



INVESTIGATION OF METHODS OF COATING WITH STRESS IN INDIVIDUALS WITH DISABILITIES¹

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Abstract

Stress may affect everyone differently. Stress can be described as adapting to changes in life by disrupting the physical and psychic balance in situations where the individual cannot adapt. Stress experienced by people with disabilities may be psychic or individual barriers caused by the person's disability. Exposure to stress by a person's disability affects many systems. Individuals with disabilities must have strong stress-coping methods to be less affected by these systems. This study aims to examine the methods of coping with stress in individuals with disabilities in Turkey. In this quantitative study, 477 disabled individuals (visual, orthopedic, hearing, or speech and chronic) were reached through purposive sampling. The stress Coping Scale developed by Moss in 1993 was used as a data collection tool to examine the coping methods of individuals with disabilities. Most of the participants were male, high school graduates, married, and had social security. Moreover, although the rate of those who have experienced any traumatic event causing stress is high, most of the participants try to cope with stress without getting help from their social circle. This study will contribute to both the field of social work in Turkey and literature in a multidisciplinary sense.

Keywords: Disability, Stress, Coping with Stress

Jel Classification: I0, I00, I1

ENGELLİ BİREYLERDE STRESLE BAŞA ÇIKMA YÖNTEMLERİNİN ARAŞTIRILMASI

Öz

Stres herkesi farklı şekilde etkileyebilir. Stres, bireyin uyum sağlayamadığı durumlarda fiziksel ve psikik dengesini bozarak yaşamdaki değişikliklere uyum sağlaması olarak tanımlanabilir. Engelli bireylerin yaşadığı stres, kişinin engelinden kaynaklanan psikik ya da bireysel engeller olabilir. Kişinin engeli nedeniyle strese maruz kalması birçok sistemi etkiler. Engelli bireylerin bu sistemlerden daha az etkilenmeleri için stresle başa çıkma yöntemlerinin güçlü olması gerekir. Bu çalışma, Türkiye'deki engelli bireylerin stresle başa çıkma yöntemlerini incelemeyi amaçlamaktadır. Nicel bir araştırma olan bu çalışmada amaçlı örnekleme yoluyla 477 engelli bireye (görme, ortopedik, işitme, konuşma ve süregen) ulaşılmıştır. Engelli bireylerin başa çıkma yöntemlerini incelemek için veri toplama aracı olarak Moss tarafından 1993 yılında geliştirilen Stresle Başa Çıkma Ölçeği kullanılmıştır. Katılımcıların çoğu erkek, lise mezunu, evli ve sosyal güvenceye sahiptir. Ayrıca, strese neden olan herhangi bir travmatik olay yaşayanların oranı yüksek olmasına rağmen, katılımcıların çoğu sosyal çevrelerinden yardım almadan stresle başa çıkmaya çalışmaktadır. Bu çalışmanın hem Türkiye'deki sosyal hizmet alanına hem de multidisipliner anlamda literatüre katkı sağlayacağı düşünülmektedir.

Anahtar Kelimeler: Engellilik, Stres, Stresle Başa Çıkma

Jel Sınıflandırması: I0, I00, I1

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INTRODUCTION

A person with a disability is a person who has suffered organ loss at different rates due to disease or any other reason, who cannot meet daily life needs, who has difficulty in fulfilling the requirements of daily life, and who needs or feels the need for protection, care, rehabilitation, counseling, and support services. Disability is classified as physical, visual, hearing, speech, language, mental, and chronic. While a person with inadequacy, deficiency, and loss of function in the musculoskeletal system is called physically disabled, an individual with complete or partial vision loss or impairment in one or both eyes is visually impaired, an individual with complete or partial hearing loss in one or both ears is hearing impaired, an individual with a disease requiring continuing care and treatment is defined as chronically disabled, and an individual with a deficiency or retardation in the process of perception at the mental level and in the functioning of the mind is defined as mentally disabled.

According to the International Classification of Functional Disabilities (ICF), physical disability is defined as a condition in which there is a significant defect, limitation, or impairment of certain organs or processes of the body that interferes with normal functioning, affecting physical activity and thus normal functioning in different areas of life (WHO, 2001). Physical disability is generally related to performing activities of daily living (ADL) or functional activities of daily life (IADL) associated with difficulty, limitation, or dependence on others. Activities of daily life are self-care tasks such as feeding, dressing, bathing, toileting, and physical mobility. Functional activities of daily living are relatively less basic tasks and are activities necessary for independent functioning, such as preparing meals, cleaning, and paying bills (Lenze et al. 2001).

