

# THE EVALUATION OF LIFE COACHING MODEL IN THE LIFE OF DISABLED INDIVIDUALS IN TERMS OF FATHER FIGURE

## ENGELLİ BİREYLERİN HAYATINDA YAŞAM KOÇLUĞU MODELİNİN BABA FİĞÜRÜ AÇISINDAN DEĞERLENDİRİLMESİ

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### ABSTRACT

The responsibilities of disabled children, such as care, education and health, are usually undertaken by the mothers. The main functions of life coaching are motivating the individual, increasing her/his self-esteem and guiding the disabled individual towards the defined targets. The involvement of the father in the development of the children contributes positively to the cognitive, emotional, educational, psychological and social development in the child. The life coaching function of the father figure helps the generalization of skills acquired during the rehabilitation process and strengthens the interaction between father and children. The life coach father figure, encouraging the disabled child to use her/his skills in the family and social life, facilitates the adaptation of the child to social life. Sharing the responsibilities of the disabled child between the parents contributes positively to the process of providing, protecting and developing the psychological and social well-being of the mother as well as the other family members. This study aims to evaluate the father figure in the development of the disabled individual within the framework of the life coaching model.

**Keywords:** Children with disabilities, life coaching, father involvement, parental responsibilities, interdisciplinary approach.

### ÖZ

Engelli çocuğun bakım, eğitim, sağlık durumu gibi sorumlulukları genellikle anne tarafından yapılmaktadır. Yaşam koçluğunun temel işlevleri; bireyi harekete geçirmek, öz güvenini arttırmak ve belirlenen hedefe ulaşmasında rehberlik etmektir. Çocuğun gelişiminde baba katılımı; çocukta bilişsel, duygusal, eğitsel, psikolojik ve sosyal gelişim alanlarına olumlu katkı sağlamaktadır. Baba figürünün yaşam koçluğu işlevi; engelli bireyin rehabilitasyon sürecinde kazandığı becerileri yaşamının her alanına genellemesine yardımcı olmakta ve baba ile çocuk arasındaki etkileşimi güçlendirmektedir. Engelli çocuğun aile içinde ve sosyal hayatta becerilerini kullanma sürecinde onu cesaretlendiren yaşam koçu baba figürü, çocuğun sosyal hayata adaptasyonunu kolaylaştırmaktadır. Engelli çocuğun sorumluluklarının ebeveynler arasında paylaşılması anne ile birlikte diğer aile üyelerinin psikolojik ve sosyal iyilik halinin sağlanması, korunması ve geliştirilmesi sürecine pozitif katkı sağlamaktadır. Bu çalışmada; engelli bireyin gelişiminde baba figürü, yaşam koçluğu modeli açısından değerlendirilmeye çalışılacaktır.

**Anahtar Sözcükler:** Engelli çocuk, yaşam koçluğu, baba katılımı, ebeveyn sorumlulukları, disiplinler arası yaklaşım.

### INTRODUCTION

The fundamental aim of the family institution in all cultures in the world is to provide the spiritual, physical and social needs of the individuals (Arıkan, 2011: 31). The traditional family structure in Turkey assigns the father figure the responsibility of providing for the family as the fundamental task. The mother, on the other hand, is responsible from taking care of the children and the housekeeping (Atmaca Koçak, 2004: 5) The mothers are regarded as the primarily responsible parent for the care, education, etc., of the children. The scientific studies have focused on the mother-child relationship in the development of children.

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Since the 1980s, especially with the increase in the number of women participating in the labor force, the increasing number of divorce rates, the changes taking place in the social life and the increasing number of scientific studies revealing the positive effects of fathers in the development of children have led to the perception that the parenthood is not at the sole responsibility of mother (Taşkın, 2011: 43-44). Fathers have important contributions to the development of children, differently from mothers. With the active participation of the father figure to the life of children, the children are observed to have psychological compatibility, higher academic success, and development in the positive peer relations and social skills. The main elements of father participation are the direct contact with the children, accessibility and responsibility. Motivation, confidence, social support and institutional applications are the factors affecting the participation of father (Lamb, 1987; Radin, 1994; Lamb, 2002; cited in Atmaca Koçak, 2004: 6-7).

