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Research article

The Relation between Body Image Coping Strategies, Quality of Life, Self Esteem and Psychopathology Among Orthopedically Disabled Individuals

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ABSTRACT

In this study, it was aimed to examine the relationships between orthopedically disabled people's strategies for coping with body image, quality of life, self-esteem and psychopathology. This study was planned to be carried out in March – May 2012 at Mehmet Reis Physical Therapy Rehabilitation Center, a private rehabilitation center affiliated to the Cyprus Turkish Orthopedic Disability Association. In the study, 20 people over the age of 18 who lost the functions of body organs and parts as a result of any accident or disease were included in the study. The study sample was selected from among 500 members of the association and a cross-sectional survey study was applied. The data were analyzed using the SPSS 17 program. In the study, negative relationship was found between psychopathology and quality of life. Restriction in physical and sensory roles lowers self-esteem. As a result, examining and determining the quality of life of people with orthopedic disabilities and the factors affecting their quality of life can prevent the emergence of psychopathology and guide the development of intervention and care approaches.

This study was produced from a master's thesis.

Araştırma makalesi

Ortopedik Engelli Kişilerde Beden İmgesi Baş Etme Stratejileri, Yaşam Kalitesi, Benlik Saygısı ve Psikopatoloji İlişkisi

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ÖZET

Bu araştırmada ortopedik engelli kişilerin beden imgesiyle baş etme stratejileri, yaşam kaliteleri, benlik saygıları ve psikopatoloji arasındaki ilişkilerinin incelenmesi amaçlanmıştır. Bu araştırmanın, Kıbrıs Türk Ortopedik Özürlüler Derneğine bağlı özel bir rehabilitasyon merkezi olan Mehmet Reis Fizik Tedavi Rehabilitasyon Merkezi'nde Mart – Mayıs 2012 de yapılmıştır. Çalışmada sonradan herhangi bir kaza veya bir hastalık sonucu vücut organ ve bölümlerinin fonksiyonlarını kaybeden 18 yaş üzeri 20 kişi dahil edilmiştir. Çalışma örneklemi, derneğe üye olan 500 üye arasından seçilmiş ve kesitsel tarama çalışmasıdır. Veriler SPSS 17 programı kullanılarak analiz edilmiştir. Araştırmada psikopatoloji ile yaşam kalitesinin ilişkili olduğu ve yaşam kalitesi azaldıkça ortopedik engellilerde psikopatolojik belirtilerin artığı ile ilgili sonuçlar elde edilmiştir. Fiziksel ve duyusal rolde kısıtlanma benlik saygısını düşürmektedir. Sonuç olarak ortopedik engelli kişilerin yaşam kalitesi düzeylerinin ve yaşam kalitelerini etkileyen faktörlerin incelenip belirlenmesi, psikopatolojinin ortaya çıkışını engelleyebilir ve girişim ve bakım yaklaşımlarının gelişmesine yön verebilir.

Bu çalışma yüksek lisans tezinden üretilmiştir.

Introductıon

"Disability" for the society is of a very different situation. Without a doubt, each individual has unique characteristics that are different from other community members therefore it should be considered as "not a bad thing to be different". Although interesting, a feature that makes this individual "to be different" from the rest, the problem arises at the moment when he/she is forced to respond to the expectations of the society (Şeker & Aslan 2011).

In terms of cognitive disability, age, gender, social, and cultural factors which lead to disability as a result, it is normal for the individual not to be able to fulfill a function, cannot complete or to remain missing (Öksüz & Malhan 2005).

People with disabilities can attend a very limited extent in their daily lives. Issues such as education, health, business and vocational rehabilitation to grab anything from sports to arts and culture and the improvement of standards of the city, transportation, psychological and social support, individual and family counseling services, has become a very continuous and serious issues which are needed to be resolved (Kocaman 2008).

Social science analysis of disability, point in the world are exposed to people with disabilities is based on social pressure and spatial exclusion (Aksel 2017). According to the United Nations, people with disabilities, physical and social barriers often prevent their full participation in society due to continuing their lives in deplorable conditions (Atıcı 2007).