Disability is a difficulty in functioning in one or more life domains, in the body, in interaction with people or in bonding at the societal level, in the way a person experiences in interaction with contextual factors in a state of health (Leonardi et al. 2006). Disability can lead to limitations and vital difficulties. The individual is deprived of a certain degree of independence (Reynell, 1970). According to the criterion of individuals' participation in life, there are three different categories of disabled people in terms of vocational and educational status. The first are those who are fully educated, productive, and able to compete. The second is those who are partially productive because they cannot use the ability to speak and are unable to compete with those with a normal physical condition. The third is those who have a severe disability that leaves them completely unproductive in terms of work and education (Mushtaq and Akhouri, 2016). As a result, disability is the loss of physical, mental, spiritual, emotional and social abilities of the individual in various degrees and, accordingly, the inability to meet their needs and desires (Kalaycı, 2020: 87).

Stress, however, can be defined as an inward reaction that occurs when the physical and mental existence of the organism is threatened or challenged, and the pressure, burden, tension, and mental tension felt by the individual due to the incompatible conditions in his/her social environment. Sources of stress can be categorized into three groups: physical, psychosocial, and psychological. Factors such as adverse environmental conditions, disasters, injuries, physical traumas, and having a disease are physical stress stimuli. The social environment in which the individual lives and its expectations, value judgments, beliefs, past experiences, and the lack of a purpose related to the roles resulting from social life are psychosocial stress stimuli. Psychological stress stimuli, on the other hand, include more subjective factors such as the individual's feelings, thoughts, and worries about the danger he/she perceives at that moment, his/her personality structure, perceptual characteristics, and thoughts. An individual under stress may complain of behavioral symptoms such as headache, irritability, anger, gastric cramps, forgetfulness, tension, and insomnia (Kaba, 2019).

In the words of Hans Selye, stress is a scientific perspective that causes dilemmas between being too well understood or too little understood and causes tensions in the human body (Olpin and Hesson, 2012: 3). Cüceloğlu (1992: 270-272) states that the emergence of stress consists of three periods. He named the first stage "alarm response". This period is the process in which the glands are stimulated, especially adrenaline is secreted excessively, and with this stimulation, the body is mobilized and prepared to deal with emergencies that may arise. If the stressful stimulus or environment does not disappear, the so-called "resistance period" occurs. The body then removes the alarm and tries to adapt to the stressful environment. However, if the adaptation process does not work properly and the body loses its resistance, a "period of exhaustion" emerges. The body can no longer withstand the pressure of stress and completely loses its resistance. First alarm symptoms recur and illnesses can develop.

The coping phenomenon is defined as the ways people deal with the difficulties they face while maintaining daily life (Monat et al. 2007). That is, coping can be defined as the individual's cognitive and behavioral efforts to overcome the difficulties posed by the environment, to keep them under control, and to reduce tensions (Basut, 2006). Coping with stress is the behavioral and mental efforts intended to control the overstimulated state of psychological and physical arousal caused by stress and the outer and inner reactions to reduce or eliminate the factors that cause it, and the conflict between them. It means, changing, tolerating, or avoiding the stress sources personal to the individual and keeping the reactions to external negative stimuli at a more positive level (Doğan and Eser, 2013).

To cope with a stressful situation, the individual can either try two ways that can be used separately or together. One tries to change the stressful event. This is called "problem-based coping". The individual tries to relieve his/her feelings about the stressful situation, even if it does not change the current stressful situation, and tries to change himself/herself. This is called "emotion-focused coping" (Lazarus and Susan Folkman, 1984).

It is highlighted that coping strategies that individuals use when they encounter negative or stressful life events play a significant role in the protection of physical and psychological well-being (Miller et al. 1988). However, sometimes coping strategies can lead to negative and unhealthy outcomes. An unexpected stressor may trigger post-traumatic stress disorder (PTSD). The etymology of the word "trauma", related to the Greek, Sanskrit, and Persian word "tere", dates back to 1500 BC. Trauma literally means "open hole" and refers to a hole, such as a nostril, or more broadly any hole in the body. Post-traumatic growth is the experience of positive change as a result of dealing with extremely challenging life crises. Such positive change can manifest in a variety of ways, such as a greater appreciation of life, more meaningful interpersonal relationships, an increased sense of personal power, changing priorities, and a richer existential and spiritual life (Duman, 2019). Since posttraumatic growth indicates a change in character as a result of the event, mental health professionals should not ignore the change in their clients and provide the necessary psychological guidance (Jayawickreme and Blackie, 2014).

Major traumatic events include war, violent personal assault (e.g. sexual assault and physical assault), hostage-taking or kidnapping, imprisonment, torture, terrorist attack, severe car accidents, and natural disasters. Post-traumatic stress disorder is differentiated according to the level of persistence. If the symptoms disappear in less than three months, it is called acute stress disorder, and if the symptoms persist for more than three months, it is called chronic stress disorder (Javidi and Yadollahie, 2012). The prevalence rate of PTSD for disaster victims and survivors is 30-40%. PTSD is known to lead to many other psychological problems such as anxiety disorder, major depressive disorder, and attitude disorder (Javidi and Yadollahie, 2012). Individuals with permanent physical disabilities may

be more prone to PTSD because physical injuries may serve as "persistent visual and sensory cues to intervene in re-experiencing events" (Javidi and Yadollahie, 2012). A pre-existing physical impairment may trigger PTSD symptoms by reminding of the traumatic or life-threatening event (Miller, 1998). Symptoms of PTSD in individuals with subsequent disabilities may include recurrent and disturbing images of the traumatic event or disturbing dreams, intense distress and avoidance of stimuli reminiscent of the traumatic event, feelings of separation, emotional numbness, alienation, anger, irritability, hypervigilance, problems falling asleep or concentrating, and a sense of a foreshortened future without career, marriage, family, or normal life expectancy (Martz and Cook, 2001). It has long been shown in the literature that people with physical disabilities tend to have higher levels of anxiety than other people (Boswell and Wingrove, 1974).