Each new individual participating in the family leads to some changes in the family system, which in turn changes the anxiety and stress levels of parents. The expectation of parents is to have a child with normal developmental progress. The inability of the new member of the family to have normal developmental progress increases the level of stress and anxiety of parents. Having a child with disabilities lays unexpected burdens on the parents related to the education, health and care of their child (Sivrikaya and Çiftçi Tekinarslan, 2013: 18). The necessity of family members to take responsibilities differently from their expectations related to the ideal children understanding of the society leads to confusion and conflict of roles (Altuğ Özsoy et al., 2006: 70). In Turkey, the care of the child with disabilities is usually regarded as the responsibility of the mother, in conformity with the traditional family model. The child needs educational, medical, social, academic and cognitive support, within the framework of her/his disability type. Father figure rather assumes the role of financially supporting the care and other support services for the child with disabilities. However, having a child with disabilities requires not only the mother but also the father to assume new responsibilities in the family. These responsibilities change depending on the type of the developmental or physical disability of the child. As in the child with normal developmental process, when the father of a child with disabilities fulfils his role and functions in the life of the child; the social, academic, cognitive, psychological and sexual development of the child increase (Ecerar, 2015: 260). However, for the father to uncover the optimal potential development of the child, he needs to assume the responsibility of life coaching. This need arises in line with the special needs of the child. This study focuses on the difficulties faced with the participation of a child with disabilities in the family, the responsibilities of the father in the development of the individual with disabilities, the life coaching model and the things fathers of children with disabilities can do as life coaches.

### 1. The Difficulties the Families of Children with Disabilities Face

The participation of a child with different developmental progress into the family requires the restructuring of the internal system of the family, and this, in turn, creates problems in the internal balance of the family as well as the in the relationships the family has established with the society. The type of the disability the children have and the effects of the disability on the children, the social support systems of the family, demographic and economic characteristics of the family as well as the level of communication in the family determine the magnitude of the problems family faces (Ecerar, 2015: 260). The participation of a child with disabilities in the family creates an emotional reaction in other family members. Several models are used in explaining the emotional reaction of the family members (Çetinkaya, 1997; Doğan, 2001; cited in Sarıhan, 2007: 14). The stage model is usually used in explaining the emotional reactions of the family members. Stage model explains the adaptation process starting with the shock response of the parents when they learn the disability diagnosis of the child and continuing with the acceptance (Karpaz and Girli, 2012: 70). Parents show the shock response involving symptoms such as crying, feeling lonely, desperation when they learn the diagnosis of the child with disabilities. The second stage involves the denial of the diagnosis by parents due to the uncertainty in the situation of their child. They may consult to different specialists to prove that the diagnosis is wrong or non-existent (Darıca, Abdioğlu and Gümüşçü, 2005: 147). After the shock and denial stages, the family moves to the recognition of the disability type of the child and bargaining states. The parents consult to different specialists to eliminate the diagnosis of the child (Okanlı et al., 2004: 3). Depression and anger are usually observed in parents during this stage. At this stage, parents may have anger towards each other, health care personnel or transcendental power. Parents blame themselves for the diagnosis. Mothers especially feel guilty due to the diagnosis. Guilt and anger can turn into depression in time. Parents (especially the fathers) may avoid being seen together with their children with disabilities in the society and may feel ashamed when seen together (Duran, 2014: 18). At the final stage, the family accepts the diagnosis of the child and tries to find ways to include the child in their life. The family starts to research the ways of development of the child

\*\* These Centers provide that; protective, preventive, supportive, developmental services and guidance and counseling services to children, young people, women, men, disabled people, elderly people, martyrs, veterans and their families.

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with disabilities after acceptance (Okanlı et al., 2004: 4). Educational, therapeutic and social support activities should be carried out starting as earlier as possible especially for the children with the different developmental process. The acceleration of the adaptation process starting with the shock of the family and ending with the acceptance of the diagnosis is of paramount importance for the best interests of the children with disabilities. Social work profession and social workers have important tasks at this point (Danış, 2001: 78).

