaction more than family indomitableness. According to these results, the social cooperation support, information support, emotional support and care support that were provided to the parents who had individuals with developmental disabilities made the lives of parents easier. In addition, the social support that was provided reduced the stresses of the individuals who had children with disabilities, and helped them to overcome the problems they faced more easily.

Further studies may be conducted with qualitative analysis methods. A longitudinal study might be conducted. It can be examined whether or not different variables (i.e., marital adjustment) predict life satisfaction. Studies may be conducted only with the parents of individuals in a certain disability group. Teachers who work in the field of special education and parents of individuals with disabilities may trained about where and how to receive social support. Such a training will naturally affect family indomitableness in a positive way. In this way, the life satisfaction levels of the parents may be increased. This study was limited with the parents who participated in this study. Another limitation of the study was that the number of the scales was more, and the number of the scales that were distributed was low.

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References

- Achour, M., & Nor, M. R. M. (2014). The effects of social support and resilience on life satisfaction of secondary school students. *Journal of Academic and Applied Studies*, 4(1),12-20.
- Ahmetoğlu, E., & Aral, N. (2005). Zihinsel engelli çocukların yaşlarına ve engellerinin tanındığı zamana göre anne kaygı düzeylerinin incelenmesi. *Çağdaş Eğitim Dergisi*, 32(1), 17-23.
- Akbar, M., Akram, M., Ahmed, M., Hussain, M. S., Lal, V., & Ijaz, S. (2014). Relationship between resilience and life satisfaction among Nomadic. *International Journal of Innovation and Applied Studies*, 6(3), 515-529.
- Aysan, F., & Özben, Ş. (2007). Engelli çocuğu olan anne babaların yaşam kalitelerine ilişkin değişkenlerin incelenmesi. *Dokuz Eylül Üniversitesi Buca Eğitim Fakültesi Dergisi*, 22, 1-6.
- Barrera, M.Jr., & Ainaly, S. L. (1983). The structure of social support: A conceptual and empirical analysis. *Journal of Community Psychology*, 11, 133-143. [https://doi.org/10.1002/1520-6629\(198304\)11:2<133::AID-JCO](https://doi.org/10.1002/1520-6629(198304)11:2<133::AID-JCO)
- Bilge, A., Buruntekin, Demiral, O., Özer, N. G., Keleş, B., Yalçın, E., Tavukçu, G. Kıray, A., & Siviloğlu, T. (2014). Engelli yakınlarına verilen stresle baş etme ve yaşam doyumlarını arttırma eğitiminin etkinliğinin belirlenmesi. *Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi*, 3(1), 611-618.