People with physical disabilities have much higher levels of anxiety and depression. Helplessness, hopelessness, frustration, a sense of dependency, loss, and behavioral changes in people surrounding them are the biggest reasons for this increase. Another reason for depression is people's negative perceptions of their appearance (Mushtaq and Akhouri, 2016). According to the World Health Organization's famous "Global Burden of Disease" study, anxiety disorders such as panic disorder and post-traumatic stress disorder were identified as significant disability outcomes (Murray and Lopez, 1996). Coping is a response to a challenge with the aim of reducing stress and restoring a state of equilibrium. The wide repertoire of human responses to stress and the ability to change the environment in responding to stress is influenced not only by individual behavior but also by social life and culture (Işıkhan, 2018). According to Lazarus and Folkman, attempts to cope are divided into two groups: problem-focused and emotion-focused (Lazarus and Folkman, 1984). Generally, problem-focused coping is more frequently used in situations that are considered to be changeable, and emotion-focused coping is more commonly used in situations that are considered to be unchangeable. The stress coping scale developed to measure individuals' coping skills to deal with stress consists of four dimensions. Logical Analysis is to understand the stressful situation and its consequences and to make cognitive attempts to be mentally prepared. Positive Reappraisal is accepting the reality of the situation and making cognitive attempts to reconstruct the situation in positive ways. Seeking guidance and support is taking behavioral actions by getting information about the problem (Ballı and Kılıç, 2016).

Stereotypes toward individuals with disabilities are known to be negative, exclusionary, and rejecting attitudes. Such attitudes can be found not only in the environment of the individual but also in his/her family. Emotional difficulties experienced by families, lack of sufficient information about the situation of their children, difficulties in explaining the disability of the child to society, behavioral and health problems seen in the individual due to disability, inadequate contact with experts in the treatment and recovery process, feeling economically inadequate and anxiety can generate high levels of stress for the individual (Türker, 2011).

The fact that individuals with disabilities are not accepted by their peers may cause them to think that they have a low social status. Such negative attitudes enter their lives through experiences. These attitudes may originate from the value judgments of parents during childhood (Özyürek, 2006). The presence of negative attitudes and accompanying behaviors may limit the individual's choices in social functioning. In order to minimize these limitations, the development of positive attitudes toward individuals with disabilities is considered to be beneficial. Özyürek (1977) stated that education and adequate information can be an effective way for society to positively develop positive attitudes toward people with disabilities. When the family and the environment do not pay enough attention to the

disability in the child, he/she may feel incomplete and strive for superiority. Thus, a physical deficiency may lead to a psychological disorder. The attitudes of the environment toward the disabilities of individuals and the intensity of such attitudes may cause harm to their psychological health. Compared to families with a healthy child, families with a person with a disability have more responsibility. Awareness of adults on this issue and treating the disabled individual as a normal child is important in this respect (Akbaba, 2004).

People with disabilities may have various difficulties with the social environment. Although there are necessary legal regulations, disabled people may still be facing difficulties in social life in practice. Yet, it is clear that education is essential. As the education level of disabled individuals increases, their quality of life also improves (Tüccar, 2015). For people with disabilities, full participation in social life brings many hardships. Eliminating the difficulties experienced in participation in social life is a requirement of the understanding of the social state and is a rights-based approach. Successful policies created for people with disabilities will only be possible with structures where disabled people can convey the difficulties they experience and be included in policy processes. Considering that the quality of life of disabled individuals can be improved in a positive direction with their participation, this research on stress and stress levels aims to contribute to disability research.

1. THE METHODOLOGY

In this study, the "quantitative method" was conducted.

1.1. Population and Sample of the Study

The population of the study consists of individuals with disabilities in Turkey. The sample was determined by "purposive sampling" from non-random sampling methods. It consists of 477 individuals with disabilities (visual, orthopedic, hearing, speech, chronic).

1.2. Data Collection

The research was conducted online. People with disabilities were reached online and data were collected from the Turkish Foundation for the Physically Disabled and Bayrampaşa Physical Therapy and Rehabilitation Center. In this way, a total of 477 individuals with disabilities participated in the study on a voluntary basis.