Orthopedic Disabilities

People with Muscle and skeletal system failure, deficiencies and loss of function in hand, arm, foot, leg, finger and backbones, brevity, completeness, redundancy, limitation of motion, deformity, muscle weakness, bone and rheumatic diseases and paralyzed ones are included in this group. Also, people suffering from kyphoscoliosis (curvature), cerebral palsy (CP), multiple sclerosis (MS), congenital dislocation of the hip, spasticity (muscle stiffness), crooked feet, crooked legs, twisted knee, poliomyelitis (polio), undergoing spinal cord injury, spina-bifida quadroplegy hemiplegiparaplegy-tetraplegia, joint restriction, rheumatoid arthritis fall into this category as well (Demir & Aysoy 2002).

People in wheelchairs are defined as disabled or the people whose walking is considered not appropriate on the other hand the walking disabled person is who can walk either by sticks, canes or with artificial devices (Atıcı 2007).

Copping Strategies

Every organism has a tendency to keep himself in the most appropriate balance (homeo - stasis principle). To achieve this balance, which occurs naturally in the organism, that can develop; warnings destabilizing recognition, evaluation and there is accordingly ability to maintain orientation. Harmony of any factors to disrupt the balance of the organism is perceived as a threat (Weng, Ajit, Amar 2022). Because of this; coming dangerous stimuli from the outside world and the factors of every living creature has the common defense mechanisms. These are generally eliminate the danger or escape form for the attack (Öztürk & Uluşahin 2008)

Self – Esteem

Although the research studying the correlation between Self-esteem and body image (Booth 1989, Fowler 1989, Grant & Fedor 1986, Jackson, Sullivan, Rostker 1988, Thomas 1988, Wendel & Lester 1988), the findings of this research found out that the relation between how individuals perceive their bodies and their self-esteem (Kaner 2000).

With very limited research done on the issue reveals that the amount of devotion by disabled individuals to other people their self-esteem decreased (Ostrıng, Nıemınen 1982) (Kaner 2000).

Self-Concept

In the literature, “self” or "self-concept" may be seen in various sources as in the form of "self-awareness", "self-design", "self-understanding" or "trust". Self is one of the most important elements of our lives. Self-concept is very important for the individual and is defined as the compilation of important emotions such as on the basis of human personality (Ciminli & etc. 2023). Again, the self-concept is the shape of individual understands of its own. It defines how people see themselves, explains how to assess and draws of oneself is a view in mind (Şahin 2006).

Body Image

Self-image: is aware of the mental and the physical properties of the individual to have. The individual, the more experiences an individual has, the richer his self-image becomes. Others' thoughts about themselves, the influence of feedback in the formation and development of self continues (McDermott & etc. 2015). Also, the self-concept and self-image, whether liked or not liked, creates self-esteem. Self-esteem reached by the person’s own assessment and

approval is a mood which enables and leads the person to self-acceptance and to trust itself more (Kılıççı 1985).

Quality of Life

The concept of quality of life was first defined By Thorndike for the first time as the effect of social environment reflected in the individual (Öksüz & Malhan 2005).

The situation of disability whether from birth or subsequent events directly affects the quality of life derived from loss of function or organs. Also, losses personal and social problems affect the living standards (Castro 2022). To live, survive, to be taken care of, protected, raising, education, progress and participation possibilities are limited (Çılga 2001).

Method

Research Model

This study is a cross-sectional screening study. In literature review, cross-sectional survey studies are conducted to examine participants' views on a topic or event, or their interests, skills, attitudes, etc. there are explanations regarding the determination of its properties. Moreover, in this type of research allows questions like, it is mostly about what, where, when, how often, etc. to be answered (Alexander, Lopes &Ricchetti-Masterson; Yeatts, 2015).

Research Process

This study was planned to be carried out in March – May 2012 at Mehmet Reis Physical Therapy Rehabilitation Center, a private rehabilitation center affiliated to the Cyprus Turkish Orthopedic Disability Association.

Research Group

In the study, 20 people over the age of 18 who lost the functions of body organs and parts as a result of any accident or disease were included in the study. The study sample was selected from among 500 members of the association and a cross-sectional survey study was applied.