Parents of the child with disabilities should plan the daily activities and leisure activities of their child. Mother usually carries out this responsibility alone. However, this situation deteriorates family relations and creates problems between parents (Özşenol et al., 2003: 157). Psychological, emotional, educational, economic, recreational and social problems are faced in the families of the individuals with disabilities. Especially the parent taking responsibility for the care of the child with disabilities face serious limitations when participating in social activities. The biggest concern of the parents is about the future of their child with disabilities, who is not self-sufficient, after the death of parents (Işıkhan, 2005: 3-4). The socialization process of the child's mother varies depending on the level of the child's dependence on the mother. The family member with disabilities causes changes in the relationships with the external system the family has established. The sociological fieldwork of Güllüpinar (2013: 60) on the individuals with mental disabilities and their family structure has revealed that the life of family members has become more difficult due to a limitedness in the social relations network of families with a member with disabilities as well as the insufficiency of the social institutions and the existing institutions. The presence of a child with disabilities in the family affects the siblings, as well. Apart from the studies revealing the negative effect of having a sibling with disabilities on the individual, there are also studies reporting no difference or positive contributions, as well. The studies reporting negative effects have focused on the negligence of parents while the studies reporting positive contributions have focused on having a playmate, as well as the development of emotions such as compassion and empathy in the individual (Gözün Kahraman and Karadayı, 2015: 2). The problems faced in the acceptance of individuals with disabilities by society is the most important factor hindering the participation of the families in social life together with their children with disabilities. The stigmatization of individuals with disabilities as well as a different treatment towards them has made the life of the individual as well as her/his family more difficult. The developmental potentials of individuals with disabilities haven't been revealed at the optimum level due to these negative perceptions (Zastrow, 2013: 735). Especially the father of the child with disabilities feels ashamed of being seen together with the child with disabilities in social settings due to this non-acceptance by society. The disability perception of society affects the relationship between the father and his child with disabilities.

### 1.1. Literature Review

Kaçan Softa (2013: 597) has conducted a quantitative study focusing on the depression levels of the parents of children with disabilities and has found that the depression levels of the mothers were higher than the depression levels of the fathers. Deniz et al., (2009: 964) has conducted a quantitative study focusing on the state-trait anxiety and life satisfaction of the parents of children with disabilities and has identified that the state-trait anxiety of mothers is higher than that of fathers, and the life satisfaction scores of fathers have been found to be higher than that of mothers. In Daşbaşı's (2013: 113) study conducted with the participation of 12 individuals having impaired hearing and their families, all of the mothers have stated that they took the whole responsibility of their children having impaired hearing and received no support from their spouses. Deniz et al., (2008: 550) has found the trait anxiety level in most of the 51 mothers of children with disabilities participating in the study. Danış (2006: 105) has conducted a study with the participation of mothers of 146 children with mental disabilities and has identified that mothers took more responsibility than fathers for the care of the children with disabilities. Karpal and Girli (2012: 79) has studied the mourning reaction of the parents of children with disabilities diagnosed with common development disorder and has founded that the mothers mourn more than the fathers due to the diagnosis. The child means new responsibilities for the parents. The child with disabilities changes the balance in the family and her/his situation requires that parents take more responsibility. The mothers often take alone the responsibility of their children with disabilities. Due to this responsibility, their depression and anxiety levels increase and their life satisfaction decreases. The mothers of children with disabilities have more depression and stress (Akgün and Gökçearslan Çiftçi, 2010: 32). The development of the child in the inability areas decreases when the father figure doesn't take enough responsibility in the development of a child with disabilities. This situation, in turn, negatively affects the psychological and social well-being of the mother. Parents must share the responsibility of their child with disabilities in conformity with their parental roles and increase the communication channels in the family. Parents should be made aware of this situation, if necessary by an expert, by using their internal resources.

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### 2. The Responsibilities of Parents in the Development of Child with Disabilities

The care and responsibilities of a child with disabilities should be shared between parents for a healthy family function. This section provides a literature review regarding the role sharing of the parents of children with disabilities, the problems families encounter, the rehabilitation of the children with disabilities in the families in which the responsibility of the children is fulfilled.