1.3. Data Analysis

Data entry was performed with the SPSS 21.0 program at 95% confidence level. The kurtosis and skewness values obtained from intra-item scales between +3 and -3 are sufficient for normal distribution (Groeneveld and Meeden, 1984; Moors, 1986; Hopkins and Weeks, 1990; De Carlo, 1997). Since the kurtosis skewness values obtained from the coping with stress scale and its sub-dimensions were between +3 and -3, normality was ensured. Therefore, the parametric independent samples t-test and ANOVA test were used in our analyses. Differences in scale scores according to variables with 2 groups were analyzed with a t-test; differences according to variables with 3 or more groups were analyzed with an ANOVA test. In case of a difference in the ANOVA test, multiple comparisons were analyzed with the Tukey test.

Table 1: Descriptive Statistics and Normality Test

	n	Min	Max	Mean	ss	Skewness	Kurtosis
Logical Analysis	477	7,00	30,00	23,31	4,06	-,793	1,466
Positive Evaluation	477	6,00	30,00	22,47	4,48	-,334	,003
Searching for Support	477	6,00	30,00	19,37	4,33	,264	,461
Problem Solving	477	6,00	30,00	23,34	4,50	-,699	,510
Coping with Stress	477	28,00	120,00	88,48	14,18	-,403	1,062

1.4. Data Collection Tools

A form including 14 questions was utilized to determine the demographic characteristics of individuals with disabilities. The questions are about personal information, disability, and stress. The "coping with stress scale" was conducted to examine their coping strategies with stress. The scale was developed by Moos in 1993. Consisting of 24 questions, the scale is a five-point Likert-type scale. The scale is comprised of the following headings: (1) Never, (2) Rarely, (3) Sometimes, (4) Mostly, (5) Always. The scale has four dimensions. These are logical analysis, positive evaluation, support seeking, and problem-solving (Ballı and Kılıç, 2016). The items and dimensions of the scale are given in detail in Table 2.

2. RESULTS

The proportion of male participants in the study is 53.5%. Participants between the ages of 41-50 are 36.3% and 54.5% are married. 52.4% have children. While the percentage of high school graduates is 36.5%, the percentage of employees is 38.6% and the percentage of those with social security is 83.0%. 45.9% of those whose monthly income is above the minimum wage.

The proportion of those with orthopedic disabilities is 58.5%. The proportion of those with a disability of 40%-60% is 34.6%. The proportion of those whose disability was acquired is 65.6%. Among the participants, 54.1% had experienced a traumatic event that caused stress. 36.4% of the participants had experienced the event 10 years or longer ago. 34.2% were trying to cope with stress on their own.

There is no significant difference between the groups whose ages are different in terms of coping with stress and sub-dimension scores ($p>0.05$). (There is no significant difference in terms of coping with stress and subscale scores between groups with different ages ($p>0,05$)).

There is no significant difference between the groups with different marital status in terms of coping with stress and sub-dimension scores ($p>0.05$).

The results of the ANOVA test for the examination of coping with stress in terms of educational status are given below.

Table 2: Investigation of Coping with Stress in Terms of Education Status

Education Status		n	Mean	ss	F	p	Post-Hoc
Logical Analysis	Literate	10	21,00	6,96	6,493	,000*	2<4 2<5 3<5
	Primary School	71	21,51	4,48			
	Middle School	56	22,45	4,62			
	High School	174	23,47	3,87			
	Undergraduate	156	24,33	3,28			
Positive Evaluation	Graduate	10	24,40	2,50	0,655	,657	
	Literate	10	20,30	7,80			
	Primary School	71	22,70	4,93			
	Middle School	56	22,75	4,77			
	High School	174	22,33	4,65			
Support Search	Undergraduate	156	22,51	3,76	0,341	,888	
	Graduate	10	23,30	2,83			
	Literate	10	18,40	5,23			
	Primary School	71	19,77	4,58			
	Middle School	56	19,20	4,64			
Problem Solving	High School	174	19,49	4,74	1,212	,302	
	Undergraduate	156	23,63	3,66			
	Graduate	10	24,90	2,69			
	Literate	10	20,80	7,13			
	Primary School	71	23,37	5,20			
Coping with Stress	Middle School	56	22,73	5,51	1,166	,325	
	High School	174	23,31	4,42			
	Undergraduate	156	23,63	3,66			
	Graduate	10	24,90	2,69			
	Literate	10	80,50	24,41			
	Primary School	71	87,35	16,14			
	Middle School	56	87,13	16,25			
	High School	174	88,59	14,29			
	Undergraduate	156	89,63	11,52			
	Graduate	10	92,10	7,68			

*p<0,05

There is a significant difference between groups with different education statuses in terms of logical analysis ($p<0.05$). Accordingly, the average score of those with graduate degrees is higher than those with high school and primary school degrees. In addition, the average score of those with a university degree is higher than those with a primary school degree.

The results of the ANOVA test conducted to examine coping with stress in terms of work status are given below.