Data Collection Tools

Questionnaires were delivered and collected in close envelopes, and they were asked not to write their names so that, respondents felt more confident and answered questions honestly. It took approximately 30 minutes but sometimes more to complete the questionnaire. The researcher read and filled the questionnaire if the participants had difficulty about using their

hands. After the questionnaire was applied, most of the participants went on explaining their problems and the interviews were completed afterwards. 22 protocols were used in statistical analyze. The results of this research can enlighten the psychological problems of orthopedically disabled people living in Cyprus and can be used to establish prevention programs against psychopathology and a frame for psychological support.

Subjects completed a questionnaire composed of a demographic information form and four scales.

Socio - Demographic Information Form: This form which was developed by researcher, was used to get socio- demographic characteristic of participants. At this questionnaire age, gender, marital status, educational status, income level, employment statuses were asked.

'Short Form - 36 Quality of Life Questionnaire' (SF-36) is a scale used to assess the quality of life. The scale was developed in 1992 as a part of the Medical Outcomes Study. The Turkish translation and validity – reliability study was conducted by Koçyiğit et al in 1999. A fairly common and is a scale used to assess the quality of life. Includes the concepts of general health developed for use in clinical practice and research. Physical function and physical roles limited, restricts sensory role, bodily pain, social functioning, mental health, vitality, general health, including eight sub-scale contains with a total of 36 questions and evaluates the last 4 weeks (Koçyiğit & etc. 1999).

'Body Image Coping Strategies Inventory' (BICSI) is a scale to assess the individuals related to body image threats and coping strategies. The inventory was developed by Cash and his colleagues. It has 29-items and the questions are four-point Likert-type. Individuals coping strategies related to body image threats are measured. The scale consists of three sub-dimensions: view of the correction, acceptance, and avoidance of positive logic. 10 items subscale "view correction" subdimension the internal consistency of reliability coefficient to woman 0.84, for man 0.87, for all sample 0.86; consisting 11 items of subscale "positive acceptance of a logical" sub dimension for woman 0.83, for man 0.81, for all sample 0.81; consistin 8 items of subscale "avoidance" is the dimension for woman and man 0.84, for all sample was 0.84. It was translated to Turkish and reliability-validity study was made by Doğan et. al. (Doğan & etc. 2011).

Rosenberg Self-Esteem Scale (SES) is a scale to assess self-esteem. It was developed by Rosenberg (1965). The first ten items are used to assess self-esteem. Turkish translation and

validity-reliability study was made by Çuhadaroğlu (1986). Items 1, 3, 4, 7, and 10 are positively worded, and items 2, 5, 6, 8, and 9 negatively (Albo et al 2007). Self-esteem is higher if total score of the first 10 questions is (0-1), moderate if it is (2-4), low if it is (5-6) (Rosenberg, 1965).

Data Analysis

The data were analyzed using the SPSS 17 program. In a two-month-time, from March 2012 to May 2012, scales were administered to 22 orthopedic disabled people. Some people were the patients of the researcher, but the others were the patients at Mehmet Reis Physiotherapy and Rehabilitation and living in different parts of Turkish Republic of Northern Cyprus.

Findings

In this study, it was aimed to examine the relationships between orthopedically disabled people's strategies for coping with body image, quality of life, self-esteem and psychopathology.

Demographic Characteristic of the participants

Information related to socio-demographic characteristics of the participants are given in Table 1.

The participants' ages of this study were between 19 and 82 and totally 22 orthopedic disabled people. The gender of the participants was male (45.5 %) and female (54.5 %). Marital status of 12 participants were single (54.5 %), 7 participants married (31.8 %), 2 participants divorced (9.1 %), 1 participant widow (4.5 %). Educational levels of the participants range from never attend school to master or doctorate. 2 of the participants (9.1 %) never attend school, 2 of the participants
(9.1 %) were graduate elementary school, 5 of the participants (22.7 %) were graduate middle school, 7 of the participants (31.8 %) were graduate high school,
6 of the participants (27.3 %) were graduate university. Orthopedic disability were happen 10 of the participants (45.5 %) innate, 12 of the participants (54.5 %) later. Job status of the 5 participants (22.7 %) were employees, 17 of the participants
(77.3 %) were unemployed. Monthly income to 1 participant (4.5 %) were 700TL or less, 4 participants (18.2 %) were between 700TL to 1.500TL, 4 participants
(18.2 %) were between 1.500TL to 3.000TL, 10 participants (45.5 %) were between 3.000TL to 6.000TL and 3 participants (13.6 %) were 6.000TL or more.