Oğultürk (2012: 143) has conducted a study focusing on the factors affecting the functionality of families of children with mental disabilities, by employing the scanning model, with the participation of 131 families. The families have scored 2 points above the average in the seven subscales in the family assessment scale. This result indicates that families don't have a healthy structure. 84.7 per cent of the mothers and 45.6 per cent of the fathers have been found to have psychological difficulties. Aslanoğlu (2004: 103) has studied the domestic relations of parents of children with disabilities with the participation of 258 parents (129 mothers and 129 fathers), and found that the family functions were healthy and this situation has been found not to differentiate depending on the disability type. The fathers were found to be healthier than the mothers in all family function dimensions (communication, role realization, behavior control, problem-solving, showing interest, ability to give an emotional reaction and general functions). This finding indicates that the mothers have taken more responsibility in raising the children with disabilities and this has affected their psychology negatively. Sarihan (2007: 152-153) has studied the relationship between the perception of family functions of married mothers of children with disabilities and their loneliness levels. The research sample included 100 mothers of children with disabilities aged 6-14 and 100 mothers of children aged 6-14 with normal developmental progress. A significant difference between the scores the mothers get in the roles subscale in the family assessment scale has been identified according to the emotions mothers have felt when they learned about the disability of their children. Kurt (2010: 61), has studied the burnout level of mothers of children with mental disabilities and has found that family support is the second most important factor predicting the burnout in the mothers. The probability of burnout in mothers of children with mental disabilities decreases if mothers receive enough social support from their spouses. The mothers become lonely in overcoming the problems when they cannot share their problems, emotions and opinions about the responsibilities of their children with disabilities.

Children with disabilities bring about care responsibility in the family. The difficulty level of care depends on the type and the severity of the disability. Coşkun (2013: 44) has identified the care burden of families of children with physical disabilities as moderate to severe levels. Caring for the individual with disabilities causes the caregiver to have depression and anxiety. Bayraktar (2015: 60) has studied the depression and anxiety situation of parents of children with physical and mental disabilities with the participation of 181 parents of children with disabilities and 181 parents of children with normal developmental progress. The levels of depression and anxiety of the parents of children with disabilities were found to be higher than the parents of children with normal developmental progress. It was found that the mothers were taking more care of the children in the families of children with disabilities while the fathers were taking more care of the children in the families with a healthy child. It was revealed that the separation rate of spouses in the families of children with normal developmental progress was 10.5 per cent while the same rate was 22.1 in the families with children with disabilities. Sungur (2002: 177) has found that the depression level of the parents of autistic children was higher than the parents with healthy children. One of the most important problems parents face is the anxiety they have for their children with disabilities. Özşenol et al. (2003: 158) has studied the family functions of the families of children with disabilities and found that the 68.8 per cent of the mothers and 65.2 per cent of the fathers in the sample group had anxiety over the care of their children after their own death. Temel (2015: 140) has analyzed the family burnout and psychological resilience of the families with or without disabled children and found that the parents of disabled children experienced more future anxiety than the parents without a child with disabilities.

The participation of a child with disabilities in the family causes an increase in the expenses in areas such as care, education, the health of the child and this, in turn, cause economic problems in the family. The mothers of children with disabilities usually leave work life. The findings of the studies on the families of children with disabilities support this situation. Özşenol et al. (2003: 158) has found that 77.6 per cent of mothers, Lüle (2008: 58) has found that 100 per cent of the mothers, Aktürk (2012: 40) has found that 84 per cent of the mothers and Canarşlan (2014:100) has found that 88.3 per cent of the mothers in their samples are housewives, inter alia. These data are supported by several studies. The non-employment of the mother creates economic problems in the family. In this case, the families with of children with severe disabilities (must be documented with a health committee report) should be given disabled child or individual care fee, if the family income status is below a level or other specified conditions are met. However, the costs depending on the disability type of the individual



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has make the disabled-care fee controversial. Another important problem families face is the health condition of their children with disabilities. Medical intervention is often required for the individual with disabilities. Bahçivanoğlu Yazıcı (2009: 122) has studied the development of individuals with severe disabilities in a qualitative study participated by 29 mothers and has found that two-thirds of the children had been operated.

