



The Comparison of State-Trait Anxiety Level of the Families Who Have Children with Mental Disabilities

Kürşad Sertbaş
Sakarya University, Turkey
ksertbas@gmail.com

Atike Yilmaz
Sakarya University, Turkey
atiketani@gmail.com

Uğur Şentürk
Çanakkale Onsekiz Mart University, Turkey
ugur_senturk@mynet.com

Hakan Akdeniz
Kocaeli University, Turkey
hakanakdeniz@gmail.com

Abstract

The aim of this study is to determine the state-trait anxiety level of the families who have children with mental disabilities in Kocaeli and Çanakkale, whose children are diagnosed as mentally retarded. And also, It has been done to search whether there are any differences between the state-trait anxiety level of the families or not. It has been done a quasi-experimental field application in the study. Research sample has been consisted of total 99 families who live in Kocaeli (n=50) and Çanakkale (n=49) and have children with mental disabilities in the age of primary and secondary school. Those are determined as 85 of mother and 14 of father. In the study, random scanning method has been used. After they are informed, the state-trait anxiety scale, which is advanced by Spielberg and his friends (1970) and translated into Turkish by Öner and Le Compte (1974-1977), has been carried out by the families included the research sample. In the evaluation process of data, t test, One-Way ANOVA and chi square tests have been used. The differences of anxiety level between ages, genders and occupational clusters have been taken into consideration during the research. As a result of research, it has not been found out considerable differences in the comparison of genders and occupational clusters. While it has not been found out considerable differences of the state anxiety level in the comparison between ages, it has been found out considerable differences the trait anxiety level. Consequently, a meaningful correlation has been determined between the state-trait anxiety level of families having children with mental disabilities and ages, education, level of income, gender of children with mental disabilities. That the institutions, where children can be treated and educated, are augmented and parenting education and individual consultancy service are provided to the parents has been thought to reduce the state-trait anxiety feelings.

Keywords: Mentally Retarded, State Anxiety, Trait Anxiety, Family

1. Introduction

AAMR (American Association on Mental Retardation) used the term ‘mental deficiency’ in 2002 and defined this term as “mental retardation refers to substantial limitations in present functioning. It is characterized by significantly sub average intellectual functioning, existing con-currently with related limitations in two or more of the following applicable adaptive skill areas: communication, self-care, home living, social skills, community use, self-direction, health and safety, functional academics, leisure, and work. Mental retardation manifests before age 18.

(Akçamete, 2012). Although the children with mental disabilities follow the same developmental stages as children following normal developmental stages, they lag behind the normal children and do not develop exactly the same as the normal children (Özer, 2013; 138).

Throughout the history, it has been seemed that individuals those have mentally deficiency were diversely classified. The classification of mild, moderate, severe and profound mental retardation, which AAMR creates by basing on intelligent quotient, has been accepted for many years. In the classification as a result of intelligence tests, it is approved as mild 50/55-70, moderate 35-50/55, severe 25-35/40 and profound mental retardation 20 and below (Diken, 2013). Mental retardation is generally defined that a child is below of two standard deviations according to the appropriate expectations of his/her age. In the other words, it is defined that a child gets the 75 or below points in the result of intelligence quotient test (Greenspan, Wieder, & Simons, 2004:20). Children with mentally retarded learn late or hard. They easily lose their attention. They have problems with short-term memory (Özsoy, Özyürek, & Eripek, 2002:152). It is necessary that the child is accepted by the society just after s/he is born or disabled, is cared as a best way as possible, is educated depends on his/her requirements. Hence, the society's education and organization about this issue is also essential.