- Ceballo, R., & McLoyd, V. C. (2002). Social support and parenting in poor, dangerous neighborhoods. *Child Development, 73*(4), 1310-1321. <https://doi.org/10.1111/1467-8624.00473>
- Cobb, S. (1976). Social support as moderator of life stress. *Psychosomatic Medicine, 38*, 300-314.
- Crinic, K. A., Greenberg, M. T., Ragozin, A. S., Robinson, N. M., & Basham, R. B. (1983). Effects of stress and social support on mothers and premature and full-term infants. *Child Development, 54*, 209-217.
- Çattık, M., & Aksoy, V. (2018). Gelişimsel yetersizliği olan çocukların ebeveynlerinin sosyal destek, öz yeterlik ve yaşam doyum düzeyleri arasındaki ilişkinin incelenmesi. *Eğitim ve Bilim, 43*(195), 65-77. <http://dx.doi.org/10.15390/EB.2018.7246>
- Dağlı, A., & Baysal, N. (2016). Yaşam doyumunu ölçeğinin Türkçe 'ye uyarlanması: geçerlik ve güvenirlik çalışması. *Elektronik Sosyal Bilimler Dergisi, 15*(59), 1250-1262. <https://doi.org/10.17755/esosder.263229>
- Damiani, B. V. (1999). Responsibility and adjustment in siblings of children with disabilities: Update and review. Families in society, *The Journal of Contemporary Human Services, 1*, 34-40. <https://doi.org/10.1606/1044-3894.637>
- Darling, C. A., Senatore, N., & Strachan, J. (2012). Fathers of children with disabilities: Stress and life satisfaction. *Stress and Health, 28*, 269-278. <https://doi.org/10.1002/smi.1427>
- Diener, E. (1984). Subjective well-being. *Psychological Buletin, 95*(3), 542-575.
- Dönmez, B., N., Bayhan, P., & Artan, İ. (2001). Engelli çocuğu olan ailelerin yaşam döngüsü içinde karşılaştıkları sorunların incelenmesi. *Hacettepe Üniversitesi Toplum ve Sosyal Hizmet Dergisi, 12*(2), 31-43.
- Edwards, L. (2004). Measuring perceived social support in Mexican American youth: Psychometric properties of the multidimensional scale of perceived social support. *Hispanic Journal of Behavioral Sciences, 26*, 187-194. <https://doi.org/10.1177/0739986304264374>
- Gerson, M. W. (2018). Spirituality, social support, pride, and contentment as differential predictors of resilience and life satisfaction in emerging adulthood. *Psychology, 9*, 485-517. <https://doi.org/10.4236/psych.2018.93030>
- Greeff, A. P., Vansteenwengen, M., & Ide, M. (2006). Resiliency in families with a member with a psychological disorder. *The American Journal of Family Therapy, 34*, 285-300. <https://doi.org/10.1080/01926180600637465>
- Hastings, R. P., & Brown, T. (2002). Behavior problems of children with autism, parental self-efficacy, and mental health. *American Journal on Mental Retardation, 3*(107), 222-232. [https://doi.org/10.1352/0895-8017\(2002\)107<0222:BPOCWA>2.0.CO;2](https://doi.org/10.1352/0895-8017(2002)107<0222:BPOCWA>2.0.CO;2)
- Kalka, D., & Lockiewicz, M. (2018). Happiness, life satisfaction, resiliency and social support in students with dyslexia. *International Journal of Disability, Development and Education, 65*(5), 493-508, <https://doi.org/10.1080/1034912X.2017.1411582>
- Kaner, S. (2004). Engelli çocukları olan anababaların algıladıkları stres, sosyal destek ve yaşam doyumlarının incelenmesi. Ankara University Rectorate Research Project, Project Number: 2001-0901-007.
- Kaner, S., & Bayraklı, H. (2009). Zihinsel engelli ve engelli olmayan çocuklu annelerde yılmazlık, sosyal destek ve başa çıkma becerileri. *Eğitim Bilimleri ve Uygulama, 8*(15), 115-133. <https://doi.org/10.21565/ozelegitimdergisi.467417>
- Kaner, S., & Bayraklı, H. (2010). Aile yılmazlık ölçeği: geliştirilmesi, geçerlik ve güvenirliği. *Ankara Üniversitesi Eğitim Bilimleri Fakültesi Özel Eğitim Dergisi, 11*(2), 47-62. https://doi.org/10.1501/Ozlegt_0000000161
- Kaner, S., Bayraklı, H., & Güzeller, C. O. (2011). Anne-babaların yılmazlık algılarının bazı değişkenler açısından incelenmesi. *Ankara Üniversitesi Eğitim Bilimleri Fakültesi Özel Eğitim Dergisi, 12*(2), 63-78. https://doi.org/10.1501/Ozlegt_0000000161
- Karasar, N. (2013). *Bilimsel araştırma yöntemleri*. Ankara: Nobel Yayın Dağıtım.
- Migerode, F., Maes, B., Buysse, A., & Brondeel, R. (2012). Quality of life in adolescents with a disability and their parents: The mediating role of social support and resilience. *Journal of Developmental and Physical Disabilities, 24*, 87-503. <https://doi.org/10.1007/s10882-012-9285-1>