Families of children with disabilities face various difficulties. Lüle (2008: 65) has investigated the problems faced by poor families of children with disabilities with the participation of 76 mothers, and has found that 68.4 per cent of the families experienced a decrease in their family income with the participation of child with disabilities, the mental health of 68.4 per cent of the families affected negatively, and 46.1 per cent of the families experienced problems in the domestic relations. Lafçı et al. (2014: 723) has investigated the problems faced by the parents of children with mental disabilities and found that 40 per cent of the families were uncomfortable with the perspective of society towards the disability, 67.3 per cent of the families were anxious about the future of their children, 52.7 per cent of the families had problems in communicating with their spouses, 49.1 per cent of the families had no social support from their circles, 63.6 of the families were unable to take enough care for their other children, and 43.6 per cent of the families faced additional costs due to their children with mental disabilities. The majority of parents of children with disabilities experience psychosocial problems. These problems affect the relationship between the father and the child with disabilities. The interaction between the father and child with disabilities is significant for the development areas of the child.

### 3. The Father Involvement in the Development of Child with Disabilities

Family protects the mental and physical health of the individuals. Family institution protects the mental and physical health of individuals if it functions properly. Specialization Commission Report (1994: 13) defines the fundamental functions of the family as ensuring the continuity of generations, raising children, giving the members love and discipline and providing a developmental and supportive environment. In Turkish society, the roles of mothers are determined as caring for the children, raising them and managing the housekeeping. Fathers are expected to be breadwinner, to protect the family and to build relationships between the family and other people (Zeybekoğlu, 2013: 299). However, this state of affairs is changing nowadays. The participation of women into the labour force and the prevalence of gender equality idea have caused fathers to play a more active role in raising the children. However, the majority of mothers of children with disabilities cannot participate in professional life. The children with disabilities bring new obligations in various areas such as education, health, etc. for the family. Fathers work more to meet these costs. This, in turn, limits the time fathers spend time with their children. However, what is more important than the time limitations is that the time spent in interacting with the children should be qualified (Şahin and Demiriz, 2014: 275). Fathers, especially in families of children with severe disabilities, stay away from participation by using the workload as an excuse. However, fathers should play an active role in the developmental areas of their children with disabilities.

For children to grow up healthy in both psychological and social aspects, she/he should interact with the father figure, as well as the mother. The child, having qualified interaction with both parents, receive attention, love and care from two different sources. The number of people the child takes as role model increases (Taşkın, 2011: 46). The attitude of parents is effective in her/his problem-solving skills as well in other development areas. The problem-solving skills depend on the encouragement of children by parents. Arı and Şecer (2003: 14) has found that the problem-solving skills of children raised in families with strict discipline is lower than the children raised in families with democratic attitudes. Tezel-Şahin and Özyürek (2008: 409) have studied the parental attitudes in raising the children aged 5-6, and have found that mothers have more democratic attitudes than fathers. This situation indicates that the traditional patterns of genders have been perpetuated in taking responsibility of children.

The father participation significantly contributes to the mental, emotional, social and sexual development areas of children. Besides, father participation increases the academic success of children and plays a significant role in the cognitive development of children, as well. Educational support and active participation of the father to the education processes are necessary for the development of cognitive as well as analytical skills, the verbal intelligence and academic development of children with disabilities. At this point, the participation of father in the education activities of child gains importance. Allen and Dally (2002; cited in Tezel-Şahin and Özyürek 2009: 32) have found that the children developed positive attitudes towards school when their fathers participated in their educational activities. The children were observed to make more

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effort to increase academic success and to participate in social activities. The characteristics of children with developmental disabilities influence the relationship the father establish with the children. For instance, the passive attitude of a child with down syndrome in starting an interaction may cause the father to lead the child. If the functional behaviors of the child with disabilities are below the expectations, the parents may become more controlling, more directive and more warning. The appropriate responses of fathers in interacting with their children with disabilities contribute to the development of children as much as the educational support given by specialists (Küçüker, Bakkaloğlu and Sucuoğlu, 2001: 63-64).

The social development of the child is formed in the preschool period. The quality of the interaction between child and father in the preschool period is important. The children with disabilities should be expected to meet the expectations taking the age and developmental characteristics. Children prepare for social acceptance with the trust received from the family. Children securely attached to their fathers are more social (Kandır and Alpan, 2008: 34-37). Secure attachment problems in the father-child interactions are experienced in the childhood period of children with disabilities who face insufficiency in social areas. Fathers have a disciplinary effect on their children with disabilities. Compared to mothers, the disciplinary and educational effect of the fathers comes into prominence with the growth of children (Bronstein, 1988; cited in Kuzucu, 2011: 84). The responsibility of fathers increases with the growth of children due to the disciplinary and educational effect of fathers on their children with disabilities. At this point, the father should be a "life coach" to guide the child with disabilities in her/his life.

