

## Much More Than Parenting: Psychosocial Problems Experienced by Mothers of Children with Special Needs and Coping Methods: A Qualitative Study

Ebeveynlikten Çok Daha Ötesi: Özel Gereksinimli Çocuğu Olan Annelerin Yaşadıkları Psikososyal Sorunlar ve Baş Etme Yöntemleri: Nitel Bir Çalışma

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### ABSTRACT

The aim of this study was to evaluate the psychosocial problems experienced by mothers with children with special needs and their coping methods. In this study, in which qualitative research method was used, in-depth individual interviews were conducted with 17 mothers. Criterion sampling method, one of the purposeful sampling methods, was used to reach the sample group. Interviews continued until data saturation was reached. All interviews were recorded with a voice recorder and then transcribed. The data of the study were analysed using thematic analysis method. The study was conducted and reported according to the COREQ checklist. Within the scope of the study, three themes (Emotions and reactions, Experiences during the process, coping) and six sub-themes (Emotions, reactions, primary problems, secondary problems, dreams/desires, coping methods) were obtained. As a result of the study, it was determined that mothers experienced many psychosocial difficulties and could not use healthy coping methods in the face of difficulties. It can be said that there is a need for psychosocial empowerment of mothers and teaching healthy coping methods.

**Keywords:** Child with special needs, Mother, Psychosocial problem, Qualitative study

### ÖZ

Bu çalışmada özel gereksinimli çocuğa sahip annelerin yaşadıkları psikososyal sorunlar ve baş etme yöntemlerinin değerlendirilmesi amaçlanmıştır. Nitel araştırma yönteminin kullanıldığı bu çalışmada, 17 anne ile derinlemesine bireysel görüşmeler yapılmıştır. Örneklem grubuna ulaşmak için amaçlı örnekleme yöntemlerinden ölçüt örnekleme yöntemi kullanılmıştır. Görüşmeler veri doygunluğuna ulaşılan kadar devam etmiştir. Tüm görüşmeler ses kayıt cihazı ile kaydedilmiş ve daha sonra yazıya dökülmüştür. Çalışmanın verileri tematik analiz yöntemi kullanılarak analiz edilmiştir. Çalışma COREQ kontrol listesine göre yürütülmüş ve raporlanmıştır. Araştırma kapsamında üç tema (Duygu ve tepkiler, süreç boyunca yaşanan deneyimler, baş etme) ve altı alt tema (Duygular, tepkiler, birincil sorunlar, ikincil sorunlar, hayaller/istekler, baş etme yöntemleri) elde edilmiştir. Çalışma sonucunda annelerin psikososyal olarak birçok zorluk yaşadıkları ve zorluklar karşısında sağlıklı baş etme yöntemlerini kullanamadıkları saptanmıştır. Annelerin psikososyal açıdan güçlendirilmesine ve sağlıklı baş etme yöntemlerinin öğretilmesine ihtiyaç olduğu söylenebilir.

**Anahtar Kelimeler:** Özel gereksinimli çocuk, Anne, Psikososyal problem, Nitel çalışma

### Key Points

\*In this study, in which psychosocial difficulties were evaluated from the perspective of mothers with children with special needs, important outputs related to the process were obtained.

\*Within the scope of the study, it was determined that mothers had many psychosocial difficulties and could not use healthy coping methods.

*This study was approved by Giresun University Social Sciences, Science and Engineering Sciences Research Ethics Committee. Ethics Committee decision dated 04/09/2024 and numbered 8/16. This study was presented as an oral presentation at Firat University International Women's Studies Conference on 14-16 October 2024.*

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## INTRODUCTION

A child is expected to come to the world healthy and grow up, but the special needs that occur at birth or after birth create a lot of burden on the happiness and order of the family.<sup>1</sup> An individual with special needs is a person who has physical, mental, sensory limitations due to a developmental or acquired problem and needs special care and education apart from their peers.<sup>2</sup> Having a child with special needs is a difficult process that creates changes in family life and negatively affects living standards. The person most affected by this struggle is the mother who takes care of the child.<sup>3,4</sup> Due to the burden of care, caregivers face many problems such as postponing their own needs, reducing their social relationships, health problems, economic problems, deterioration of family relationships, and decreased quality of life.<sup>5</sup> However, while parents act according to the needs of the child, they also have to meet social roles and expectations.<sup>6</sup>