		(%)
Gender	Male	12 (45.5)
	Female	10 (54.5)
Marital status	Single	12 (54.5)
	Married	7 (31.8)
	Divorced	2 (9.1)
	Widow	1 (4.5)
Educational Level	Never attend school	2 (9.1)
	Elementary school	2 (9.1)
	Middle school	5 (22.7)
	High school	7 (31.8)
	University	6 (27.3)
When did happened orthopedic disability	Innate	10 (45.5)
	Later	12 (54.5)
Job status	Employees	5 (22.7)
	Unemployed	17 (77.3)
Monthly Income	700 TL and less	1 (4.5)
	700- 1500	4 (18.2)
	1500-3000	4 (18.2)
	3000-6000	10 (45.5)
	6.000 TL and more	3 (13.6)

Table 1. Demographic characteristics of participants

Relation between psychopathology and quality of life

Information related to correlation of SCL-90 subscale scores with SF-36 are given in Table 2.

When we investigate the correlation of SCL – 90 subscale score with SF – 36 subscales scores with Pearson correlation, we find if psychical function decreases Inter Personal Sensitivity (INT) (r=-0.454, p=0.034), Depression (r=-0.611, p= 0.002), Anxiety (r= -0.437, p= 0.042), Hostility (r= -0.423, p= 0.050), Phobic Anxiety (r= -0.513, p= 0.015), Global Severity Index (GSI) (r= -0,507, p= 0.016) and Positive Symptom Total (PST) (r= -0.443, p= 0.039) score increases. As the psychical role score decreases, this means that there is more psychical role inhibition, Inter Personal Sensitivity (r=-0.447, p= 0. 034), Anxiety (r= -0.559, p=0.007), Hostility (r= -0.502, p= 0.017) and Global Severity Index (r= -0.426, p= 0.048) score increases. As the level of pain increases Somatization (r=0.504, p=0.017), Anxiety (r= -0.466, p= 0.029) and Global Severity Index (r= 0.417, p= 0.053) score increases. As the patient evaluate their general health worse somatization (r= -0.447, p= 0.037), interpersonal sensitivity (r=-0.608, p=0.003), depression (r=-0.773, p=0.000), anxiety (r=-0.656, p=0.001), Hostility (r=-0.608, p=0.003), Phobic Anxiety (r=-0.525, p=0.012), Paranoid (r=-0.737, p=0.031), Psychotic (r=-0.737, p= 0.000), Global Severity Index (r= -0.719, p= 0.000) increase. There were no significant relation between SF-36-vitality subscale and SCL-90 subscale scores. As social function gets worse, Paranoid score (r= -0.466, p= 0.029) increases. As role (emotional) gets worse, Interpersonal Sensitivity (r= -0.447, p= 0.037), Anxiety (r= -0.559, p= 0.007), Hostility (r= -0.502, p= 0.017) and Global Severity Index (r= -0.426, p= 0.048) scores increase. There were no significant relation between SF-36-mental health subscale and SCL-90 subscale scores