The active participation of the father in the life and development of the child increases the psychosocial adjustment skills of the child. It increases the development of empathy, confidence and self-control (Lamb et al, 1977; Russell, 1982; Yılmazçetin, 2003; cited in Kuzucu, 2011: 83). The efficient relationship between father figure and child established since birth develops the secure attachment of the child. This attachment increases both the confidence and trust of children towards her/his surroundings. Father participation is effective in ensuring the psychological wellbeing of the child and decreasing the problem behaviors (Erdoğan, 2004: 151; Amadou and Rivera, 1999; cited in Kuzucu, 2011).

Problem behavior problems are frequently observed in children with developmental disabilities. The quality interaction between the father and children is effective in reducing problem behaviors. Father must spend quality time with his child with disabilities. Father should become a life coach for his child with disabilities as a role model to guide the child's behaviors both in family and in social relations. As indicated in the studies presented above, the efficient relationship between father and child contributes to the development in many areas. A new interaction type should be added to the relationship of the father with his child with disabilities with the life coaching model. This new type of interaction increases the development of children in psychological, social, cognitive, and various other areas.

### **4. The Features of Life Coaching Model in the Development of Individual with Disabilities and The Tasks of Fathers in the Life Coaching Process**

Coaching aims to discover the potential of the individual at a maximum level. The life coach guides the individual to lead a peaceful life. The coach guides the individual towards a specified target. The coach ensures that the individual obtains new gains (Ünal, 2017: 494). Life coaching has emerged originally as sport and business coaching. However, it has prevailed to many different (education, health, family, etc.) areas. Life coaching is structured to be effective in all aspects of the individual (Önen, 2015: 158). Coaching is not a therapy method, it isn't concerned with the past of the individual. The coach prepares the individual for the target and doesn't make her/his presence visible in this process. The presence of life coach is transparent in the life of the individual (<http://blog.milliyet.com.tr>, access date: 01.01.2018). Both in the world and Turkey, life coaching practice is usually observed in business life. Life coach assumes the "co-pilot" task for the individual and accelerates her/his development (<http://www.kigem.com>, access date: 02.01.2018). Life coach primarily recognizes the personality structure and mental aspects of the individual as well as her/his ways of thinking. Life coach doesn't judge the individual and doesn't force her/him to do things above her/his capacity limits. Life coach motivates, encourages and gives energy to the individual. Life coach supports the development of the individual by creating positive feelings and thoughts (Aktaş, 2014). The relationship between the life coach and the individual facilitates the life of the individual. Life coach works to understand the potential of the individual and to make the individual aware of her/his own potential. The life coach aims to make sure that the individual obtains both material and spiritual gains in her/his life (Aydın Sevim, 2015: 143). Coaching is a system mobilizing the individual. By increasing the confidence of the individual, life coach ensures that the individual reaches her/his life goals in a balanced and healthy way. Life coach prepares individuals to reach to the desired target ( <https://www.aktl ifkocluk.co> access date: 01.01.2018). In life coaching, the life of the individual is evaluated as a whole. It is ensured that the individual believes in her/

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his development. The personal development of the individual is guided (Kulaç, 2002; cited in Karabacak, 2010: 82).