The process experienced by mothers of children with special needs is unique. When mothers give birth to a child with special needs, the loss of the ideal child they experience causes them to grieve. The loss experienced is actually the loss of the ideal child designed in dreams. This situation may cause intense grief and mourning in mothers and its effects may last for a lifetime.<sup>7</sup> Mothers with children with special needs sacrifice their own needs and wishes and experience burnout due to undertaking the primary care of their children.<sup>8</sup> Mothers struggle to meet the extra needs of housework, work and the child and experience more stress, conflict, health

problems, etc. In this process, mothers do not share their problems with others and even hide their true feelings. This makes it difficult for them to adapt healthily.<sup>9</sup> Accordingly, future anxiety, helplessness, fear, exclusion, loneliness, disappointment, rebellion, regret, self-blame, and hopelessness are observed in mothers.<sup>10</sup> Studies have reported that parents with children with special needs have more parenting stress and psychological problems.<sup>11</sup>

The difficulties faced by families with children with special needs and the care needs of the child differ according to the degree of special needs. The important thing here is to minimise the dependency of the child in care, education and health needs. Recent studies have reported that services for children with special needs should not be limited to the child, the family should also be included in the system, their problems and needs should be identified, and services should be provided accordingly.<sup>12</sup>

Literature frequently focuses on the problems experienced by mothers, but the number of studies on how they cope with these problems is quite limited. In this study, it was aimed to evaluate the difficulties experienced by mothers with children with special needs and their coping methods. It is thought that the findings obtained regarding the problems experienced by mothers and coping methods will be guiding in producing alternatives for empowering mothers against problems, planning and teaching healthy coping methods.

## MATERIALS AND METHODS

### Type of Research

Qualitative method was used in the research. Throughout this research, the Consolidated Criteria for Reporting Qualitative Research (COREQ) were followed, and a report was prepared accordingly.<sup>13</sup>

### Population/Sample of the Research

The population of the study consisted of mothers of children with special needs receiving services from a special education and rehabilitation centre located in the north of Turkey. The sample of the study consisted of mothers of children with special needs who met the inclusion criteria and agreed to participate in the study. Criterion sampling

method, one of the purposeful sampling methods, was used to determine the sample. In the criterion sampling method, all situations that meet predetermined criteria are taken into consideration. Criteria/criteria can be created by the researcher, or a pre-prepared list of criteria can be used.<sup>14</sup> Inclusion criteria were a) agreeing to participate in the study, b) Being a mother with a child with special needs c) having the cognitive competence to answer the questions posed.

### Research Design

This study was conducted between 6-8 September 2024 using an inductive qualitative design. Face-to-face in-depth individual interviews were conducted with 17 mothers who agreed to participate in the study.

### Research Team and Reflexivity

The research team is working as an active faculty member in the nursing school. She has a doctorate in psychiatric nursing. She has received training in qualitative research methods.

### Data Collection

Data were collected in a Special Education and Rehabilitation Center in northern Turkey. A semi-structured interview form was prepared by the researcher in line with the relevant literature. The form consists of two parts. The first part includes questions about the mothers' age, educational status, economic status, physical/mental illnesses, etc. The second part consists of five basic open-ended questions to be used in the semi-structured interview. The questions in the semi-structured interview form were discussed with the mothers face-to-face individually.<sup>15</sup>

In the interviews, open-ended questions were asked about the psychosocial problems of having a child with special needs and coping methods, and mothers were asked to describe their experiences on the subject and asked, 'Can you explain your answer a little more?' and 'What do you mean by this?' All interviews were conducted by the (first author). The interviews were recorded with a voice recorder and then transcribed verbatim

by the researcher. Five basic questions were used in the interviews.