Table 3: Analysis of Coping with Stress in Terms of Work Status

Working Status	n	Mean	ss	F	p	Post-Hoc
Working	184	23,86	3,62			1>2

Logical Analysis	Not Working	182	22,36	4,41	8,311	,000*	2<3
	Retiree	111	23,95	3,88			
	Working	184	22,80	4,19			
Positive Evaluation	Not Working	182	21,69	4,76	4,891	,008*	2<3
	Retiree	111	23,22	4,31			
	Working	184	19,27	3,98			
Searching for Support	Not Working	182	19,39	4,70	0,101	,904	1>2
	Retiree	111	19,50	4,28			
	Working	184	23,89	3,91			
Problem Solving	Not Working	182	22,54	4,96	4,730	,009*	1>2
	Retiree	111	23,72	4,49			
	Working	184	89,82	12,79			
Coping with Stress	Not Working	182	85,97	15,40	4,727	,009*	2<3
	Retiree	111	90,38	13,81			
	Working	184	23,89	3,91			

*p<0,05

There is a significant difference between the groups with different work status in terms of logical analysis ($p<0.05$). Accordingly, the mean score of those who work or retire is higher than those who do not.

There is a significant difference between the groups with different work statuses in terms of positive evaluation ($p<0.05$). Accordingly, the mean score of those who work or retire is higher than those who do not.

There is a significant difference between the groups with different work statuses in terms of problem solving ($p<0.05$). Accordingly, the mean score of those who are working is higher than those who are not working.

There is a significant difference between the groups with different working statuses in terms of coping with stress ($p<0.05$). Accordingly, the mean score of those who are working or retired is higher than those who are not working.

Table 4: Analysis of Coping with Stress in Terms of Monthly Income

Monthly Income Status	n	Mean	ss	F	p	Post-Hoc	
Logical Analysis	Below minimum wage	157	22,52	4,76	4,779	,009*	1<3
	Minimum wage	101	23,42	4,13			
	Above minimum wage	219	23,82	3,35			
Positive Evaluation	Below minimum wage	157	22,54	5,03			

	Minimum wage	101	22,62	4,93	0,155	,856
	Above minimum wage	219	22,35	3,82		
	Below minimum wage	157	18,86	4,97		
Searching for Support	Minimum wage	101	20,03	4,48	2,291	,102
	Above minimum wage	219	19,42	3,70		
	Below minimum wage	157	23,14	5,24		
Problem Solving	Minimum wage	101	23,22	5,00	0,385	,681
	Above minimum wage	219	23,53	3,62		
	Below minimum wage	157	87,06	16,36		
Coping with Stress	Minimum wage	101	89,29	15,46	1,172	,311
	Above minimum wage	219	89,12	11,66		
	Below minimum wage	157	87,06	16,36		

*p<0,05

The results of the ANOVA test conducted to examine coping with stress in terms of monthly income status are given in Table 8. There is a significant difference between groups with different monthly income statuses in terms of logical analysis ($p<0.05$). Thus, the average score of those whose income is above the minimum wage is higher than those whose income is below the minimum wage.

Table 5: Analysis of Coping with Stress According to Type of Disability

What is your type of disability ?		n	Mean	ss	F	p	Post-Hoc
Logical Analysis	Visualisation	36	24,22	2,70	4,776	,003*	1>3
	Orthopaedic	279	23,72	3,77			2>3
	Hearing or Speech	19	21,53	6,03			2>4
	Chronic	143	22,50	4,40			
Positive Evaluation	Visualisation	36	23,19	3,96	5,566	0,01*	1>4
	Orthopaedic	279	23,03	4,13			2>4
	Hearing or	19	22,16	6,51			

		Speech						
Searching for Support	Chronic	143	21,24	4,73	1,160	,325		
	Visualisation	36	20,08	4,02				
	Orthopaedic	279	19,48	4,24				
	Hearing or Speech	19	18,00	5,36				
Problem Solving	Chronic	143	19,14	4,43	4,042	,007*		
	Visualisation	36	24,11	4,72				
	Orthopaedic	279	23,81	4,22				
	Hearing or Speech	19	22,58	6,88				
Coping with Stress	Chronic	143	22,32	4,47	4,939	,002*		
	Visualisation	36	91,61	11,56				
	Orthopaedic	279	90,04	12,97				
	Hearing or Speech	19	84,26	23,74				
	Chronic	143	85,20	14,84				

* $p < 0,05$

The results of the ANOVA test conducted to examine coping with stress in terms of type of disability are given in Table 5. There is a significant difference between groups with different types of disabilities in terms of logical analysis ($p < 0.05$). Accordingly, the average score of those with visual disabilities is higher than those with hearing and speech disabilities, and the average score of those with orthopedic disabilities is higher than those with hearing, speech, and chronic disabilities.

There is a significant difference between the groups with different types of disabilities in terms of positive evaluation ($p < 0.05$). Accordingly, the mean scores of those with visual and orthopedic disabilities are higher than those with chronic disabilities.