Table 2. Correlation of SCL-90 and SF-36 subscale scores

SCL- 90	SF-36							
	Psychical Function	Role (psychical)	Pain	General Health	Vitality	Social Function	Role (emotional)	Mental Heath
SOM	r= -,404 p= ,062	r= -, 289 p= ,192	r= ,504 p= ,017 *	r= -,447 p= ,037 *	r= -,076 p= ,738	r= -,112 p= ,620	r= -,289 p= ,192	r= -,069 p= ,760
OCD	r= -,371 p= ,089	r= -, 400 p= , 065	r= ,213 p= ,342	r= -,318 p= ,150	r= -,014 p= ,951	r= -,041 p= ,857	r= -,400 p= ,065	r= -,178 p= ,429
INT	r= -,454 p= ,034 *	r= -, 447 p= , 037 *	r= ,401 p= ,065	r= -,608 p= ,003 *	r= -,216 p= ,334	r= -,269 p= ,225	r= -,447 p= ,037 *	r= -,249 p= ,263
DEP	r= -,611 p= ,002 *	r= -, 357 p= ,103	r= ,404 p= ,062	r= -,773 p= ,000 *	r= -,377 p= ,084	r= -,409 p= ,059	r= -,357 p= ,103	r= -,317 p= ,150
ANX	r= -,437 p=, 042 *	r= -, 559 p= , 007 *	r= ,466 p= ,029 *	r= -,656 p= ,001 *	r= -,218 p= ,330	r= -,396 p= ,068	r= -,559 p= ,007 *	r= ,342 p= ,119
HOS	r= -,423 p= , 050 *	r= -, 502 p= , 017 *	r= ,350 p= ,110	r= -,608 p= ,003 *	r= -,146 p= ,518	r= -,382 p= ,079	r= -,502 p= ,017 *	r= -,336 p= ,126
PHOB	r= -,513 p= ,015 *	r= -, 344 p= , 117	r= ,188 p= ,402	r= -,525 p= ,012 *	r= -,081 p= ,722	r= -,081 p= ,719	r= -,344 p= ,117	r= -,163 p= ,470
PAR	r= -,080 p= ,722	r= -, 254 p= , 254	r= ,209 p= ,350	r= -,460 p= ,031 *	r= -,083 p= ,713	r= -,466 p= ,029 *	r= -,254 p= ,254	r= -,227 p= ,310
PSY	r= -,376 p= ,084	r= -, 307 p= , 164	r= ,253 p= ,257	r= -,737 p= ,000 *	r= -,338 p= ,124	r= -,408 p= ,060	r= -,307 p= ,164	r= -,226 p= ,311
AI	r= -,305 p= ,167	r= -, 082 p= , 718	r= ,311 p= ,158	r= -,506 p= ,016	r= -,187 p= ,404	r= -,076 p= ,735	r= -,082 p= ,718	r= -,078 p= ,729
GSI	r= -,507 p= ,016 *	r= -, 426 p= , 048 *	r= ,417 p= ,053 *	r= -,719 p= ,000 *	r= -,240 p= ,281	r= -,327 p= ,138	r= -,426 p= ,048 *	r= -,267 p= ,230
PST	r= -,443 p= ,039 *	r= -, 315 p= , 153	r= ,361 p= ,099	r= -,618 p= ,002	r= -,204 p= ,363	r= -,304 p= ,169	r= -,315 p= ,153	r= -,248 p= ,267
PSDI	r= -,071 p= ,760	r= -, 367 p= , 102	r= -,108 p= ,640	r= -,193 p= ,402	r= -,113 p= ,626	r= -,150 p= ,515	r= -,367 p= ,102	r= ,033 p= ,888

***p ≤ 0.05**

Relation between psychopathology and body image coping strategies and self – esteem

Information related correlation of SCL-90 subscale scores with BICSI, SES are given in Table 3.

When we investigate the correlation between BICSI subscale and SCL-90 subscale score, we find that only SCL-90- Positive Symptom Distress Index (PSDI) subscale has positive correlation with BICSI-view correction(r=0.544, p=0.011),

BICSI-acceptance (r=0.473, p=0.030) and BICSI-avoidance (r=0.462, p=0.035) subscales. When we investigate the correlation between SES and SCL-90 subscale scores, we find no significant relation (p>0.05).