### Analysing the Data

Colaizzi's seven-stage phenomenological analysis method was used to analyse the qualitative data obtained from the interviews.<sup>16</sup> Since the study was based on an inductive approach, no categories were defined in advance. In the first stage, the interviews were transcribed, and the interview texts were read independently and repeatedly by the researcher and a faculty member experienced in qualitative research. Thus, it was tried to understand what was explained in the data. Important statements in the interview texts were selected, reorganised and expressed in general terms. Then, the data that were tried to be explained in the statements were identified and analysed. The researcher and the other evaluator formulated and confirmed the meanings by discussing until they reached a consensus. Then, they identified and organised the themes into main and sub-themes. The themes and sub-themes of the research were developed with clear expression. The accuracy of the themes and content was strengthened by presenting the findings of the research to the participants. In addition, by including the statements of the participants, the reader was able to verify the interpretation and analysis of the data.<sup>14</sup>

### Reliability of the Research

In a qualitative study, reliability means that the researcher observed the study case as it happened and was as unbiased as possible.<sup>17</sup> The reliability of the study was assessed using Lincoln and Guba criteria. Lincoln and Guba reliability is recommended for reliability, confirmability, transferability, and authenticity criteria.<sup>18</sup> (1) Reliability was ensured through peer control, long-term participation, selection of participants with different experiences, member control, and external control. Long-term interaction between the participants and the researcher was ensured to help the researcher gain the trust of the participants to understand the research area and to achieve a better result. (2) All interviews were recorded and transcribed with a voice recorder to assess the reliability

of the findings. The coding and data analysis of the interviews were evaluated by the researcher. In addition, an expert opinion from outside this study was obtained to confirm the quality of the coding. (3) To check for verifiability, a rich description of the data was provided to enable the data to be evaluated by an external observer and to ensure a clear understanding of the research process. (4) Maximum diversity sampling, accurate identification of participants, sampling method, and time and place of data collection increased the transferability of the data. (5) Informed consent was obtained from all participants regarding authenticity and efforts were made to develop a sense of trust in them. The method of the research was also explained to the participants. The research report was presented to the participants.

## Ethical Aspects of the Research

This research was approved by Giresun University Social Sciences, Science and Engineering Sciences Research Ethics Committee (Decision dated 04/09/2024 and numbered 8/16). Informed consent was obtained from the participants before starting the interview. Recordings and transcripts were stored on a password-protected device (PC). The study was conducted in accordance with the Declaration of Helsinki and the ethical standards of the National Research Committee. Before the study, the purpose and subject of the study were explained to the participants, and they were informed that their personal information would remain confidential, the records obtained would not be shared and would be used only for scientific purposes.

## RESULTS AND DISCUSSION

The mean age of the mothers was  $39.45 \pm 5.26$ , 47.05% were university graduates, 94.11% were housewives. The

mean age of the children was  $7.88 \pm 3.26$ , 88% were male. It was found that 58.82% of the fathers were labourers and 52.94% of the families had poor economic status (Table 1)

**Table 1. Descriptive Characteristics of the Participants**

| Participant number | Age | Mother's Education level | Family economic situation | Child's age | Gender of the child | Child's condition        | Parents' occupation |                 |
|--------------------|-----|--------------------------|---------------------------|-------------|---------------------|--------------------------|---------------------|-----------------|
|                    |     |                          |                           |             |                     |                          | Mother              | Father          |
| P.1.               | 48  | Primary School           | Bad                       | 12          | Male                | Mentally disabled        | Housewife           | Worker          |
| P.2.               | 44  | University               | Medium                    | 4           | Male                | Autism                   | Laborant            | Worker          |
| P.3.               | 42  | Primary School           | Bad                       | 7           | Male                | Mentally disabled        | Housewife           | Worker          |
| P.4.               | 39  | University               | Bad                       | 4           | Male                | Autism                   | Housewife           | Officer         |
| P.5.               | 39  | University               | Medium                    | 5           | Male                | Speech-language disorder | Housewife           | Officer         |
| P.6.               | 39  | University               | Medium                    | 6           | Male                | Atypical autism          | Housewife           | Officer         |
| P.7.               | 43  | University               | Bad                       | 9           | Male                | Speech-language disorder | Housewife           | Worker          |
| P.8.               | 35  | University               | Bad                       | 5           | Female              | Autism                   | Housewife           | Worker          |
| P.9.               | 36  | University               | Bad                       | 7           | Male                | Down syndrome            | Housewife           | Worker          |
| P.10.              | 43  | High school              | Medium                    | 5           | Male                | Mentally disabled        | Housewife           | Officer         |
| P.11.              | 41  | High school              | Bad                       | 7           | Male                | Down syndrome            | Housewife           | Worker          |
| P.12.              | 36  | Middle school            | Bad                       | 5           | Male                | Autism                   | Housewife           | Worker          |
| P.13.              | 38  | Middle school            | Good                      | 4           | Male                | Speech-language disorder | Housewife           | Self employment |
| P.14.              | 38  | High school              | Bad                       | 7           | Female              | Speech-language disorder | Housewife           | Worker          |
| P.15.              | 30  | University               | Good                      | 3           | Male                | Speech-language disorder | Housewife           | Shopkeepers     |
| P.16.              | 33  | High school              | Good                      | 4           | Male                | Autism                   | Housewife           | Shopkeepers     |
| P.17.              | 35  | Middle school            | Medium                    | 13          | Male                | Atypical autism          | Housewife           | Worker          |