The family is a primary group existing in all of the human societies. It is a universal social foundation based on human's deepest and rooted and also partly-organic natural features (Dönmezer, 1990:214). The family is a unit that adults and children interact with each other. Therefore, they have impacts on each other. If the some parts of the family do not function, it affects the other parts since the family is a system based on the interaction (Onur, 1997:125). It is difficult to learn that your child, those you bring into the world and dream about his/her future, has a problem. It is more difficult to deal with and to struggle with it (Semerci, 2006:119). The birth of a child with disabilities in a family is a situation negatively affecting their member's life, feelings, thoughts and behaviors. Undesirable experiences such as feeling guilty and sorrowing, deficiency of coping with disability, needing to strictly depend on the specialist's guidance, extremely caring of the child and denying the disability may affect in a negative way of family's daily life. A family those has a disabled child cannot mostly understand this situation. They do not know how to solve it. They get in contact with lots of places and there is a variety of questions to look for an answer. What is the situation and problem? From what does this problem originate? Can this problem be solved? Is the disability temporal? How should I adjust the family relationship? How is s/he educated? How will s/he become in the future? What will s/he do after we are dead? What will happen if we have another child? They seek an answer for this kind of questions (Özsoy, Özyürek, & Eripek, 2002; 242).

It is difficult to define the anxiety as difficult as other emotions' definition. Yet, it can be said that anxiety involve one or many of emotions such as sadness, nuisance, fear, feeling failure, inability, unknown the result and being tried (Cüceloğlu, 1999:276). Anxiety refers to the reactions against the hazards breaking psychomotor interaction. It is also refers to the situations appearing in the wake of failing the efforts of revising disrupted equilibrium.

Anxiety can be accepted as one of the humans' basic emotions. All of us feel a little bit anxiety in case we experience with danger. This kind of anxiety originated from dangerous conditions create the feeling of anxiety generally based on the temporal situation that each of the individuals can experience. It is called as "state anxiety". Some always feel discomfort. S/he is generally unhappy. This kind of anxiety, which is not related to dangers originated from environment, is derived from his/her inner. As a result of the thoughts of threatening his/her eigenvalue and interpreting stressful the situations s/he experience, individuals can feel anxiety. It is called as "trait anxiety" (Öner, & Le Compte; 1983).

1.1. The Aim of Study

The aims of this study is to compare the state-trait anxiety level of the families who have children with mental disabilities and to determine whether there are any differences between their state and trait anxiety levels or not. Also, it is to determine whether it is different according to social support status –family support, expert support, friend support- and Trait anxiety level based on social demographic parameters or not.

1.2. The Importance of Study

The recent studies applied to the children with disabilities have been showed that promoter education services should not be limited with services provided the children with disabilities. It also brings the thought of designation of family members' need as much as children with disabilities into the forefront as a system. A study applied in this direction has been thought to determine the anxiety level and social support sensation of the mothers having children with disabilities. Additionally, it has been thought to be adviser to the specialist working in special education service and with parents having children with disabilities and to contribute to the study.

2. Methods

2.1 Study group of the Research

Research sample has been consisted of total 99 families who live in Kocaeli (n=50) and Çanakkale (n=49) and have children with metal disabilities in the age of primary and secondary school. Those are determined as 85 of mother and 14 of father. In the study, random scanning method has been used.

2.2 Evaluation Tools

In this study, Spielberger's State-Trait anxiety scale has been applied to determine the relationship of the state-trait anxiety status and social support sensation of the mothers having children with disability.

2.2.1. Speilberger's State-Trait Anxiety Scale

The state-trait anxiety scale, which is advanced by Spielberg and his friends (1964) to determine the state trait anxiety level of normal and disabled people translated into Turkish by Öner and Compte (1983). This scale, which is consisted of brief statements, has been included self-evaluation. While State anxiety data form gives knowledge about current feelings, TEL has been developed to determine the last-7-days feelings. TEL-SEL is a Likert scale consisted of 20 items scored from 1 to 4. Reliability coefficient obtained from the result of the study done with sample of normal and patient, those are determined by Yıldırım Doğru (between 83-87) and Arslan (546) (Aydemir & Köroğlu, 2000; Özusta, 1995; Şahin et., al. 2002). In the study, the subscale of both State and Trait scale Inventory has been used.

2.3. Data Collection Tools

In this study, as a data collection tool, it has been used Personal Info Forms improved by researches, Spielberger State-Trait Anxiety Level Inventory (Speilberg et., al. 1970) and Multi-Dimensional Perceived Social Support Scale (Zimet, et. al., 1988) to collect data about the socio-demographic features of mothers having children with mentally retarded.