There is a significant difference between the groups with different types of disabilities in terms of problem solving ($p < 0.05$). Accordingly, the mean scores of those with visual and orthopedic disabilities are higher than those with chronic disabilities.

There is a significant difference between the groups with different types of disabilities in terms of coping with stress ($p < 0.05$). Accordingly, the average score of those with visual, and orthopedic disabilities is higher than those with hearing, speech, or chronic disabilities.

There is no significant difference between the groups with different degrees of disability in terms of coping with stress and subscale scores ($p > 0.05$) and between the groups with congenital or acquired disabilities in terms of coping with stress and subscale scores ($p > 0.05$). Furthermore, there is no significant difference between the groups with congenital or acquired disabilities in terms of coping with stress and subscale scores ($p > 0.05$).

Table 6: Analysis of Coping with Stress in Terms of Having Experienced Any Traumatic Event Causing Stress

Have you experienced any traumatic events that caused stress?	n	Mean	ss	t	p	
Logical Analysis	Yes	258	23,05	3,94	-1,473	,141
	No	219	23,60	4,18		
Positive Evaluation	Yes	258	21,79	4,34	-3,669	,000*
	No	219	23,28	4,53		
Searching for Support	Yes	258	19,19	4,05	-0,990	,323
	No	219	19,58	4,64		
Problem Solving	Yes	258	22,67	4,38	-3,563	,000*
	No	219	24,12	4,53		
Coping with Stress	Yes	258	86,69	13,48	-3,011	,003*
	No	219	90,58	14,73		

The results of the t-test regarding the examination of coping with stress according to having experienced any traumatic event causing stress are given in Table 6.

There is a significant difference between the groups who have experienced any traumatic event that caused stress in terms of positive evaluation ($p < 0.05$). Accordingly, the mean score of those who have not experienced such an event is higher.

There is a significant difference in terms of problem solving between the groups who have experienced any traumatic event that causes stress ($p < 0.05$). Therefore, the mean score of those who have not experienced such an event is higher.

A statistically significant difference ($p < 0.05$) was found between the groups who had experienced a traumatic event that caused stress in terms of coping with stress. This shows that the mean score of those who have not experienced such an event is higher.

Table 7: Analysis of Coping with Stress in terms of Method of Coping with Stress

What is your method of coping with stress?	n	Mean	ss	F	p	Post-Hoc	
Logical Analysis	I get professional support	95	24,36	3,97	2,503	,042*	1>5
	I get moral support	51	23,39	3,61			
	I talk to my relatives and share with my social circle	118	22,93	3,32			
	I try to cope myself	163	23,21	3,80			

Positive Evaluation	I don't do anything	50	22,42	6,24	0,906	,460	
	I get professional support	95	22,33	3,99			
	I get moral support	51	23,25	4,69			
	I talk to my relatives and share with my social circle	118	21,97	4,26			
	I try to cope myself	163	22,55	4,32			
Support Search	I don't do anything	50	22,88	5,97	14,862	,000*	
	I get professional support	95	21,22	3,46			
	I get moral support	51	19,53	3,98			
	I talk to my relatives and share with my social circle	118	20,47	3,95			
	I try to cope myself	163	17,60	3,77			
Problem Solving	I don't do anything	50	18,84	6,20	1,303	,268	
	I get professional support	95	23,91	4,25			
	I get moral support	51	23,98	4,17			
	I talk to my relatives and share with my social circle	118	22,69	4,42			
	I try to cope myself	163	23,20	4,12			
Coping with Stress	I don't do anything	50	23,54	6,31	2,326	,056	
	I get professional support	95	91,81	12,37			
	I get moral support	51	90,16	13,95			
	I talk to my relatives and share with my social circle	118	88,07	13,05			
	I try to cope myself	163	86,56	12,70			
	I don't do anything	50	87,68	22,01			

*p<0,05

The results of the ANOVA test conducted to analyze coping with stress in terms of method of coping are given in Table.

There is a significant difference between the groups with different coping methods in terms of logical analysis ($p<0.05$). Thus, the mean score of those who cope with stress by getting professional support is higher than those who do nothing about it.

Regarding searching for support, a significant difference exists between the groups with different coping methods ($p<0.05$). Accordingly, the mean scores of those who coped with stress by seeking professional support were higher than those who coped on their own and those who did nothing. Moreover, the mean scores of those who coped with stress by receiving spiritual support, talking to their relatives, and sharing with their social environment were higher than those who coped with stress on their own.

3. DISCUSSION

This study examines the methods of coping with stress in individuals with disabilities, the findings obtained from this study are discussed based on some variables within the scope of the literature. In terms of gender, most of the disabled individuals participating in the study were men. In the literature, there are studies showing that men have a higher rate of disability compared to women. According to the January 2023 report of the Disability Statistics Bulletin announced by the Ministry of Family and Social Services, 56% of the

disabled population registered in the National Disability Data System are men and 44% are women (T.C. Aile ve Sosyal Hizmetler Bakanlığı, 2023).