As a result of the analysis, three main themes (Emotions and reactions, experiences during the process, coping) and six sub-themes (Emotions, reactions, primary

problems, secondary problems, dreams/desires, coping methods) were obtained (Table 2).

**Table 2. Themes, Sub-themes and Codes Related to the Subject**

| Themes  | Sub-themes  | Codes   |
|---|---|---|
| <b>1. Theme: Emotions and reactions</b>         | <b>A.Emotions</b><br>... <i>"When I first learnt about it, I was very upset and questioned why it happened to us....but even though I accepted it in time, I blamed myself a lot, wondering if it was me."</i> ....(P2)<br>... <i>"I was shocked, I felt very bad, I cried a lot"</i> .(P4)<br>.... <i>"It is an indescribable feeling, like when you are in the middle of the sea and you are looking for a life jacket."</i> ....(P6)<br>.... <i>'When I first found out, I felt anger towards the doctor, because I couldn't accept it.'</i> .... (P8)   | A.1. Amazement<br>A.2. Sadness<br>A.3. Guilt<br>A.4. Despair<br>A.5. Resentment<br>A.6. Fear<br>A.7. Indescribable<br>A.8. Worry<br>A.9. Incapacity<br>A.10. Depression   |
|   | <b>B. Reactions</b><br>... <i>'Honestly, no one around me knows because we did not tell anyone because we believe it will be good'</i> (P2).<br>.... <i>'At least he eats his own food, goes to the toilet himself, we said thank God for that'</i> ....(P3)<br>... <i>'I can say that it was a tragedy for me, it was very difficult to accept it, I still haven't accepted it'</i> .... (P13)   | B.1. Normalisation<br>B.2. Rebellion<br>B.3. Not accepting<br>B.4. Give thanks<br>B.5. Disbelief<br>B.6. To hope<br>B.7. To hide  |
| <b>2. Theme: Experiences during the process</b> | <b>A. Primary problems</b><br>..... <i>'Because she was always used to me in that process, when she did not get what she wanted, she was always crying and insistent and it was very difficult to convince her.'</i> ....(P3).<br>..... <i>The most difficult part is toilet training. He still doesn't say it. he also shows his requests with signs, but I can't understand them, sometimes I have a lot of difficulty.</i> '.....(P6).<br>.... <i>When I take care of one, I feel as if I am neglecting the other. As if everything is missing'</i> ....(P9).  | A.1. Difficulty in persuasion<br>A.2. Not understanding their wishes<br>A.3. Difficulty in acquiring self-care habits<br>A.4. Inadequate care of other children<br>A.5. The burden of caring for the child is solely on the mother  |
|   | <b>B. Sekonder problems</b><br>... <i>I get tired because it requires constant attention and follow-up and I cannot create time for myself'</i> ....(P3).<br>.... <i>I have experienced a lot of social pressure. People's looks and criticisms or questions make me feel like I am inadequate, this is very difficult for a mother (crying....).....(P4).</i><br>.... <i>'We needed a lot of support when we were going through these troubles, but no one provided neither financial nor moral support (crying....).....(P11).</i><br>..... <i>'We don't have a social life, I withdrew from society a little bit, so it actually feels like I protected myself..... (P14).</i> | B.1. Financial difficulties,<br>B.2. Lack of social support<br>B.3. Burnout<br>B.4. Social isolation<br>B.5. Stigmatisation<br>B.6. Social pressure,<br>B.7. Lack of time for oneself,<br>B.8. Postponing or giving up one's wishes |
| <b>3. Theme: Coping</b>                         | <b>A. Dreams- wishes</b><br>.... <i>'I really want him to learn to read. Apart from that, I don't plan for the future, I'm afraid of being disappointed if it doesn't happen, so I don't dream at all'</i> ... (P1)<br>.... <i>'I would like to discover his/her special talent, for example, if it is music or swimming, I would like him/her to be the best in whatever he/she is talented in, even if it is these, it would be perfect for me'</i> ... (P6)<br>.... <i>'My only concern is that he can meet his own needs, then the income comes, I don't want to think about the future anyway, it is scary. I stopped dreaming about things beyond my control'</i> ... (P9)  | A.1. Wanting your child to learn to read<br>A.2. Wanting your child to be able to manage his/her life on his/her own<br>A.3. To be able to discover your child's special talent<br>A.4. Not dreaming                                |
|   | <b>B. Coping Methods</b><br>.... <i>I don't do anything special. I convince myself, I spend most of my time with him, I used to go for walks, I even gave up that, now I follow him around the parks"</i> ....(P10).<br>.... <i>"When I feel depressed, I go out and walk around alone, get some air and drink a coffee, it feels good"</i> .... (P9).<br>.... <i>"I wore myself out a lot, my social life ended, I reset myself for a while and I don't see anyone, I'm always at home with him, I don't have the time or the opportunity to do anything for myself anyway"</i> .....(P6).   | B.1. Being isolated from society<br>B.2. To convince oneself<br>B.3. Making crafts<br>B.4. Drinking coffee<br>B.5. Taking a walk  |