2.3.1. Personal Data Form.

Self-description form improved by research to collect data about the independent variable of study has consisted of 7 questions (the gender of child, social security of family, the age mother, educational level of mother, monthly income) to determine social demographic features of mothers having children with mentally retarded.

2.3.2. Application

The results of the study has covered 3 steps. Firstly, demographic data form has been given to parents and information about mothers and her children has been obtained. Secondly, Trait Anxiety Inventory has been applied. In the application of the State anxiety scale, it has been asked parents to answer the questions according to feelings of parents experienced in a social environment (shopping, having a meal in a restaurant, taking their children to the institution) and this criteria. The findings of the study has been evaluated in SPSS 10, 0 program and results have been given in the tables.

3. Findings

Table 1: The rates of state anxiety levels according to the scores range

| | Score | Frequency (f) | Percent (%) | Valid Percent | Cumulative Percent | | | |
|-------|-------|-----------------|---------------|---------------|--------------------|-------|-------|-------|
| Valid | 20-40 | 32 | 332,3 | 332,3 | 32,3 | | | |
| | 41-60 | 65 | 99 | 665,7 | 1100,0 | 665,7 | 100,0 | 98,0 |
| | 61-80 | 2 | | 22,0 | | 22,0 | | 100,0 |

As it seen from Table 1, the rates of data for both scales theoretically vary from 20 to 80 when trait anxiety level is analyzed. While higher score defines high anxiety level, lower score defines low anxiety level. It has been thought that the anxiety level exceed the normal anxiety level if the score is 60 or higher than it (Öner, & Le Compte, 1938:7). It has been seen that 32 of participators scored between 20-40 have lower anxiety, 65 of participators scored between 41-60 have normal anxiety, 2 of participators (2,0%) scored between 61-80 have higher anxiety level.

Table 2: The comparison of the State-Trait anxiety level according to gender

| | Gender | N | Mean | Std. Deviation | P |
|---------------|--------|----|-------|----------------|------|
| State anxiety | Women | 85 | 44,76 | 8,176 | ,572 |
| | Men | 14 | 43,21 | 9,488 | |
| Trait Anxiety | Women | 85 | 47,99 | 8,106 | ,662 |
| | Men | 14 | 47,07 | 6,989 | |

As it seen from Table 2, when state-trait anxiety level is compared, it has not been found any meaningful difference between man and woman because it is $p < 0,05$. Also, it has not been found any meaningful differences between man and woman when trait anxiety level is analyzed ($p < 0,05$).

Table 3: The comparison of the State-Trait anxiety level of Kocaeli to Çanakkale

| | Kocaeli / Çanakkale | N | Mean | Std. Deviation | P |
|---------------|---------------------|----|-------|----------------|------|
| State anxiety | Kocaeli | 50 | 44,62 | 8,263 | ,929 |
| | Çanakkale | 49 | 44,47 | 8,500 | |
| Trait anxiety | Kocaeli | 50 | 47,24 | 7,955 | ,436 |
| | Çanakkale | 49 | 48,49 | 7,938 | |

As it seen from Table 3, when state-trait anxiety level is compared, it has not been found any meaningful difference between Kocaeli and Çanakkale because it is $p < 0,05$.

Table 4: The comparison of the State-Trait anxiety level among the professions

| Dependent Variable | (I)Profession | (J)Profession | Mean | Sig. | 95% Confidence Interval | |
|--------------------|---------------|---------------|------------------|------|-------------------------|-------------|
| | | | Difference (I-J) | | Lower Bound | Upper Bound |
| State anxiety | Housewife | Self employed | -1,064 | ,966 | -11,25 | 9,12 |
| | | Worker | -3,481 | ,463 | -10,46 | 3,49 |
| | Self-employed | House wife | 1,064 | ,966 | -9,12 | 11,25 |
| | | Worker | -2,417 | ,880 | -14,38 | 9,55 |
| | Worker | House wife | 3,481 | ,463 | -3,49 | 10,46 |
| | | Self-employed | 2,417 | ,880 | -9,55 | 14,38 |
| Trait anxiety | Housewife | Self-employed | 5,099 | ,421 | -4,54 | 14,73 |
| | | Worker | -2,373 | ,669 | -8,97 | 4,23 |
| | Self employed | Housewife | -5,099 | ,421 | -14,73 | 4,54 |
| | | Worker | -7,472 | ,263 | -18,79 | 3,85 |
| | Worker | Housewife | 2,373 | ,669 | -4,23 | 8,97 |
| | | Self-employed | 7,472 | ,263 | -3,85 | 18,79 |