The findings on gender obtained from this study are in line with the literature. In terms of age group, the proportion of those aged between 41-50 is high. Disability can be congenital or acquired. Therefore, the number of young adults with disabilities was found to be high in our study. In terms of education status, most of the participants are high school graduates. This rate is followed by university graduates. It is crucial that individuals with disabilities, regardless of the type or degree of disability, participate in education and benefit from equal opportunities. Individuals with disabilities benefit from education and training in educational institutions under the Ministry of National Education or in special private educational institutions (T.C. Aile ve Sosyal Hizmetler Bakanlığı, 2023).

Examining the literature, the rate of disabled people benefiting from education and training is increasing gradually. Most of the participants' monthly income is above the minimum wage, they have social security and most of them are employed. These individuals can work in state institutions or the private sector, as well as in protected businesses. In addition, they have the right to set up their own business and are funded by the state. By disability type, the proportion of individuals with orthopedic disabilities was higher than other disability categories. This rate is followed by chronic disabilities. When the distribution of disabled people registered and alive in the National Disability Data System of the Ministry of Family and Social Services is analyzed, chronic disability is the most common type of disability in society (T.C. Aile ve Sosyal Hizmetler Bakanlığı, 2023). Thus, disability may be congenital or may occur later due to any health problem. Most of the individuals who participated in our study became disabled afterward. Most of the participants experienced any traumatic event that caused stress and it was concluded that the majority "tried to cope on their own" as coping methods with stress. There is no statistically significant difference in coping with stress and its sub-dimensions in terms of gender, age, marital status, degree of disability, and congenital or acquired disability in the coping methods of disabled individuals. Although there are studies that found significant differences in coping with stress and sub-dimension scores of women and men (Kelleci et al. 2012), no statistically significant difference was reported in our study. This suggests that personal development may be effective in coping with stress instead of gender and may depend on the ability to live with a disability. Moreover, those with higher education levels were positively affected by the "logical analysis" dimension. Therefore, a good level of education for individuals with disabilities can have positive effects in all aspects of life. The improvement in the education of disabled people compared to the previous years, and enhancement in rights and accessibility may be factored in this regard. It is considered that education can contribute positively to improving the ability to live with a disability and to be involved in life. Activities developing the level of education of individuals with disabilities contribute positively to their ability to cope with stress. Skills to make logical analysis can also contribute to the individual's life competency. A study concluded that the "behavior control" score of non-working patients with chronic renal impairment was high (Yavuz, 2018). Behavior control problems may negatively affect the functioning of individuals. That is, the disabled may be incapable of problem-solving and coping with stress. Individuals who worked or had worked before showed positive progress in terms of "logical analysis, positive evaluation, problem-solving sub-dimensions and coping with stress" compared to those who did not work. Increased capacity of people with disabilities to cope with stress if they work or retire may be associated with income level. Low income or lack of income can be an important source of stress. Therefore, as income increases, the stress and adverse effects of disability may decrease. A positive correlation was found between higher education and income level. People with disabilities with higher levels of

education benefit more from healthcare services thanks to their income levels. This increases the disadvantage experienced by low-income people with disabilities (Abellán et al. 2015). Working, having a high income level, and being engaged in activities can have positive effects in all areas of life and this makes individuals stronger. For example, sport increases both individuals with and without disabilities' psychological well-being (Duman et al. 2011). Self-confidence in physically disabled athletes has been reported to affect life satisfaction. In addition, life satisfaction level increases when self-confidence problems are overcome not only in those who are professionally involved in sports but also in others. Social factors such as working, being married, or playing an active role in society also help individuals to perceive themselves as competent (LoBianco and Sheppard-Jones, 2007). A path analysis conducted by Nosek et al. (2003) showed that factors such as social isolation affect social cognition and self-esteem levels among women with disabilities. This leads to negative self-evaluations and perceived negative evaluations by others.