As a result of the study, it was determined that mothers with children with special needs experienced many psychosocial difficulties and could not use healthy coping methods. The themes obtained from the study were discussed under three main headings.

### **Emotions and reactions to learning that their child has special needs**

Parents who learn that their child has special needs go through stages such as shock, denial, pain, depression, contradiction, anger, guilt, shame, bargaining, acceptance and adaptation. Families trying to adapt to this new process are also exposed to people's curious looks and questions.<sup>19</sup> Families experience many worrying situations in this process and may hold themselves responsible.<sup>20</sup> In the face of this situation, especially mothers are more likely to suffer psychological pain.<sup>21</sup> They experience more stress.<sup>22</sup> There are also complex emotions such as sadness, anguish, helplessness, and guilt.<sup>23</sup>

In this study, in parallel with the literature, it was found that mothers experienced many emotions and reactions such as confusion, guilt, helplessness, anxiety, rebellion, disbelief, concealment, gratitude, etc. at the same time. When it comes to the health of their children, it can be characterised as a quite normal reaction for mothers to be in a complex emotional state. However, many factors such as not knowing how to manage the ongoing process, not feeling ready for the care of their children, financial concerns, fear of stigmatisation may have laid the ground for these feelings and reactions.

### **Problems experienced by mothers with children with special needs**

Studies on the subject report that families with children with special needs experience many problems such as financial problems, stigmatisation, social problems, concerns about the future of the child, constant fear of injury or accident related to the child, lack of social support, material and moral problems.<sup>24</sup> In traditional societies, childcare is associated with women and the responsibility is largely delegated to women. This process creates

additional responsibility for women who cannot get support from their husbands or their environment.<sup>25</sup> It has been stated that the needs of the child with special Needs such as self-care, nutrition, education, etc. are provided by mothers.<sup>26</sup> However, individuals with special needs need help and support in many areas, including self-care. Families with low-income levels have difficulties in the face of costs and expenses. Especially mothers have difficulty in meeting the special needs of their children due to their expenses.<sup>27</sup> However, Altuğ Özsoy et al. reported that 83.6% of the families reported that the child's special needs brought additional burden to the family budget.<sup>28</sup> In another study, it was reported that families with children with special needs were mostly unemployed, poor, uneducated and socially insecure.<sup>29</sup> In another study, it was reported that as a result of increased dependency of the child on the parent, family members became dependent on the home, private life was interrupted, life satisfaction and quality of life decreased as a result of social isolation and loneliness.<sup>30</sup>