As it seen from Table 4, the State-Trait anxiety levels among the professions are compared. As it is concluded from this table, it has not been found any meaningful difference between housewives and self-employed because it is $p < 0,05$. There is a meaningful difference between housewives and workers of state anxiety level. It has not been found a meaningful difference between self-employed and workers of state anxiety level.

Table 5: The comparison of the State-Trait anxiety level among the ages

| Dependent Variable | (I) AGE | (J) AGE | Mean | Sig. | 95% Confidence Interval | |
|--------------------|---------|---------|------------|-------|-------------------------|------------|
| | | | Difference | | LowerBound | UpperBound |
| State anxiety | 20-30 | 1-41 | -7,079 | ,060 | -14,36 | ,20 |
| | | 42-52 | -7,675* | ,033 | -14,91 | -,44 |
| | | 53-63 | -7,200 | ,185 | -16,49 | 2,09 |
| | 331-41 | 20-30 | 7,079 | ,060 | -,20 | 14,36 |
| | | 42-52 | -,596 | ,988 | -5,41 | 4,22 |
| | | 53-63 | -,121 | 1,000 | -7,68 | 7,43 |
| | 542-52 | 20-30 | 7,675* | ,033 | ,44 | 14,91 |
| | | 31-41 | ,596 | ,988 | -4,22 | 5,41 |
| | | 42-52 | ,475 | ,998 | -7,04 | 7,99 |
| 553-63 | 20-30 | 7,200 | ,185 | -2,09 | 16,49 | |
| | 31-41 | ,121 | 1,000 | -7,43 | 7,68 | |
| | 42-52 | -,475 | ,998 | -7,99 | 7,04 | |
| Trait anxiety | 220-30 | 31-41 | -6,794* | ,042 | -13,41 | -,18 |
| | | 42-52 | -8,936* | ,003 | -15,51 | -2,36 |
| | | 53-63 | -12,636* | ,001 | -21,07 | -4,20 |
| | 331-41 | 20-30 | 6,794* | ,042 | ,18 | 13,41 |
| | | 42-52 | -2,142 | ,577 | -6,52 | 2,23 |
| | | 553-63 | -5,842 | ,124 | -12,71 | 1,02 |
| | 442-52 | 20-30 | 8,936* | ,003 | 2,36 | 15,51 |
| | | 31-41 | 2,142 | ,577 | -2,23 | 6,52 |
| | | 53-63 | -3,700 | ,492 | -10,53 | 3,13 |
| | 53-63 | 20-30 | 12,636* | ,001 | 4,20 | 21,07 |
| | | 31-41 | 5,842 | ,124 | -1,02 | 12,71 |
| | | 42-52 | 3,700 | ,492 | -3,13 | 10,53 |

As it seen from Table 5, it has not been found a meaningful difference between 20-30 ages and 31-41 ages when state-trait anxiety level is compared according to ages. There is a meaningful difference between 20-30 ages and 42-52 ages in their state anxiety level. There is not any meaningful difference between 20-30 ages and 53-63 ages in their state anxiety level. There is not any meaningful difference between 31-41 ages and 42-52 ages in their state anxiety level. There is not any meaningful difference between 31-41 ages and 53-63 ages in their state anxiety level. It has not been found that there is not any meaningful difference between 53-63 ages and 42-52 ages in their state anxiety level.