Life coaching is the process of cultivating and developing of the individual. When the relationship between the father and the child with disabilities is analyzed from the perspective of the life coaching, the child with disabilities is the active learner. The child tries to learn about the various skills such as social, academic, behavioral, etc. by performing, experimenting, guessing and making decisions. The functions of the father as the life coach are observing the child, increasing her/his confidence, giving feedback to the child, and guiding the child on how and where to use her/his potential (Koçel, 2001; cited in Karabacak, 2010: 82). Education in behavioral, academic, social and self-care areas should be started as early as possible especially with the children with different developmental progress. The child with different developmental progress need a guide, in other words, a life coach, to apply what she/he has learned to everyday life. The father figure should be the life coach of the disabled children both due to his effect on the developmental areas of the children and due to his educative and disciplinary roles in the life of children with disabilities. The father should be the guide for the children to attain the specified targets in the development period by applying what she/he has learned from the speech therapist, occupational therapist, special education teacher, sports teacher, etc. to the life. For instance, if the child with disabilities learns and applies the self-care skills, the care responsibility of the family in this aspect eases. The child with disabilities learns tooth brushing skill from the expert. However, the child doesn't use this skill at home. The father of the child should use his disciplinary and effect on the child at this point. The father should be a role model for the child in tooth brushing. The father should motivate, warn, encourage the child to make this skill regular and he should make the child feel that she/he can do this. At this point, the child should be made aware of her/his capability instead of using punishment and reward method. The child will brush her/his teeth at home if the father continues to guide the child. The motor skills of a child should be developed to obtain self-care, academic and other skills. The participation of parents is important for the development of a child's motor skills. For instance, the specialist teaches the child with writing problems on how to hold the pencil most suitably. Holding the pencil is related to fine motor skills. The father, as a life coach, should patiently guide the disabled child to apply pencil holding skill to make this skill permanent. The life coach father should ensure that the child doesn't give up, he should encourage the child and play games that will increase the motor skills of the child. The father should show the child that she/he can write and achieve writing on her/his own. The father should make the child aware of her/his own potential.

The learning process eases for children with disabilities if they receive support from their life coach fathers in daily basic tasks. For instance, if the child with disabilities shops at the market and pays, she/he gains the money spending skill in daily life. The life coach father needs to structure the environment for the child. He should go to market shopping with his child with disabilities. The father should ensure that the child with disabilities actively participates in the shopping process. Considering her/his disability, the father should encourage and instruct the child for each activity. The majority of disabled individuals have poor social skills. The generalization of behavior is a problem usually observed. For instance, "greeting" social skill is taught by the special education teacher. The life coach father should guide the child with disabilities to use this skill appropriately for different settings. He should guide and encourage the child with disabilities by acting as a role model in how to greet people in the family, in official institutions, or how to greet her/his father's friends, as a role model. The child with disabilities begins to overcome her/his social phobia with these activities. The psychosocial well-being of the individual with disabilities will increase when her/his father guides, encourages and leads her/him for the positive gains. Life coaching of a father is essential for the adaption of the child with disabilities to her/his life.

Many private institutions in Turkey offer life coaching practices for individuals with special needs. For instance, the coaching activities for individuals with autism spectrum disorder have increased considerably in recent years. The life coaching activities for children with different developmental progress are usually sport-based. Generally, the leisure time of the individual with special needs is structured with the sport and teaching is achieved in the developmental areas of the child through the disciplinary effect the coach has on the children. However, not all families can access or afford this service. The fees of this service may push the limits for families with average income. Aydın and Sarol (2013: 877) have studied the factors preventing the participation of individuals with autism spectrum disorders in the physical activity programs, and have found that the economic condition is the most important factor preventing the participation.

Children with developmental disabilities should spend each day efficiently especially before the pre-school period. The father should take the responsibility of life coaching along with his fatherhood responsibilities for the development of his child with disabilities. The father acting as a role model in the development of his child should be supported in this regard. The professional life and working conditions will determine the time the fathers spend with their children. Tezel Şahin, Akıncı

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Coşkun and Aydın Kılıç (2017: 337) have found that fathers daily spend 1-2 hours with their children, which was not enough for them. The fathers in the study stated that they couldn't spare time for their children due to their working hours (workload). The fathers should spend quality time with their children with disabilities despite the limited time during the working days. For instance, the father should encourage his child with developmental disabilities for overcoming behavioral problems in the social areas. He should guide his child to apply the gains obtained in the centre for people with disabilities or the special education institutions, etc. to the relationships both in the family or in other social settings. The father should contribute to the behavioral, social and cognitive development of his child by using the disciplining and educating roles. The generalization of behavior is a problem faced frequently in children with different developmental progress. The child doesn't apply the behavioral, social, self-care skills she/he has obtained in special education and rehabilitation centre or at school to every aspect of her/his life. Father figure should guide the child to apply what she/he has learned in life, starting from the family. It is financially difficult for families to work with a life coach for their children with disabilities. However, by establishing a life coaching relationship with the child with disabilities, the father can meet this need, considering his effect on his child with disabilities.