The results obtained from the study overlap with the results obtained from the literature. In this study, it was determined that mothers experienced many problems such as self-care, increased care burden, financial difficulties, inadequate social support, social isolation and stigmatisation. Within the scope of the study, factors such as the fact that a great majority of mothers are not working, many of them have poor economic status, low education levels, etc. may have paved the way for them to face more problems. In addition, the fact that the child becomes dependent on the mother due to the special needs of the child or that the care is often in the mother, limited social support, etc. factors may have caused them to experience burnout after a while and isolate themselves from society.

### **Mothers' coping methods**

Studies on the subject have reported that frequent application of strategies focusing on problems by parents of children with attention deficit reduces stress by increasing mental well-being, cognitive coping of parents with autistic children is associated with higher

well-being.<sup>31-32</sup> Studies have reported that coping method and social support have an impact on parental well-being. Passive emotion-focused coping style (self-blame, distancing, etc.) was found to have a negative effect on adjustment and well-being.<sup>33</sup> It was reported that parents who reported using problem-solving coping styles were more adaptive and had lower parenting stress.<sup>34</sup> Bucuka (2022) emphasised the importance of religious coping skills and social support for mothers of children with special needs to overcome this process in a healthy way.<sup>35</sup> In Turkey, the number of studies examining coping strategies of mothers of children with special needs is limited.<sup>36</sup>

In this study, the mothers reported that they isolated themselves from society,

indoctrinated themselves, did not daydream, took walks whenever they had the opportunity, drank coffee and did handicrafts as coping methods. The fact that the majority of the mothers were housewives and had to take care of their children for a longer period of time may have caused them not to spare time for themselves and to experience more burnout. In addition, many of them may not have been able to benefit from rehabilitation services to the extent they wanted due to their poor economic situation. This situation may have caused them to isolate themselves from society. In this context, it is important to implement rehabilitation programmes for mothers with children with special needs and to make plans to provide social, psychological and economic support to mothers.

## CONCLUSION AND RECOMMENDATIONS

As a result of the study, it was determined that mothers experienced many psychosocial difficulties while providing care for their children with special needs (inadequacy, burnout, stigmatisation, depression, guilt, helplessness, social isolation, financial difficulties, inadequate social support, etc.) and did not use healthy coping methods to combat difficulties.

In this direction, it is recommended to plan and implement necessary training in order to empower mothers and teach alternative coping methods, and to increase the awareness of health professionals, teachers and society on the subject. In addition, it is recommended to make improvements for the

needs (psychological, economic, social, etc.) in order to integrate mothers into social life.

### Limitations

The research is limited to the answers given by the participants. Another limitation is that the study was conducted in a single centre.

### Conflict of interest

There are no conflicts of interest related to the publication of this article.