Table 3. Correlation of SCL-90 subscale scores with BICSI, SES

SCL-90	BICSI			SES
	View Correction	Acceptance	Avoidance	Self – esteem
SOM	r= ,198 p= ,378	r= -,025 p= ,912	r= -,348 p= ,112	r= ,024 p= ,914
OCD	r= ,409 p= ,059	r= -,037 p= ,869	r= ,268 p= ,228	r= -,257 p= ,248
INT	r= ,369 p= ,091	r= -,187 p= ,403	r= -,054 p= ,811	r= -,206 p= ,357
DEP	r= ,223 p= ,317	r= -,053 p= ,814	r= -,104 p= ,644	r= ,007 p= ,975
ANX	r= ,269 p= ,239	r= -,166 p= ,460	r= ,211 p= ,346	r= -,270 p= ,224
HOS	r= ,282 p= ,203	r= -,100 p= ,557	r= ,075 p= ,739	r= -,189 p= ,407
PHOB	r= ,343 p= ,118	r= ,012 p= ,958	r= ,032 p= ,889	r= ,091 p= ,687
PAR	r= ,012 p= ,959	r= -,105 p= ,643	r= ,117 p= ,605	r= -,079 p= ,727
PSY	r= ,362 p= ,098	r= ,113 p= ,618	r= ,060 p= ,791	r= ,065 p= ,775
AI	r= -,045 p= ,841	r= -,014 p= ,950	r= -,183 p= ,415	r= ,079 p= ,726
GSI	r= ,300 p= ,175	r= -,056 p= ,805	r= -,025 p= ,911	r= ,074 p= ,443
PST	r= ,193 p= ,389	r= ,255 p= ,251	r= -,060 p= ,790	r= -,133 p= ,555
PSDI	r= ,544 p= ,011 *	r= ,473 p= ,030*	r= ,462 p= ,035*	r= -,081 p= ,728

***p ≤ 0.05**

Relation between quality of life and body image coping strategies and self- esteem

Information related correlation of SF-36 subscale scores with BICSI, SES are given in Table 4.

When we investigate the correlation of SF-36 subscale scores with BICSI subscale and Self-esteem scores with Pearson correlation, we find that view correction increases mental health score decreases, this means that the mental health of the person during the day increase as he used view correction defense mechanism (r= 0.433, p= 0.044), as pain increases acceptance significantly decreases (r=-0.560, p= 0.007), when acceptance increases vitality score decreases this means that the vitality of the person during the day increases as he uses acceptance defense mechanism (r=-0.561, p=0.007), when acceptance increases mental health score decreases (r=0.653, p= 0.001). As there is less physical and emotional rol inhibition, self esteem significantly increases (r=0.655, p=0.001 and r=0.655, p=0.001).

Table 4. Correlation of SF-36 subscale scores to BICSI and SES

	BICSI			SES
SF-36	View Correction	Acceptance	Avoidance	Self – Esteem
Physical Function	r= ,246 p= ,271	r= ,225 p= ,314	r= ,301 p= ,173	r= -,271 p= ,223
Role (psychical)	r= -,269 p= ,179	r= ,260 p= ,242	r= -,290 p= ,191	r= ,655 p= ,001 *
Pain	r= -,342 p= ,119	r= -,560 p= ,007 *	r= ,276 p= ,213	r= -,344 p= ,117
Public Health	r= ,049 p= ,829	r= ,064 p= ,777	r= ,039 p= ,865	r= ,133 p= ,556
Vitality	r= ,398 p= ,067	r= ,561 p= ,007 *	r= -,271 p= ,222	r= -,167 p= ,458
Social Function	r= ,264 p= ,235	r= ,229 p= ,306	r= ,094 p= ,677	r= -,017 p= ,940
Role (emosyonel)	r= -,297 p= ,179	r= ,260 p= ,242	r= -,290 p= ,191	r= ,655 p= ,001 *
Mental Health	r= ,433 p= ,044 *	r= ,653 p= ,001 *	r= ,231 p= ,302	r= ,330 p= ,134

***p ≤ 0.05**

Results and Discussion

When we investigate the correlation between psychopathology and quality of life of disabled people we find that if quality of life decreased, psychopathological symptoms increase. Physical disabilities are usually chronic problems. When these problems progress; they may cause

physical activity restrictions at varying degrees. These restrictions prepare a ground for emotional, social, and physical problems for both the disabled person and his family.