For the trait anxiety level, it has been found a meaningful difference between 20-30 ages, 31-41 ages and 42-52 ages, 53-63 ages. While it has not been found a meaningful difference among the ages 31-41, 42-52 and 53-63, it has been found a meaningful difference between 31-41 ages and 20-30 ages. . It has not been found any meaningful difference in their trait anxiety levels among the ages 53-63, 42-52 and 31-41. There is a meaningful difference between 53-63 ages and 20-30 ages.

4. Conclusion, Discussion and Suggestions

In this study, it has been compared the State-Trait Anxiety level of parents and it has been found a meaningful difference on the Trait anxiety level according to ages of parents. In many studies, the anxiety level of parents having disabled child has been analyzed. In the study done by Coşkun anda Akkaş in 2009, it has been aimed to determine the relationship between trait anxiety and social support perception of mothers having mentally retarded child. At the end of the study, it has been concluded that mothers having mentally retarded child have higher trait anxiety level and there is an inverse proportion between social support level and anxiety level of mothers having mentally retarded child. Moreover, it has been found that the mothers' trait anxiety level decreases with the help of educational level and level of income while their perception of social support level increases (Coşkun & Akkaş, 2009:213). Çelengi, in his study (2009), examined whether there are any differences of the anxiety, hopelessness and fatigue of mothers having children diagnosed as Down syndrome and Autism by comparing to the normal children. 92 mothers have taken into the study. 63 mothers, whose children are between 2-15 years-old and 33 of them is diagnosed as Autism and 30 of them is diagnosed as Down Syndrome, are in research group and 29 mothers having normal children are in the control group. In the study, it has been used Sprelberger's Anxiety Inventory, Bech's Hopelessness Scale and Masloch's Burnout Inventory and Demographic Data Survey. According to the results of analysis, it was seen that mothers' exhaustion, anxiety or hopelessness level influenced on some demographic factors rather than disability of child (Çelengi, 2009:2). In the study, it has been used Speilberger's State-Trait Anxiety Inventory and credential surveys improved by researches as data collector. 315 families has participated the study. According to findings of study, it has been seen that mothers have higher state-trait anxiety level than fathers. It has been said that there is a meaningful differences in trait anxiety level according to educational background while there is no meaningful differences in trait anxiety level. Also, it has been determined that. There is no meaningful difference in state-trait anxiety level according to monthly income (Avşaroğlu, 2012:533). Another study has been done to determine the effect of parents', having children with disability, state-trait anxiety level over the satisfaction of their life and to understand whether there is any significant difference in gender, the types of disabilities and frequency of taking part in training or not. The research's study group consists of total 407 participators, 293 of those are women and 114 of those are men. Data of study has been collected by using State-Trait Anxiety Inventory, The Satisfaction with Life Scale and Personal Data Form. At the end of the study, it has been seen that state-trait anxiety affects the satisfaction with life. Parents' state-trait anxiety level shows a meaningful difference according to gender. Beside, Parent's state-trait anxiety level shows a meaningful difference according to types of disabilities of child and satisfaction with life. It has been found that there is a meaningful difference of parents' satisfaction with life point average while there is not a meaningful difference of parents' state-trait anxiety point average with regards