### Author contributions

**N.G.B.;** research, conceptualization, data collection, formal analysis, editing, supervision, project management.

## REFERENCES

1. Gogoi RR, Kumar R, Deuri SP. Anxiety, depression, and quality of life in mothers of children with intellectual disability. *Open Journal of Psychiatry & Allied Sciences*. 2017;8(1):71-75. <https://doi.org/10.1159/000081958>
2. Emir A, Tarakçı D, Doğan S. Özel gereksinimli çocukların annelerinde bakım veren yükü ve merhamet yorgunluğunun incelenmesi. *Haliç Üniversitesi Sağlık Bilimleri Dergisi*. 2020;3(3):153-160.
3. Jahan S, Araf K, Griffiths MD, Gozal D, Mamun MA. Depression and suicidal behaviors among Bangladeshi mothers of children with Autism Spectrum Disorder: A comparative study. *Asian J Psychiatry* 2020; 51(20):101994 <https://doi.org/10.1016/j.ajp.2020.101994>
4. Yüksel A, Uyanık Y. Engelli çocuk sahibi kadınların yaşadıkları güçlükleri belirleme: bir ölçek geliştirme çalışması. *Afyon Kocatepe Üniversitesi Sosyal Bilimler Dergisi*. 2023; 25(4):1398- 1419. <https://doi.org/10.32709/akusosbil.1078601>
5. Üstün K, Kıvrak K, Körtelli O, Bingölbalı Ö, Taşkaya C, Sarı Z. Engelli çocuğa sahip ebeveynlerin bakım yükü ve fiziksel aktivite seviyesi arasındaki ilişkinin araştırılması. *Adnan Menderes Üniversitesi Sağlık Bilimleri Fakültesi Dergisi*. 2022; 6(3): 488-498. <https://doi.org/10.46237/amusbfd.1000616>
6. Aksoy M, Demirli C. Zihinsel engelli çocuğu olan annelerin karşılaşılabilecekleri güçlüklerle baş etme durumlarının incelenmesi: Bir aile destek eğitim programının uygulanması. *Educ Sci*. 2020;15(3):73-84. <http://dx.doi.org/10.12739/NWSA.2020.15.3.1C0700>
7. Gören AB. Engelli çocuğa sahip annelerde yas süreci. *Cumhuriyet İlahiyat Dergisi* 2016;20(1):225-244. [doi.org/10.18505/cuifd.64549](https://doi.org/10.18505/cuifd.64549)