- Myers, D. G., & Diener, E. (1995). Who is happy? *Psychological Science*, 6(1), 10-19.
- Noojin, A. B., & Wallander, J. L. (1996). Development and evaluation of a measure of concern related to raising a child with a physical disability. *Journal of Pediatric Psychology*, 2(4), 483-498.
- Openshaw, K. P. (2011). The relationship between family functioning, family resilience, and quality of life among vocational rehabilitation clients. (Unpublished Doctoral Thesis), Utah State University Logan, Utah.
- Özdevecioğlu M., & Aktaş A. (2007). Kariyer bağlılığı, mesleki bağlılık ve örgütsel bağlılığın yaşam tatmini üzerindeki etkisi: İş-aile çatışmasının rolü. *Erciyes Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi*, 28, 1-20.
- Pakenham, K. I., & Bursnall, S. (2006). Relations between social support, appraisal and coping and both positive and negative outcomes for children of a parent with multiple sclerosis and comparisons with children of healthy parents. *Clinical Rehabilitation*, 20, 709-723. <https://doi.org/10.1191/0269215506cre976oa>
- Palancı, M. (2018). Engelli çocuğa sahip anne babaların aile yılmazlığı, öznel iyi oluş ve evlilik uyumlarının psiko-sosyal yeterlikler ile yordanması. *Eğitim ve Bilim*, 43(1939), 217-236. <http://dx.doi.org/10.15390/EB.2017.4384>
- Roach, M. A., Ormond, G. I., & Barratt, M. S. (1999). Mothers and fathers of children with Down Syndrome: Parental stress and involvement in children. *American Journal of Mental Retardation*, 104, 422-436. [https://doi.org/10.1352/0895-8017\(1999\)104<0422:MAFOCW>2.0.CO;2](https://doi.org/10.1352/0895-8017(1999)104<0422:MAFOCW>2.0.CO;2)
- Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, 1094, 1-12. USA: Blackwell Publishing.
- Selçukoğlu, Z. (2001). Araştırma görevlilerinde tükenmişlik düzeyi ile yalnızlık düzeyi ve yaşam doyumu arasındaki ilişkinin bazı değişkenler açısından değerlendirilmesi (Unpublished Master's Thesis). Selçuk Üniversitesi, Sosyal Bilimler Enstitüsü, Konya.
- Simon, J. B., Murphy, J. J., & Smith, S. M. (2005). Understanding and fostering family resilience. *The Family Journal: Counselling and Therapy for Couples and Families*, 13(4), 427-436. <https://doi.org/10.1177/1066480705278724>
- Smith, L. E., Greenberg, J. S., & Seltzer, M. M. (2012). Social support and well-being at mid-life among mothers of adolescents and adults with autism spectrum disorders. *Journal of Autism and Developmental Disabilities*, 42, 1818-1826. <https://doi.org/10.1007/s10803-011-1420-9>
- Tatar, A. A., Nesayan, A., & Asadi Gandomani, R. (2018). Mediating role of resilience and hope in the relationship between perceived social support and life satisfaction in orphaned adolescents (Persian). *Contemporary Psychology*, 13(1), 40-49. <http://dx.doi.org/10.32598/bjcp.13.1.40>
- Turnbull, A. P., & Turnbull, H. R. (1995). *Families, professionals, and exceptionality*. New Jersey: Merrill.
- Tymchuk, A. J., & Andron, L. (1990). Mothers with mental retardation who do or do not abuse or neglect their children. *Child Abuse and Neglect*, 14, 313-323, [https://doi.org/10.1016/0145-2134\(90\)90003-C](https://doi.org/10.1016/0145-2134(90)90003-C)
- Veenhoven, R. (1991). Is happiness relative? *Social Indicators Research*, 24, 1-34.
- Walsh F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1-18. <https://doi.org/10.1111/j.1545-5300.2003.00001.x>
- Warner, R. (2008). *Applied statistics from bivariate through multivariate techniques*. Los Angeles: SAGE Publications.
- Yang, C., Xia, M., Han, M., & Liang, Y. (2018). Social support and resilience as mediators between stress and life satisfaction among people with substance use disorder in China. *Front Psychiatry* 16(9), 436. <https://doi.org/10.3389/fpsy.2018.00436>