Professional, social, and moral support and personal development are important for individuals with disabilities to cope with the stress they experience. It is quite meaningful for them not to be left alone, to participate in social life, and to strengthen their lives with the social support system. The protective, preventive, and supportive aspects of psychosocial efforts related to disability are essential. It is envisaged that psychosocial supportive efforts should be developed in multiple aspects such as school, family, environment, and social environment. Accessibility, elimination of unfavorable conditions, and full participation in social life can be effective in reducing the stress factor. The transformative power of pain was found to have a regulatory role in the effect of individuals' perceived organizational support and assumptions about the world on post-traumatic disorder levels. In cases in which the disability occurred as a result of an accident and trauma is observed within the individual, organizational support seems to be beneficial (Bolat et al. 2020). Those who cope with psychological difficulties by receiving professional support and those who cope by sharing this with their social environment have a higher average score than those who try to cope on their own. Factors such as interacting with people, living in a more integrated society, and being able to participate in community life to meet daily needs have major effects on the positive change in the perception of disability (LoBianco and Sheppard-Jones, 2007). A mental health professional should be careful to improve the therapy circumstances for the disabled. Factors such as not showing flexibility during therapy hours and sessions, not adjusting the layout of the room according to the disabled person, etc. significantly reduce the efficiency of the therapy. However, when these factors are taken into consideration, psychotherapy is expected to benefit the disabled person (Olkin, 2001). It is valuable for the social state to understand that all professional efforts in disability contribute to this field in cooperation and take a supportive role and responsibility for the problem areas that arise for full participation. The social work profession, which undertakes an essential role in the field of disability, has a complementary role in reducing the stress factors experienced by individuals with disabilities. The findings show that there is a significant difference in "logical analysis, positive evaluation, and problem-solving sub-dimensions and coping with stress". Coping with stress and its sub-dimensions are different for each type of disability. For example, the fact that the logical analysis dimension of visually impaired individuals is better than the ones of other disability types can be attributed to such factors as these individuals' strong cognitive awareness by only feeling the events without seeing them, by filtering them through the mind and reasoning. Thus, it is considered that this is affected by different variables such as the timing of the disability, the way it occurred, environmental conditions, and support systems.

In the study, individuals with disabilities who have not experienced a traumatic event can use the positive evaluation dimension more effectively. At the same time, problem-

solving and coping with stress methods of these individuals are also improved. This can be attributed to the fact that they were not exposed to any trauma. Also, it is possible that even if they are exposed to trauma, they produce logical solutions by using coping methods in a highly skillful manner.

CONCLUSIONS AND RECOMMENDATIONS

According to the results of the study there is no significant difference between men and women in terms of coping with stress and its sub-dimension scores. No significant difference was found between the groups of different ages in terms of coping with stress and its sub-dimension scores. There is no significant difference between the groups with different marital statuses in terms of coping with stress and sub-dimension scores.

There is a significant difference between the groups with different educational statuses in terms of "logical analysis". Accordingly, the average score of those with graduate-level education is higher than those with high school and primary school education. Likewise, the average score of university graduates is higher than primary school graduates. Therefore, as the educational level increases, the logical analysis dimension is positively affected.

There is a significant difference between the groups with different working statuses in terms of "logical analysis, positive evaluation, problem-solving sub-dimensions and coping with stress". In the logical analysis and positive evaluation dimension, the mean scores of those who are working or retired are higher than those who are not working, while in the problem-solving dimension, the mean scores of those who are working are higher than those who are not working. As a result, those who are working or retired are positively affected by these dimensions compared to those who are not working.

In terms of "logical analysis", there is a significant difference between the groups with different monthly income statuses. Accordingly, logical analysis is affected positively as income increases. There is a significant difference between the groups with different types of disability regarding "logical analysis, positive evaluation, and problem-solving sub-dimensions and coping with stress". Accordingly, visually impaired individuals were favorably impacted by logical analysis compared to other disability groups. In addition, visually and orthopedically impaired individuals are positively affected in positive evaluation, problem-solving, and coping with stress. There is no significant difference between the groups with different degrees of disability in terms of coping with stress and its sub-dimension scores. There is no significant difference in terms of coping with stress and its sub-dimension scores according to whether the disability is congenital or acquired. There is a significant difference in terms of "positive judgment, problem-solving sub-dimensions, and coping with stress" between the groups who have experienced any traumatic event that causes stress. Therefore, individuals who have not experienced any traumatic event have better positive judgment and better methods of problem-solving and coping with stress.

There is a significant difference between the groups with different coping methods in terms of "logical analysis and searching for support". Accordingly, the mean score of those who cope with stress by seeking professional support is higher than those who do nothing about it. Therefore, coping with stress by receiving professional support has a positive effect on logical analysis and support-seeking. In this context, receiving professional support is very important in terms of minimizing the effects of stress.

Recommendations

Various psychosocial, cultural, and economic studies are needed in the field of disability. For example, it is significant that those who experienced traumatic events have low levels of ability to cope with stress. The relationship between many variables such as the way, time, and process of an event that may cause stress and the traumatic event should be investigated. The reasons why visually impaired individuals have a better logical analysis than individuals with other types of disabilities should be examined in detail in another study. It is thought-provoking that the difference in the type of disability differentiates logical analysis, positive evaluation, and problem solving skills from the sub-dimensions of coping with stress. This should also be studied according to different variables such as the time of occurrence of the disability and the way it occurred. The impact power and differences of the systems that support the formation of stress may be included in the literature with other research. In terms of groups with different methods of handling stress, it is recommended that legal and social efforts should be made to raise awareness of individuals in order to improve professional support.

Statement of Research and Publication Ethics

This study has been prepared in accordance with the rules of scientific research and publication ethics.

Authors' Contribution Rates

Author 1's contribution to the article is 50%, and author 2's contribution to the article is 50%.

Declaration of Interest

There is no conflict of interest arising from the study from the point of view of the author or from the point of view of third parties.

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