8. Ersoy AF, Buluş S. Engelli çocuğu olan annelerde tükenmişlik: nitel bir çalışma. Türkiye Sosyal Araştırmalar Dergisi. 2019;23(3):764-781.
9. Shukla SA. Study of life satisfaction of parents of mentally challenged and normal children. International Journal of Research In All Subjects In Multi Languages (IJRSML). 2017; 5(12): 1-4.
10. Vural Yüzbaşı D. Engelli çocuğa sahip annelerin duygusal deneyimleri: Bir olgu bilim Çalışması. Süleyman Demirel Üniversitesi Fen-Edebiyat Fakültesi Sosyal Bilimler Dergisi. 2019;46:1-25.
11. Fereidouni Z, Kamyab AH, Dehghan A, Khiyali Z, Ziapour A, Mehedi N, et al. A comparative study on the quality of life and resilience of mothers with disabled and neurotypically developing children in Iran. Heliyon. 2021;7(6): <https://doi.org/10.1016/j.heliyon.2021.e07285>
12. Softa HK, Öztürk A, Sonkaya C, Düşünceli H. Examination of family burden and life satisfaction of mothers and fathers with mentally retarded children. Uluslararası Hakemli Psikiyatri ve Psikoloji Araştırmaları Dergisi. 2016;5:37-49.
13. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item check list for interview and focus groups. International Journal for Quality in HealthCare. 2007;19(6):349-357. <https://doi.org/10.1093/intqhc/mzm042>
14. Yıldırım A, Şimşek H. Sosyal Bilimlerde Nitel Araştırma Yöntemleri. Ankara: Seçkin Yayıncılık; 2021.
15. Brinkmann S, Kvale S. Doing interviews (2nd ed.). London: Sage; 2015.
16. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative research in psychology. 2006;3(2):77-101.
17. Cypress BS. Exploring the philosophical, paradigmatic, conceptual-theoretical underpinnings of qualitative research. Dimens Crit Care Nurs. 2017;36(3):208-216.
18. Polit DF, Beck CT. Essentials of Nursing Research: Appraising Evidence for Nursing Practice. 9th ed. Philadelphia: Lippincott Williams & Wilkins; 2018. p. 294-305.
19. Kot M, Sönmez S, Eratay E. Özel gereksinimli bireylere sahip ailelerin yaşadıkları zorluklar, Atatürk Üniversitesi Kazım Karabekir Eğitim Fakültesi Dergisi. 2018;37:85-96.
20. Dilmaç B, Çıkılı Y, Koçak F, Çalıkçı M. Zihinsel engelli çocuğa sahip olan annelerin kaygı düzeylerini azaltıcı eğitim programının annelerin durumluk ve sürekli kaygı düzeylerine etkisi. Dumlupınar Üniversitesi Sosyal Bilimler Dergisi. 2015; 24:65-71.
21. Derajew H, Tolessa D, Feyissa GT, Addisu F, Soboka M. Prevalence of depression and its associated factors among primary caregivers of patients with severe mental illness in southwest, Ethiopia. BMC Psychiatry. 2017;17(1):88. <https://doi.org/10.1186/s12888-017-1249-7>
22. Favero Nunes M A, dos Santos M A. Depression and quality of life in mothers of children with pervasive developmental disorders. Revista Latino- Americana de Enfermagem. 2010; 18(1):33-40. <https://doi.org/10.1590/s0104-11692010000100006>
23. Badu E. Experiences of parents of children with intellectual disabilities in the Ashanti Region of Ghana. J. Soc. Incl. 2016; 7: 20-30.
24. Ayyıldız T, Şener DK, Kulakçı H, Veren F. Zihinsel engelli çocuğa sahip annelerin stresle baş etme yöntemlerinin değerlendirilmesi. Ankara Sağlık Hizmetleri Dergisi. 2013; 11(2):1-12.
25. Saldüz Doruk Ç, Arslankoç S, Urhan G. Toplumsal cinsiyet eşitsizliği bağlamında sosyal bakım: bir çözüm önerisi olarak mor ekonomi modeli, Uluslararası Eşitlik Politikası Dergisi. 2023;3(2):95-116.
26. Çitil M, Doğan İ. Engelli çocuğu olan ailelerin yapısı ve toplumsal ilişkilerin belirlenmesi. Sosyal Politika Çalışmaları Dergisi. 2019;43:61-108.
27. Yüksel A, Uyanık Y. Engelli çocuk sahibi kadınların yaşadıkları güçlüklerin incelenmesi, Ankara Hacı Bayram Veli Üniversitesi İktisadi ve İdari Bilimler Fakültesi Dergisi. 2021;23(3): 805-830.
28. Altuğ Özsoy S, Özkahraman Ş, Çallı F. Zihinsel engelli çocuk sahibi ailelerin yaşadıkları güçlüklerin incelenmesi. Sosyal Politika Çalışmaları Dergisi. 2006;9(9):69-77.
29. Özbülüt M, Özgür Sayar Ö. Bir sosyal dışlanma fotoğrafı: Engelli bireylerin toplumla bütünleştirilmesine yönelik tespit, bilgilendirme ve veri tabanı oluşturma çalışması. Sosyal Politika Çalışmaları Dergisi. 2009;17(17):59-76. doi: 10.21560/SPCD.27217
30. Deniz EM, Dimaç B, Arıcaç TO. An analysis of life satisfaction and statetrait anxiety of the parents with handicapped children. Uluslararası İnsan Bilimleri Dergisi. 2009;6:1303-5134.
31. Schneider EE, Schonfelder S, Domke Wolf, Wessa M. Measuring stress in clinical and nonclinical subjects using a German adaptation of the perceived stress scale. International Journal of Clinical and Health Psychology. 2020;20:173 181. <https://doi.org/10.1016/j.ijchp.2020.03.004>.
32. Obeid R, Daou N. The effects of coping style social support and behavioral problems on the well-being of mothers of children with autism spectrum disorders in Lebanon. Research in Autism Spectrum Disorders. 2015;10:59-70. <https://doi.org/10.1016/j.rasd.2014.11.003>.
33. Smith LE, Seltzer MM, Tager-Flusberg H, Greenberg JS, Carter AS. A comparative analysis of well-being and coping among mothers of toddlers and mothers of adolescents with ASD. Journal of Autism and Developmental Disorders. 2008;38: 876-889. doi: 10.1007/s10803-007-0461-6
34. Abbeduto L, Seltzer MM, Shattuck P, Krauss MW, Orsmond G, Murphy MM. Psychological well-being and coping in mothers of youths with autism, down syndrome, or fragile X syndrome. American Journal of Mental Retardation. 2004;109: 237-254.
35. Bucuka Y. Engelli çocuk annelerinin sosyal destek, yaşam doyumu ve dini başa çıkma durumları. Bingöl Araştırmaları Dergisi. 2022;8(2),97-124.
36. Kara E. Empowerment implementation with mental support for mother with handicapped children. The Journal of International Social Research. 2018;11:311-322.