to attend the educational group (Deniz, Dilmaç & Arıca, 2009:953). In the study done by Karande and his friends in 2009, it is analyzed the anxiety level of mothers having special learning disabled child. It has been had an interview with 100 mothers, 70 of those have girls and 30 of them have boys, by using Hamilton Anxiety Rating Scale (HAM-A), semi-structural survey form and it has been recorded mothers' detailed clinical and demographic data. After the analyzes, it has been concluded firstly that the anxiety of mothers' is related to "chronically weak school performance of children", secondly 90% of mothers' common anxiety is their children cope with higher education or undergraduate education in process of training, to have a career professionally or keep on walking alone in their life. Approximately the half of mothers (51%) are anxious about the behaviors of their children in others words aggressive behaviors, tantrum, obstinacy, hyperactivity, lack of attention of their children. One of three mothers (31%) are anxious about bringing their children to clinic for more than one evaluation. Several mothers (16%) are anxious about their own position, the relationship with their husbands, other members of the family or conflicts in society. A few mothers are anxious about the behaviors of class teacher or school manager. Besides, no mother indicates of their anxiety about the personal health care of their children. It has been said that there is not a meaningful difference between the mothers of girls having Dyslexia and mothers of boys having Dyslexia according to prove anxiety level (Karande, Kumbhare & Kulkarni, and 2009:165). In another study done in Isfahan, Persia in 2012, 285 mothers having children with physical illness, psychological disorder, sensor- motor and mental disorder between 6-12 years old, were participated the study and it is the cross-section study in Persia. It has been analyzed the comparison of the parents' anxiety having children with different types of disabilities regarding to demographic factors. It has been used Abedin's Parent Anxiety Survey and data has been obtained by using the data analysis of variance or covariance parameters. At the end of the study, it has been concluded that the anxiety level of mothers having sensory motor, mentally retarded children and mothers of children with chronic disability are lower but mothers of children with physical disability have the lowest anxiety. In the study, it has been accepted that mothers of children having different types of disabilities have different kinds of anxiety levels (Feizi, Najmi, Salesi, Chorami, & Hoveidafar, 2014; 145). A study has been done in 2006 to determine the score of General Health Survey (GHS) of mothers having children with Dyslexia. Moreover, it has been done to determine social demographic parameters and their anxiety- depression evaluation. As a method, it has been used the survey done between March-May in 2002 to determine the level of anxiety and depression of mothers having children with Dyslexia and normal child.

At the end of the study, it has been found that mothers of children having Dyslexia have higher GHS score and anxiety (25.5 %) and depression (10.4%) than the mothers of normal children. Mothers of children having Dyslexia are more prone to emotional disorder and physical disorder. It should be cared the psychological and physical healthcare of mothers in order to increase the welfare of children having Dyslexia. It has been said that early and initiated anxiety and depression therapy undoubtedly help children (Abasiubong, Obembe, & Ekpo, 2006; 124). Another study has been done in 2010 to determine the relationship of anxiety, depression and anxiety level of families having higher anxiety experience. This cross sectional study has been done with 156 and 127 (81.4%) volunteer parents in Special Education and Rehabilitation Center. It has been given a survey to the participators about the social demographic factors of disabled children and their families. It has been demanded possible stressful situation score in 0-10 scores scale. Besides, it has been implemented Beck Depression Scale (BDS) and Spielberger's State-Trait Anxiety Inventory (STAI) as psychometrical scales. At the end of the study, financial problems are the most important factors affecting the psychology of parents. It has been said to establish social programs to support families on economic issues and home care services. In 2013, a cross sectional study has been done in a hospital of Pakistani to compare the anxiety and depression levels of mothers having children with mentally retarded. 99 mothers and 99 fathers have taken part of the study and the anxiety and depression levels have been evaluated by using DSM-IV scale. In the end of the study, the anxiety and depression level of mothers as 89% and

fathers as 77% has been determined and these results are high. It has been found that anxiety-depression level of parents having children with mentally retarded and anxiety-depression level differences between the genders are high. And whose children become disabilities is related to this situation.

According to data obtained from the study, although having a child with disabilities is seen as if it is a case related to the family, disabilities is to be diagnosed both medically and educationally as earlier as possible without ignoring the important role of the individuals in the society. To raise the social awareness about special education, lack of information about special education is to be ironed out by the pedagogue. Centers for family consulting are to be opened for the parents having children with disabilities and family education program is to be prepared. And lastly, studies to be augmented the number of the participants are to be provided. Educators being responsible for training of children with disabilities should be aware of children's home and education environment by visiting the families as much as possible. Education programs and the methods to follow for children with disabilities should be collaboratively planned and they are to be participated in the progress. The limited number of special education institutions such as health services and Counseling and Research Center is to be augmented. In respect to this, by encouraging private enterprise, special education is to be provided for as many families as possible and family support groups are to be formed in these institutions. It has been thought that government is to fractionally subsidize each of the groups with disabilities without any limitation to reduce the anxiety about future of families having children with disabilities.

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