### CONCLUSION AND RECOMMENDATIONS

The interaction between the child and father significantly contributes to the development of the child's academic, psychological, social, emotional, cognitive and various other areas. The studies on the development of children with disabilities focus on the mother-child relationship. The studies usually meant mothers when they investigated the effects of parents. However, the number of studies investigating the effect of fathers on their children with disabilities has increased in recent years.

The participation of the child with disabilities in the family increases the responsibilities of parents. The mothers usually take the care, education, physical exercise, medical monitoring and other responsibilities of their children with disabilities. Insufficient support from their spouses increases the depression and anxiety levels of mothers while decreasing the life quality. The insufficient contribution of the father figure in the development of the child with disabilities prevents the child from realizing her/his optimal potential.

The insufficiency of father participation creates problems in the functioning of the family system. The father figure should take additional responsibilities apart from father role and functions with the participation of a child with disabilities in the family. Fathers have disciplinary and educative effects on their children with disabilities. Father figure is a role model in the life of the child. He is the source of social gains for the child.

The father should be a life coach for his child with disabilities. The problem of not generalizing the learned skills in all areas of life is often observed in children with disabilities. For instance, a child with disabilities learning a new behavioral skill doesn't apply this behavior in the family or her/his social life. The father figure, as a life coach, should encourage and guide the disabled child in applying the psychological, social, behavioral, academic, motor, self-care and other skills in her/his life, starting from the family and extending to the social life.

The father should make the child realize her/his own potential and support the child in applying the skills she/he has learned. The father, acting as a life coach, should recognize the child's capabilities and personality. The expectations of the father for his child should conform with the education, therapy, sport or other activities the child attends to. He should be a role model for his child in applying various skills. The father shouldn't have a compelling attitude. Reward and punishment methods shouldn't be employed. The father should guide the child on how she/he can use the social, academic or behavioral skills she/he has learned. He should guide the child to attain the developmental objectives.

The coaching services are available for individuals with disabilities (especially for individuals with autism spectrum disorder) in Turkey. However, the high cost makes it impossible for most of the families of individuals with disabilities to afford these services. The life coaching relationship established between the father and the child with disabilities is significant for the accessibility, feasibility and father-child interaction. This interaction results in positive changes in the psychological, cognitive, social and other developmental areas of child.



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The educational, therapeutic, sportive and other activities, aiming to ensure the self-sufficiency of children by using their potential power, starting from the earlier childhood decrease the care costs (both for the state and the family) and contribute to the healthy structure of the family. The responsibility of the mother decreases when the father takes responsibility for the development of his child with disabilities. The support of father figure increases the social and psychological wellbeing of all family members.

Considering the aforementioned studies and discussions, the following suggestions have been presented for the development of the life coaching model for the father figure in the life of individuals with disabilities:

- Parents should take the life coaching education oriented towards individuals with disabilities. At this point, the life coaching training should be organized by the Ministry of Labor and Social Services towards the fathers of children with disabilities in all cities and districts in Turkey. The individuals and institutions proved themselves in the life coaching education in Turkey should give this education.
- After completing the life coaching education, education support should be continued for the fathers.
- The families of children with disabilities should be informed by the Family and Social Support Program (ASDEP) officials on the life coaching training for the fathers. House visits should be carried out to inform families of children with disabilities on this subject.
- The centres in which life coaching education is given should also be suitable for social activities. These centres should be designed as the counselling centre, and the children with disabilities should participate in social activities while their fathers attain to the life coaching education. It should be ensured that mothers spend time on their own.
- The time fathers spend with their children with disabilities is limited due to the working hours. The working hours on certain days of the week should be decreased for fathers participating in the life coaching training. Legislation should be prepared for the state support on this subject.
- The life coaching model carried out by the father figure for the attainment of development targets of both the child with disabilities and the family should be controlled by a team of specialists including life coaching instructor, special education teacher, social worker, physical education teacher (coaching teacher), psychologists and child development specialist.
- The number of studies investigating the interaction between the father and the child with disabilities within the framework of the life coaching model should increase. Courses on life coaching oriented towards the individuals with disabilities should be included in the curricula of social work, psychological counselling and guidance, psychology, special education teacher and other departments.

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