In a study that states social relationships play an important role in the mental health and wellbeing of individuals with disabilities, findings are less consistent compared to the general population, and the strength of relationships varies among different constructs. The study synthesizes findings across constructs such as social support, social networks, negative social interactions, family functioning, and relationship quality (Tough & etc 2017).

This study shows that when there is limitation of the physical functions of disabled people, including bathing and dressing, there is increase in symptoms such as sensitivity in interpersonal relations, depression, anxiety, anger and phobias. If the person cannot accomplish his basic needs himself, this affects his psychopathological state significantly. Similarly, if problems occur at work or at other daily activities as a result of deterioration of physical health or physical role limitations, this can increase anxiety, hostility or sensitivity in interpersonal relations.

Rafael's study investigates whether the practice of physical activities influences the level of satisfaction with the body image of physically disabled people. Who took part in the study practice of physical activities has a significant influence on the level of satisfaction with their bodies. Physical activity appears in this research as an important facilitator of healthy relationship between people with physical disabilities and their body (Rafael & etc. 2010).

Another finding revealed by this study is belief that health which is bad or declining steadily can cause emergence of psychopathology such as somatization, interpersonal sensitivity, depression, anxiety, hostility, phobia, paranoia and psychosis among disabled people.

In the literature, we enconter two different studies, that deeply examine the relationship between disability and mental health. Maina Kariuki et al., studied the mental health trajectories of young people after the onset of disability. According to the research results, three different mental health trajectories were identified among 136 young people who reported a continuous onset of disability. The majority of participants (64.7%) reported experiencing positive mental health before and after the onset of disability (Kariuki & etc 2011). Additionally, in the study by Barr et al., the effects of disability assessments on mental health were examined. According to the research results, the program for reassessing the eligibility of individuals receiving disability benefits was independently associated with an increase in suicides, self-reported

mental health problems, and prescriptions for antidepressants. These findings provide us with important information about the impact of the belief in poor or deteriorating health on disabled individuals (Barr & etc. 2016).

In this study shows that when pain is severe and restrictive, it has an effective role on emergence of somatic complains. This means that when the pain increases, it can cause somatic symptoms to appear.

In the literature 231 patients receiving physical therapy for low back pain were taken in the study. SCL-90 depression and somatization sub-scale scores were found to be associated with chronic pain and disability (Edmond, Werneke, Hart 2010).

This study shows that when the social activities of the disabled people are frequently restrained, it affects quality of life and paranoia increases. If there are problems with work or other daily activities as a result of emotional problems, this can cause again anxiety, hostility and interpersonal sensitivity.

The results of the study by Barker and colleagues show that the quality of life (QOL) for individuals with spinal cord injury is significantly poorer compared to Australian norms. The research examined the relationship between components of disability and QOL across the lifespan, and findings indicate that disability components (impairments, activity limitations, and participation restrictions) have a significant impact on QOL. Factors such as age and time since injury have also been associated with QOL (Barker & etc. 2009).

In our study when the relationship of ‘Body Image Copping Strategies’ and psychopathology of people with disabilities was examined; ‘positive symptom distress index’ was found to be related with ‘view correction’, ‘positive logical acceptance’ and ‘avoidance’.

Lyons study provides baseline data on health status and disability which could potentially be used as normative data for planning and research purposes. In their study they found that physical disability is only one factor in determining the need for institutional care; others such as family circumstances, cultural expectations and the availability of community support services are also important and should be taken in to account when planning local services. The differences in health status and disability were found between districts and effective planning of local services must take these in to account (Lyons et al 1997).

Another important finding in the study is that self-respect increases as long as the person does not experience a restriction at physical or emotional role. In the literature review, we come across the finding that social relationships play an important role in the mental health and well-being of disabled individuals (Tough & etc 2017).

Suggestions

According to this study quality of life is associated with psychopathology. This means when quality of life decreases, symptoms of psychopathology increase.

So as a result, we can conclude that if the level of quality of life of people with orthopedic disabilities and the factors affecting the quality of life can be determined, this may help to establish prevention programs against psychopathology and a frame for psychological support.

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